

**Managed Care Organization Outcomes Program
Year Three
Report to the Pennsylvania General Assembly
March 1, 2022**

**Commonwealth of
Pennsylvania Department of Human Services**



pennsylvania
DEPARTMENT OF HUMAN SERVICES



Contents

1. Introduction and Background	1
2. Overview of Legislative Requirements.....	3
3. Potentially Avoidable Event Methodology	4
4. Managed Care Organization Results.....	11
5. Next Steps	17
Appendix A: Potentially Avoidable Readmissions.....	20
Appendix B: Potentially Avoidable Admissions.....	38
Appendix C: Potentially Avoidable Visits.....	66
Appendix D: Glossary	73
Appendix E: MCO Report Template	78
Appendix F: Low Acuity Non-Emergent ICD-10 Diagnosis Code List	88

1

Introduction and Background

The Act of June 22, 2018 (P.L. 258, No. 40) (Act 40) contained provisions, hereinafter, referred to as the Health Care Outcomes provisions,¹ which required the Department of Human Services (Department) to establish Medicaid outcomes-based programs within the Commonwealth of Pennsylvania's Medical Assistance (MA) program to provide hospitals and MA managed care organizations (MCOs) with information to reduce potentially avoidable events (PAEs) and further increase efficiency in Medicaid hospital services.

The Health Care Outcomes provisions define PAEs as consisting of the following:

- Potentially avoidable readmissions (PAR).
- Potentially avoidable admissions (PAA).
- Potentially avoidable complications (PAC).
- Potentially avoidable emergency visits (PAV).
- A combination of the events listed above.

This report is intended to provide an overview of the MCO Outcomes program to the General Assembly. As this is the third year of the program, a year over year comparison of the two most recent years is provided. This report is delivered in a detailed graphical format to allow MCOs and the Department to gain greater insight into the current findings in order to take necessary action to improve performance in the future. The findings for CY 2019 also capture the Department's Community HealthChoices (CHC) program, which was not included in previous

¹ 62 P.S. §§ 501-a–536-a.

years (described further in Section 4). The findings are presented by geographical zone as defined in the Department's Physical Health (PH) HealthChoices and CHC programs.

2

Overview of Legislative Requirements

The Health Care Outcomes provisions include several requirements. One of the requirements is for the Department to conduct an analysis of the Medicaid Program and produce a report describing how hospitals and MCOs can improve efficiency and outcomes by reducing PAEs. The Department conducted the required analysis, and produced a report titled “Comprehensive Analysis Health Care Outcomes Report to the Pennsylvania General Assembly.” This report, which provides a detailed description of the legislative requirements and the methodology used to select PAEs, the results of the analysis, and recommendations, was delivered to the General Assembly on December 31, 2019. A revised report was delivered to the General Assembly on February 28, 2020. For more information regarding the Comprehensive analysis, please refer to the full report which can be found at the following location:

https://www.dhs.pa.gov/docs/Publications/Documents/Highlighted%20Reports/Health%20Care%20Outcomes_Final_20200228.pdf

A second requirement in the Health Care Outcomes Provisions is that the Department provide a progress report to the General Assembly by March 1, 2020 and each March 1 thereafter. This document titled “Managed Care Organization Outcomes Program — Year Three” serves as the third year progress report.

As specified by Act 40, the required PAEs for the MCO Outcomes program are PAR, PAA, PAV, and PAC. As this is the third year of the analysis, a year over year comparison of the two most recent years is included. A hospital outcomes program report is also required and will be provided as a separate report titled “Hospital Outcomes Program — Year Three.”

Federal law, as well as the Department’s policy, precludes the MCOs for payment of PACs. The Department has evaluated its policy, and surveyed the MCOs and determined that processes are in place and effective to prevent MCO payment to providers related to PACs.

3

Potentially Avoidable Event Methodology

The Department is required to select a clinical categorical PAE methodology that will provide performance information at both the aggregate and case level. The methodology must include risk adjustment scoring to account for patient severity of illness and the population's chronic illness burden. Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, the Commonwealth's independent actuary who prepared this analysis, has developed the suite of clinical efficiencies which were selected as the methodology for identifying the PAEs of PAR, PAA, and PAV. Mercer worked under the direction of the Department to leverage the clinical efficiencies consistent with managed care rate setting to meet the requirements of the Health Care Outcomes provisions.

The methodology utilized in year three of this analysis is consistent with the methodology used in the prior two years and consistent with the methodology utilized in managed care rate setting to adjust for inpatient and emergency department (ED) inefficiencies. Mercer utilizes the most current version of the applicable software. In some instances, this may result in changes to the identification of certain PAEs as codes sets are retired or replaced, such as retirement of certain Agency for Healthcare Research and Quality (AHRQ) measures as described in the section titled Potentially Avoidable Admissions below.

Data Sources

Mercer utilized PH HealthChoices and CHC encounter data for beneficiaries served through the managed care program. In order to align with the data utilized in the development of calendar year (CY) 2022 PH HealthChoices and CHC managed care capitation rates, the encounter data used in this analysis includes services provided to MCO beneficiaries for service dates January 1, 2019 through December 31, 2019. As with the 2021 PAE analysis, the encounter data utilized for the year three PAE analysis include inpatient acute facility and ED services.

The CY 2019 CHC encounter data utilized in the current analysis is limited to the Southwest and Southeast zones, as the CHC program was implemented in a multi-year regional phase-in. CHC was implemented in the remainder of the Commonwealth in CY 2020.

The following should be considered when reviewing the results of the analysis:

1. All data considered in this analysis was submitted by PH HealthChoices MCOs or CHC-MCOs through Provider Reimbursement and Operations Management Information System (PROMISe™). No adjustments were made to account for misreporting or underreporting of data.
2. Identified PAEs and associated dollars within Mercer's analyses are not intended to express an opinion on the medical necessity of an event or imply a particular event is avoidable in a particular instance. Instead, the analysis serves to identify and quantify opportunities for improvement, which may exist within the Medicaid delivery system.
3. The PAA and PAR analyses include an overlapping identification process, which avoids double counting of PAEs within each analysis. PAR is analyzed first, then PAA. Therefore, if a readmission is considered potentially avoidable, the admission will not be included in the PAA results but will instead be included in the PAR results.
4. Costs associated with PAEs are displayed in total prior to adjustments applied as part of the managed care rate-setting process.
5. The PAA analysis is specific to inpatient facilities and does not consider long-term care facilities.
6. The Department grouped results for the MA MCOs by PH HealthChoices and CHC zones.



Medically necessary treatment and services are services or supplies that are needed to diagnose or treat a patient's condition, disease, or its symptoms. A condition that is medically necessary can also be potentially avoidable. See 55 Pa. Code § 1101.21.

Example: If an individual with a history of asthma is admitted to a hospital because of intense shortness of breath and bluish lips, the admission is likely medically necessary. If the individual had received appropriate medication and evidence-based treatment in an outpatient setting, their asthma symptoms may not have progressed to the point at which the individual needed to be hospitalized. In other words, the admission was potentially avoidable even though it may have been medically necessary.

Potentially Avoidable Event Process

Each PAE is identified following an established process described below.

Potentially Avoidable Readmissions (PARs)

PARs are return hospitalizations within a 30-day period that may have resulted from a deficiency in the care or treatment provided to the beneficiary during a previous hospital stay or from a deficiency in post-hospital discharge follow up. The readmission analysis considers all hospital readmissions within 30 days of a previous discharge for the same beneficiary at any facility and any diagnosis-related group (DRG). Mercer applied exclusionary criteria for certain conditions referred to as clinical global exclusions (e.g., indications of trauma, cancer, burns, HIV/AIDS). These clinical global exclusions are made for conditions and situations that may require more complex treatment for beneficiaries. Any beneficiary identified as having a clinical global exclusion is excluded from both PAR and PAA analyses.

After clinical global exclusions are considered, Mercer clinicians review all remaining readmissions to determine if the readmission should be considered potentially avoidable. Readmissions are not considered potentially avoidable when:

- Readmissions are for conditions unrelated to the previous admission.
- Beneficiaries chose to leave against medical advice.
- Beneficiaries were three years of age and under or 85 years of age and older.
- There is evidence of transition of care as reflected by the presence of a claim for a visit to a primary care provider, specialist, or a clinic such as a federally qualified health center after the hospital discharge and prior to the readmission.
- Beneficiaries were discharged due to death or placement into hospice.

Potentially Avoidable Admissions (PAAs)

PAAs are admissions to a hospital that may have reasonably been prevented with adequate access to ambulatory care or health care coordination.

The admissions analysis considers indicators developed by the AHRQ and includes select prevention quality indicators (PQIs) and pediatric quality indicators (PDIs).² Mercer has selected 10 adult and four pediatric indicators in this analysis, displayed in Table 1 and Table 2 below.

² AHRQ, Quality Indicator Resources. Available at <https://www.qualityindicators.ahrq.gov/Modules/default.aspx>.

The AHRQ indicators selected relate to conditions the MCO can impact or improve outcomes within one reporting year. This is important as the PH HealthChoices and CHC actuarial rate-development process, which was utilized for this analysis, must reflect reasonable and achievable assumptions regarding the level of assumed efficiency within the rating period for which the capitation rates are being developed. The assumed efficiency levels are evaluated annually by Mercer and/or the Department for use in the managed care rate-setting process.³

In addition to the criteria specified by AHRQ, similar to the process described related to PAR, Mercer follows a similar clinical global exclusion process.

It should be noted that effective with AHRQ logic version 2019, PQI #2, PQI #10, and PDI #17 are retired. Therefore, these were excluded from CY 2018 and CY 2019 data and are not represented in the results. In addition, PDIs do not apply to the CHC program as the population is limited to individuals ages 21 and older.

³ The Department also maintains a Hospital Quality Incentive Program (HQIP) which includes an analysis of potentially avoidable hospital admissions using 3M's Population-focused Preventable Software to calculate the results. Due to differences in methodology and the specific criteria applied by Mercer for this analysis, the results of the accompanying analysis will not match those determined through the HQIP program.

Table 1 — AHRQ PDI Included in PAA Analysis

AHRQ PDI Number	PDI Description (Pediatric)
14	Asthma Admission Rate
15	Diabetes Short-Term Complications Admission Rate
16	Gastroenteritis Admission Rate
18	Urinary Tract Infection Admission Rate

Table 2 — AHRQ PQI included in PAA Analysis

AHRQ PQI Number	PQI Description (Adult)
1	Diabetes Short-Term Complications Admissions Rate
3	Diabetes Long-Term Complications Admission Rate
5	COPD or Asthma in Older Adults Admission Rate
7	Hypertension Admission Rate
8	Heart Failure Admission Rate
11	Bacterial Pneumonia Admission Rate
12	Urinary Tract Infection Admission Rate
14	Uncontrolled Diabetes Admission Rate
15	Asthma in Younger Adults Admission Rate
16	Rate of Lower-Extremity Amputation Diabetes

Potentially Avoidable Emergency Visits (PAVs)

PAVs include treatment in an emergency medical facility for a condition that may not require emergency medical attention because the condition could be or could have been treated or prevented by a physician or other health care provider in a non-emergency setting.

The visits analysis considers ED utilization to identify instances of PAV. These are referred to as low-acuity non-emergent (LANE) visits. The criteria used to define LANE ED visits is based on publicly available studies, as well as input from both the Department's and Mercer's clinical staff, and physicians with training and experience in primary care, urgent care, and emergency medicine.

Consistent with the methodology utilized in the first year of the analysis, each LANE diagnosis code has an assigned percent preventable value collaboratively developed by Office of Medical Assistance Program's Chief Medical Officer and Mercer clinicians. The encounters are categorized by primary diagnosis and by procedure code, in which a hierarchical process is applied to identify potentially preventable visits. For example, the analysis will identify PAVs starting with visits having procedure code 99281, then visits with procedure code 99282 and finally (if the preventable percentage allows) visits with procedure code 99283.

LANE International Classification of Disease-10 (ICD-10) codes and associated percent preventable values are reviewed on an annual basis and are adjusted, where applicable.

A listing of LANE ICD-10 diagnosis codes and their associated ICD-10 groupings are included as Appendix F.

Zone Criteria

For purposes of this analysis, the results are calculated on a statewide basis and by geographical zone as defined in the Department's PH HealthChoices and CHC programs. The MCO results are assigned to a geographical zone based on MCO assignment.

Each zone will reflect its own unique member and hospital composition as well as a rural and urban mix. All results should be reviewed in consideration of these potential zone variations (i.e., there may be more PAEs identified as a proportion of overall admits/visits based on geography).

Risk Adjustment

The Health Care Outcomes provisions require risk adjustment scoring to account for severity of illness and population chronic illness burden. To account for the acuity differences inherent in the data, Mercer calculated the acuity following one of two methods based on the data source

being utilized (inpatient or ED data). These acuity factors were not directly applied within the results but are instead, intended to inform the overall acuity level of the events being analyzed. The risk-adjustment approach for each PAE is as follows:

1. **PAR and PAA** — an average all patient refined-diagnosis related groups (APR-DRGs) relative value weight (case mix index [CMI]) was calculated by MCO for all admissions. APR-DRGs classify patients according to their reason of admission. Each APR-DRG is assigned a value weight for severity of illness and risk of mortality. The CMI is calculated by aggregating all assigned value weights and dividing by the number of admissions.
2. **PAV** — Mercer developed cost weights using the statewide cost per visit for all ED visits billed with procedure codes 99281–99285. These procedure codes represent evaluation and management services provided in the ED. Procedure codes 99281–99283 represent ED visits for less complex or severe conditions. Procedure codes 99284–99285 represent ED visits for conditions that are most urgent and of high severity. To develop the cost weights, the average cost per visit was calculated for each of the five procedure codes separately. Then, the cost per visit for each procedure code was divided by the total cost per visit across all procedure codes to derive a cost relativity. The resulting factors were then assigned to the data at the claim level and aggregated by MCO for all ED visits.

4

Managed Care Organization Results

An evaluation of the year three data suggests opportunities exist to improve the efficiency of how care and services are delivered.

The accompanying information is provided in graphical format by geographical zone to assist the Department and MCOs in the identification of opportunities to develop interventions that will improve patient care and decrease avoidable cost.

The table and figure below display the combined statewide PAE results for both the PH HealthChoices MCOs and the CHC-MCOs. The following should be noted for each Health Care Outcomes data year:

- CY 2018 data:
 - Data includes PH HealthChoices MCOs.
 - CHC-MCO data was excluded from the CY 2018 results due to known data validation and credibility issues stemming from it being the first year of the program.
- CY 2019 data:
 - Data includes PH HealthChoices MCOs.
 - Data includes CHC-MCOs for applicable zones.
 - As the CHC program was implemented with a multi-year regional phase-in, CY 2019 CHC results are limited to the Southwest and Southeast zones. CHC was implemented in the remainder of the Commonwealth in CY 2020.

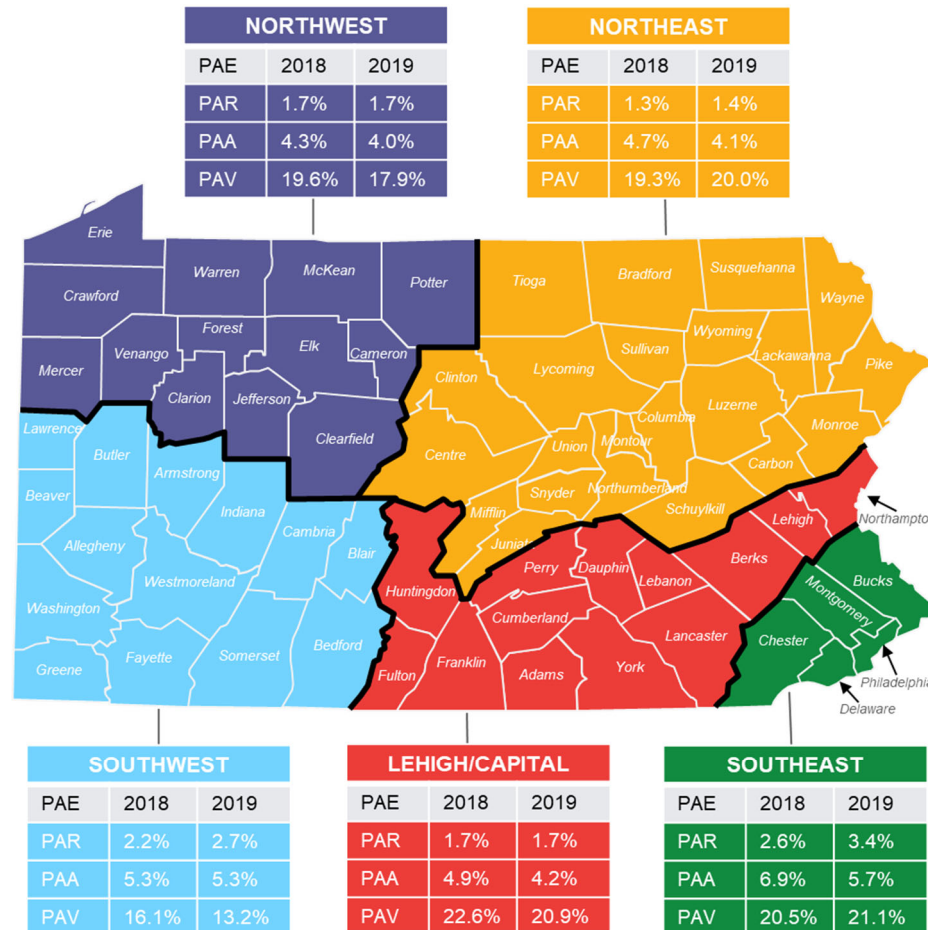
Table 3 — MCO Results for PAE and Cost

Description of PAEs	Number of PAEs	Number of PAEs	% of Admits/ Visits	% of Admits/ Visits	Cost Associated With PAEs	Cost Associated With PAEs*	% of Inpatient/ED Cost	% of Inpatient/ED Cost
	CY 2018	CY 2019	CY 2018	CY 2019	CY 2018	CY 2019	CY 2018	CY 2019
PAR	5,143	6,384	2.1%	2.5%	\$52,628,726	\$68,062,985	2.3%	2.7%
PAA	14,016	12,601	5.7%	5.0%	\$97,345,521	\$95,864,159	4.3%	3.8%
PAV	333,877	313,183	19.8%	19.0%	\$66,466,663	\$67,021,400	11.6%	11.3%
Total	353,036	332,168			\$216,440,910	\$230,948,545		

* Costs in the table may differ from results provided directly to the MCOs as part of rate setting, as costs associated with PAEs are displayed prior to replacement costs, other adjustments, and/or rounding.

PAR cost amounts are separate from any recoupment activities that may have occurred by either the MCOs or through the FFS program.

Figure 1 — PAE (as a percent of total admits or visits), MCO Results by PH HealthChoices and CHC Program Zones



- > PAR – Potentially Avoidable Readmission
- > PAA – Potentially Avoidable Admission
- > PAV – Potentially Avoidable Emergency Visit

Note: MCO results have not been adjusted for beneficiary risk or the impact of maternity delivery events.

Overall, combined PAEs are down by 20,868 events from 353,036 in CY 2018 to 332,168 in CY 2019. However, the total dollars increased slightly by \$14.5 million from \$216.4 million in CY 2018 to \$230.9 million in CY 2019. The changes within the three components that influenced these overall results are described below.

PAR as a percent of admissions increased from 2.1% in CY 2018 to 2.5% in CY 2019. This was primarily driven by the inclusion of CHC beneficiaries in the CY 2019 data (i.e., Southwest and Southeast zones), as it was noted that these beneficiaries tend to experience a higher PAR rate (8.1%) compared to PH HealthChoices beneficiaries (2.2%).

The cost associated with PARs increased about \$15.4 million from approximately \$52.6 million to \$68.1 million. The increased dollars were driven by the addition of the CHC population in CY 2019, who on average had a higher PAR rate when compared to the PH HealthChoices population. In addition, it was also noted that the average cost per PAR for CHC beneficiaries was higher as compared to PH HealthChoices beneficiaries. A cost increase would be anticipated as the CHC population generally have more complex needs and can be more costly to treat. The increase in cost and complexity is demonstrated by the increase in the statewide MCO CMI, from 1.072 in CY 2018 to 1.155 in CY 2019 (approximately a 7.7% increase), indicating an overall statewide increase in patient acuity.

Table 4 below displays the 20 most frequent APR-DRGs for PARs. In addition, a comparison to the prior year is displayed including the percentage change in both occurrence and identified cost.

The following APR-DRGs had the most notable increases in occurrence:

- SEPTICEMIA & DISSEMINATED INFECTIONS
- RESPIRATORY FAILURE
- HEART FAILURE
- CHRONIC OBSTRUCTIVE PULMONARY DISEASE

The following APR-DRGs had the most notable decreases in occurrence:

- CELLULITIS & OTHER SKIN INFECTIONS
- OTHER PNEUMONIA

- ASTHMA
- ALCOHOLIC LIVER DISEASE

Table 4 — PAR by APR-DRG

APR-DRG Number	APR-DRG Description	Number of PAEs	Number of PAEs	PAE % Change	Cost Associated With PAEs	Cost Associated With PAEs	Cost % Change
		CY 2018	CY 2019		CY 2018	CY 2019	
420	DIABETES	372	427	15%	\$2,340,504	\$3,201,832	37%
662	SICKLE CELL ANEMIA CRISIS	360	408	13%	\$2,547,882	\$2,835,348	11%
720	SEPTICEMIA & DISSEMINATED INFECTIONS	214	347	62%	\$3,197,444	\$4,793,082	50%
140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	207	280	35%	\$1,764,696	\$2,345,440	33%
194	HEART FAILURE	197	272	38%	\$2,164,721	\$3,046,870	41%
775	ALCOHOL ABUSE & DEPENDENCE	183	237	30%	\$795,839	\$1,176,796	48%
282	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	149	207	39%	\$1,183,157	\$1,353,984	14%
133	RESPIRATORY FAILURE	60	192	220%	\$808,010	\$2,296,656	184%
53	SEIZURE	53	115	117%	\$534,560	\$1,296,412	143%
280	ALCOHOLIC LIVER DISEASE	109	106	-3%	\$1,306,135	\$1,065,694	-18%
469	ACUTE KIDNEY INJURY	90	103	14%	\$962,318	\$947,567	-2%
425	OTHER NON-HYPOVOLEMIC ELECTROLYTE DISORDERS	85	98	15%	\$608,469	\$1,223,188	101%
141	ASTHMA	101	94	-7%	\$705,210	\$591,896	-16%
201	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	54	90	67%	\$712,027	\$1,108,889	56%

APR-DRG Number	APR-DRG Description	Number of PAEs	Number of PAEs	PAE % Change	Cost Associated With PAEs	Cost Associated With PAEs	Cost % Change
		CY 2018	CY 2019		CY 2018	CY 2019	
383	CELLULITIS & OTHER SKIN INFECTIONS	128	84	-34%	\$1,188,656	\$741,981	-38%
710	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	43	82	91%	\$522,711	\$1,320,956	153%
139	OTHER PNEUMONIA	88	80	-9%	\$1,425,686	\$958,474	-33%
816	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	65	78	20%	\$397,333	\$575,323	45%
254	OTHER DIGESTIVE SYSTEM DIAGNOSES	72	71	-1%	\$656,165	\$661,720	1%
137	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	30	67	123%	\$380,622	\$1,285,375	238%

PAAs as a percent of admissions decreased from 5.7% to 5.0%. The cost associated with PAAs also decreased from \$97.3 million to \$95.9 million.

PAVs as a percent of total emergency room visits decreased from 19.8% to 19.0%. The cost associated with PAVs increased very slightly from \$66.5 million to \$67.0 million.

Overall

The Department’s efficiency adjustments took into account the \$230.9 million as part of the rate-setting process. Over the past five years, the Department has reduced capitation rates in PH HealthChoices and CHC by more than \$1 billion for inefficient costs.

In order to provide the data in a format that will provide the most descriptive information, the baseline results are graphically displayed by PAE and by zone in Appendices A–C.

5 Next Steps

The analyses included in this report address the requirements of Health Care Outcomes provisions regarding development of an MCO Outcomes Program. The MCO level analyses will be completed and ready for distribution to each MCO in the second calendar quarter of 2022. A template of the analysis that will be provided to each MCO is included as Appendix E.

In order to identify opportunities for the MCOs to reduce PAEs, the Department is focusing on the following efforts. In addition, the Department released the 2019–2022 Strategic Plan⁴ and continues to strengthen the strategies included in the document through the efforts below:

1. As noted in the last report, the Department reviews these efficiency adjustments and its strategy for reducing inefficiencies in managed care as part of the annual rate development process for the PH HealthChoices program. The PH HealthChoices efficiency adjustments for hospital services include readmissions within 30 days for any facilities, admissions related to the conditions identified as potentially avoidable using AHRQ’s PQI and PDI, admissions for cellulitis conditions, short inpatient stays and LANE ED usage. The Department continues to increase the final efficiency adjustments in the rate setting to encourage the MCOs to be more efficient in future rate years.
2. In CY 2021, the Department retired the Reducing Potentially Preventable Readmissions Pennsylvania specific performance measure. The Department replaced this measure with the Healthcare Effectiveness Data and Information Set (HEDIS) Plan All-Cause Readmissions quality measure in the MCO Pay-for-Performance (P4P) arrangement in the HealthChoices agreement. PH-MCOs can earn an incentive payment for reaching a certain percentile benchmark and for a year over year improvement from the previous year’s rate. The HEDIS 2021 MCO P4P payout model is being reviewed and finalized to determine PH-MCO performance. The Department includes value-based purchasing (VBP) requirements in the HealthChoices Agreement to improve quality of care, to improve the efficiency of services, to reduce cost, and to support addressing Social Determinants of Health (SDOH). For PH HealthChoices CY 2022, 50% of the medical portion of the capitation and maternity care revenue rate must be expended through VBP arrangements. At least 50% of the 50% must be in high risk level arrangements like shared savings, shared risk, bundle payments, and global payment. In addition, the PH-MCOs must incorporate Community-Based Organizations (CBOs) into VBP arrangements with Network Providers to address SDOH. 75% of the medical portion of the capitation and maternity care revenue expended in shared savings, shared risk, bundle payments, and global payment must

⁴ Pennsylvania Department of Human Services Strategic Plan 2019–2022 available at <https://www.dhs.pa.gov/about/DHS-Information/Pages/Learn-About-DHS.aspx>

incorporate at least one CBO that addresses at least one SDOH domain. 25% of the medical portion of the capitation and maternity care revenue expended in shared savings, shared risk, bundle payments, and global payment must incorporate one or more CBOs that together address two or more SDOH domains. The Department encourages the MCOs to establish VBP arrangements that include efforts in reducing hospital PAEs. The VBP requirement links provider payments to patient outcomes, aligning incentives to improve care and reduce costs. The Department monitors the MCOs VBP and holds them accountable for the VBP requirement and ensures that they operate efficiently while providing high-quality, cost-effective care.

3. The Department includes Community-Based Care Management in the HealthChoices Agreement, which allows the MCOs to utilize community health workers and requires the PH-MCOs to collaborate with CBOs to encourage the use of preventive services, mitigate SDOH barriers, reduce healthcare disparities, and improve maternal and child health. The Department supports the MCO efforts to outreach to beneficiaries at risk of admission or readmission.
4. The Department manages the Integrated Care Plan (ICP) P4P initiative, which incentivizes PH and Behavioral Health-MCOs to share data on high-need members and meet certain quality thresholds. Since the ICP initiative began in the 2016 PH HealthChoices Agreement year, the number of members with ICPs engaging in substance use disorder treatment has increased from 17.18% in CY 2016 to 18.36% in CY 2019. The rate of adherence to antipsychotic medications increased three percentage points from 66.73% to 69.73% over the last four years. The rate of inpatient admissions for members with ICPs has increased from 17.12 to 27.80, while the number of ED visits has fallen from 155.10 to 138.98. The Department requires the PH-MCOs to implement a Patient Centered Medical Home (PCMH). The PCMH model of care includes key components such as: whole person focused on behavioral health and PH, comprehensive focus on wellness as well as acute and chronic conditions, increased access to care, improved quality of care, team-based approach to care management/coordination, and use of electronic health records and health information technology to track and improve care. The PH-MCOs contract with high volume providers in their network who meet the HealthChoices' requirements of a PCMH, make payments, collect quality related data, reward PCMHs with quality-based enhanced payments and develop a learning network that includes PCMHs and other PH-MCOs.
5. In addition to strengthening the VBP requirement, efficiency adjustments and care coordination strategies listed above, the Department is seeking to address SDOH. SDOH, which includes elements such as access to food, access to health services, education and employment, environmental conditions, income, housing, and relationships, among others are considered responsible for approximately 80% of a person's health outcomes. The Department focuses on improvement of SDOH to address the whole person health rather than focusing on specific body systems, diagnoses, or conditions, and to reduce health disparities based on age, race, ethnicity, sex, primary language, and disability status. Through whole person care and SDOH, the Department continues to explore opportunities that are expected to reduce health care costs including preventable events.
6. The Department continues to explore options for addressing SDOH through the use of a resource and referral tool. Additionally, the Department has continued to work with both the PH-MCOs and the Hospital and Healthsystem Association of Pennsylvania on

establishing the Regional Accountable Health Councils (RAHCs). Additional information regarding the RAHCs can be found on the Department's website at [Health Innovations Resources \(pa.gov\)](#).

Appendix A

Potentially Avoidable Readmissions

Contents

Table Number	Table Title
1	Total Events
2	Total Dollars
3	All Patient Refined-Diagnosis Related Group (APR-DRG) Case Mix Index
4	Events and Dollars by Rate Cell
5	Events and Dollars by Age Band and Gender
6	Events and Dollars by Top 10 APR-DRG

The tables identified above are included for each zone. Zone results are displayed in the following order: Southeast, Southwest, Lehigh/Capital, Northeast, and Northwest. This is the third year of the analysis; therefore, both CY 2019 and CY 2018 results are available and displayed as applicable.

Detailed Description of Tables

Table 1 — displays the total number of PAR as a percent of total inpatient hospital admissions. This value is displayed at both the zone and statewide level.

Table 2 — displays the total expenditures related to PAR as a percent of total inpatient hospital expenditures. This value is displayed at both the zone and statewide level.

Table 3 — displays the average APR-DRG CMI for those admissions identified as PAR at the zone and statewide level.⁵ Also displays the APR-DRG average CMI for all admissions at the zone and statewide level.

Table 4 — displays the total number of PAR as a percent of total hospital inpatient admissions by rate cell. This value is displayed at both the zone and statewide level.

Table 5 — displays the total number of PAR as a percent of total inpatient hospital admissions by age band and gender. These values are displayed at both the zone and statewide level.

Table 6 — displays the 10 most frequent diagnosis (APR-DRG) in the zone that result in PAR within the zone. These values are displayed at both the zone and statewide level.

Additional Notes Regarding Data

1. Admits and dollars for CY 2019 service dates are based on PH HealthChoices MCO encounter data submitted through September 30, 2020 and CHC-MCO encounter data submitted through December 31, 2020.
2. Inpatient is defined as acute inpatient hospital admissions.
3. APR-DRGs are assigned by PROMISe system and represent a mix of APR-DRG version 36 and version 37 depending on discharge date. CMI reflects the average APR-DRG relative value weight of all admissions. If APR-DRG relative value weight was not present on the claim, an average relative value weight was assigned. These average relative value weights were calculated at the hospital level.
4. There are always at least two admissions related to a PAR. The first admission is referred to as the “anchor admission”. When the beneficiary is discharged and admitted again within 30 days, the subsequent admission is referred to as a “readmission”. The PAR APR-DRG is assigned based on the anchor admission.

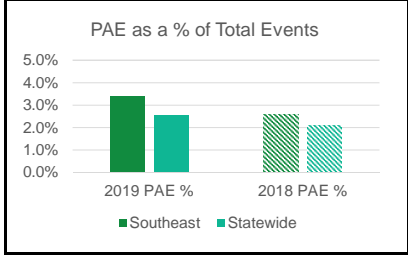
⁵ APR-DRGs classify patients according to their reason of admission. Each APR-DRG is assigned a value weight for severity of illness and risk of mortality. The CMI is calculated by aggregating all assigned value weights and dividing by the number of admissions.

5. Replacement costs, which are the costs that would have been incurred to care for the beneficiary in an appropriate setting, are not considered in this analysis.
6. Age and gender are assigned using eligibility files provided by the Department.
7. Encounters with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAR analysis.
8. Readmissions are defined as inpatient hospital admissions within 30 days of an admission for the same beneficiary with any DRG at any facility. Not all readmissions within 30 days are considered potentially avoidable. Therefore, Mercer clinicians review readmissions (line by line) to determine if the readmission should be considered potentially avoidable. An admission is not considered potentially avoidable when:
 - A. Beneficiary has a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
 - B. Beneficiary is three years of age and under or 85 years of age and older.
 - C. Beneficiary has a qualifying outpatient encounter between admissions.
 - D. Beneficiary was discharged due to death or to hospice.
9. PAR values displayed are post clinical global exclusions and clinical review (as described in number 8 above). Targeted efficiency levels are not applied.

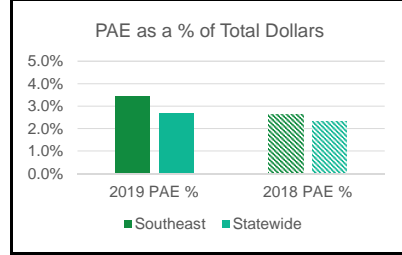
Appendix A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southeast

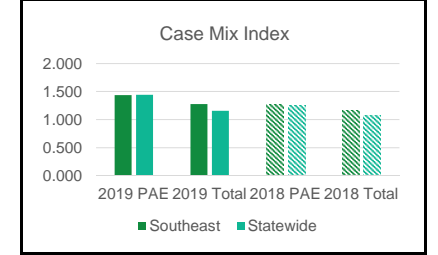
1. Total Events		
	Southeast	Statewide
PAE	3,386	6,384
Total	99,771	251,530
2019 PAE %	3.4%	2.5%
2018 PAE %	2.6%	2.1%



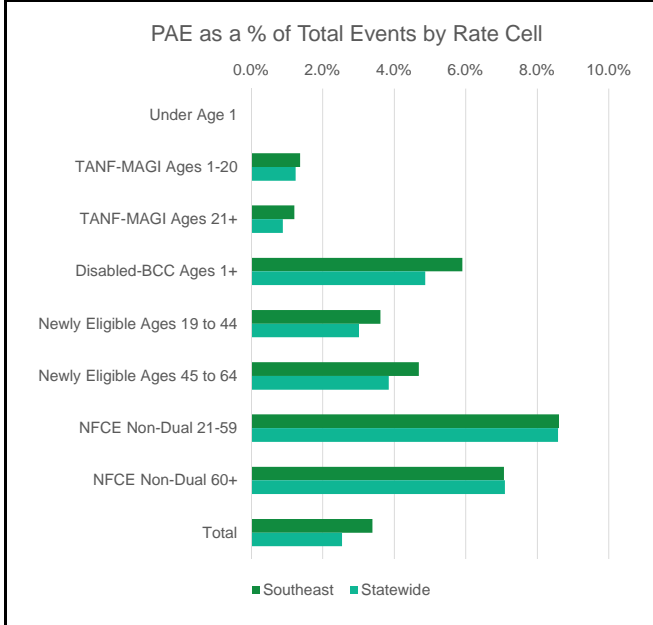
2. Total Dollars		
	Southeast	Statewide
PAE	\$ 39,239,538	\$ 68,062,985
Total	\$ 1,137,370,642	\$ 2,519,516,465
2019 PAE %	3.5%	2.7%
2018 PAE %	2.6%	2.3%



3. APR-DRG Case Mix Index		
	Southeast	Statewide
2019 PAE	1.434	1.438
2019 Total	1.274	1.155
2018 PAE	1.279	1.256
2018 Total	1.167	1.072



4. Events and Dollars by Rate Cell



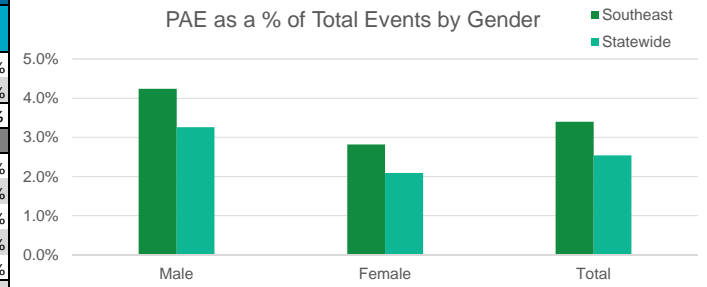
Rate Cell	Southeast				Statewide			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	18,621	-	0.0%	0.0%	55,267	-	0.0%	0.0%
TANF-MAGI Ages 1-20	7,217	99	1.4%	1.3%	18,385	228	1.2%	1.1%
TANF-MAGI Ages 21+	18,511	224	1.2%	0.9%	50,567	446	0.9%	0.8%
Disabled-BCC Ages 1+	19,927	1,178	5.9%	5.5%	51,883	2,524	4.9%	4.5%
Newly Eligible Ages 19 to 44	13,977	506	3.6%	3.4%	33,828	1,020	3.0%	2.9%
Newly Eligible Ages 45 to 64	10,762	505	4.7%	4.2%	28,302	1,088	3.8%	3.4%
NFCE Non-Dual 21-59	7,377	635	8.6%	N/A	9,043	776	8.6%	N/A
NFCE Non-Dual 60+	3,379	239	7.1%	N/A	4,255	302	7.1%	N/A
Total	99,771	3,386	3.4%	2.6%	251,530	6,384	2.5%	2.1%

Appendix A

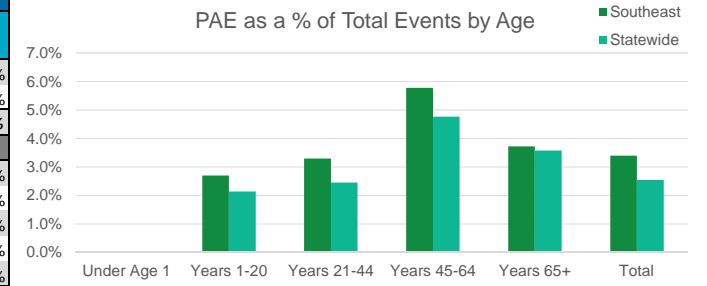
PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southeast

5. Events and Dollars by Age Band and Gender

Southeast		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	40,912	1,731	4.2%	3.5%	\$ 563,312,771	\$ 20,979,168	3.7%	2.8%
All Ages	Female	58,859	1,655	2.8%	2.0%	\$ 574,057,871	\$ 18,260,371	3.2%	2.5%
Total		99,771	3,386	3.4%	2.6%	\$ 1,137,370,642	\$ 39,239,538	3.5%	2.6%
Under Age 1		18,621	-	0.0%	0.0%	\$ 200,226,326	\$ -	0.0%	0.0%
Years 1-20		11,456	309	2.7%	2.0%	\$ 153,596,058	\$ 6,224,135	4.1%	2.6%
Years 21-44		36,945	1,215	3.3%	2.8%	\$ 321,593,743	\$ 11,068,663	3.4%	2.9%
Years 45-64		31,349	1,810	5.8%	4.7%	\$ 442,897,287	\$ 20,988,717	4.7%	3.8%
Years 65+		1,400	52	3.7%	3.6%	\$ 19,057,228	\$ 958,024	5.0%	1.8%
Total		99,771	3,386	3.4%	2.6%	\$ 1,137,370,642	\$ 39,239,538	3.5%	2.6%



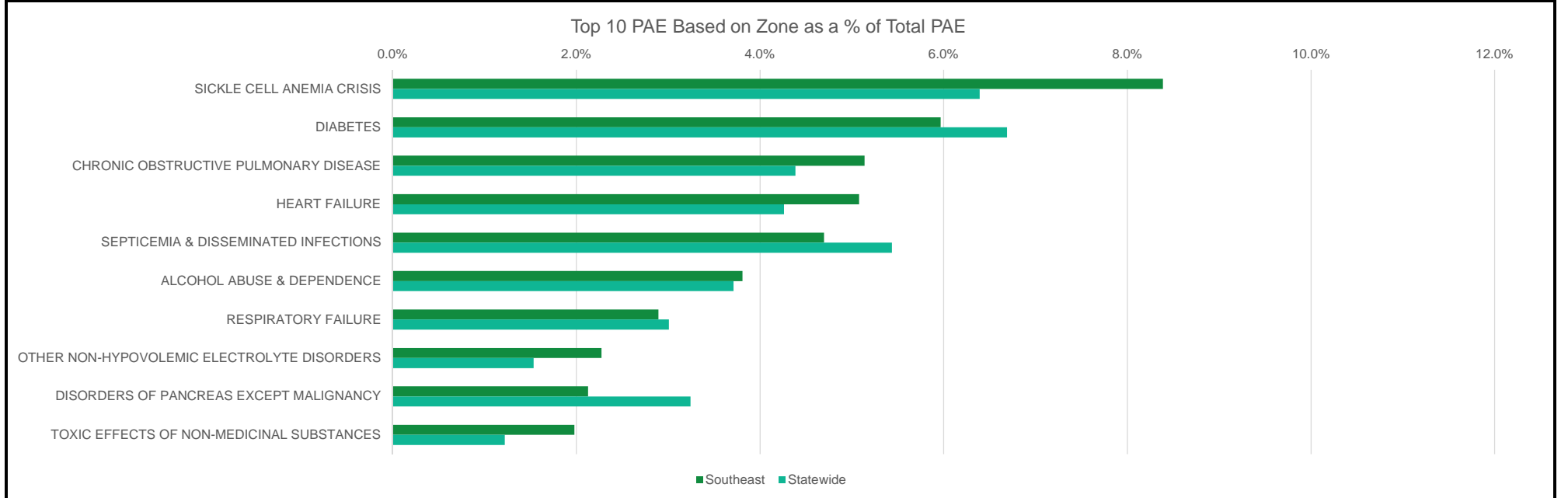
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	97,276	3,165	3.3%	2.8%	\$ 1,204,523,238	\$ 35,210,633	2.9%	2.5%
All Ages	Female	154,254	3,219	2.1%	1.6%	\$ 1,314,993,227	\$ 32,852,352	2.5%	2.2%
Total		251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%
Under Age 1		55,267	-	0.0%	0.0%	\$ 458,442,982	\$ -	0.0%	0.0%
Years 1-20		29,300	624	2.1%	1.7%	\$ 362,422,164	\$ 10,141,322	2.8%	2.4%
Years 21-44		93,459	2,289	2.4%	2.2%	\$ 730,633,871	\$ 20,681,608	2.8%	2.6%
Years 45-64		71,350	3,394	4.8%	3.9%	\$ 940,003,240	\$ 36,035,729	3.8%	3.3%
Years 65+		2,154	77	3.6%	3.3%	\$ 28,014,207	\$ 1,204,327	4.3%	1.9%
Total		251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%



Appendix A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southeast

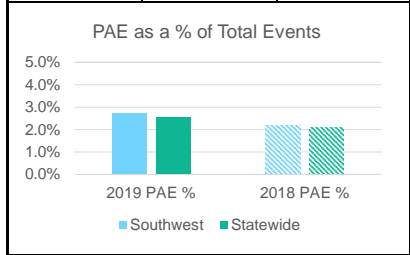
6. Events and Dollars by Top 10 APR-DRG										
Top 10 PAE by Zone			Southeast				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0662	SICKLE CELL ANEMIA CRISIS	284	\$ 2,027,327	8.4%	10.6%	408	\$ 2,835,348	6.4%	7.0%
2	0420	DIABETES	202	\$ 1,601,511	6.0%	6.6%	427	\$ 3,201,832	6.7%	7.2%
3	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	174	\$ 1,539,160	5.1%	5.0%	280	\$ 2,345,440	4.4%	4.0%
4	0194	HEART FAILURE	172	\$ 1,770,207	5.1%	4.7%	272	\$ 3,046,870	4.3%	3.8%
5	0720	SEPTICEMIA & DISSEMINATED INFECTIONS	159	\$ 2,344,328	4.7%	3.8%	347	\$ 4,793,082	5.4%	4.2%
6	0775	ALCOHOL ABUSE & DEPENDENCE	129	\$ 765,095	3.8%	3.9%	237	\$ 1,176,796	3.7%	3.6%
7	0133	RESPIRATORY FAILURE	98	\$ 1,499,814	2.9%	1.0%	192	\$ 2,296,656	3.0%	1.2%
8	0425	OTHER NON-HYPOVOLEMIC ELECTROLYTE DISORDERS	77	\$ 1,084,256	2.3%	1.9%	98	\$ 1,223,188	1.5%	1.7%
9	0282	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	72	\$ 538,355	2.1%	1.4%	207	\$ 1,353,984	3.2%	2.9%
10	0816	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	67	\$ 507,036	2.0%	2.3%	78	\$ 575,323	1.2%	1.3%
		All Else	1,952	\$ 25,562,450	57.6%	58.9%	3,838	\$ 45,214,466	60.1%	63.2%
		Total	3,386	\$ 39,239,538	100.0%	100.0%	6,384	\$ 68,062,985	100.0%	100.0%



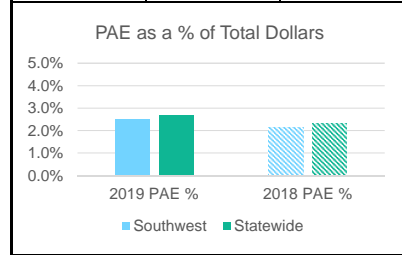
Appendix A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southwest

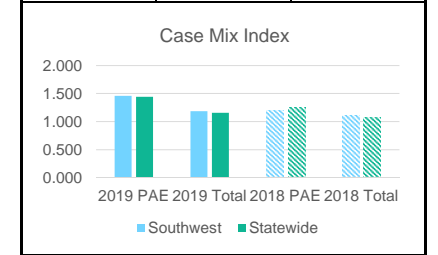
1. Total Events		
	Southwest	Statewide
PAE	1,439	6,384
Total	53,373	251,530
2019 PAE %	2.7%	2.5%
2018 PAE %	2.2%	2.1%



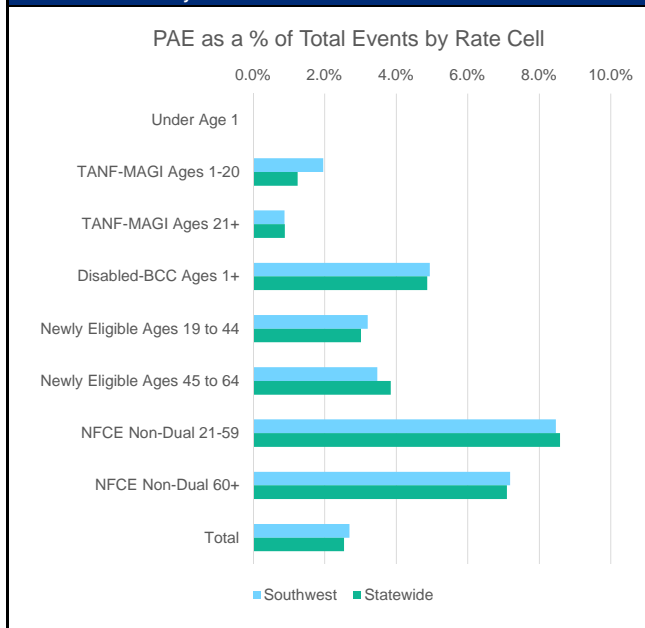
2. Total Dollars		
	Southwest	Statewide
PAE	\$ 12,794,335	\$ 68,062,985
Total	\$ 507,234,276	\$ 2,519,516,465
2019 PAE %	2.5%	2.7%
2018 PAE %	2.1%	2.3%



3. APR-DRG Case Mix Index		
	Southwest	Statewide
2019 PAE	1.459	1.438
2019 Total	1.182	1.155
2018 PAE	1.201	1.256
2018 Total	1.107	1.072



4. Events and Dollars by Rate Cell												
Rate Cell	Southwest				Events				Dollars			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	11,077	-	0.0%	0.0%	\$ 78,905,805	\$ -	0.0%	0.0%	\$ 78,905,805	\$ -	0.0%	0.0%
TANF-MAGI Ages 1-20	3,471	68	2.0%	1.5%	\$ 32,588,858	\$ 773,174	2.4%	1.7%	\$ 32,588,858	\$ 773,174	2.4%	1.7%
TANF-MAGI Ages 21+	10,131	89	0.9%	0.9%	\$ 55,743,360	\$ 664,489	1.2%	1.4%	\$ 55,743,360	\$ 664,489	1.2%	1.4%
Disabled-BCC Ages 1+	12,825	634	4.9%	4.1%	\$ 167,494,516	\$ 5,948,113	3.6%	3.1%	\$ 167,494,516	\$ 5,948,113	3.6%	3.1%
Newly Eligible Ages 19 to 44	7,017	225	3.2%	3.5%	\$ 64,617,824	\$ 1,687,586	2.6%	3.1%	\$ 64,617,824	\$ 1,687,586	2.6%	3.1%
Newly Eligible Ages 45 to 64	6,310	219	3.5%	2.9%	\$ 75,532,289	\$ 1,707,535	2.3%	2.0%	\$ 75,532,289	\$ 1,707,535	2.3%	2.0%
NFCE Non-Dual 21-59	1,666	141	8.5%	N/A	\$ 22,620,735	\$ 1,445,462	6.4%	N/A	\$ 22,620,735	\$ 1,445,462	6.4%	N/A
NFCE Non-Dual 60+	876	63	7.2%	N/A	\$ 9,730,889	\$ 567,976	5.8%	N/A	\$ 9,730,889	\$ 567,976	5.8%	N/A
Total	53,373	1,439	2.7%	2.2%	\$ 507,234,276	\$ 12,794,335	2.5%	2.1%	\$ 507,234,276	\$ 12,794,335	2.5%	2.1%
Statewide												
Rate Cell	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	55,267	-	0.0%	0.0%	\$ 458,442,982	\$ -	0.0%	0.0%	\$ 458,442,982	\$ -	0.0%	0.0%
TANF-MAGI Ages 1-20	18,385	228	1.2%	1.1%	\$ 179,907,950	\$ 3,691,878	2.1%	1.5%	\$ 179,907,950	\$ 3,691,878	2.1%	1.5%
TANF-MAGI Ages 21+	50,567	446	0.9%	0.8%	\$ 289,058,865	\$ 3,703,659	1.3%	1.5%	\$ 289,058,865	\$ 3,703,659	1.3%	1.5%
Disabled-BCC Ages 1+	51,883	2,524	4.9%	4.5%	\$ 697,189,572	\$ 27,490,649	3.9%	3.9%	\$ 697,189,572	\$ 27,490,649	3.9%	3.9%
Newly Eligible Ages 19 to 44	33,828	1,020	3.0%	2.9%	\$ 328,403,752	\$ 8,653,990	2.6%	2.6%	\$ 328,403,752	\$ 8,653,990	2.6%	2.6%
Newly Eligible Ages 45 to 64	28,302	1,088	3.8%	3.4%	\$ 368,715,512	\$ 10,368,649	2.8%	2.8%	\$ 368,715,512	\$ 10,368,649	2.8%	2.8%
NFCE Non-Dual 21-59	9,043	776	8.6%	N/A	\$ 134,971,314	\$ 9,568,445	7.1%	N/A	\$ 134,971,314	\$ 9,568,445	7.1%	N/A
NFCE Non-Dual 60+	4,255	302	7.1%	N/A	\$ 62,826,518	\$ 4,585,715	7.3%	N/A	\$ 62,826,518	\$ 4,585,715	7.3%	N/A
Total	251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%

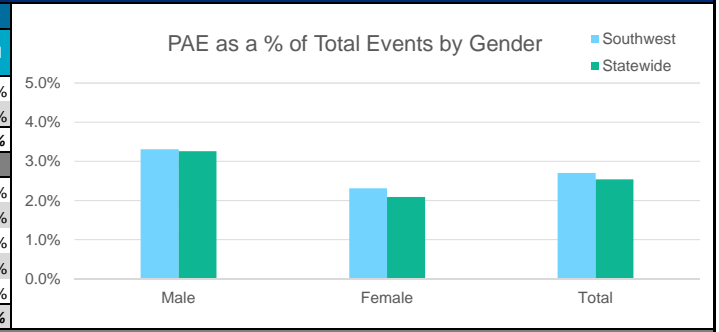


Appendix A

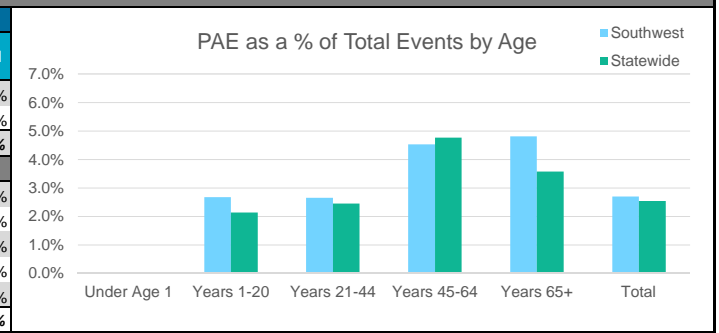
PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southwest

5. Events and Dollars by Age Band and Gender

Southwest		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	20,695	684	3.3%	2.7%	\$ 238,195,935	\$ 6,348,893	2.7%	2.3%
All Ages	Female	32,678	755	2.3%	1.9%	\$ 269,038,341	\$ 6,445,442	2.4%	2.0%
Total		53,373	1,439	2.7%	2.2%	\$ 507,234,276	\$ 12,794,335	2.5%	2.1%
Under Age 1		11,077	-	0.0%	0.0%	\$ 78,905,805	\$ -	0.0%	0.0%
Years 1-20		5,948	159	2.7%	2.1%	\$ 74,407,292	\$ 1,895,111	2.5%	1.8%
Years 21-44		19,407	513	2.6%	2.4%	\$ 149,869,684	\$ 3,985,589	2.7%	2.6%
Years 45-64		16,566	749	4.5%	3.5%	\$ 199,836,769	\$ 6,753,022	3.4%	2.8%
Years 65+		375	18	4.8%	0.5%	\$ 4,214,726	\$ 160,613	3.8%	0.4%
Total		53,373	1,439	2.7%	2.2%	\$ 507,234,276	\$ 12,794,335	2.5%	2.1%



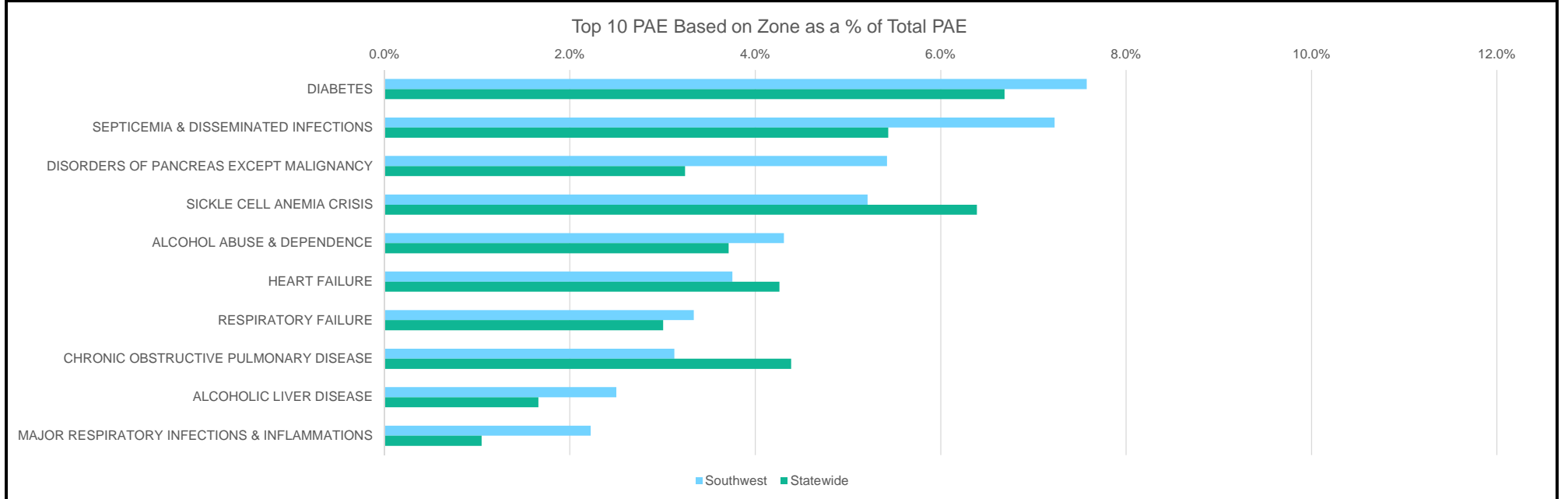
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	97,276	3,165	3.3%	2.8%	\$ 1,204,523,238	\$ 35,210,633	2.9%	2.5%
All Ages	Female	154,254	3,219	2.1%	1.6%	\$ 1,314,993,227	\$ 32,852,352	2.5%	2.2%
Total		251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%
Under Age 1		55,267	-	0.0%	0.0%	\$ 458,442,982	\$ -	0.0%	0.0%
Years 1-20		29,300	624	2.1%	1.7%	\$ 362,422,164	\$ 10,141,322	2.8%	2.4%
Years 21-44		93,459	2,289	2.4%	2.2%	\$ 730,633,871	\$ 20,681,608	2.8%	2.6%
Years 45-64		71,350	3,394	4.8%	3.9%	\$ 940,003,240	\$ 36,035,729	3.8%	3.3%
Years 65+		2,154	77	3.6%	3.3%	\$ 28,014,207	\$ 1,204,327	4.3%	1.9%
Total		251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%



Appendix A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southwest

Top 10 PAE by Zone			Southwest				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0420	DIABETES	109	\$ 746,046	7.6%	6.7%	427	\$ 3,201,832	6.7%	7.2%
2	0720	SEPTICEMIA & DISSEMINATED INFECTIONS	104	\$ 1,230,496	7.2%	4.9%	347	\$ 4,793,082	5.4%	4.2%
3	0282	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	78	\$ 410,471	5.4%	5.2%	207	\$ 1,353,984	3.2%	2.9%
4	0662	SICKLE CELL ANEMIA CRISIS	75	\$ 498,871	5.2%	5.9%	408	\$ 2,835,348	6.4%	7.0%
5	0775	ALCOHOL ABUSE & DEPENDENCE	62	\$ 188,032	4.3%	3.1%	237	\$ 1,176,796	3.7%	3.6%
6	0194	HEART FAILURE	54	\$ 689,470	3.8%	3.3%	272	\$ 3,046,870	4.3%	3.8%
7	0133	RESPIRATORY FAILURE	48	\$ 306,169	3.3%	1.3%	192	\$ 2,296,656	3.0%	1.2%
8	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	45	\$ 237,162	3.1%	2.5%	280	\$ 2,345,440	4.4%	4.0%
9	0280	ALCOHOLIC LIVER DISEASE	36	\$ 339,187	2.5%	2.9%	106	\$ 1,065,694	1.7%	2.1%
10	0137	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	32	\$ 597,539	2.2%	0.9%	67	\$ 1,285,375	1.0%	0.6%
		All Else	796	\$ 7,550,893	55.3%	63.3%	3,841	\$ 44,661,909	60.2%	63.4%
		Total	1,439	\$ 12,794,335	100.0%	100.0%	6,384	\$ 68,062,985	100.0%	100.0%

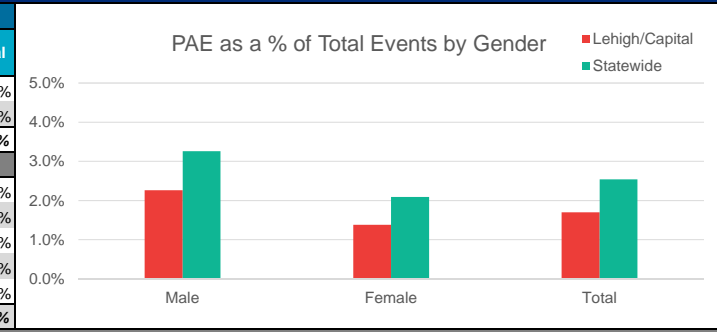


Appendix A

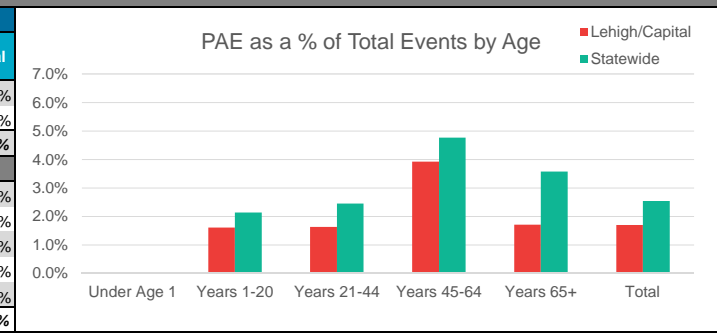
PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Lehigh/Capital

5. Events and Dollars by Age Band and Gender

Lehigh/Capital		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	18,299	413	2.3%	2.2%	\$ 211,953,525	\$ 4,220,179	2.0%	2.2%
All Ages	Female	32,652	451	1.4%	1.3%	\$ 240,866,692	\$ 4,458,184	1.9%	1.7%
Total		50,951	864	1.7%	1.7%	\$ 452,820,218	\$ 8,678,363	1.9%	1.9%
Under Age 1		13,536	-	0.0%	0.0%	\$ 98,877,314	\$ -	0.0%	0.0%
Years 1-20		6,627	106	1.6%	1.6%	\$ 75,350,748	\$ 1,324,122	1.8%	1.6%
Years 21-44		19,295	313	1.6%	1.6%	\$ 131,443,007	\$ 3,099,295	2.4%	2.0%
Years 45-64		11,259	441	3.9%	3.8%	\$ 144,133,917	\$ 4,183,405	2.9%	3.2%
Years 65+		234	4	1.7%	3.8%	\$ 3,015,231	\$ 71,542	2.4%	2.1%
Total		50,951	864	1.7%	1.7%	\$ 452,820,218	\$ 8,678,363	1.9%	1.9%



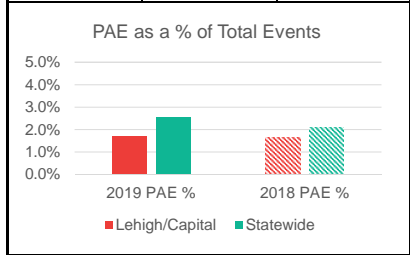
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	97,276	3,165	3.3%	2.8%	\$ 1,204,523,238	\$ 35,210,633	2.9%	2.5%
All Ages	Female	154,254	3,219	2.1%	1.6%	\$ 1,314,993,227	\$ 32,852,352	2.5%	2.2%
Total		251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%
Under Age 1		55,267	-	0.0%	0.0%	\$ 458,442,982	\$ -	0.0%	0.0%
Years 1-20		29,300	624	2.1%	1.7%	\$ 362,422,164	\$ 10,141,322	2.8%	2.4%
Years 21-44		93,459	2,289	2.4%	2.2%	\$ 730,633,871	\$ 20,681,608	2.8%	2.6%
Years 45-64		71,350	3,394	4.8%	3.9%	\$ 940,003,240	\$ 36,035,729	3.8%	3.3%
Years 65+		2,154	77	3.6%	3.3%	\$ 28,014,207	\$ 1,204,327	4.3%	1.9%
Total		251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%



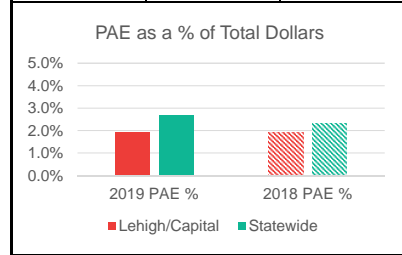
Appendix A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Lehigh/Capital

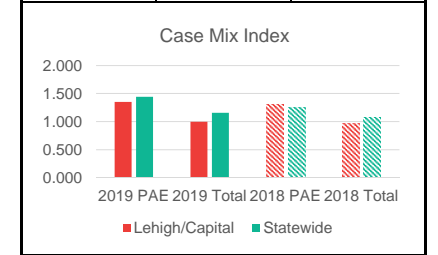
1. Total Events		
	Lehigh/Capital	Statewide
PAE	864	6,384
Total	50,951	251,530
2019 PAE %	1.7%	2.5%
2018 PAE %	1.7%	2.1%



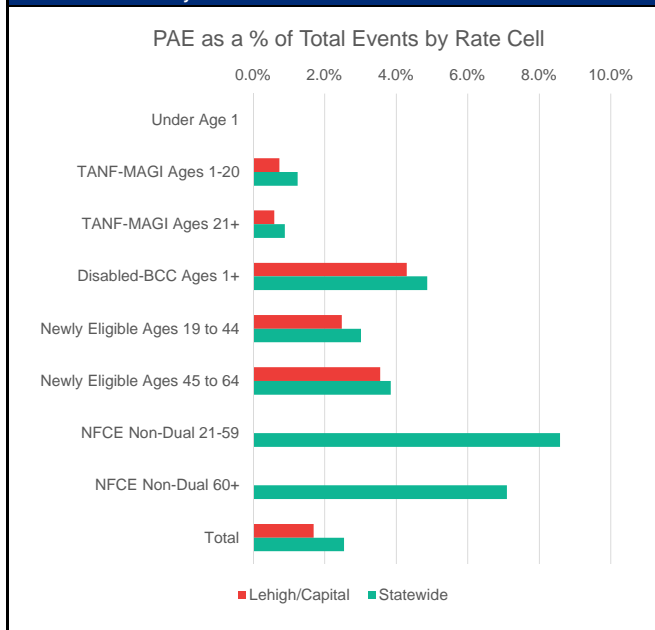
2. Total Dollars		
	Lehigh/Capital	Statewide
PAE	\$ 8,678,363	\$ 68,062,985
Total	\$ 452,820,218	\$ 2,519,516,465
2019 PAE %	1.9%	2.7%
2018 PAE %	1.9%	2.3%



3. APR-DRG Case Mix Index		
	Lehigh/Capital	Statewide
2019 PAE	1.349	1.438
2019 Total	0.992	1.155
2018 PAE	1.302	1.256
2018 Total	0.959	1.072



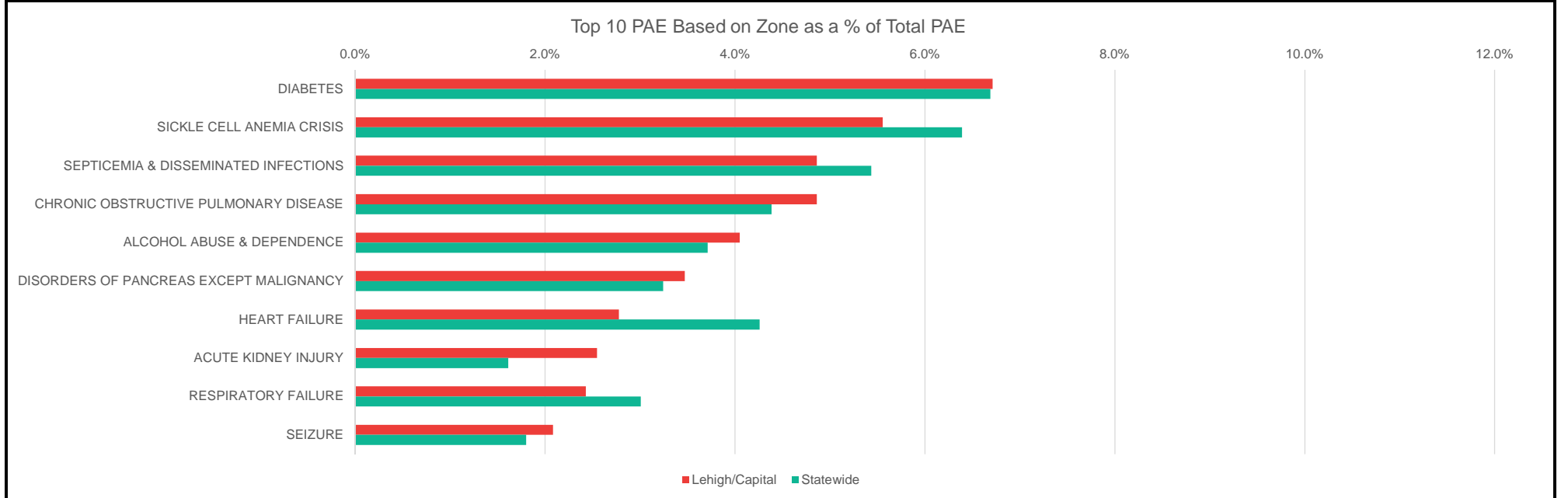
4. Events and Dollars by Rate Cell									
Rate Cell	Lehigh/Capital				Statewide				
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total	
Under Age 1	13,536	-	0.0%	0.0%	\$ 98,877,314	\$ -	0.0%	0.0%	
TANF-MAGI Ages 1-20	4,214	31	0.7%	1.0%	\$ 34,457,952	\$ 380,987	1.1%	1.3%	
TANF-MAGI Ages 21+	11,676	69	0.6%	0.7%	\$ 60,333,287	\$ 802,458	1.3%	1.4%	
Disabled-BCC Ages 1+	9,355	402	4.3%	4.0%	\$ 129,674,619	\$ 4,319,427	3.3%	3.4%	
Newly Eligible Ages 19 to 44	6,565	163	2.5%	2.2%	\$ 57,459,059	\$ 1,477,125	2.6%	2.0%	
Newly Eligible Ages 45 to 64	5,605	199	3.6%	3.3%	\$ 72,017,987	\$ 1,698,367	2.4%	2.6%	
NFCE Non-Dual 21-59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
NFCE Non-Dual 60+	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Total	50,951	864	1.7%	1.7%	\$ 452,820,218	\$ 8,678,363	1.9%	1.9%	
Under Age 1	55,267	-	0.0%	0.0%	\$ 458,442,982	\$ -	0.0%	0.0%	
TANF-MAGI Ages 1-20	18,385	228	1.2%	1.1%	\$ 179,907,950	\$ 3,691,878	2.1%	1.5%	
TANF-MAGI Ages 21+	50,567	446	0.9%	0.8%	\$ 289,058,865	\$ 3,703,659	1.3%	1.5%	
Disabled-BCC Ages 1+	51,883	2,524	4.9%	4.5%	\$ 697,189,572	\$ 27,490,649	3.9%	3.9%	
Newly Eligible Ages 19 to 44	33,828	1,020	3.0%	2.9%	\$ 328,403,752	\$ 8,653,990	2.6%	2.6%	
Newly Eligible Ages 45 to 64	28,302	1,088	3.8%	3.4%	\$ 368,715,512	\$ 10,368,649	2.8%	2.8%	
NFCE Non-Dual 21-59	9,043	776	8.6%	N/A	\$ 134,971,314	\$ 9,568,445	7.1%	N/A	
NFCE Non-Dual 60+	4,255	302	7.1%	N/A	\$ 62,826,518	\$ 4,585,715	7.3%	N/A	
Total	251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%	



Appendix A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Lehigh/Capital

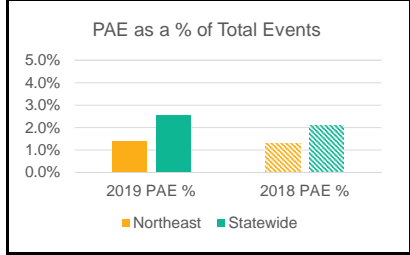
Top 10 PAE by Zone			Lehigh/Capital				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0420	DIABETES	58	\$ 419,571	6.7%	7.8%	427	\$ 3,201,832	6.7%	7.2%
2	0662	SICKLE CELL ANEMIA CRISIS	48	\$ 304,182	5.6%	3.6%	408	\$ 2,835,348	6.4%	7.0%
3	0720	SEPTICEMIA & DISSEMINATED INFECTIONS	42	\$ 609,353	4.9%	4.1%	347	\$ 4,793,082	5.4%	4.2%
4	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	42	\$ 444,927	4.9%	4.4%	280	\$ 2,345,440	4.4%	4.0%
5	0775	ALCOHOL ABUSE & DEPENDENCE	35	\$ 164,910	4.1%	4.9%	237	\$ 1,176,796	3.7%	3.6%
6	0282	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	30	\$ 236,671	3.5%	2.1%	207	\$ 1,353,984	3.2%	2.9%
7	0194	HEART FAILURE	24	\$ 307,269	2.8%	3.1%	272	\$ 3,046,870	4.3%	3.8%
8	0469	ACUTE KIDNEY INJURY	22	\$ 232,938	2.5%	3.0%	103	\$ 947,567	1.6%	1.7%
9	0133	RESPIRATORY FAILURE	21	\$ 275,603	2.4%	2.0%	192	\$ 2,296,656	3.0%	1.2%
10	0053	SEIZURE	18	\$ 135,251	2.1%	1.0%	115	\$ 1,296,412	1.8%	1.0%
		All Else	524	\$ 5,547,688	60.6%	64.1%	3,796	\$ 44,768,998	59.5%	63.3%
		Total	864	\$ 8,678,363	100.0%	100.0%	6,384	\$ 68,062,985	100.0%	100.0%



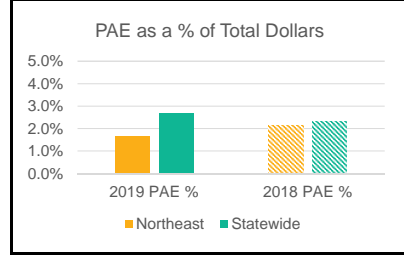
Appendix A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northeast

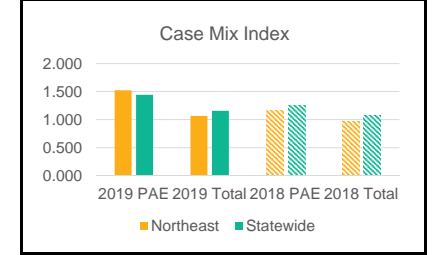
1. Total Events		
	Northeast	Statewide
PAE	435	6,384
Total	31,915	251,530
2019 PAE %	1.4%	2.5%
2018 PAE %	1.3%	2.1%



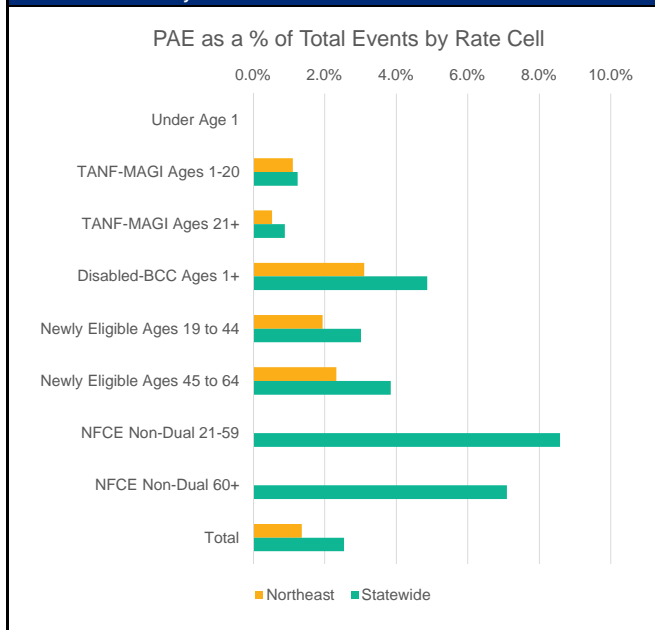
2. Total Dollars		
	Northeast	Statewide
PAE	\$ 4,715,673	\$ 68,062,985
Total	\$ 285,268,326	\$ 2,519,516,465
2019 PAE %	1.7%	2.7%
2018 PAE %	2.1%	2.3%



3. APR-DRG Case Mix Index		
	Northeast	Statewide
2019 PAE	1.517	1.438
2019 Total	1.061	1.155
2018 PAE	1.165	1.256
2018 Total	0.966	1.072



4. Events and Dollars by Rate Cell									
Rate Cell	Northeast				Statewide				
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total	
Under Age 1	8,052	-	0.0%	0.0%	55,267	-	0.0%	0.0%	
TANF-MAGI Ages 1-20	2,260	25	1.1%	0.3%	18,385	228	1.2%	1.1%	
TANF-MAGI Ages 21+	7,026	37	0.5%	0.8%	50,567	446	0.9%	0.8%	
Disabled-BCC Ages 1+	6,399	199	3.1%	3.3%	51,883	2,524	4.9%	4.5%	
Newly Eligible Ages 19 to 44	4,271	83	1.9%	1.3%	33,828	1,020	3.0%	2.9%	
Newly Eligible Ages 45 to 64	3,907	91	2.3%	2.4%	28,302	1,088	3.8%	3.4%	
NFCE Non-Dual 21-59	N/A	N/A	N/A	N/A	9,043	776	8.6%	N/A	
NFCE Non-Dual 60+	N/A	N/A	N/A	N/A	4,255	302	7.1%	N/A	
Total	31,915	435	1.4%	1.3%	251,530	6,384	2.5%	2.1%	

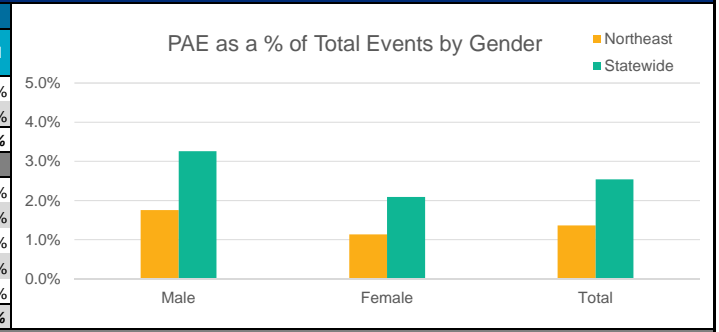


Appendix A

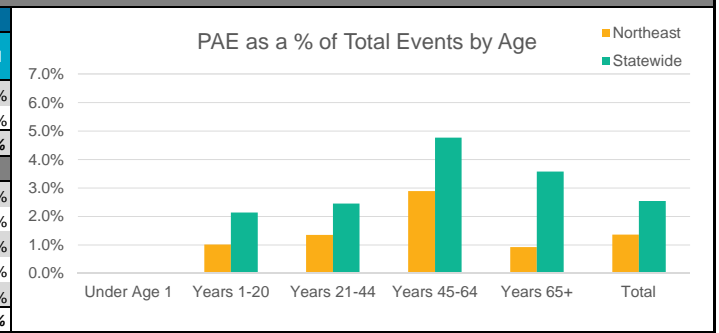
PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northeast

5. Events and Dollars by Age Band and Gender

Northeast		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	11,771	206	1.8%	1.7%	\$ 131,523,335	\$ 2,393,852	1.8%	1.7%
All Ages	Female	20,144	229	1.1%	1.1%	\$ 153,744,992	\$ 2,321,822	1.5%	2.5%
Total		31,915	435	1.4%	1.3%	\$ 285,268,326	\$ 4,715,673	1.7%	2.1%
Under Age 1		8,052	-	0.0%	0.0%	\$ 56,729,896	\$ -	0.0%	0.0%
Years 1-20		3,458	35	1.0%	1.0%	\$ 38,183,032	\$ 252,959	0.7%	4.7%
Years 21-44		12,106	163	1.3%	1.3%	\$ 87,275,188	\$ 1,863,186	2.1%	2.2%
Years 45-64		8,190	236	2.9%	2.7%	\$ 101,855,732	\$ 2,594,847	2.5%	2.1%
Years 65+		109	1	0.9%	4.8%	\$ 1,224,478	\$ 4,681	0.4%	3.9%
Total		31,915	435	1.4%	1.3%	\$ 285,268,326	\$ 4,715,673	1.7%	2.1%



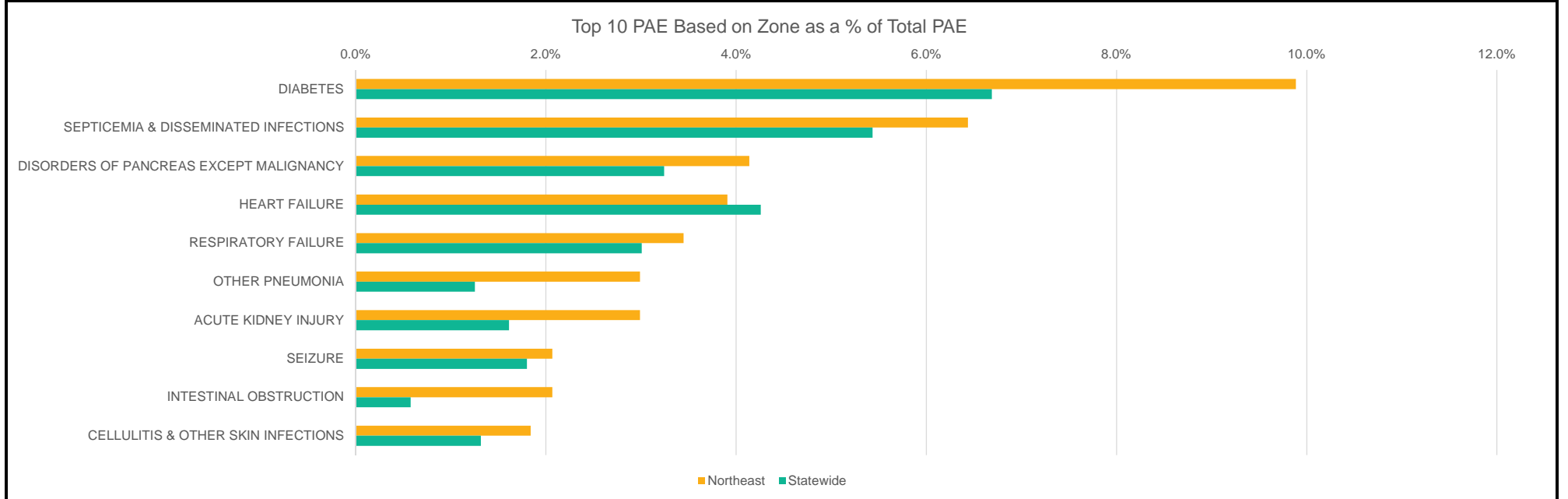
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	97,276	3,165	3.3%	2.8%	\$ 1,204,523,238	\$ 35,210,633	2.9%	2.5%
All Ages	Female	154,254	3,219	2.1%	1.6%	\$ 1,314,993,227	\$ 32,852,352	2.5%	2.2%
Total		251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%
Under Age 1		55,267	-	0.0%	0.0%	\$ 458,442,982	\$ -	0.0%	0.0%
Years 1-20		29,300	624	2.1%	1.7%	\$ 362,422,164	\$ 10,141,322	2.8%	2.4%
Years 21-44		93,459	2,289	2.4%	2.2%	\$ 730,633,871	\$ 20,681,608	2.8%	2.6%
Years 45-64		71,350	3,394	4.8%	3.9%	\$ 940,003,240	\$ 36,035,729	3.8%	3.3%
Years 65+		2,154	77	3.6%	3.3%	\$ 28,014,207	\$ 1,204,327	4.3%	1.9%
Total		251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%



Appendix A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northeast

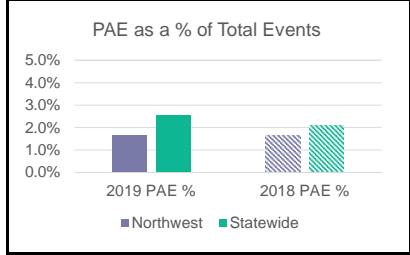
Top 10 PAE by Zone			Northeast				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0420	DIABETES	43	\$ 346,643	9.9%	6.9%	427	\$ 3,201,832	6.7%	7.2%
2	0720	SEPTICEMIA & DISSEMINATED INFECTIONS	28	\$ 404,492	6.4%	3.6%	347	\$ 4,793,082	5.4%	4.2%
3	0282	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	18	\$ 123,830	4.1%	5.5%	207	\$ 1,353,984	3.2%	2.9%
4	0194	HEART FAILURE	17	\$ 239,317	3.9%	3.1%	272	\$ 3,046,870	4.3%	3.8%
5	0133	RESPIRATORY FAILURE	15	\$ 147,819	3.4%	0.2%	192	\$ 2,296,656	3.0%	1.2%
6	0139	OTHER PNEUMONIA	13	\$ 142,744	3.0%	3.3%	80	\$ 958,474	1.3%	1.7%
7	0469	ACUTE KIDNEY INJURY	13	\$ 108,657	3.0%	1.7%	103	\$ 947,567	1.6%	1.7%
8	0053	SEIZURE	9	\$ 78,406	2.1%	2.6%	115	\$ 1,296,412	1.8%	1.0%
9	0247	INTESTINAL OBSTRUCTION	9	\$ 76,673	2.1%	0.2%	37	\$ 284,424	0.6%	0.6%
10	0383	CELLULITIS & OTHER SKIN INFECTIONS	8	\$ 101,395	1.8%	3.6%	84	\$ 741,981	1.3%	2.5%
		All Else	262	\$ 2,945,699	60.2%	69.4%	4,520	\$ 49,141,704	70.8%	73.1%
		Total	435	\$ 4,715,673	100.0%	100.0%	6,384	\$ 68,062,985	100.0%	100.0%



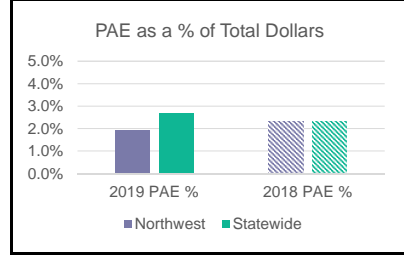
Appendix A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northwest

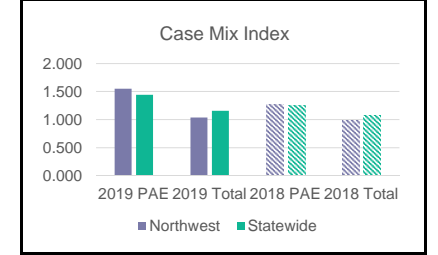
1. Total Events		
	Northwest	Statewide
PAE	260	6,384
Total	15,520	251,530
2019 PAE %	1.7%	2.5%
2018 PAE %	1.7%	2.1%



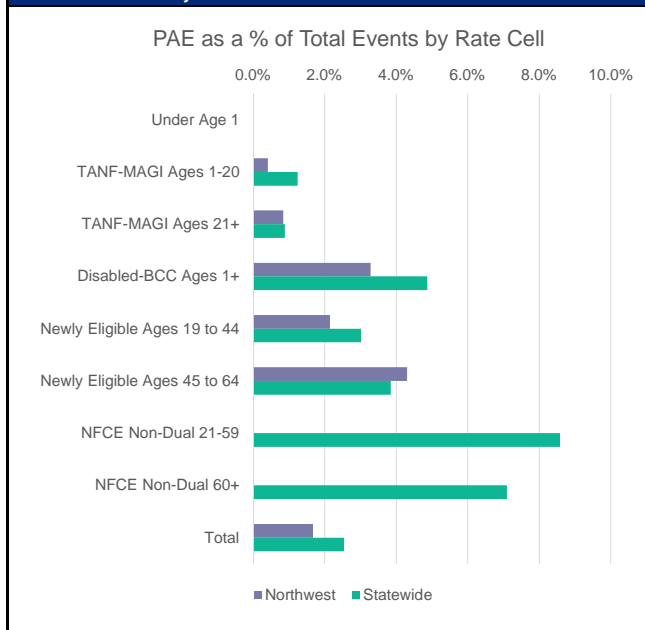
2. Total Dollars		
	Northwest	Statewide
PAE	\$ 2,635,076	\$ 68,062,985
Total	\$ 136,823,003	\$ 2,519,516,465
2019 PAE %	1.9%	2.7%
2018 PAE %	2.3%	2.3%



3. APR-DRG Case Mix Index		
	Northwest	Statewide
2019 PAE	1.546	1.438
2019 Total	1.032	1.155
2018 PAE	1.273	1.256
2018 Total	0.991	1.072



4. Events and Dollars by Rate Cell												
Rate Cell	Northwest				Events				Dollars			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	3,981	-	0.0%	0.0%	\$ 23,703,643	\$ -	0.0%	0.0%	\$ 23,703,643	\$ -	0.0%	0.0%
TANF-MAGI Ages 1-20	1,223	5	0.4%	0.6%	\$ 11,889,800	\$ 378,125	3.2%	1.0%	\$ 11,889,800	\$ 378,125	3.2%	1.0%
TANF-MAGI Ages 21+	3,223	27	0.8%	0.6%	\$ 17,968,042	\$ 211,794	1.2%	1.8%	\$ 17,968,042	\$ 211,794	1.2%	1.8%
Disabled-BCC Ages 1+	3,377	111	3.3%	3.6%	\$ 42,583,773	\$ 1,017,994	2.4%	3.2%	\$ 42,583,773	\$ 1,017,994	2.4%	3.2%
Newly Eligible Ages 19 to 44	1,998	43	2.2%	2.2%	\$ 17,943,729	\$ 339,978	1.9%	2.6%	\$ 17,943,729	\$ 339,978	1.9%	2.6%
Newly Eligible Ages 45 to 64	1,718	74	4.3%	3.4%	\$ 22,734,018	\$ 687,184	3.0%	4.0%	\$ 22,734,018	\$ 687,184	3.0%	4.0%
NFCE Non-Dual 21-59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NFCE Non-Dual 60+	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	15,520	260	1.7%	1.7%	\$ 136,823,003	\$ 2,635,076	1.9%	2.3%	\$ 136,823,003	\$ 2,635,076	1.9%	2.3%
Statewide												
Rate Cell	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	55,267	-	0.0%	0.0%	\$ 458,442,982	\$ -	0.0%	0.0%	\$ 458,442,982	\$ -	0.0%	0.0%
TANF-MAGI Ages 1-20	18,385	228	1.2%	1.1%	\$ 179,907,950	\$ 3,691,878	2.1%	1.5%	\$ 179,907,950	\$ 3,691,878	2.1%	1.5%
TANF-MAGI Ages 21+	50,567	446	0.9%	0.8%	\$ 289,058,865	\$ 3,703,659	1.3%	1.5%	\$ 289,058,865	\$ 3,703,659	1.3%	1.5%
Disabled-BCC Ages 1+	51,883	2,524	4.9%	4.5%	\$ 697,189,572	\$ 27,490,649	3.9%	3.9%	\$ 697,189,572	\$ 27,490,649	3.9%	3.9%
Newly Eligible Ages 19 to 44	33,828	1,020	3.0%	2.9%	\$ 328,403,752	\$ 8,653,990	2.6%	2.6%	\$ 328,403,752	\$ 8,653,990	2.6%	2.6%
Newly Eligible Ages 45 to 64	28,302	1,088	3.8%	3.4%	\$ 368,715,512	\$ 10,368,649	2.8%	2.8%	\$ 368,715,512	\$ 10,368,649	2.8%	2.8%
NFCE Non-Dual 21-59	9,043	776	8.6%	N/A	\$ 134,971,314	\$ 9,568,445	7.1%	N/A	\$ 134,971,314	\$ 9,568,445	7.1%	N/A
NFCE Non-Dual 60+	4,255	302	7.1%	N/A	\$ 62,826,518	\$ 4,585,715	7.3%	N/A	\$ 62,826,518	\$ 4,585,715	7.3%	N/A
Total	251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%

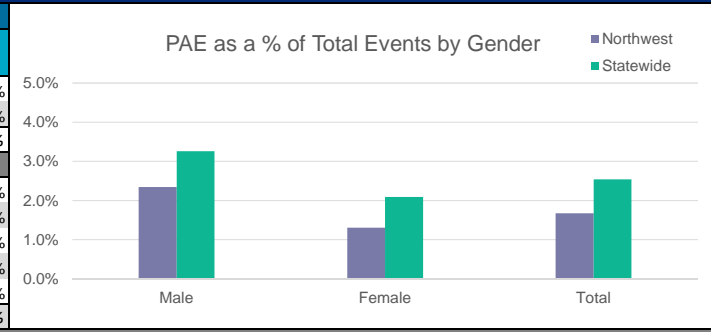


Appendix A

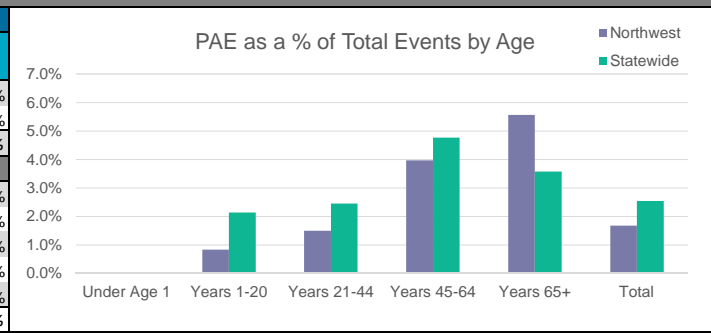
PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northwest

5. Events and Dollars by Age Band and Gender

Northwest		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	5,599	131	2.3%	2.0%	\$ 59,537,672	\$ 1,268,542	2.1%	2.7%
All Ages	Female	9,921	129	1.3%	1.4%	\$ 77,285,331	\$ 1,366,534	1.8%	2.0%
Total		15,520	260	1.7%	1.7%	\$ 136,823,003	\$ 2,635,076	1.9%	2.3%
Under Age 1		3,981	-	0.0%	0.0%	\$ 23,703,643	\$ -	0.0%	0.0%
Years 1-20		1,811	15	0.8%	0.7%	\$ 20,885,032	\$ 444,996	2.1%	0.7%
Years 21-44		5,706	85	1.5%	1.8%	\$ 40,452,249	\$ 664,874	1.6%	2.7%
Years 45-64		3,986	158	4.0%	3.5%	\$ 51,279,536	\$ 1,515,737	3.0%	3.8%
Years 65+		36	2	5.6%	6.3%	\$ 502,544	\$ 9,468	1.9%	2.7%
Total		15,520	260	1.7%	1.7%	\$ 136,823,003	\$ 2,635,076	1.9%	2.3%



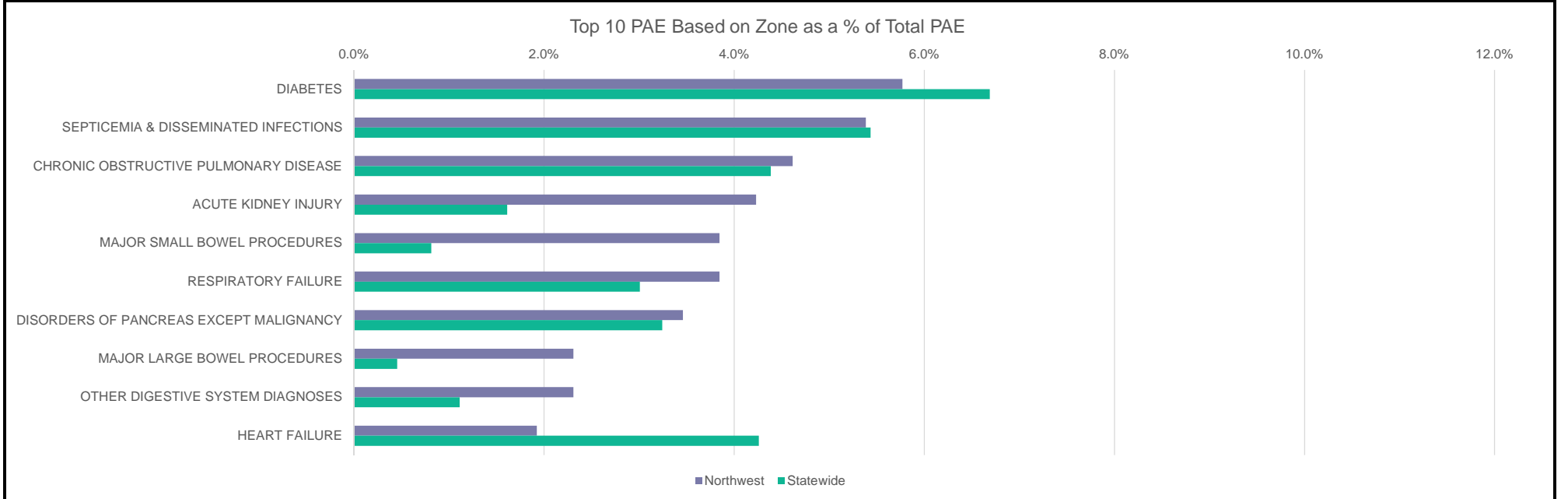
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	97,276	3,165	3.3%	2.8%	\$ 1,204,523,238	\$ 35,210,633	2.9%	2.5%
All Ages	Female	154,254	3,219	2.1%	1.6%	\$ 1,314,993,227	\$ 32,852,352	2.5%	2.2%
Total		251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%
Under Age 1		55,267	-	0.0%	0.0%	\$ 458,442,982	\$ -	0.0%	0.0%
Years 1-20		29,300	624	2.1%	1.7%	\$ 362,422,164	\$ 10,141,322	2.8%	2.4%
Years 21-44		93,459	2,289	2.4%	2.2%	\$ 730,633,871	\$ 20,681,608	2.8%	2.6%
Years 45-64		71,350	3,394	4.8%	3.9%	\$ 940,003,240	\$ 36,035,729	3.8%	3.3%
Years 65+		2,154	77	3.6%	3.3%	\$ 28,014,207	\$ 1,204,327	4.3%	1.9%
Total		251,530	6,384	2.5%	2.1%	\$ 2,519,516,465	\$ 68,062,985	2.7%	2.3%



Appendix A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northwest

Top 10 PAE by Zone			Northwest				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0420	DIABETES	15	\$ 88,062	5.8%	13.9%	427	\$ 3,201,832	6.7%	7.2%
2	0720	SEPTICEMIA & DISSEMINATED INFECTIONS	14	\$ 204,413	5.4%	6.0%	347	\$ 4,793,082	5.4%	4.2%
3	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	12	\$ 84,045	4.6%	3.8%	280	\$ 2,345,440	4.4%	4.0%
4	0469	ACUTE KIDNEY INJURY	11	\$ 105,370	4.2%	2.3%	103	\$ 947,567	1.6%	1.7%
5	0230	MAJOR SMALL BOWEL PROCEDURES	10	\$ 121,536	3.8%	0.4%	52	\$ 664,849	0.8%	0.7%
6	0133	RESPIRATORY FAILURE	10	\$ 67,251	3.8%	1.1%	192	\$ 2,296,656	3.0%	1.2%
7	0282	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	9	\$ 44,658	3.5%	5.3%	207	\$ 1,353,984	3.2%	2.9%
8	0231	MAJOR LARGE BOWEL PROCEDURES	6	\$ 88,155	2.3%	1.1%	29	\$ 300,839	0.5%	0.3%
9	0254	OTHER DIGESTIVE SYSTEM DIAGNOSES	6	\$ 41,244	2.3%	1.1%	71	\$ 661,720	1.1%	1.4%
10	0194	HEART FAILURE	5	\$ 40,608	1.9%	2.3%	272	\$ 3,046,870	4.3%	3.8%
		All Else	162	\$ 1,749,734	62.3%	62.8%	4,404	\$ 48,450,146	69.0%	72.5%
		Total	260	\$ 2,635,076	100.0%	100.0%	6,384	\$ 68,062,985	100.0%	100.0%



Appendix B

Potentially Avoidable Admissions

Contents

Table Number	Table Title
1	Total Events
2	Total Dollars
3	APR-DRG Case Mix Index
4	Events and Dollars by Rate Cell
5	Events and Dollars by Age Band and Gender
6	Events and Dollars by Top 10 APR-DRG
7	Admissions and Dollars by PDI (Pediatric)
8	Admissions and Dollars by PQI (Adult)

The tables identified above are included for each zone. Zone results are displayed in the following order: Southeast, Southwest, Lehigh/Capital, Northeast, and Northwest. This is the third year of the analysis; therefore, both CY 2019 and CY 2018 results are available and displayed as applicable.

Detailed Description of Tables

Table 1 — displays the total number of PAA as a percent of total inpatient hospital admissions. This value is displayed at both the zone and statewide level.

Table 2 — displays the total expenditures related to PAA as a percent of total inpatient hospital expenditures. This value is displayed at both the zone and statewide level.

Table 3 — displays the average APR-DRG CMI for those admissions identified as PAA at the zone and statewide level. Also displays the average APR-DRG CMI for all admissions at the zone and statewide level.

Table 4 — displays the total number of PAA as a percent of total inpatient hospital admissions by rate cell. This value is displayed at both the zone and statewide level.

Table 5 — displays the total number of PAA as a percent of total inpatient hospital admissions by age band and gender. These values are displayed at both the zone and statewide level.

Table 6 — displays the 10 most frequent diagnosis (APR-DRG) in the zone that result in PAA within the zone. These values are displayed at both the zone and statewide level.

Table 7 — displays the total number of PDIs identified and the expenditures related to PDI. These values are displayed at both the zone and statewide level.

Table 8 — displays the total number of PQIs identified and the expenditures related to PQI. These values are displayed at both the zone and statewide level.

Additional Notes Regarding Data

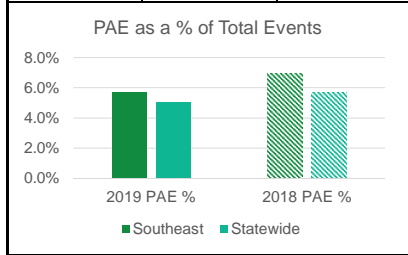
1. Admits and dollars for CY 2019 service dates are based on PH HealthChoices MCO encounter data submitted through September 30, 2020 and CHC-MCO encounter data submitted through December 31, 2020.
2. Inpatient is defined as acute inpatient hospital admissions.
3. APR-DRGs are assigned by PROMISe system and represent a mix of APR-DRG version 36 and version 37 depending on discharge date. CMI reflects the average relative value weight across all admissions as established by the Department. If APR-DRG relative value weight was not present, an average relative value weight was assigned. These average relative value weights were calculated at the hospital level.

4. Version 2020 AHRQ logic was used for PDIs and PQIs. Effective with AHRQ logic version 2019, PQI #2, PQI #10, and PDI #17 are retired. Therefore, these were excluded from CY 2018 and CY 2019 data and are not represented in the results.
5. PAA values displayed are post clinical global exclusions, enrollment duration and PAR overlap. Targeted efficiency levels are not applied.
6. PQIs include beneficiaries 18 years of age or older, and PDIs include beneficiaries through 17 years of age. As a result, PDIs do not apply to the CHC program as the CHC population is limited to individuals ages 21 and older.
7. Replacement costs, which are costs that would have been incurred to care for the beneficiary in an appropriate setting are not considered in this analysis.
8. Age and gender are assigned using eligibility files provided by the Department.
9. Encounters with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAA analysis.
10. All encounters for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies) were excluded.
11. Additional clinical exclusions were applied in addition to the specific to AHRQ's PQIs/PDIs exclusionary criteria (for example, transfers from other facilities).

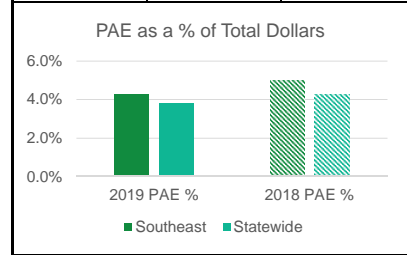
Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southeast

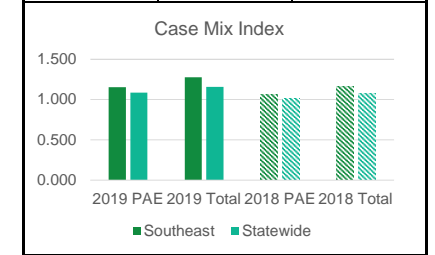
1. Total Events		
	Southeast	Statewide
PAE	5,708	12,601
Total	99,771	251,530
2019 PAE %	5.7%	5.0%
2018 PAE %	6.9%	5.7%



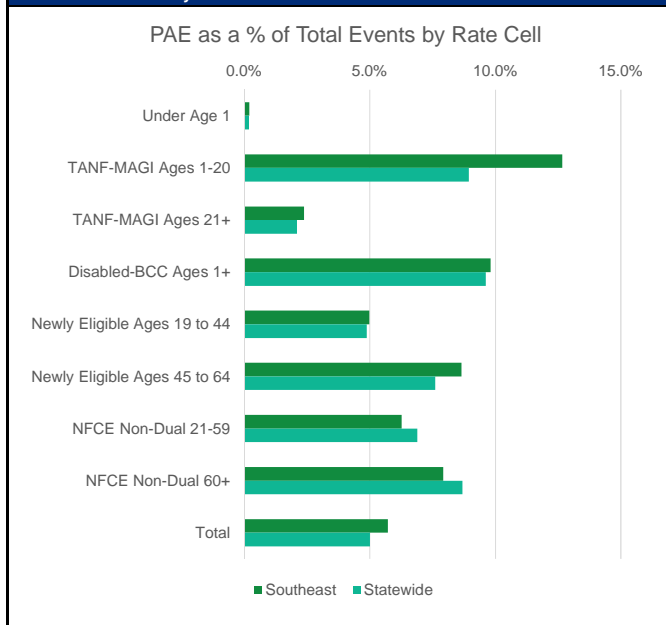
2. Total Dollars		
	Southeast	Statewide
PAE	\$ 48,532,698	\$ 95,864,159
Total	\$ 1,137,370,642	\$ 2,519,516,465
2019 PAE %	4.3%	3.8%
2018 PAE %	5.0%	4.3%



3. APR-DRG Case Mix Index		
	Southeast	Statewide
2019 PAE	1.153	1.085
2019 Total	1.274	1.155
2018 PAE	1.060	1.011
2018 Total	1.167	1.072



4. Events and Dollars by Rate Cell									
Rate Cell	Southeast				Statewide				
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total	
Under Age 1	18,621	39	0.2%	0.2%	55,267	104	0.2%	0.2%	
TANF-MAGI Ages 1-20	7,217	914	12.7%	17.1%	18,385	1,644	8.9%	11.3%	
TANF-MAGI Ages 21+	18,511	442	2.4%	2.6%	50,567	1,064	2.1%	2.3%	
Disabled-BCC Ages 1+	19,927	1,955	9.8%	11.5%	51,883	4,991	9.6%	10.8%	
Newly Eligible Ages 19 to 44	13,977	696	5.0%	6.3%	33,828	1,653	4.9%	5.6%	
Newly Eligible Ages 45 to 64	10,762	931	8.7%	9.7%	28,302	2,152	7.6%	8.7%	
NFCE Non-Dual 21-59	7,377	463	6.3%	N/A	9,043	623	6.9%	N/A	
NFCE Non-Dual 60+	3,379	268	7.9%	N/A	4,255	370	8.7%	N/A	
Total	99,771	5,708	5.7%	6.9%	251,530	12,601	5.0%	5.7%	

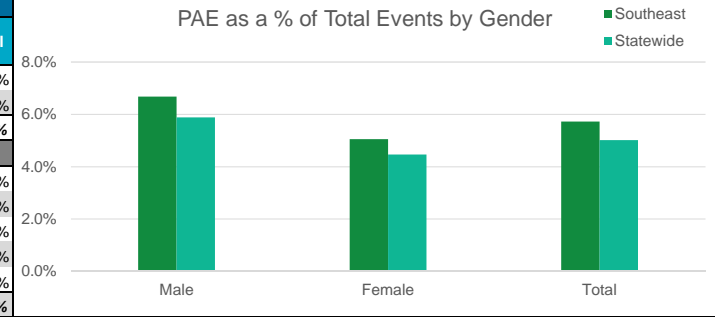


Appendix B

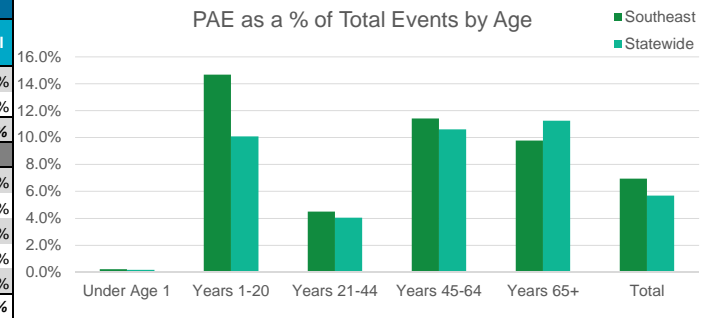
PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southeast

5. Events and Dollars by Age Band and Gender

Southeast		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	40,912	2,733	6.7%	8.4%	\$ 563,312,771	\$ 24,175,102	4.3%	5.4%
All Ages	Female	58,859	2,975	5.1%	5.9%	\$ 574,057,871	\$ 24,357,596	4.2%	4.7%
Total		99,771	5,708	5.7%	6.9%	\$ 1,137,370,642	\$ 48,532,698	4.3%	5.0%
Under Age 1		18,621	39	0.2%	0.2%	\$ 200,226,326	\$ 324,597	0.2%	0.1%
Years 1-20		11,456	1,265	11.0%	14.7%	\$ 153,596,058	\$ 8,298,891	5.4%	7.3%
Years 21-44		36,945	1,353	3.7%	4.5%	\$ 321,593,743	\$ 10,521,634	3.3%	3.8%
Years 45-64		31,349	2,952	9.4%	11.4%	\$ 442,897,287	\$ 28,519,192	6.4%	7.5%
Years 65+		1,400	99	7.1%	9.8%	\$ 19,057,228	\$ 868,385	4.6%	5.6%
Total		99,771	5,708	5.7%	6.9%	\$ 1,137,370,642	\$ 48,532,698	4.3%	5.0%



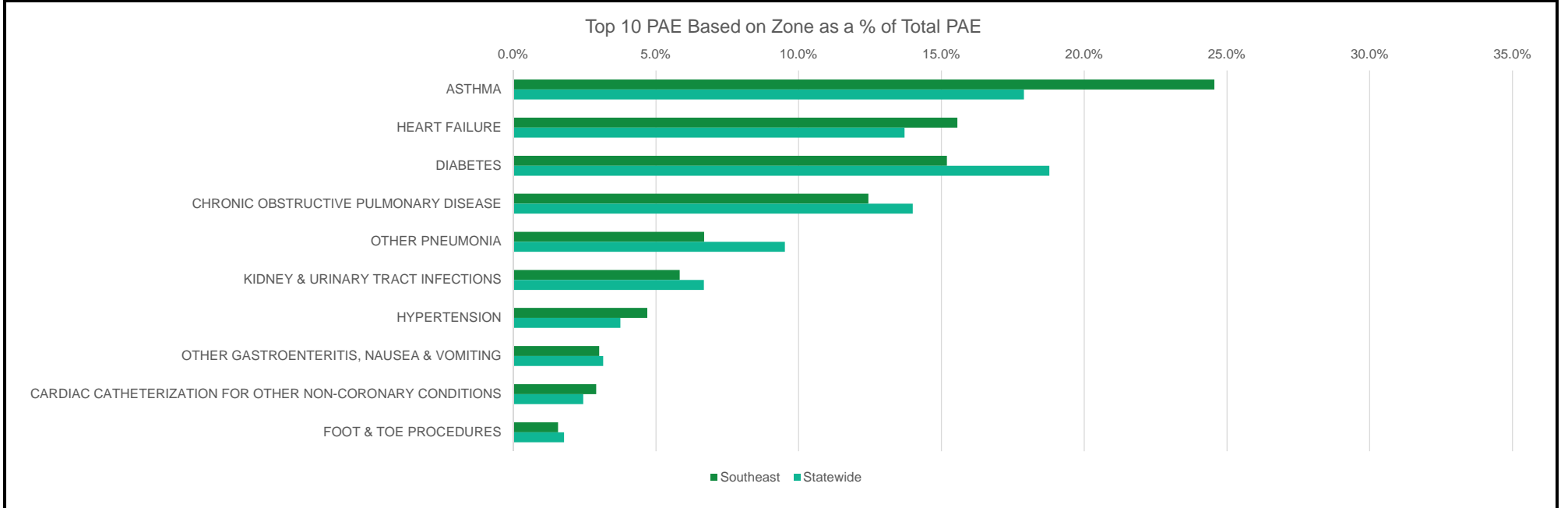
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	97,276	5,724	5.9%	6.8%	\$ 1,204,523,238	\$ 45,935,387	3.8%	4.5%
All Ages	Female	154,254	6,877	4.5%	4.9%	\$ 1,314,993,227	\$ 49,928,772	3.8%	4.1%
Total		251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%
Under Age 1		55,267	104	0.2%	0.2%	\$ 458,442,982	\$ 701,282	0.2%	0.1%
Years 1-20		29,300	2,375	8.1%	10.1%	\$ 362,422,164	\$ 14,109,762	3.9%	4.9%
Years 21-44		93,459	3,351	3.6%	4.0%	\$ 730,633,871	\$ 23,223,799	3.2%	3.5%
Years 45-64		71,350	6,584	9.2%	10.6%	\$ 940,003,240	\$ 56,250,066	6.0%	6.8%
Years 65+		2,154	187	8.7%	11.2%	\$ 28,014,207	\$ 1,579,251	5.6%	7.0%
Total		251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%



Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southeast

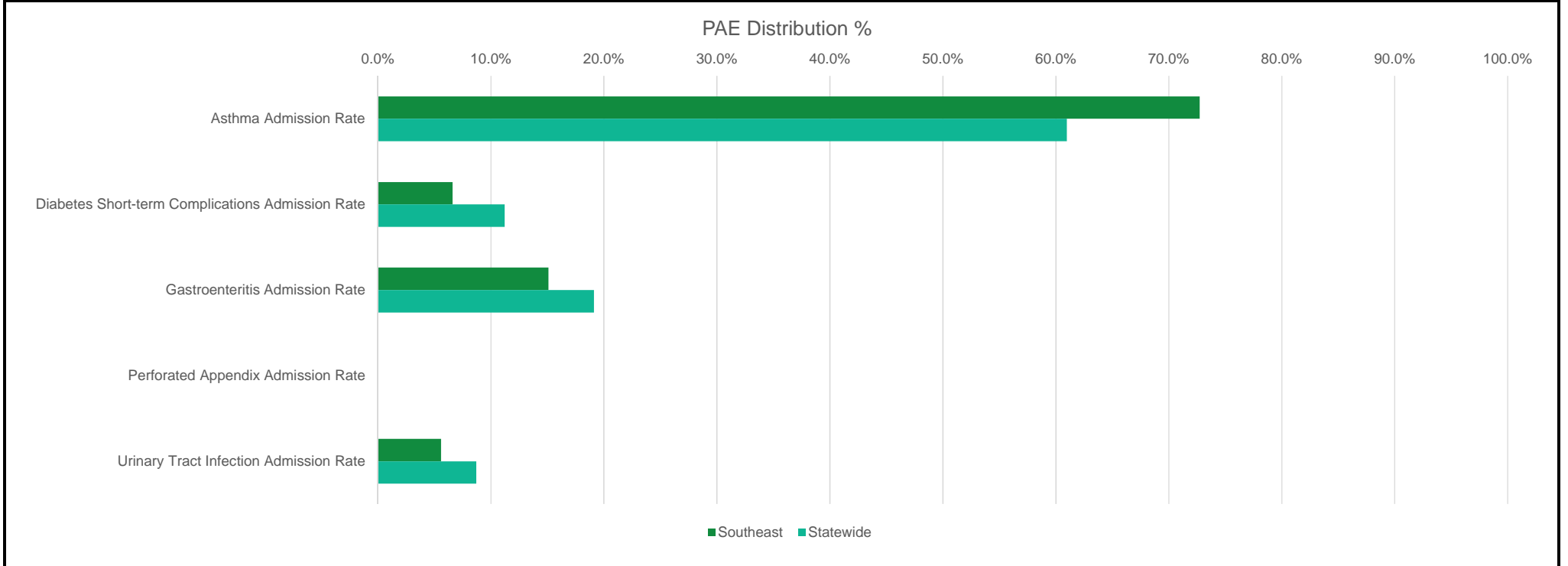
Top 10 PAE by Zone			Southeast				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0141	ASTHMA	1,402	\$ 8,751,618	24.6%	32.4%	2,254	\$ 12,890,645	17.9%	22.5%
2	0194	HEART FAILURE	888	\$ 7,804,579	15.6%	10.4%	1,727	\$ 13,711,579	13.7%	11.0%
3	0420	DIABETES	867	\$ 5,689,850	15.2%	15.5%	2,366	\$ 13,580,606	18.8%	18.9%
4	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	710	\$ 5,533,907	12.4%	11.6%	1,764	\$ 11,892,995	14.0%	13.6%
5	0139	OTHER PNEUMONIA	382	\$ 2,659,244	6.7%	7.7%	1,199	\$ 7,788,372	9.5%	10.0%
6	0463	KIDNEY & URINARY TRACT INFECTIONS	333	\$ 2,025,384	5.8%	5.5%	842	\$ 4,515,292	6.7%	6.6%
7	0199	HYPERTENSION	268	\$ 1,743,224	4.7%	4.2%	473	\$ 2,993,618	3.8%	3.6%
8	0249	OTHER GASTROENTERITIS, NAUSEA & VOMITING	172	\$ 1,171,209	3.0%	2.1%	397	\$ 2,326,523	3.2%	2.2%
9	0192	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	166	\$ 3,118,806	2.9%	2.5%	309	\$ 5,206,072	2.5%	2.3%
10	0314	FOOT & TOE PROCEDURES	90	\$ 1,404,747	1.6%	1.4%	225	\$ 3,135,602	1.8%	1.5%
		All Else	430	\$ 8,630,131	7.5%	6.7%	1,045	\$ 17,822,856	8.3%	7.6%
		Total	5,708	\$ 48,532,698	100.0%	100.0%	12,601	\$ 95,864,159	100.0%	100.0%



Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southeast

7. Admissions and Dollars by PDI (Pediatric)		Southeast				Statewide			
PDI #	PDI Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
14	Asthma Admission Rate	848	\$ 5,642,850	72.7%	81.4%	1,289	\$ 7,707,652	61.0%	71.1%
15	Diabetes Short-term Complications Admission Rate	77	\$ 484,796	6.6%	6.3%	237	\$ 1,386,721	11.2%	10.5%
16	Gastroenteritis Admission Rate	176	\$ 1,189,938	15.1%	7.7%	404	\$ 2,426,950	19.1%	11.1%
17	Perforated Appendix Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
18	Urinary Tract Infection Admission Rate	65	\$ 451,329	5.6%	4.6%	184	\$ 1,103,755	8.7%	7.3%
Total		1,166	\$ 7,768,913	100.0%	100.0%	2,114	\$ 12,625,078	100.0%	100.0%

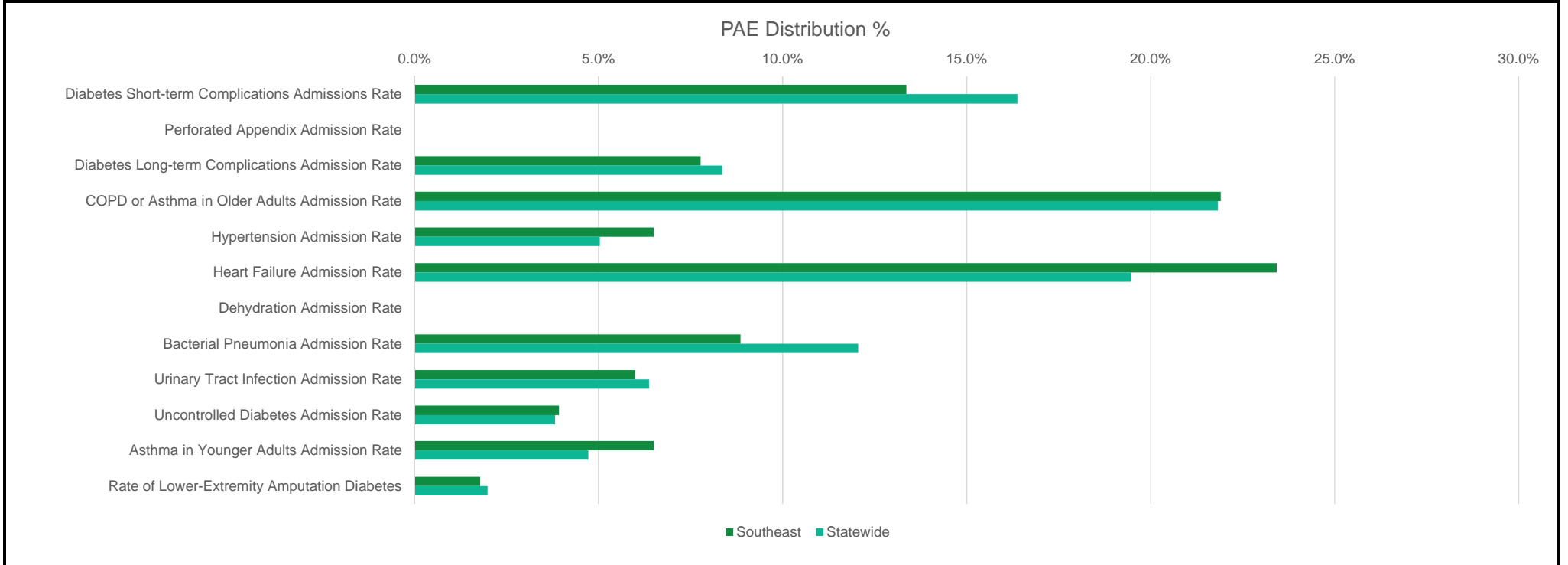


Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southeast

8. Admissions and Dollars by PQI (Adult)

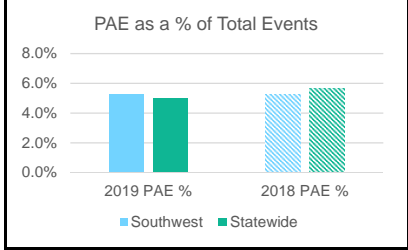
PQI #	PQI Description	Southeast				Statewide			
		PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	Diabetes Short-term Complications Admissions Rate	607	\$ 4,405,940	13.4%	14.7%	1,718	\$ 10,807,007	16.4%	16.8%
2	Perforated Appendix Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
3	Diabetes Long-term Complications Admission Rate	353	\$ 4,570,756	7.8%	7.7%	876	\$ 10,105,458	8.4%	7.7%
5	COPD or Asthma in Older Adults Admission Rate	995	\$ 8,024,955	21.9%	22.5%	2,289	\$ 16,025,754	21.8%	22.1%
7	Hypertension Admission Rate	295	\$ 2,241,468	6.5%	6.6%	528	\$ 3,867,169	5.0%	5.2%
8	Heart Failure Admission Rate	1,064	\$ 11,450,515	23.4%	17.8%	2,041	\$ 19,514,109	19.5%	16.7%
10	Dehydration Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
11	Bacterial Pneumonia Admission Rate	402	\$ 3,112,836	8.9%	10.9%	1,264	\$ 8,955,347	12.1%	13.0%
12	Urinary Tract Infection Admission Rate	272	\$ 1,630,495	6.0%	6.0%	668	\$ 3,541,014	6.4%	6.6%
14	Uncontrolled Diabetes Admission Rate	178	\$ 979,458	3.9%	4.3%	400	\$ 2,078,089	3.8%	4.2%
15	Asthma in Younger Adults Admission Rate	295	\$ 2,011,477	6.5%	7.5%	495	\$ 3,219,558	4.7%	5.6%
16	Rate of Lower-Extremity Amputation Diabetes	81	\$ 2,335,884	1.8%	2.0%	208	\$ 5,125,576	2.0%	2.2%
Total		4,542	\$ 40,763,786	100.0%	100.0%	10,487	\$ 83,239,081	100.0%	100.0%



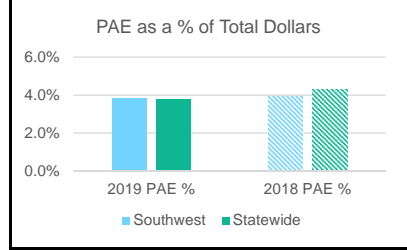
Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southwest

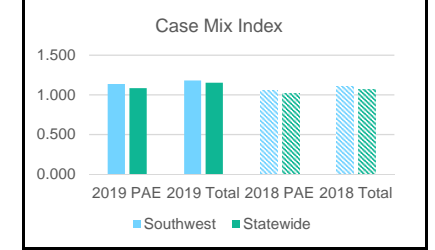
1. Total Events		
	Southwest	Statewide
PAE	2,827	12,601
Total	53,373	251,530
2019 PAE %	5.3%	5.0%
2018 PAE %	5.3%	5.7%



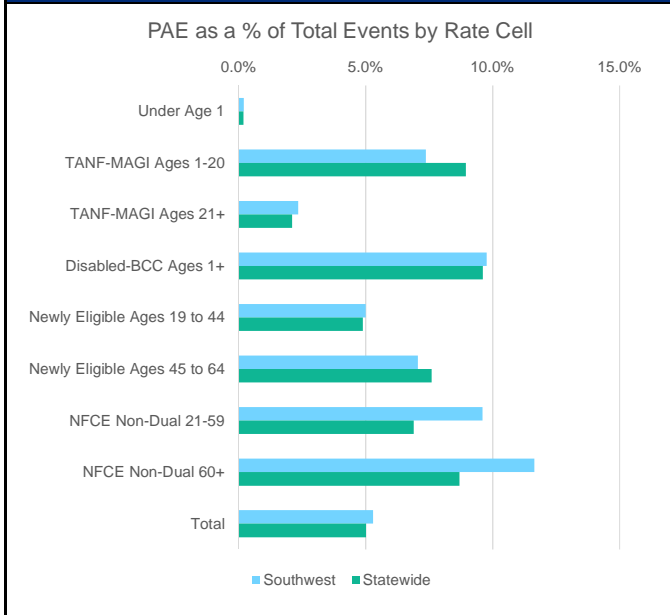
2. Total Dollars		
	Southwest	Statewide
PAE	\$ 19,537,899	\$ 95,864,159
Total	\$ 507,234,276	\$ 2,519,516,465
2019 PAE %	3.9%	3.8%
2018 PAE %	3.9%	4.3%



3. APR-DRG Case Mix Index		
	Southwest	Statewide
2019 PAE	1.139	1.085
2019 Total	1.182	1.155
2018 PAE	1.054	1.011
2018 Total	1.107	1.072



4. Events and Dollars by Rate Cell



Rate Cell	Southwest				Events				Dollars			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	11,077	23	0.2%	0.1%	\$ 78,905,805	\$ 121,634	0.2%	0.1%				
TANF-MAGI Ages 1-20	3,471	256	7.4%	6.8%	\$ 32,588,858	\$ 1,440,459	4.4%	4.0%				
TANF-MAGI Ages 21+	10,131	237	2.3%	2.5%	\$ 55,743,360	\$ 1,332,659	2.4%	2.5%				
Disabled-BCC Ages 1+	12,825	1,253	9.8%	10.1%	\$ 167,494,516	\$ 9,352,740	5.6%	6.2%				
Newly Eligible Ages 19 to 44	7,017	351	5.0%	5.3%	\$ 64,617,824	\$ 1,988,024	3.1%	3.1%				
Newly Eligible Ages 45 to 64	6,310	445	7.1%	7.9%	\$ 75,532,289	\$ 3,189,927	4.2%	4.8%				
NFCE Non-Dual 21-59	1,666	160	9.6%	N/A	\$ 22,620,735	\$ 1,321,384	5.8%	N/A				
NFCE Non-Dual 60+	876	102	11.6%	N/A	\$ 9,730,889	\$ 791,072	8.1%	N/A				
Total	53,373	2,827	5.3%	5.3%	\$ 507,234,276	\$ 19,537,899	3.9%	3.9%				

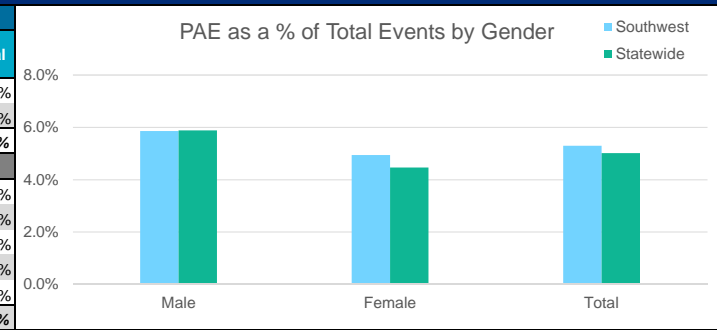
Rate Cell	Statewide				Events				Dollars			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	55,267	104	0.2%	0.2%	\$ 458,442,982	\$ 701,282	0.2%	0.1%				
TANF-MAGI Ages 1-20	18,385	1,644	8.9%	11.3%	\$ 179,907,950	\$ 9,744,051	5.4%	6.5%				
TANF-MAGI Ages 21+	50,567	1,064	2.1%	2.3%	\$ 289,058,865	\$ 7,635,239	2.6%	2.6%				
Disabled-BCC Ages 1+	51,883	4,991	9.6%	10.8%	\$ 697,189,572	\$ 39,138,583	5.6%	6.6%				
Newly Eligible Ages 19 to 44	33,828	1,653	4.9%	5.6%	\$ 328,403,752	\$ 10,809,307	3.3%	3.6%				
Newly Eligible Ages 45 to 64	28,302	2,152	7.6%	8.7%	\$ 368,715,512	\$ 18,164,943	4.9%	5.4%				
NFCE Non-Dual 21-59	9,043	623	6.9%	N/A	\$ 134,971,314	\$ 6,230,508	4.6%	N/A				
NFCE Non-Dual 60+	4,255	370	8.7%	N/A	\$ 62,826,518	\$ 3,440,247	5.5%	N/A				
Total	251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%				

Appendix B

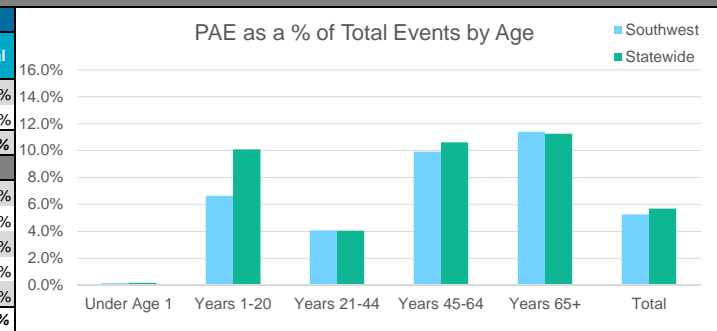
PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southwest

5. Events and Dollars by Age Band and Gender

Southwest		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	20,695	1,213	5.9%	5.9%	\$ 238,195,935	\$ 8,860,968	3.7%	3.9%
All Ages	Female	32,678	1,614	4.9%	4.9%	\$ 269,038,341	\$ 10,676,930	4.0%	4.0%
Total		53,373	2,827	5.3%	5.3%	\$ 507,234,276	\$ 19,537,899	3.9%	3.9%
Under Age 1		11,077	23	0.2%	0.1%	\$ 78,905,805	\$ 121,634	0.2%	0.1%
Years 1-20		5,948	412	6.9%	6.6%	\$ 74,407,292	\$ 2,395,869	3.2%	3.2%
Years 21-44		19,407	771	4.0%	4.1%	\$ 149,869,684	\$ 4,615,997	3.1%	3.2%
Years 45-64		16,566	1,575	9.5%	9.9%	\$ 199,836,769	\$ 12,014,013	6.0%	6.3%
Years 65+		375	46	12.3%	11.4%	\$ 4,214,726	\$ 390,386	9.3%	8.4%
Total		53,373	2,827	5.3%	5.3%	\$ 507,234,276	\$ 19,537,899	3.9%	3.9%



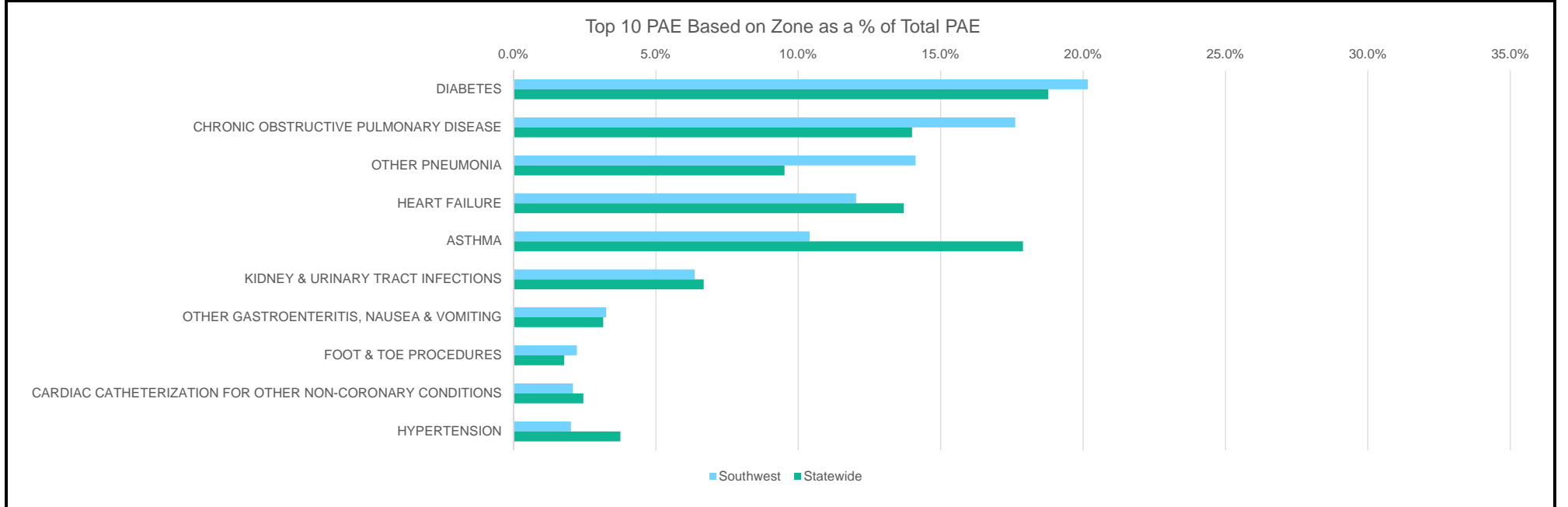
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	97,276	5,724	5.9%	6.8%	\$ 1,204,523,238	\$ 45,935,387	3.8%	4.5%
All Ages	Female	154,254	6,877	4.5%	4.9%	\$ 1,314,993,227	\$ 49,928,772	3.8%	4.1%
Total		251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%
Under Age 1		55,267	104	0.2%	0.2%	\$ 458,442,982	\$ 701,282	0.2%	0.1%
Years 1-20		29,300	2,375	8.1%	10.1%	\$ 362,422,164	\$ 14,109,762	3.9%	4.9%
Years 21-44		93,459	3,351	3.6%	4.0%	\$ 730,633,871	\$ 23,223,799	3.2%	3.5%
Years 45-64		71,350	6,584	9.2%	10.6%	\$ 940,003,240	\$ 56,250,066	6.0%	6.8%
Years 65+		2,154	187	8.7%	11.2%	\$ 28,014,207	\$ 1,579,251	5.6%	7.0%
Total		251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%



Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southwest

Top 10 PAE by Zone			Southwest				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0420	DIABETES	570	\$ 2,936,241	20.2%	21.5%	2,366	\$ 13,580,606	18.8%	18.9%
2	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	498	\$ 3,009,002	17.6%	17.0%	1,764	\$ 11,892,995	14.0%	13.6%
3	0139	OTHER PNEUMONIA	399	\$ 2,507,709	14.1%	14.2%	1,199	\$ 7,788,372	9.5%	10.0%
4	0194	HEART FAILURE	340	\$ 2,257,502	12.0%	11.7%	1,727	\$ 13,711,579	13.7%	11.0%
5	0141	ASTHMA	294	\$ 1,531,388	10.4%	11.5%	2,254	\$ 12,890,645	17.9%	22.5%
6	0463	KIDNEY & URINARY TRACT INFECTIONS	180	\$ 928,619	6.4%	7.5%	842	\$ 4,515,292	6.7%	6.6%
7	0249	OTHER GASTROENTERITIS, NAUSEA & VOMITING	92	\$ 486,918	3.3%	1.8%	397	\$ 2,326,523	3.2%	2.2%
8	0314	FOOT & TOE PROCEDURES	63	\$ 800,943	2.2%	1.6%	225	\$ 3,135,602	1.8%	1.5%
9	0192	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	59	\$ 798,534	2.1%	2.0%	309	\$ 5,206,072	2.5%	2.3%
10	0199	HYPERTENSION	57	\$ 298,916	2.0%	2.5%	473	\$ 2,993,618	3.8%	3.6%
		All Else	275	\$ 3,982,127	9.7%	8.6%	1,045	\$ 17,822,856	8.3%	7.6%
		Total	2,827	\$ 19,537,899	100.0%	100.0%	12,601	\$ 95,864,159	100.0%	100.0%

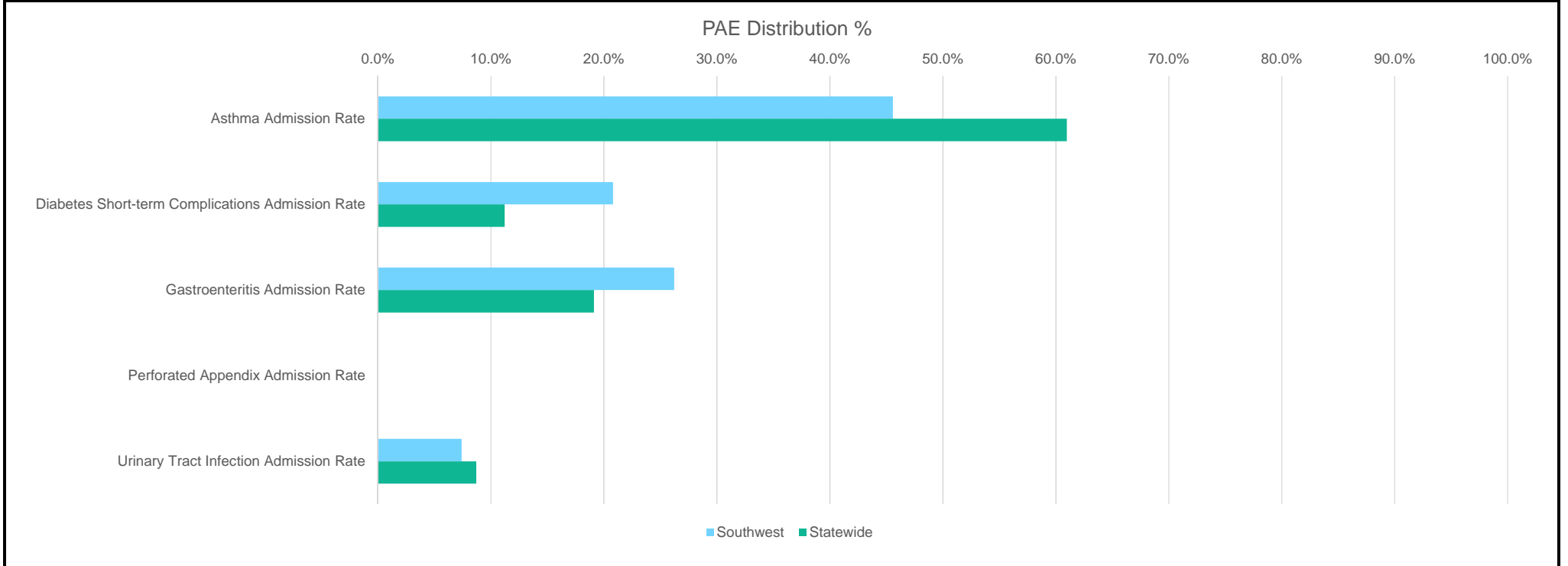


Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southwest

7. Admissions and Dollars by PDI (Pediatric)

PDI #	PDI Description	Southwest				Statewide			
		PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
14	Asthma Admission Rate	160	\$ 864,982	45.6%	54.8%	1,289	\$ 7,707,652	61.0%	71.1%
15	Diabetes Short-term Complications Admission Rate	73	\$ 488,290	20.8%	22.4%	237	\$ 1,386,721	11.2%	10.5%
16	Gastroenteritis Admission Rate	92	\$ 486,918	26.2%	16.7%	404	\$ 2,426,950	19.1%	11.1%
17	Perforated Appendix Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
18	Urinary Tract Infection Admission Rate	26	\$ 189,988	7.4%	6.1%	184	\$ 1,103,755	8.7%	7.3%
Total		351	\$ 2,030,177	100.0%	100.0%	2,114	\$ 12,625,078	100.0%	100.0%



Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southwest

8. Admissions and Dollars by PQI (Adult)

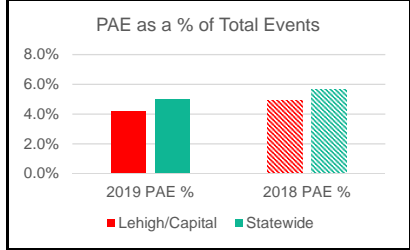
PQI #	PQI Description	Southwest				Statewide			
		PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	Diabetes Short-term Complications Admissions Rate	401	\$ 2,070,440	16.2%	17.6%	1,718	\$ 10,807,007	16.4%	16.8%
2	Perforated Appendix Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
3	Diabetes Long-term Complications Admission Rate	232	\$ 2,537,735	9.4%	7.4%	876	\$ 10,105,458	8.4%	7.7%
5	COPD or Asthma in Older Adults Admission Rate	568	\$ 3,487,908	22.9%	22.3%	2,289	\$ 16,025,754	21.8%	22.1%
7	Hypertension Admission Rate	68	\$ 481,309	2.7%	3.2%	528	\$ 3,867,169	5.0%	5.2%
8	Heart Failure Admission Rate	396	\$ 3,025,696	16.0%	15.5%	2,041	\$ 19,514,109	19.5%	16.7%
10	Dehydration Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
11	Bacterial Pneumonia Admission Rate	430	\$ 3,063,485	17.4%	16.4%	1,264	\$ 8,955,347	12.1%	13.0%
12	Urinary Tract Infection Admission Rate	156	\$ 762,569	6.3%	7.9%	668	\$ 3,541,014	6.4%	6.6%
14	Uncontrolled Diabetes Admission Rate	93	\$ 455,534	3.8%	3.9%	400	\$ 2,078,089	3.8%	4.2%
15	Asthma in Younger Adults Admission Rate	73	\$ 393,300	2.9%	3.4%	495	\$ 3,219,558	4.7%	5.6%
16	Rate of Lower-Extremity Amputation Diabetes	59	\$ 1,229,746	2.4%	2.4%	208	\$ 5,125,576	2.0%	2.2%
Total		2,476	\$ 17,507,721	100.0%	100.0%	10,487	\$ 83,239,081	100.0%	100.0%



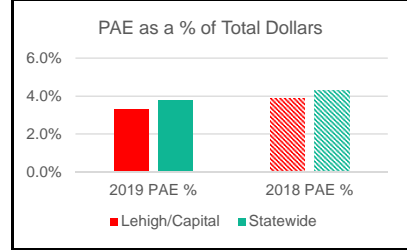
Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Lehigh/Capital

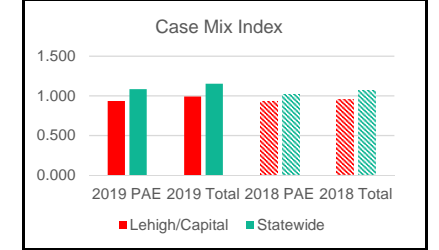
1. Total Events		
	Lehigh/Capital	Statewide
PAE	2,147	12,601
Total	50,951	251,530
2019 PAE %	4.2%	5.0%
2018 PAE %	4.9%	5.7%



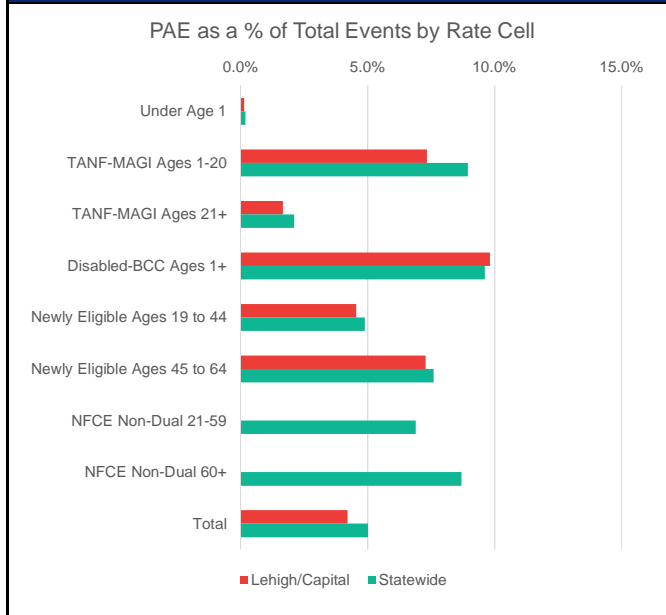
2. Total Dollars		
	Lehigh/Capital	Statewide
PAE	\$ 14,919,651	\$ 95,864,159
Total	\$ 452,820,218	\$ 2,519,516,465
2019 PAE %	3.3%	3.8%
2018 PAE %	3.9%	4.3%



3. APR-DRG Case Mix Index		
	Lehigh/Capital	Statewide
2019 PAE	0.938	1.085
2019 Total	0.992	1.155
2018 PAE	0.926	1.011
2018 Total	0.959	1.072



4. Events and Dollars by Rate Cell



Rate Cell	Lehigh/Capital				Statewide			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	13,536	19	0.1%	0.1%	55,267	104	0.2%	0.2%
TANF-MAGI Ages 1-20	4,214	309	7.3%	8.8%	18,385	1,644	8.9%	11.3%
TANF-MAGI Ages 21+	11,676	194	1.7%	2.0%	50,567	1,064	2.1%	2.3%
Disabled-BCC Ages 1+	9,355	918	9.8%	11.2%	51,883	4,991	9.6%	10.8%
Newly Eligible Ages 19 to 44	6,565	299	4.6%	5.3%	33,828	1,653	4.9%	5.6%
Newly Eligible Ages 45 to 64	5,605	408	7.3%	7.9%	28,302	2,152	7.6%	8.7%
NFCE Non-Dual 21-59	N/A	N/A	N/A	N/A	9,043	623	6.9%	N/A
NFCE Non-Dual 60+	N/A	N/A	N/A	N/A	4,255	370	8.7%	N/A
Total	50,951	2,147	4.2%	4.9%	251,530	12,601	5.0%	5.7%

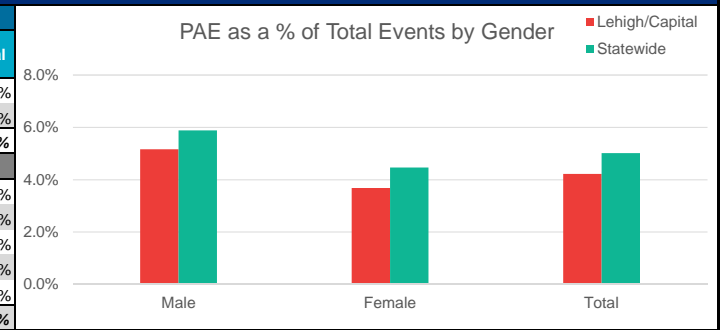
Rate Cell	Lehigh/Capital				Statewide			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	\$ 98,877,314	\$ 117,127	0.1%	0.1%	\$ 458,442,982	\$ 701,282	0.2%	0.1%
TANF-MAGI Ages 1-20	\$ 34,457,952	\$ 1,520,981	4.4%	4.8%	\$ 179,907,950	\$ 9,744,051	5.4%	6.5%
TANF-MAGI Ages 21+	\$ 60,333,287	\$ 1,430,575	2.4%	2.4%	\$ 289,058,865	\$ 7,635,239	2.6%	2.6%
Disabled-BCC Ages 1+	\$ 129,674,619	\$ 6,793,948	5.2%	6.6%	\$ 697,189,572	\$ 39,138,583	5.6%	6.6%
Newly Eligible Ages 19 to 44	\$ 57,459,059	\$ 1,741,059	3.0%	3.5%	\$ 328,403,752	\$ 10,809,307	3.3%	3.6%
Newly Eligible Ages 45 to 64	\$ 72,017,987	\$ 3,315,960	4.6%	5.2%	\$ 368,715,512	\$ 18,164,943	4.9%	5.4%
NFCE Non-Dual 21-59	N/A	N/A	N/A	N/A	\$ 134,971,314	\$ 6,230,508	4.6%	N/A
NFCE Non-Dual 60+	N/A	N/A	N/A	N/A	\$ 62,826,518	\$ 3,440,247	5.5%	N/A
Total	\$ 452,820,218	\$ 14,919,651	3.3%	3.9%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%

Appendix B

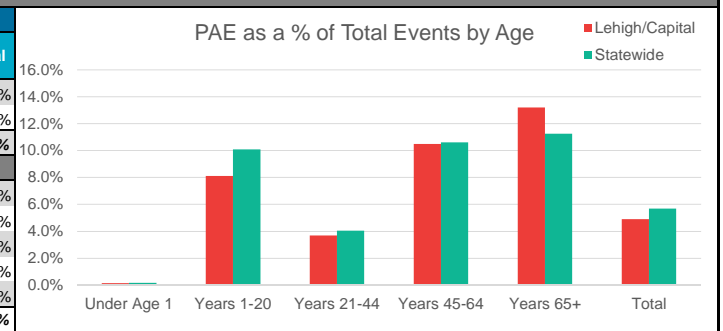
PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Lehigh/Capital

5. Events and Dollars by Age Band and Gender

Lehigh/Capital		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	18,299	944	5.2%	6.2%	\$ 211,953,525	\$ 6,906,101	3.3%	4.1%
All Ages	Female	32,652	1,203	3.7%	4.2%	\$ 240,866,692	\$ 8,013,550	3.3%	3.7%
Total		50,951	2,147	4.2%	4.9%	\$ 452,820,218	\$ 14,919,651	3.3%	3.9%
Under Age 1		13,536	19	0.1%	0.1%	\$ 98,877,314	\$ 117,127	0.1%	0.1%
Years 1-20		6,627	445	6.7%	8.1%	\$ 75,350,748	\$ 2,204,325	2.9%	3.5%
Years 21-44		19,295	614	3.2%	3.7%	\$ 131,443,007	\$ 4,184,510	3.2%	3.5%
Years 45-64		11,259	1,043	9.3%	10.5%	\$ 144,133,917	\$ 8,201,906	5.7%	6.8%
Years 65+		234	26	11.1%	13.2%	\$ 3,015,231	\$ 211,783	7.0%	8.3%
Total		50,951	2,147	4.2%	4.9%	\$ 452,820,218	\$ 14,919,651	3.3%	3.9%



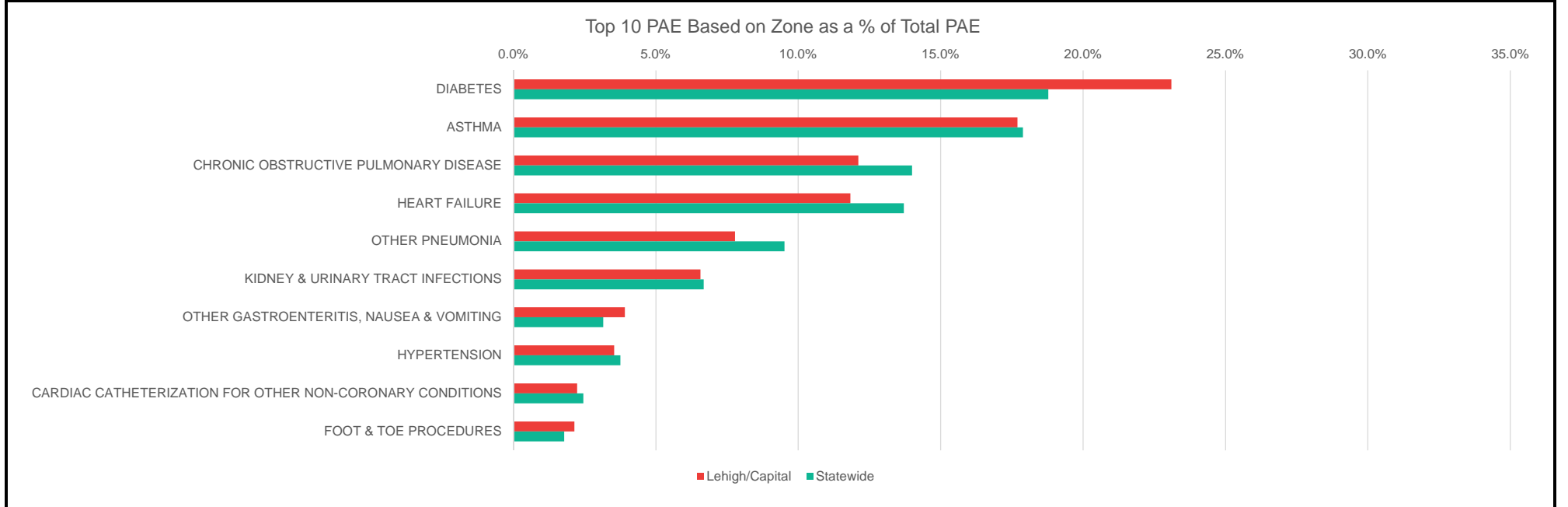
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	97,276	5,724	5.9%	6.8%	\$ 1,204,523,238	\$ 45,935,387	3.8%	4.5%
All Ages	Female	154,254	6,877	4.5%	4.9%	\$ 1,314,993,227	\$ 49,928,772	3.8%	4.1%
Total		251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%
Under Age 1		55,267	104	0.2%	0.2%	\$ 458,442,982	\$ 701,282	0.2%	0.1%
Years 1-20		29,300	2,375	8.1%	10.1%	\$ 362,422,164	\$ 14,109,762	3.9%	4.9%
Years 21-44		93,459	3,351	3.6%	4.0%	\$ 730,633,871	\$ 23,223,799	3.2%	3.5%
Years 45-64		71,350	6,584	9.2%	10.6%	\$ 940,003,240	\$ 56,250,066	6.0%	6.8%
Years 65+		2,154	187	8.7%	11.2%	\$ 28,014,207	\$ 1,579,251	5.6%	7.0%
Total		251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%



Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Lehigh/Capital

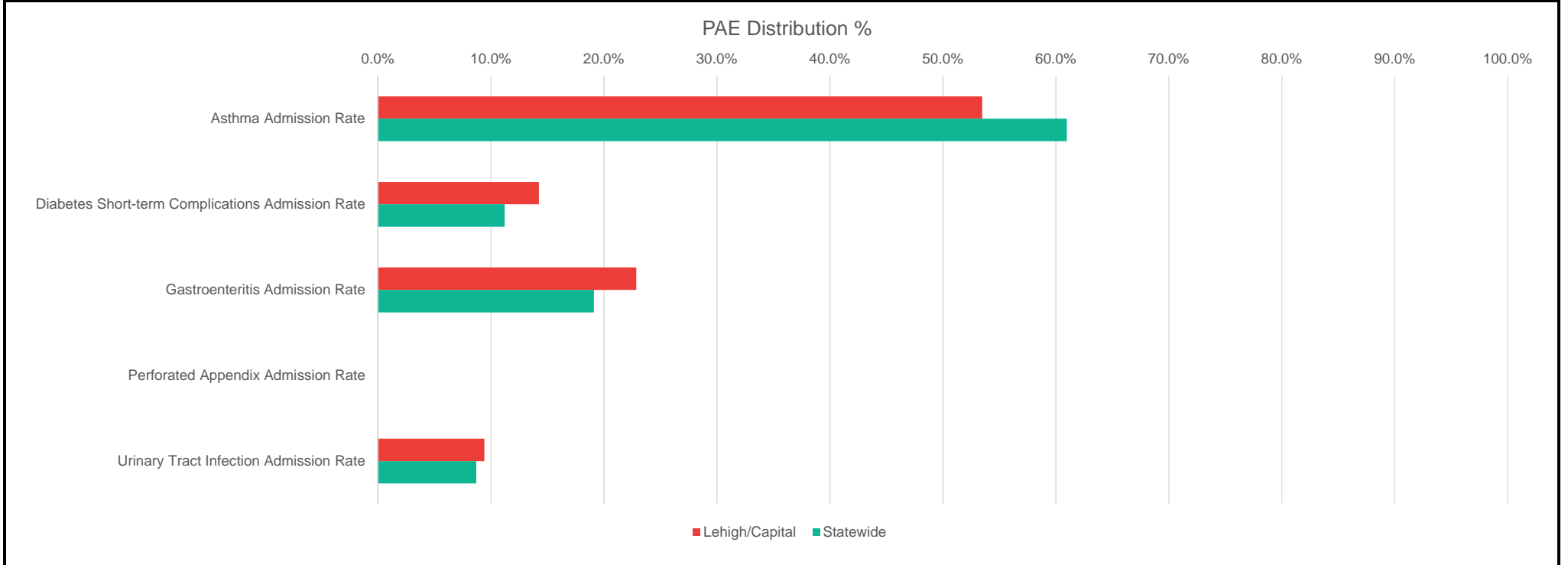
Top 10 PAE by Zone			Lehigh/Capital				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0420	DIABETES	496	\$ 2,620,878	23.1%	22.2%	2,366	\$ 13,580,606	18.8%	18.9%
2	0141	ASTHMA	380	\$ 1,804,638	17.7%	19.2%	2,254	\$ 12,890,645	17.9%	22.5%
3	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	260	\$ 1,590,310	12.1%	11.8%	1,764	\$ 11,892,995	14.0%	13.6%
4	0194	HEART FAILURE	254	\$ 1,957,675	11.8%	11.8%	1,727	\$ 13,711,579	13.7%	11.0%
5	0139	OTHER PNEUMONIA	167	\$ 1,038,739	7.8%	8.2%	1,199	\$ 7,788,372	9.5%	10.0%
6	0463	KIDNEY & URINARY TRACT INFECTIONS	141	\$ 645,990	6.6%	7.1%	842	\$ 4,515,292	6.7%	6.6%
7	0249	OTHER GASTROENTERITIS, NAUSEA & VOMITING	84	\$ 428,424	3.9%	2.7%	397	\$ 2,326,523	3.2%	2.2%
8	0199	HYPERTENSION	76	\$ 522,331	3.5%	3.8%	473	\$ 2,993,618	3.8%	3.6%
9	0192	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	48	\$ 802,344	2.2%	2.5%	309	\$ 5,206,072	2.5%	2.3%
10	0314	FOOT & TOE PROCEDURES	46	\$ 600,580	2.1%	1.9%	225	\$ 3,135,602	1.8%	1.5%
		All Else	195	\$ 2,907,741	9.1%	8.8%	1,045	\$ 17,822,856	8.3%	7.6%
		Total	2,147	\$ 14,919,651	100.0%	100.0%	12,601	\$ 95,864,159	100.0%	100.0%



Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Lehigh/Capital

7. Admissions and Dollars by PDI (Pediatric)		Lehigh/Capital				Statewide			
PDI #	PDI Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
14	Asthma Admission Rate	199	\$ 866,891	53.5%	56.7%	1,289	\$ 7,707,652	61.0%	71.1%
15	Diabetes Short-term Complications Admission Rate	53	\$ 248,907	14.2%	16.1%	237	\$ 1,386,721	11.2%	10.5%
16	Gastroenteritis Admission Rate	85	\$ 440,078	22.8%	15.0%	404	\$ 2,426,950	19.1%	11.1%
17	Perforated Appendix Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
18	Urinary Tract Infection Admission Rate	35	\$ 164,875	9.4%	12.2%	184	\$ 1,103,755	8.7%	7.3%
Total		372	\$ 1,720,751	100.0%	100.0%	2,114	\$ 12,625,078	100.0%	100.0%

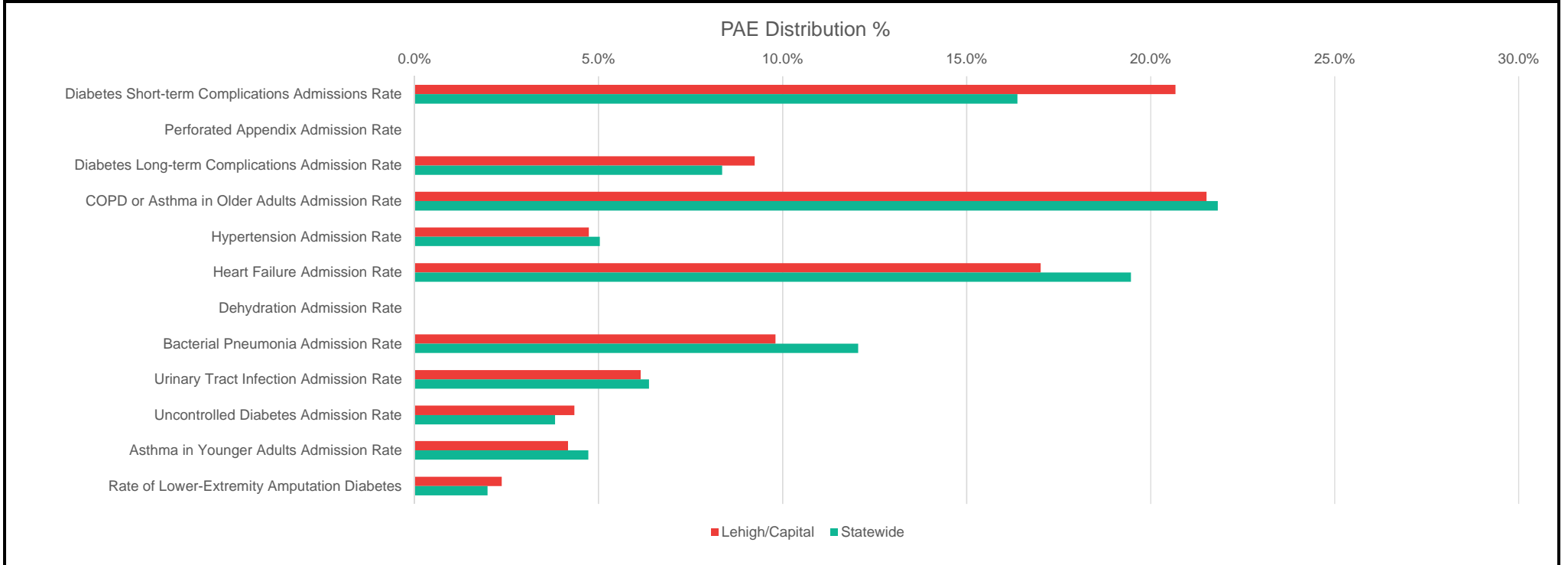


Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Lehigh/Capital

8. Admissions and Dollars by PQI (Adult)

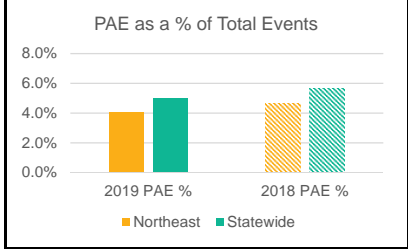
PQI #	PQI Description	Lehigh/Capital				Statewide			
		PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	Diabetes Short-term Complications Admissions Rate	367	\$ 2,333,324	20.7%	18.4%	1,718	\$ 10,807,007	16.4%	16.8%
2	Perforated Appendix Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
3	Diabetes Long-term Complications Admission Rate	164	\$ 1,621,753	9.2%	9.2%	876	\$ 10,105,458	8.4%	7.7%
5	COPD or Asthma in Older Adults Admission Rate	382	\$ 2,356,348	21.5%	20.4%	2,289	\$ 16,025,754	21.8%	22.1%
7	Hypertension Admission Rate	84	\$ 628,040	4.7%	5.4%	528	\$ 3,867,169	5.0%	5.2%
8	Heart Failure Admission Rate	302	\$ 2,758,426	17.0%	17.3%	2,041	\$ 19,514,109	19.5%	16.7%
10	Dehydration Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
11	Bacterial Pneumonia Admission Rate	174	\$ 1,105,208	9.8%	10.6%	1,264	\$ 8,955,347	12.1%	13.0%
12	Urinary Tract Infection Admission Rate	109	\$ 520,415	6.1%	6.0%	668	\$ 3,541,014	6.4%	6.6%
14	Uncontrolled Diabetes Admission Rate	77	\$ 370,451	4.3%	4.9%	400	\$ 2,078,089	3.8%	4.2%
15	Asthma in Younger Adults Admission Rate	74	\$ 477,062	4.2%	5.1%	495	\$ 3,219,558	4.7%	5.6%
16	Rate of Lower-Extremity Amputation Diabetes	42	\$ 1,027,872	2.4%	2.6%	208	\$ 5,125,576	2.0%	2.2%
Total		1,775	\$ 13,198,900	100.0%	100.0%	10,487	\$ 83,239,081	100.0%	100.0%



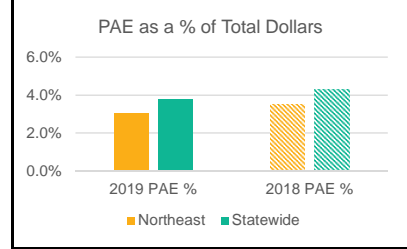
Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northeast

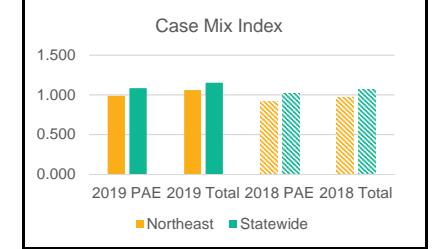
1. Total Events		
	Northeast	Statewide
PAE	1,294	12,601
Total	31,915	251,530
2019 PAE %	4.1%	5.0%
2018 PAE %	4.7%	5.7%



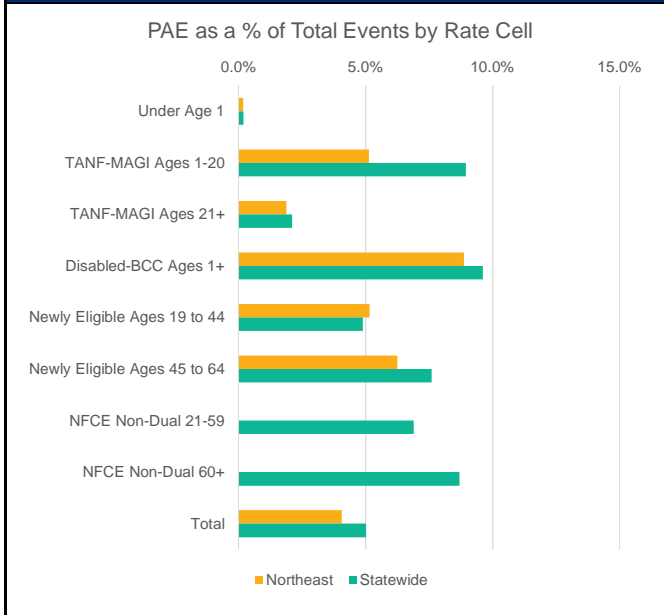
2. Total Dollars		
	Northeast	Statewide
PAE	\$ 8,754,338	\$ 95,864,159
Total	\$ 285,268,326	\$ 2,519,516,465
2019 PAE %	3.1%	3.8%
2018 PAE %	3.5%	4.3%



3. APR-DRG Case Mix Index		
	Northeast	Statewide
2019 PAE	0.991	1.085
2019 Total	1.061	1.155
2018 PAE	0.921	1.011
2018 Total	0.966	1.072



4. Events and Dollars by Rate Cell



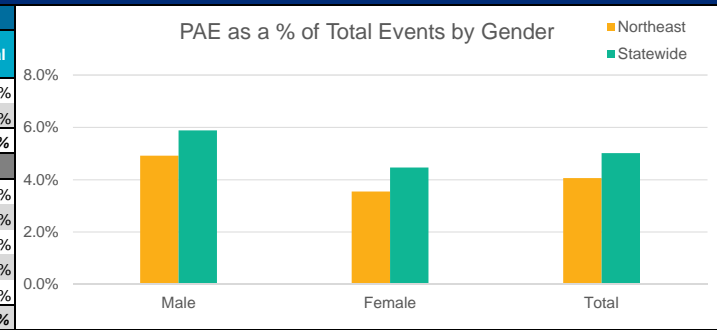
Rate Cell	Events				Dollars			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Northeast								
Under Age 1	8,052	14	0.2%	0.2%	\$ 56,729,896	\$ 78,295	0.1%	0.1%
TANF-MAGI Ages 1-20	2,260	116	5.1%	5.9%	\$ 19,222,945	\$ 481,044	2.5%	2.9%
TANF-MAGI Ages 21+	7,026	132	1.9%	2.1%	\$ 38,221,928	\$ 882,833	2.3%	2.0%
Disabled-BCC Ages 1+	6,399	568	8.9%	10.1%	\$ 83,343,248	\$ 3,955,261	4.7%	6.1%
Newly Eligible Ages 19 to 44	4,271	220	5.2%	4.6%	\$ 38,594,902	\$ 1,331,037	3.4%	2.8%
Newly Eligible Ages 45 to 64	3,907	244	6.2%	8.8%	\$ 49,155,408	\$ 2,025,868	4.1%	4.6%
NFCE Non-Dual 21-59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NFCE Non-Dual 60+	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	31,915	1,294	4.1%	4.7%	\$ 285,268,326	\$ 8,754,338	3.1%	3.5%
Statewide								
Under Age 1	55,267	104	0.2%	0.2%	\$ 458,442,982	\$ 701,282	0.2%	0.1%
TANF-MAGI Ages 1-20	18,385	1,644	8.9%	11.3%	\$ 179,907,950	\$ 9,744,051	5.4%	6.5%
TANF-MAGI Ages 21+	50,567	1,064	2.1%	2.3%	\$ 289,058,865	\$ 7,635,239	2.6%	2.6%
Disabled-BCC Ages 1+	51,883	4,991	9.6%	10.8%	\$ 697,189,572	\$ 39,138,583	5.6%	6.6%
Newly Eligible Ages 19 to 44	33,828	1,653	4.9%	5.6%	\$ 328,403,752	\$ 10,809,307	3.3%	3.6%
Newly Eligible Ages 45 to 64	28,302	2,152	7.6%	8.7%	\$ 368,715,512	\$ 18,164,943	4.9%	5.4%
NFCE Non-Dual 21-59	9,043	623	6.9%	N/A	\$ 134,971,314	\$ 6,230,508	4.6%	N/A
NFCE Non-Dual 60+	4,255	370	8.7%	N/A	\$ 62,826,518	\$ 3,440,247	5.5%	N/A
Total	251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%

Appendix B

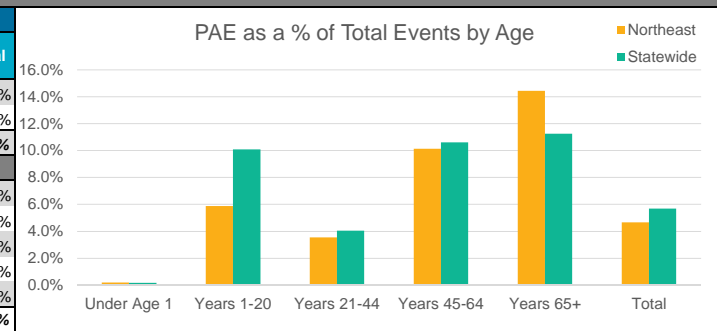
PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northeast

5. Events and Dollars by Age Band and Gender

Northeast		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	11,771	579	4.9%	5.4%	\$ 131,523,335	\$ 4,090,483	3.1%	3.6%
All Ages	Female	20,144	715	3.5%	4.3%	\$ 153,744,992	\$ 4,663,854	3.0%	3.4%
Total		31,915	1,294	4.1%	4.7%	\$ 285,268,326	\$ 8,754,338	3.1%	3.5%
Under Age 1		8,052	14	0.2%	0.2%	\$ 56,729,896	\$ 78,295	0.1%	0.1%
Years 1-20		3,458	174	5.0%	5.9%	\$ 38,183,032	\$ 769,069	2.0%	2.5%
Years 21-44		12,106	429	3.5%	3.5%	\$ 87,275,188	\$ 2,712,790	3.1%	2.9%
Years 45-64		8,190	666	8.1%	10.1%	\$ 101,855,732	\$ 5,133,027	5.0%	5.8%
Years 65+		109	11	10.1%	14.4%	\$ 1,224,478	\$ 61,157	5.0%	9.3%
Total		31,915	1,294	4.1%	4.7%	\$ 285,268,326	\$ 8,754,338	3.1%	3.5%



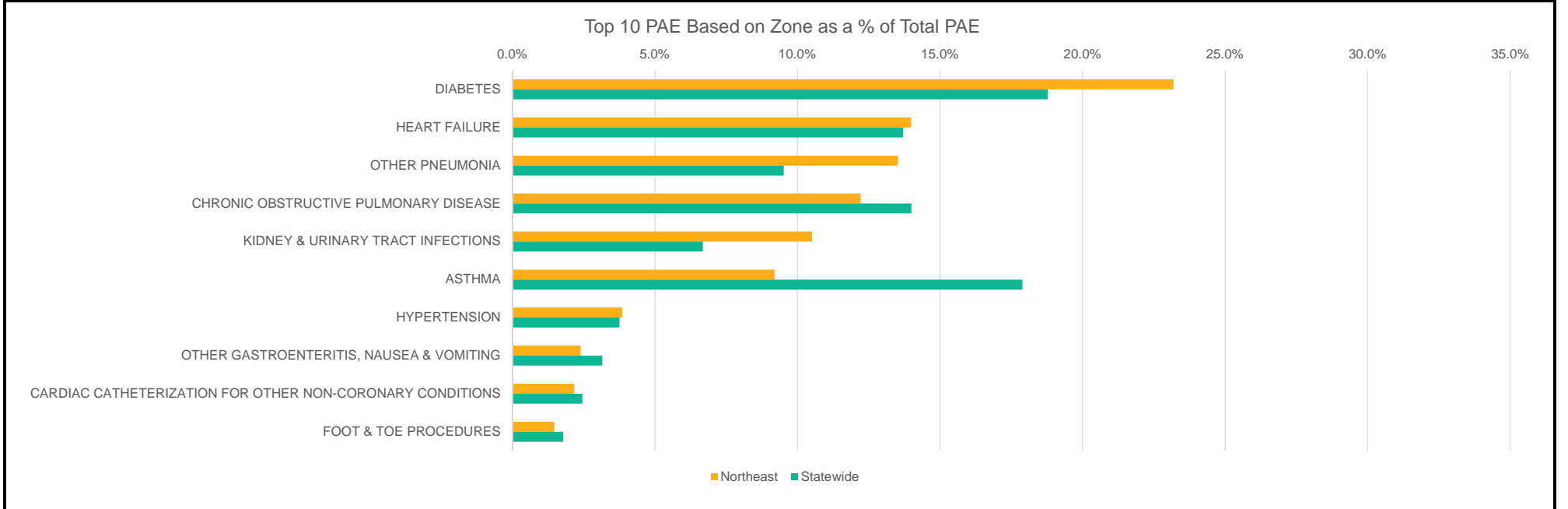
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	97,276	5,724	5.9%	6.8%	\$ 1,204,523,238	\$ 45,935,387	3.8%	4.5%
All Ages	Female	154,254	6,877	4.5%	4.9%	\$ 1,314,993,227	\$ 49,928,772	3.8%	4.1%
Total		251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%
Under Age 1		55,267	104	0.2%	0.2%	\$ 458,442,982	\$ 701,282	0.2%	0.1%
Years 1-20		29,300	2,375	8.1%	10.1%	\$ 362,422,164	\$ 14,109,762	3.9%	4.9%
Years 21-44		93,459	3,351	3.6%	4.0%	\$ 730,633,871	\$ 23,223,799	3.2%	3.5%
Years 45-64		71,350	6,584	9.2%	10.6%	\$ 940,003,240	\$ 56,250,066	6.0%	6.8%
Years 65+		2,154	187	8.7%	11.2%	\$ 28,014,207	\$ 1,579,251	5.6%	7.0%
Total		251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%



Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northeast

Top 10 PAE by Zone			Northeast				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0420	DIABETES	300	\$ 1,644,376	23.2%	22.0%	2,366	\$ 13,580,606	18.8%	18.9%
2	0194	HEART FAILURE	181	\$ 1,228,644	14.0%	11.7%	1,727	\$ 13,711,579	13.7%	11.0%
3	0139	OTHER PNEUMONIA	175	\$ 1,098,619	13.5%	13.4%	1,199	\$ 7,788,372	9.5%	10.0%
4	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	158	\$ 1,012,474	12.2%	15.6%	1,764	\$ 11,892,995	14.0%	13.6%
5	0463	KIDNEY & URINARY TRACT INFECTIONS	136	\$ 649,712	10.5%	8.7%	842	\$ 4,515,292	6.7%	6.6%
6	0141	ASTHMA	119	\$ 537,188	9.2%	11.5%	2,254	\$ 12,890,645	17.9%	22.5%
7	0199	HYPERTENSION	50	\$ 304,094	3.9%	3.3%	473	\$ 2,993,618	3.8%	3.6%
8	0249	OTHER GASTROENTERITIS, NAUSEA & VOMITING	31	\$ 126,511	2.4%	2.6%	397	\$ 2,326,523	3.2%	2.2%
9	0192	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	28	\$ 355,624	2.2%	1.9%	309	\$ 5,206,072	2.5%	2.3%
10	0314	FOOT & TOE PROCEDURES	19	\$ 246,754	1.5%	1.5%	225	\$ 3,135,602	1.8%	1.5%
		All Else	97	\$ 1,550,342	7.5%	7.7%	1,045	\$ 17,822,856	8.3%	7.6%
		Total	1,294	\$ 8,754,338	100.0%	100.0%	12,601	\$ 95,864,159	100.0%	100.0%

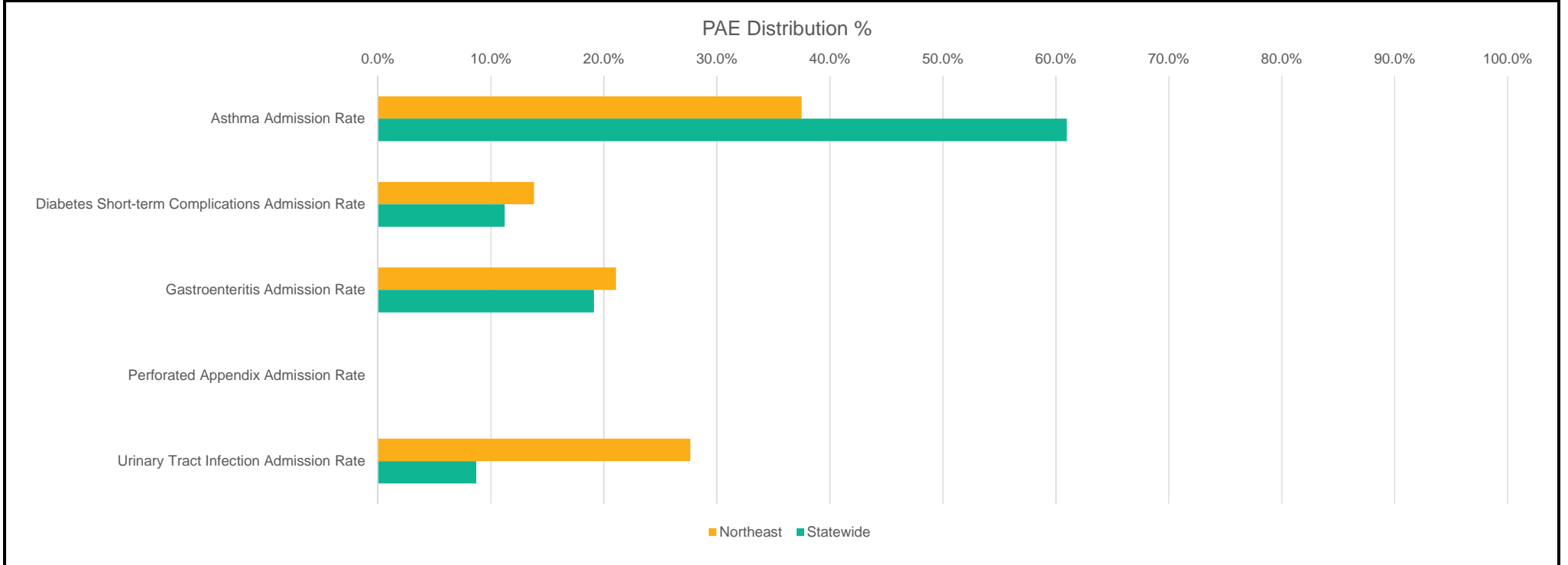


Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northeast

7. Admissions and Dollars by PDI (Pediatric)

PDI #	PDI Description	Northeast				Statewide			
		PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
14	Asthma Admission Rate	57	\$ 227,265	37.5%	39.2%	1,289	\$ 7,707,652	61.0%	71.1%
15	Diabetes Short-term Complications Admission Rate	21	\$ 101,243	13.8%	16.4%	237	\$ 1,386,721	11.2%	10.5%
16	Gastroenteritis Admission Rate	32	\$ 149,218	21.1%	22.8%	404	\$ 2,426,950	19.1%	11.1%
17	Perforated Appendix Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
18	Urinary Tract Infection Admission Rate	42	\$ 186,590	27.6%	21.6%	184	\$ 1,103,755	8.7%	7.3%
Total		152	\$ 664,316	100.0%	100.0%	2,114	\$ 12,625,078	100.0%	100.0%



Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northeast

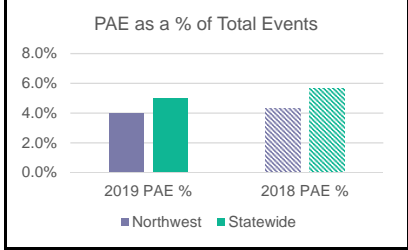
8. Admissions and Dollars by PQI (Adult)		Northeast				Statewide			
PQI #	PQI Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	Diabetes Short-term Complications Admissions Rate	239	\$ 1,411,358	20.9%	19.8%	1,718	\$ 10,807,007	16.4%	16.8%
2	Perforated Appendix Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
3	Diabetes Long-term Complications Admission Rate	85	\$ 858,221	7.4%	6.1%	876	\$ 10,105,458	8.4%	7.7%
5	COPD or Asthma in Older Adults Admission Rate	187	\$ 1,282,701	16.4%	21.7%	2,289	\$ 16,025,754	21.8%	22.1%
7	Hypertension Admission Rate	55	\$ 344,399	4.8%	4.2%	528	\$ 3,867,169	5.0%	5.2%
8	Heart Failure Admission Rate	209	\$ 1,712,509	18.3%	15.4%	2,041	\$ 19,514,109	19.5%	16.7%
10	Dehydration Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
11	Bacterial Pneumonia Admission Rate	178	\$ 1,146,521	15.6%	15.6%	1,264	\$ 8,955,347	12.1%	13.0%
12	Urinary Tract Infection Admission Rate	95	\$ 472,919	8.3%	7.1%	668	\$ 3,541,014	6.4%	6.6%
14	Uncontrolled Diabetes Admission Rate	38	\$ 214,729	3.3%	3.5%	400	\$ 2,078,089	3.8%	4.2%
15	Asthma in Younger Adults Admission Rate	37	\$ 259,666	3.2%	4.4%	495	\$ 3,219,558	4.7%	5.6%
16	Rate of Lower-Extremity Amputation Diabetes	19	\$ 386,998	1.7%	2.2%	208	\$ 5,125,576	2.0%	2.2%
Total		1,142	\$ 8,090,021	100.0%	100.0%	10,487	\$ 83,239,081	100.0%	100.0%



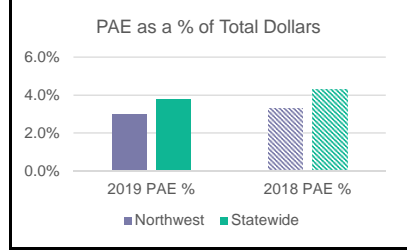
Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northwest

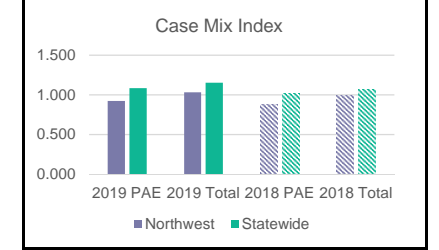
1. Total Events		
	Northwest	Statewide
PAE	625	12,601
Total	15,520	251,530
2019 PAE %	4.0%	5.0%
2018 PAE %	4.3%	5.7%



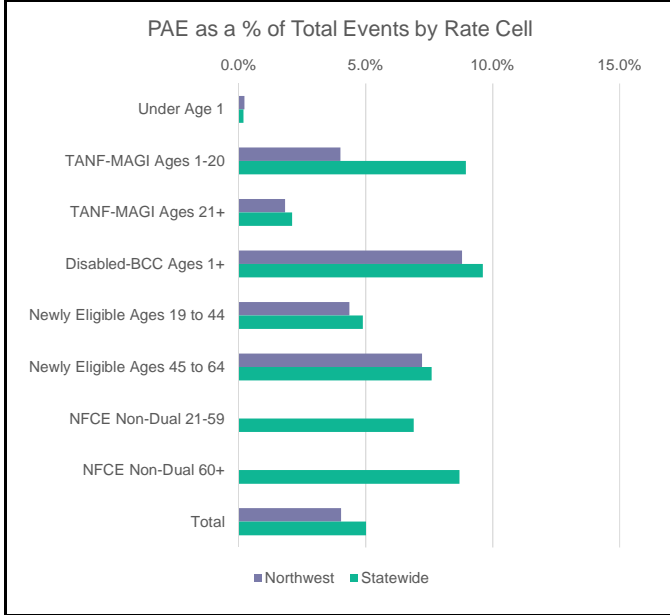
2. Total Dollars		
	Northwest	Statewide
PAE	\$ 4,119,574	\$ 95,864,159
Total	\$ 136,823,003	\$ 2,519,516,465
2019 PAE %	3.0%	3.8%
2018 PAE %	3.3%	4.3%



3. APR-DRG Case Mix Index		
	Northwest	Statewide
2019 PAE	0.925	1.085
2019 Total	1.032	1.155
2018 PAE	0.875	1.011
2018 Total	0.991	1.072



4. Events and Dollars by Rate Cell



Rate Cell	Northwest				Statewide			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	3,981	9	0.2%	0.0%	55,267	104	0.2%	0.2%
TANF-MAGI Ages 1-20	1,223	49	4.0%	4.4%	18,385	1,644	8.9%	11.3%
TANF-MAGI Ages 21+	3,223	59	1.8%	1.9%	50,567	1,064	2.1%	2.3%
Disabled-BCC Ages 1+	3,377	297	8.8%	9.6%	51,883	4,991	9.6%	10.8%
Newly Eligible Ages 19 to 44	1,998	87	4.4%	4.3%	33,828	1,653	4.9%	5.6%
Newly Eligible Ages 45 to 64	1,718	124	7.2%	7.6%	28,302	2,152	7.6%	8.7%
NFCE Non-Dual 21-59	N/A	N/A	N/A	N/A	9,043	623	6.9%	N/A
NFCE Non-Dual 60+	N/A	N/A	N/A	N/A	4,255	370	8.7%	N/A
Total	15,520	625	4.0%	4.3%	251,530	12,601	5.0%	5.7%

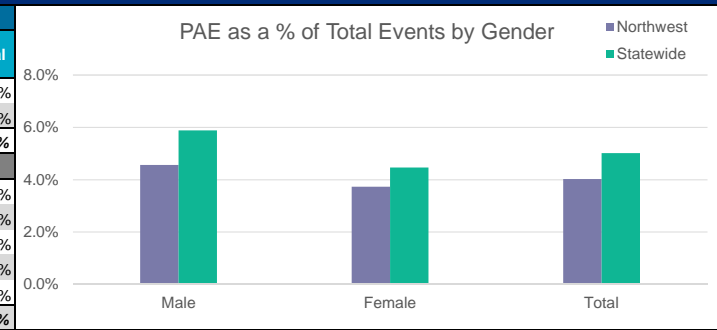
Rate Cell	Northwest				Statewide			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	\$ 23,703,643	\$ 59,629	0.3%	0.0%	\$ 458,442,982	\$ 701,282	0.2%	0.1%
TANF-MAGI Ages 1-20	\$ 11,889,800	\$ 234,961	2.0%	2.3%	\$ 179,907,950	\$ 9,744,051	5.4%	6.5%
TANF-MAGI Ages 21+	\$ 17,968,042	\$ 345,767	1.9%	2.7%	\$ 289,058,865	\$ 7,635,239	2.6%	2.6%
Disabled-BCC Ages 1+	\$ 42,583,773	\$ 1,988,009	4.7%	5.5%	\$ 697,189,572	\$ 39,138,583	5.6%	6.6%
Newly Eligible Ages 19 to 44	\$ 17,943,729	\$ 611,949	3.4%	2.7%	\$ 328,403,752	\$ 10,809,307	3.3%	3.6%
Newly Eligible Ages 45 to 64	\$ 22,734,018	\$ 879,259	3.9%	4.2%	\$ 368,715,512	\$ 18,164,943	4.9%	5.4%
NFCE Non-Dual 21-59	N/A	N/A	N/A	N/A	\$ 134,971,314	\$ 6,230,508	4.6%	N/A
NFCE Non-Dual 60+	N/A	N/A	N/A	N/A	\$ 62,826,518	\$ 3,440,247	5.5%	N/A
Total	\$ 136,823,003	\$ 4,119,574	3.0%	3.3%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%

Appendix B

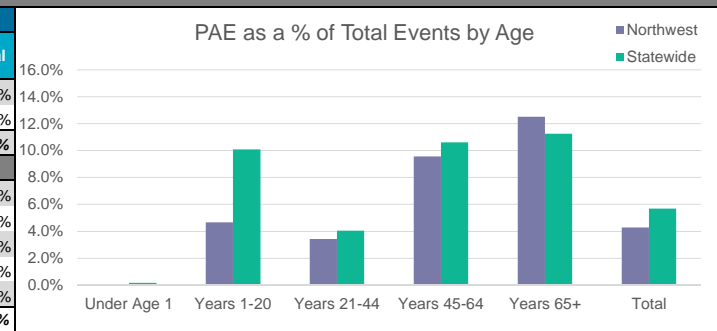
PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northwest

5. Events and Dollars by Age Band and Gender

Northwest		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	5,599	255	4.6%	5.0%	\$ 59,537,672	\$ 1,902,732	3.2%	3.4%
All Ages	Female	9,921	370	3.7%	3.9%	\$ 77,285,331	\$ 2,216,842	2.9%	3.3%
Total		15,520	625	4.0%	4.3%	\$ 136,823,003	\$ 4,119,574	3.0%	3.3%
Under Age 1		3,981	9	0.2%	0.0%	\$ 23,703,643	\$ 59,629	0.3%	0.0%
Years 1-20		1,811	79	4.4%	4.6%	\$ 20,885,032	\$ 441,607	2.1%	2.1%
Years 21-44		5,706	184	3.2%	3.4%	\$ 40,452,249	\$ 1,188,869	2.9%	3.2%
Years 45-64		3,986	348	8.7%	9.6%	\$ 51,279,536	\$ 2,381,929	4.6%	5.5%
Years 65+		36	5	13.9%	12.5%	\$ 502,544	\$ 47,541	9.5%	8.7%
Total		15,520	625	4.0%	4.3%	\$ 136,823,003	\$ 4,119,574	3.0%	3.3%



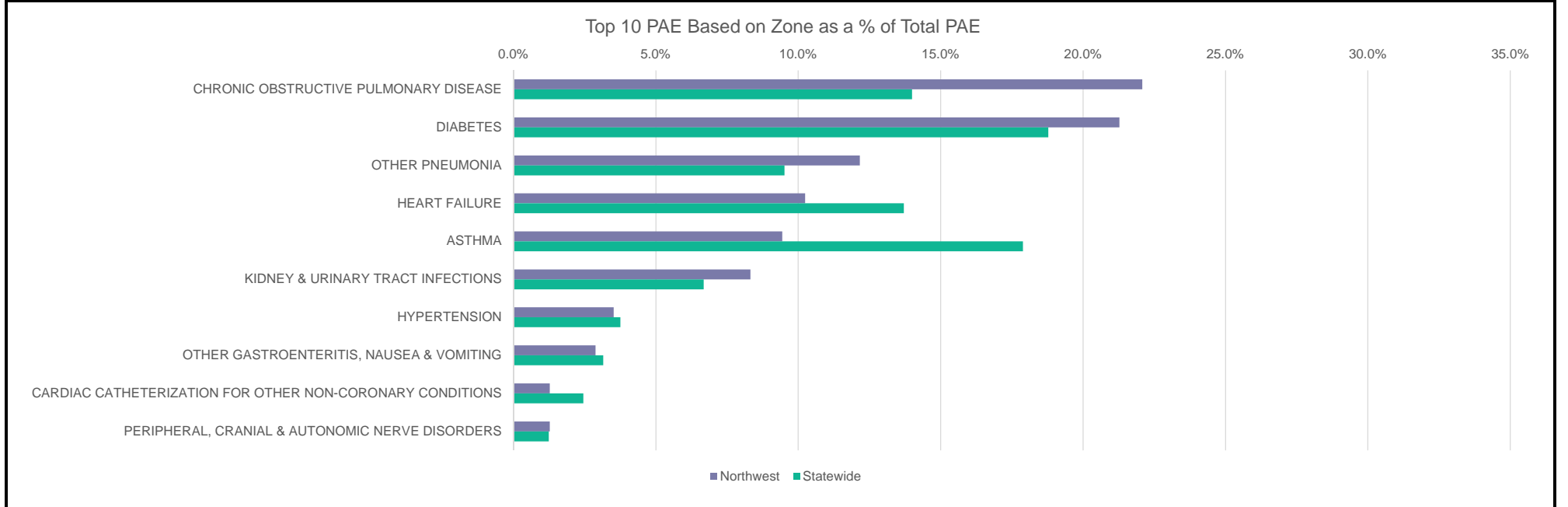
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	97,276	5,724	5.9%	6.8%	\$ 1,204,523,238	\$ 45,935,387	3.8%	4.5%
All Ages	Female	154,254	6,877	4.5%	4.9%	\$ 1,314,993,227	\$ 49,928,772	3.8%	4.1%
Total		251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%
Under Age 1		55,267	104	0.2%	0.2%	\$ 458,442,982	\$ 701,282	0.2%	0.1%
Years 1-20		29,300	2,375	8.1%	10.1%	\$ 362,422,164	\$ 14,109,762	3.9%	4.9%
Years 21-44		93,459	3,351	3.6%	4.0%	\$ 730,633,871	\$ 23,223,799	3.2%	3.5%
Years 45-64		71,350	6,584	9.2%	10.6%	\$ 940,003,240	\$ 56,250,066	6.0%	6.8%
Years 65+		2,154	187	8.7%	11.2%	\$ 28,014,207	\$ 1,579,251	5.6%	7.0%
Total		251,530	12,601	5.0%	5.7%	\$ 2,519,516,465	\$ 95,864,159	3.8%	4.3%



Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northwest

Top 10 PAE by Zone			Northwest				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	138	\$ 747,301	22.1%	20.3%	1,764	\$ 11,892,995	14.0%	13.6%
2	0420	DIABETES	133	\$ 689,262	21.3%	20.9%	2,366	\$ 13,580,606	18.8%	18.9%
3	0139	OTHER PNEUMONIA	76	\$ 484,059	12.2%	14.1%	1,199	\$ 7,788,372	9.5%	10.0%
4	0194	HEART FAILURE	64	\$ 463,179	10.2%	9.6%	1,727	\$ 13,711,579	13.7%	11.0%
5	0141	ASTHMA	59	\$ 265,812	9.4%	11.2%	2,254	\$ 12,890,645	17.9%	22.5%
6	0463	KIDNEY & URINARY TRACT INFECTIONS	52	\$ 265,587	8.3%	6.8%	842	\$ 4,515,292	6.7%	6.6%
7	0199	HYPERTENSION	22	\$ 125,054	3.5%	2.9%	473	\$ 2,993,618	3.8%	3.6%
8	0249	OTHER GASTROENTERITIS, NAUSEA & VOMITING	18	\$ 113,461	2.9%	1.9%	397	\$ 2,326,523	3.2%	2.2%
9	0192	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	8	\$ 130,766	1.3%	2.3%	309	\$ 5,206,072	2.5%	2.3%
10	0048	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	8	\$ 55,957	1.3%	0.9%	156	\$ 1,120,645	1.2%	1.1%
		All Else	47	\$ 779,135	7.5%	9.1%	1,114	\$ 19,837,813	8.8%	8.1%
		Total	625	\$ 4,119,574	100.0%	100.0%	12,601	\$ 95,864,159	100.0%	100.0%

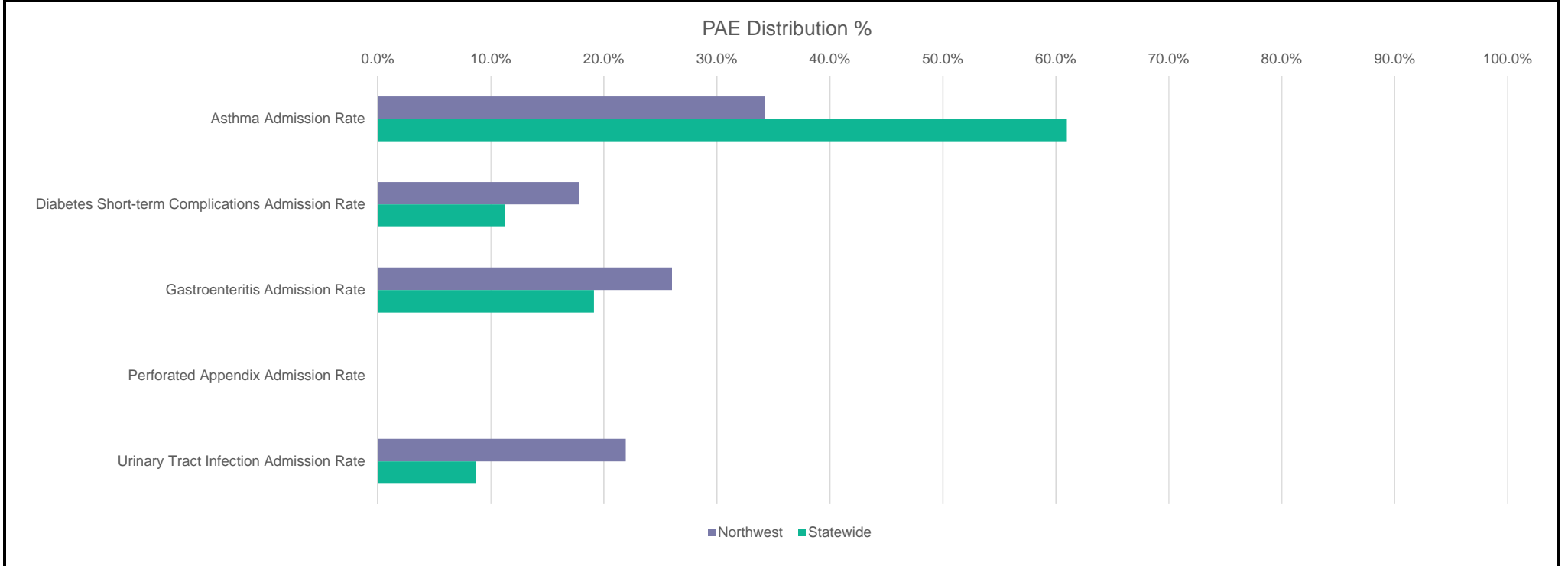


Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northwest

7. Admissions and Dollars by PDI (Pediatric)

PDI #	PDI Description	Northwest				Statewide			
		PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
14	Asthma Admission Rate	25	\$ 105,666	34.2%	58.5%	1,289	\$ 7,707,652	61.0%	71.1%
15	Diabetes Short-term Complications Admission Rate	13	\$ 63,484	17.8%	12.2%	237	\$ 1,386,721	11.2%	10.5%
16	Gastroenteritis Admission Rate	19	\$ 160,799	26.0%	15.9%	404	\$ 2,426,950	19.1%	11.1%
17	Perforated Appendix Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
18	Urinary Tract Infection Admission Rate	16	\$ 110,972	21.9%	13.4%	184	\$ 1,103,755	8.7%	7.3%
Total		73	\$ 440,920	100.0%	100.0%	2,114	\$ 12,625,078	100.0%	100.0%



Appendix B

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northwest

8. Admissions and Dollars by PQI (Adult)

PQI #	PQI Description	Northwest				Statewide			
		PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	Diabetes Short-term Complications Admissions Rate	104	\$ 585,945	18.8%	17.3%	1,718	\$ 10,807,007	16.4%	16.8%
2	Perforated Appendix Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
3	Diabetes Long-term Complications Admission Rate	42	\$ 516,994	7.6%	7.4%	876	\$ 10,105,458	8.4%	7.7%
5	COPD or Asthma in Older Adults Admission Rate	157	\$ 873,842	28.4%	25.2%	2,289	\$ 16,025,754	21.8%	22.1%
7	Hypertension Admission Rate	26	\$ 171,952	4.7%	3.6%	528	\$ 3,867,169	5.0%	5.2%
8	Heart Failure Admission Rate	70	\$ 566,962	12.7%	13.8%	2,041	\$ 19,514,109	19.5%	16.7%
10	Dehydration Admission Rate	-	\$ -	0.0%	0.0%	-	\$ -	0.0%	0.0%
11	Bacterial Pneumonia Admission Rate	80	\$ 527,296	14.5%	17.0%	1,264	\$ 8,955,347	12.1%	13.0%
12	Urinary Tract Infection Admission Rate	36	\$ 154,615	6.5%	5.9%	668	\$ 3,541,014	6.4%	6.6%
14	Uncontrolled Diabetes Admission Rate	14	\$ 57,916	2.5%	4.4%	400	\$ 2,078,089	3.8%	4.2%
15	Asthma in Younger Adults Admission Rate	16	\$ 78,054	2.9%	3.0%	495	\$ 3,219,558	4.7%	5.6%
16	Rate of Lower-Extremity Amputation Diabetes	7	\$ 145,076	1.3%	2.3%	208	\$ 5,125,576	2.0%	2.2%
Total		552	\$ 3,678,653	100.0%	100.0%	10,487	\$ 83,239,081	100.0%	100.0%



Appendix C

Potentially Avoidable Visits

Contents

Table Number	Table Title
1	Total Events
2	Total Dollars
3	Emergency Department Cost Weights
4	Events and Dollars by Top 10 Diagnosis Code

The tables identified above are included for each zone. Zone results are displayed in the following order: Southeast, Southwest, Lehigh/Capital, Northeast, and Northwest. This is the third year of the analysis; therefore, both CY 2019 and CY 2018 results are available and displayed as applicable.

Detailed Description of Tables

Table 1 — displays the total number of potentially avoidable ED visits as a percent of total ED visits. This value is displayed at both the zone and statewide level.

Table 2 — displays the total expenditures related to potentially avoidable ED visits as a percent of total ED expenditures. This value is displayed at both the zone and statewide level.

Table 3 — displays the ED cost weight for those ED visits identified as potentially avoidable visits at the zone and statewide level. Also displays the ED cost weight for all ED visits at the zone and statewide level.

Table 4 — displays the 10 most frequent primary diagnosis for potentially avoidable visits within the zone. These values are displayed at both the zone and statewide level.

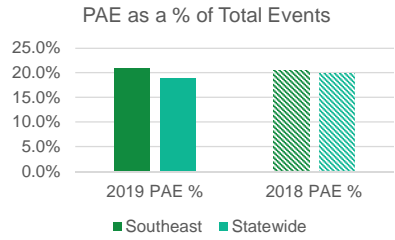
Additional Notes Regarding Data

1. Visits and dollars for CY 2019 service dates are based on PH HealthChoices MCO encounter data submitted through September 30, 2020 and CHC-MCO encounter data submitted through December 31, 2020.
2. ED is defined as visits containing a 99281–99285 procedure code or a 450 revenue code.
3. Outpatient facility and professional encounters are combined to form an ED visit for the purposes of this analysis.
4. LANE visits are identified using a list of low acuity diagnosis codes identified through health services research and physician input.
5. Each LANE diagnosis code was reviewed by practicing ED physicians, DHS, and Mercer clinical staff and assigned a targeted utilization percentage that represents the portion of visits that a highly efficient managed care program could potentially prevent; visits with a procedure code of 99284 or 99285 are not adjusted.
6. A low cost visit cutoff of \$59.01, for PH HealthChoices MCO encounter data, was applied to LANE utilization to reflect appropriate and cost-effective treatment in an ED setting. The low cost visit cutoff amount was \$63.93 for CHC-MCO encounter data.
7. Replacement costs and targeted efficiency levels are not considered in this analysis.
8. Encounters with revenue code 0762, indicating an observation stay, were excluded from PAV analysis.

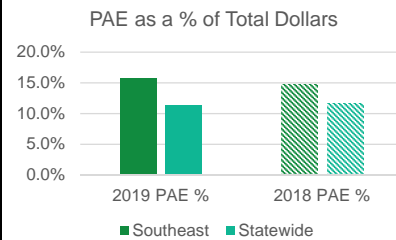
Appendix C

PAE Analysis:	Potentially Avoidable Visits
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southeast

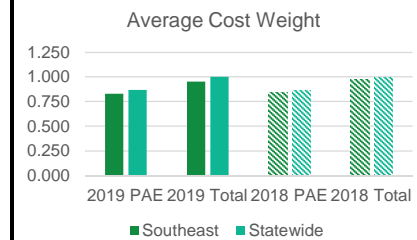
1. Total Events		
	Southeast	Statewide
PAE	122,456	313,183
Total	580,657	1,651,771
2019 PAE %	21.1%	19.0%
2018 PAE %	20.5%	19.8%



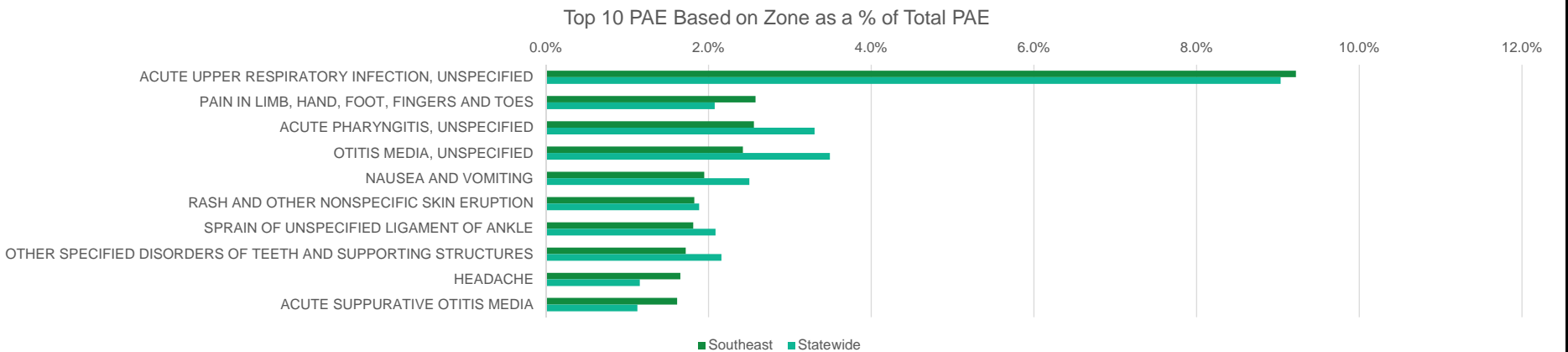
2. Total Dollars		
	Southeast	Statewide
PAE	\$ 39,462,204	\$ 67,021,400
Total	\$ 252,410,973	\$ 594,614,002
2019 PAE %	15.6%	11.3%
2018 PAE %	14.7%	11.6%



3. Emergency Department Cost Weights		
	Southeast	Statewide
2019 PAE	0.829	0.869
2019 Total	0.953	1.000
2018 PAE	0.842	0.866
2018 Total	0.980	1.000

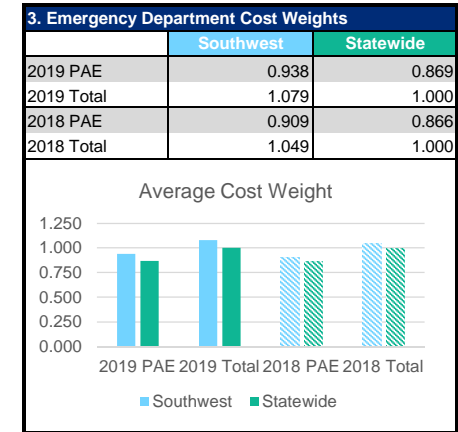
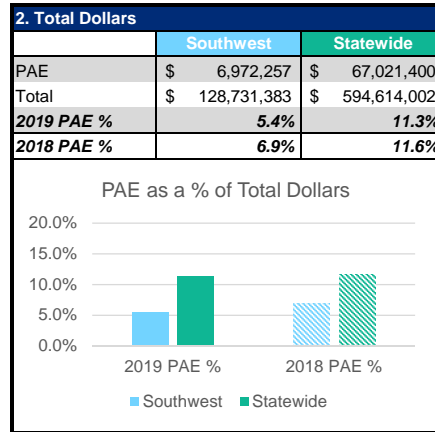
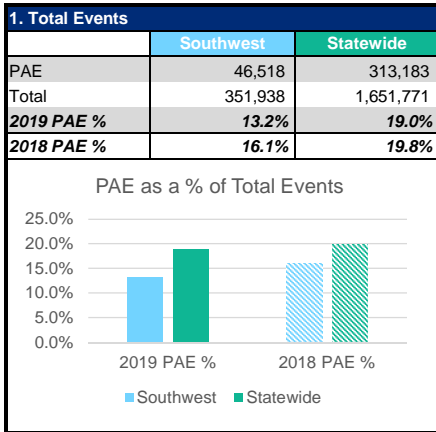


4. Events and Dollars by Top 10 Diagnosis Code										
Top 10 PAE by Zone			Southeast				Statewide			
Zone Rank	ICD-10 Designation	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	J06.9	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	11,292	\$ 3,712,768	9.2%	9.9%	28,289	\$ 6,235,517	9.0%	8.8%
2	M79.6	PAIN IN LIMB, HAND, FOOT, FINGERS AND TOES	3,156	\$ 941,451	2.6%	2.4%	6,503	\$ 1,458,529	2.1%	1.9%
3	J02.9	ACUTE PHARYNGITIS, UNSPECIFIED	3,132	\$ 951,853	2.6%	2.8%	10,339	\$ 1,921,351	3.3%	3.6%
4	H66.9	OTITIS MEDIA, UNSPECIFIED	2,964	\$ 864,630	2.4%	2.9%	10,933	\$ 1,857,691	3.5%	4.0%
5	R11	NAUSEA AND VOMITING	2,384	\$ 752,609	1.9%	1.7%	7,834	\$ 1,547,884	2.5%	2.1%
6	R21	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	2,234	\$ 667,449	1.8%	2.1%	5,899	\$ 1,110,244	1.9%	1.9%
7	S93.40	SPRAIN OF UNSPECIFIED LIGAMENT OF ANKLE	2,219	\$ 734,028	1.8%	1.8%	6,525	\$ 1,468,883	2.1%	2.1%
8	K08.8	OTHER SPECIFIED DISORDERS OF TEETH AND SUPPORTING STRUCTURES	2,103	\$ 650,568	1.7%	1.9%	6,759	\$ 1,232,163	2.2%	2.4%
9	R51	HEADACHE	2,025	\$ 615,668	1.7%	1.7%	3,613	\$ 842,469	1.2%	1.2%
10	H66.0	ACUTE SUPPURATIVE OTITIS MEDIA	1,975	\$ 993,924	1.6%	1.2%	3,521	\$ 1,191,628	1.1%	0.9%
		All Else	88,973	\$ 28,577,256	72.7%	71.6%	222,969	\$ 48,155,042	71.2%	71.0%
		Total	122,456	\$ 39,462,204	100.0%	100.0%	313,183	\$ 67,021,400	100.0%	100.0%



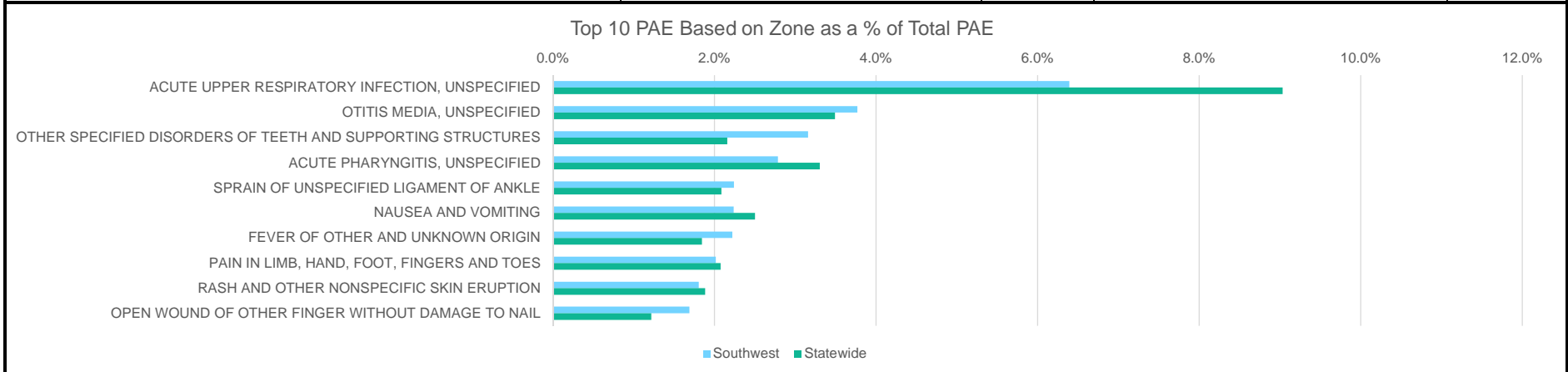
Appendix C

PAE Analysis:	Potentially Avoidable Visits
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Southwest



4. Events and Dollars by Top 10 Diagnosis Code

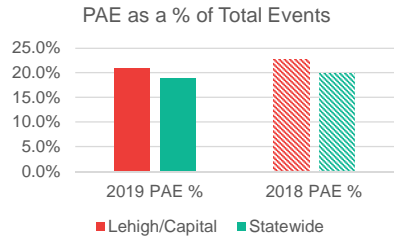
Top 10 PAE by Zone			Southwest				Statewide			
Zone Rank	ICD-10 Designation	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	J06.9	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	2,974	\$ 423,802	6.4%	6.0%	28,289	\$ 6,235,517	9.0%	8.8%
2	H66.9	OTITIS MEDIA, UNSPECIFIED	1,753	\$ 220,526	3.8%	4.3%	10,933	\$ 1,857,691	3.5%	4.0%
3	K08.8	OTHER SPECIFIED DISORDERS OF TEETH AND SUPPORTING STRUCTURES	1,469	\$ 193,368	3.2%	3.0%	6,759	\$ 1,232,163	2.2%	2.4%
4	J02.9	ACUTE PHARYNGITIS, UNSPECIFIED	1,296	\$ 184,002	2.8%	3.3%	10,339	\$ 1,921,351	3.3%	3.6%
5	S93.40	SPRAIN OF UNSPECIFIED LIGAMENT OF ANKLE	1,042	\$ 183,516	2.2%	3.1%	6,525	\$ 1,468,883	2.1%	2.1%
6	R11	NAUSEA AND VOMITING	1,041	\$ 151,659	2.2%	2.1%	7,834	\$ 1,547,884	2.5%	2.1%
7	R50	FEVER OF OTHER AND UNKNOWN ORIGIN	1,032	\$ 161,255	2.2%	2.1%	5,774	\$ 1,160,788	1.8%	1.8%
8	M79.6	PAIN IN LIMB, HAND, FOOT, FINGERS AND TOES	938	\$ 150,461	2.0%	1.8%	6,503	\$ 1,458,529	2.1%	1.9%
9	R21	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	839	\$ 105,340	1.8%	1.8%	5,899	\$ 1,110,244	1.9%	1.9%
10	S61.2B	OPEN WOUND OF OTHER FINGER WITHOUT DAMAGE TO NAIL	786	\$ 135,483	1.7%	1.5%	3,815	\$ 845,574	1.2%	1.1%
		All Else	33,350	\$ 5,062,843	71.7%	70.9%	220,514	\$ 48,182,778	70.4%	70.3%
		Total	46,518	\$ 6,972,257	100.0%	100.0%	313,183	\$ 67,021,400	100.0%	100.0%



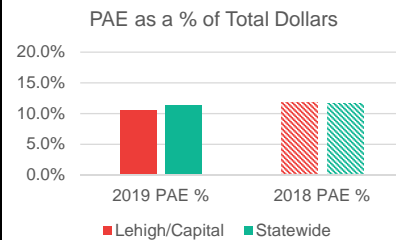
Appendix C

PAE Analysis:	Potentially Avoidable Visits
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Lehigh/Capital

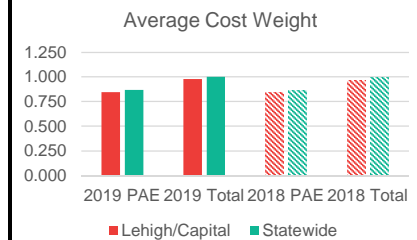
1. Total Events		
	Lehigh/Capital	Statewide
PAE	74,499	313,183
Total	357,120	1,651,771
2019 PAE %	20.9%	19.0%
2018 PAE %	22.6%	19.8%



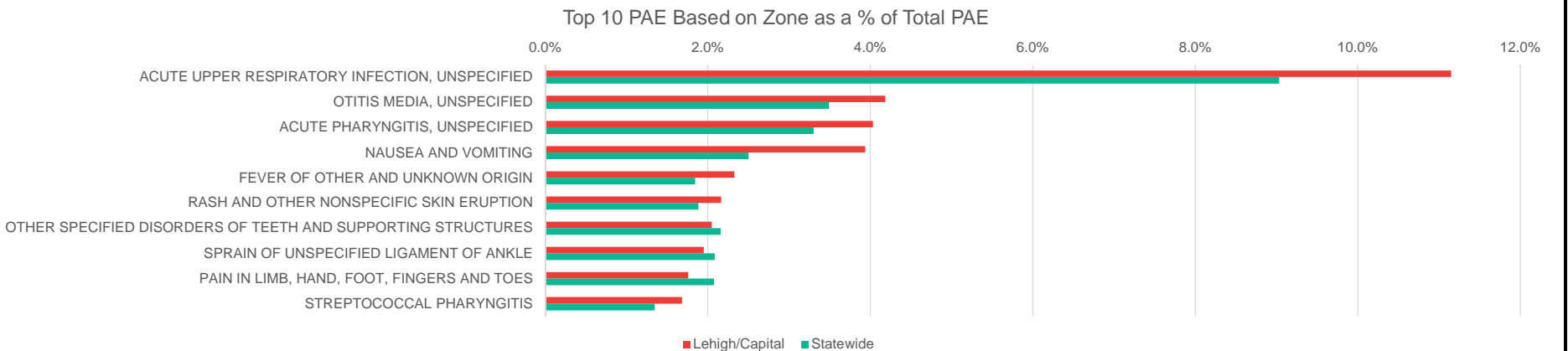
2. Total Dollars		
	Lehigh/Capital	Statewide
PAE	\$ 11,936,839	\$ 67,021,400
Total	\$ 114,417,881	\$ 594,614,002
2019 PAE %	10.4%	11.3%
2018 PAE %	11.8%	11.6%



3. Emergency Department Cost Weights		
	Lehigh/Capital	Statewide
2019 PAE	0.847	0.869
2019 Total	0.980	1.000
2018 PAE	0.842	0.866
2018 Total	0.965	1.000

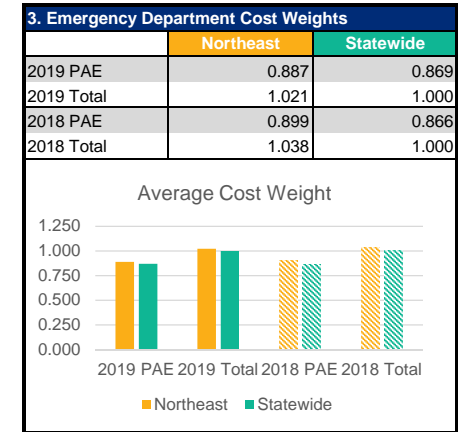
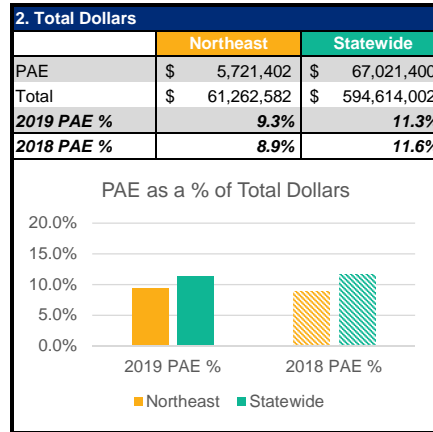
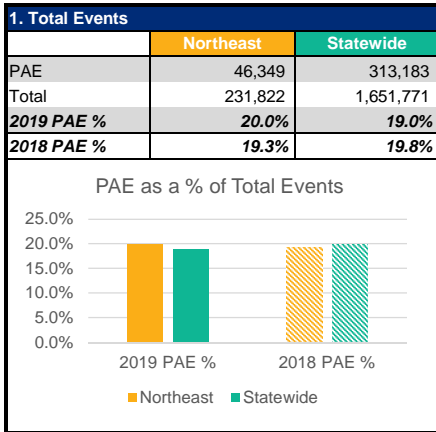


4. Events and Dollars by Top 10 Diagnosis Code										
Top 10 PAE by Zone			Lehigh/Capital				Statewide			
Zone Rank	ICD-10 Designation	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	J06.9	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	8,306	\$ 1,303,773	11.1%	9.9%	28,289	\$ 6,235,517	9.0%	8.8%
2	H66.9	OTITIS MEDIA, UNSPECIFIED	3,116	\$ 430,999	4.2%	4.5%	10,933	\$ 1,857,691	3.5%	4.0%
3	J02.9	ACUTE PHARYNGITIS, UNSPECIFIED	3,005	\$ 424,726	4.0%	4.3%	10,339	\$ 1,921,351	3.3%	3.6%
4	R11	NAUSEA AND VOMITING	2,932	\$ 462,691	3.9%	2.7%	7,834	\$ 1,547,884	2.5%	2.1%
5	R50	FEVER OF OTHER AND UNKNOWN ORIGIN	1,733	\$ 291,889	2.3%	2.0%	5,774	\$ 1,160,788	1.8%	1.8%
6	R21	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	1,613	\$ 216,554	2.2%	2.0%	5,899	\$ 1,110,244	1.9%	1.9%
7	K08.8	OTHER SPECIFIED DISORDERS OF TEETH AND SUPPORTING STRUCTURES	1,526	\$ 222,724	2.0%	2.2%	6,759	\$ 1,232,163	2.2%	2.4%
8	S93.40	SPRAIN OF UNSPECIFIED LIGAMENT OF ANKLE	1,452	\$ 281,029	1.9%	1.7%	6,525	\$ 1,468,883	2.1%	2.1%
9	M79.6	PAIN IN LIMB, HAND, FOOT, FINGERS AND TOES	1,309	\$ 224,859	1.8%	1.7%	6,503	\$ 1,458,529	2.1%	1.9%
10	J02.0	STREPTOCOCCAL PHARYNGITIS	1,254	\$ 177,652	1.7%	1.6%	4,209	\$ 800,942	1.3%	1.4%
		All Else	48,253	\$ 7,899,942	64.8%	67.4%	220,120	\$ 48,227,410	70.3%	70.0%
		Total	74,499	\$ 11,936,839	100.0%	100.0%	313,183	\$ 67,021,400	100.0%	100.0%



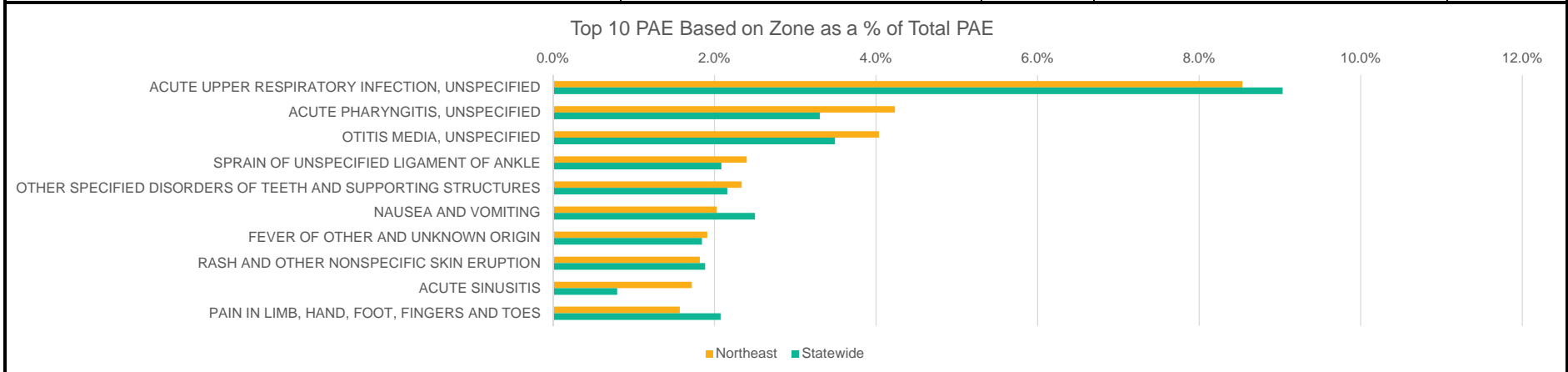
Appendix C

PAE Analysis:	Potentially Avoidable Visits
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northeast



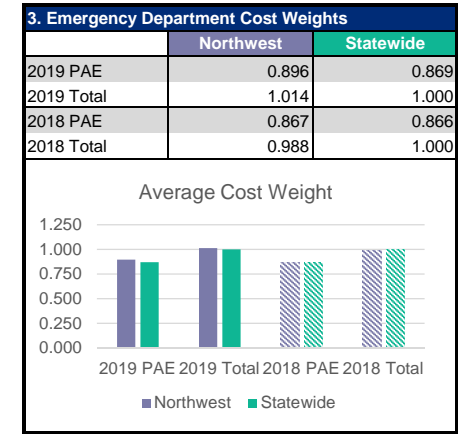
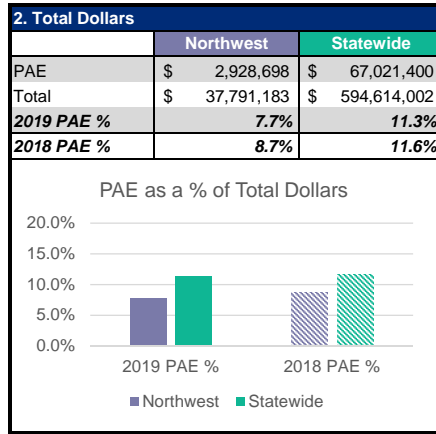
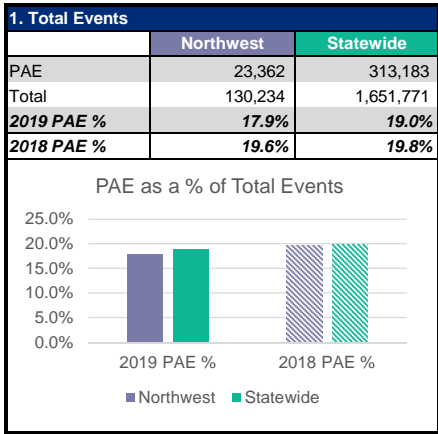
4. Events and Dollars by Top 10 Diagnosis Code

Top 10 PAE by Zone			Northeast				Statewide			
Zone Rank	ICD-10 Designation	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	J06.9	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	3,956	\$ 579,805	8.5%	8.1%	28,289	\$ 6,235,517	9.0%	8.8%
2	J02.9	ACUTE PHARYNGITIS, UNSPECIFIED	1,962	\$ 242,770	4.2%	4.4%	10,339	\$ 1,921,351	3.3%	3.6%
3	H66.9	OTITIS MEDIA, UNSPECIFIED	1,870	\$ 209,258	4.0%	4.6%	10,933	\$ 1,857,691	3.5%	4.0%
4	S93.40	SPRAIN OF UNSPECIFIED LIGAMENT OF ANKLE	1,111	\$ 158,929	2.4%	2.2%	6,525	\$ 1,468,883	2.1%	2.1%
5	K08.8	OTHER SPECIFIED DISORDERS OF TEETH AND SUPPORTING STRUCTURES	1,082	\$ 107,834	2.3%	2.9%	6,759	\$ 1,232,163	2.2%	2.4%
6	R11	NAUSEA AND VOMITING	941	\$ 114,096	2.0%	1.7%	7,834	\$ 1,547,884	2.5%	2.1%
7	R50	FEVER OF OTHER AND UNKNOWN ORIGIN	885	\$ 131,687	1.9%	1.7%	5,774	\$ 1,160,788	1.8%	1.8%
8	R21	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	842	\$ 80,129	1.8%	1.6%	5,899	\$ 1,110,244	1.9%	1.9%
9	J01	ACUTE SINUSITIS	797	\$ 99,150	1.7%	1.9%	2,483	\$ 395,470	0.8%	0.9%
10	M79.6	PAIN IN LIMB, HAND, FOOT, FINGERS AND TOES	728	\$ 91,237	1.6%	1.4%	6,503	\$ 1,458,529	2.1%	1.9%
	All Else		32,175	\$ 3,906,509	69.4%	69.3%	221,846	\$ 48,632,882	70.8%	70.5%
	Total		46,349	\$ 5,721,402	100.0%	100.0%	313,183	\$ 67,021,400	100.0%	100.0%



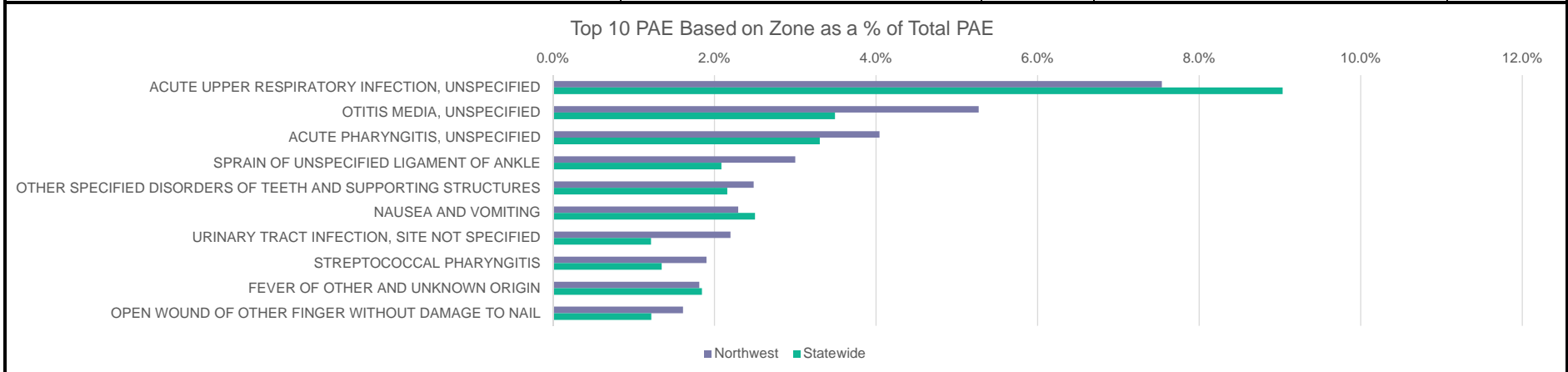
Appendix C

PAE Analysis:	Potentially Avoidable Visits
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
Zone:	Northwest



4. Events and Dollars by Top 10 Diagnosis Code

Zone Rank	Top 10 PAE by Zone		Northwest				Statewide			
	ICD-10 Designation	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	J06.9	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	1,761	\$ 215,367	7.5%	7.0%	28,289	\$ 6,235,517	9.0%	8.8%
2	H66.9	OTITIS MEDIA, UNSPECIFIED	1,231	\$ 132,278	5.3%	5.7%	10,933	\$ 1,857,691	3.5%	4.0%
3	J02.9	ACUTE PHARYNGITIS, UNSPECIFIED	944	\$ 118,000	4.0%	4.3%	10,339	\$ 1,921,351	3.3%	3.6%
4	S93.40	SPRAIN OF UNSPECIFIED LIGAMENT OF ANKLE	701	\$ 111,381	3.0%	2.8%	6,525	\$ 1,468,883	2.1%	2.1%
5	K08.8	OTHER SPECIFIED DISORDERS OF TEETH AND SUPPORTING STRUCTURES	580	\$ 57,669	2.5%	2.9%	6,759	\$ 1,232,163	2.2%	2.4%
6	R11	NAUSEA AND VOMITING	536	\$ 66,829	2.3%	2.5%	7,834	\$ 1,547,884	2.5%	2.1%
7	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	513	\$ 71,535	2.2%	2.3%	3,798	\$ 812,946	1.2%	1.2%
8	J02.0	STREPTOCOCCAL PHARYNGITIS	444	\$ 54,340	1.9%	2.0%	4,209	\$ 800,942	1.3%	1.4%
9	R50	FEVER OF OTHER AND UNKNOWN ORIGIN	423	\$ 64,266	1.8%	2.3%	5,774	\$ 1,160,788	1.8%	1.8%
10	S61.2B	OPEN WOUND OF OTHER FINGER WITHOUT DAMAGE TO NAIL	376	\$ 48,749	1.6%	1.3%	3,815	\$ 845,574	1.2%	1.1%
	All Else		15,853	\$ 1,988,282	67.9%	67.0%	224,909	\$ 49,137,663	71.8%	71.5%
	Total		23,362	\$ 2,928,698	100.0%	100.0%	313,183	\$ 67,021,400	100.0%	100.0%



Appendix D

Glossary

AHRQ	Agency for Healthcare Research and Quality. A federal agency focused on improving the safety and quality of America’s health care system.
APR-DRGs	All Patient Refined-Diagnosis Related Groups. A version of diagnosis related groups that further subdivide the diagnosis related groups into four severity-of-illness and four risk-of-mortality subclasses within each diagnosis related group.
Beneficiary	A person eligible to receive services in the MA Program of the Commonwealth of Pennsylvania.
CHC	Community HealthChoices. A mandatory managed care program that uses MCOs to coordinate and pay for PH care and long-term services and supports for beneficiaries who are dually eligible for Medicare and Medicaid and those who require a nursing facility level of care.
Department	The Department of Human Services of the Commonwealth of Pennsylvania.
Diagnostic Related Groups	A classification system that uses patient discharge information to classify patients into clinically meaningful groups.
ED	Emergency Department. The department of a hospital responsible for the provision of emergency services.

Encounter Data	A record submitted by the MCO to the Department of a covered health care service provided to a MCO member.
Gender	Gender identified within the Department's eligibility system.
Hospital	A public or private institution licensed as a hospital under the laws of the Commonwealth that participates in the MA program.
LANE	Low-Acuity Non-Emergent emergency visits. ED visits that could have occurred in a lower acuity setting or been avoided through the provision of consistent, evidence-based, primary care, proactive care management, and health education.
MA	Medical Assistance. The acronym by which the Commonwealth's Medicaid program, authorized under Article IV of the Public Welfare Code (62 P. S. §§ 401–488), is known.
MCO	Managed Care Organization. A licensed MCO with whom the Department has an agreement to provide or arrange for services to a Medicaid beneficiary.
MCO Outcomes Program	A program designed to provide a Medicaid MCO with information to reduce PAEs and further increase efficiency in Medicaid managed care programs.
Medicaid Program	The joint federal and state program through which health care services are provided to eligible beneficiaries in conformation with Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396–1396q) and regulations issued under it.
PAA	Potentially Avoidable Admission. An admission of an individual to a hospital or long-term care facility, which may have reasonably been prevented with adequate access to ambulatory care or health care coordination.

PAC	<p>Potentially Avoidable Complication. A harmful event or negative outcome with respect to an individual, including an infection or surgical complication, that:</p> <ul style="list-style-type: none">• Occurs after the person's admission to a hospital or long-term care facility.• May have resulted from the care, lack of care, or treatment provided during the hospital or long-term care facility stay, rather than from a natural progression of an underlying disease.
PAE	<p>Potentially Avoidable Event. Any of the following:</p> <ul style="list-style-type: none">• A potentially avoidable admission.• A potentially avoidable complication.• A potentially avoidable emergency visit.• A potentially avoidable readmission.• A combination of the events listed under this definition.

<p>PAR</p>	<p>Potentially Avoidable Readmission. A return hospitalization of an individual within a period specified by the Department that may have resulted from a deficiency in the care or treatment provided to the individual during a previous hospital stay or from a deficiency in post hospital discharge follow up. The term does not include a hospital readmission necessitated by the occurrence of unrelated events after the discharge. The term includes the readmission of an individual to a hospital for:</p> <ul style="list-style-type: none"> • The same condition or procedure for which the individual was previously admitted. • An infection or other complication resulting from care previously provided. • A condition or procedure indicating a surgical intervention performed during a previous admission was unsuccessful in achieving the anticipated outcome.
<p>PAV</p>	<p>Potentially Avoidable Emergency Visit. Treatment of an individual in a hospital emergency room or freestanding emergency medical care facility for a condition that may not require emergency medical attention because the condition could be or could have been treated or prevented by a physician or other health care provider in a nonemergency setting.</p>
<p>PDI</p>	<p>Pediatric Quality Indicator. A set of measures that can be used with hospital inpatient discharge data to provide a perspective on the quality of pediatric health care.</p>
<p>PH HealthChoices</p>	<p>The mandatory managed care program that uses MA MCOs to coordinate and pay for physical health services.</p>

PQI	Prevention Quality Indicator. A set of measures that can be used with hospital inpatient discharge data to identify quality of care for ambulatory care sensitive conditions. These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications for more severe disease.
PROMISe	Provider Reimbursement and Operations Management Information System. The Department's Medicaid Management Information System which is the Centers for Medicare & Medicaid Services (CMS) certified information system.

Appendix E

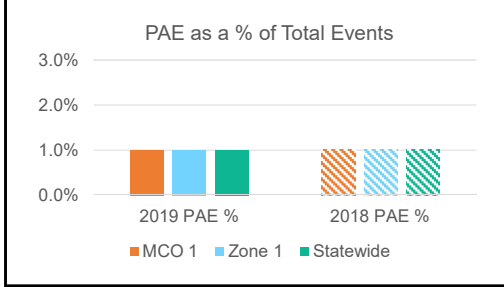
MCO Report Template

Data labeled as “MCO 1” does not represent actual individual MCO results, and is for demonstration purposes only, of the information that will be provided to each MCO.

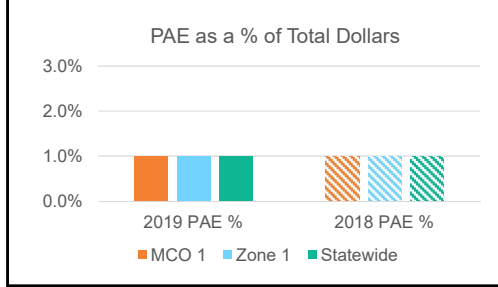
Appendix E Template for Demonstration Only

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
MCO:	MCO 1

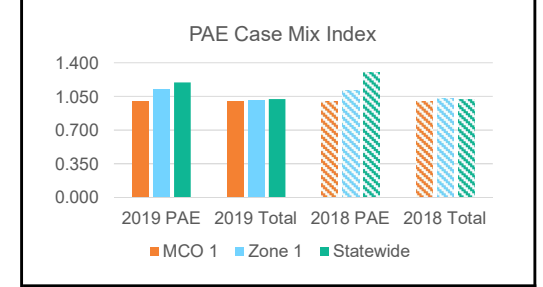
1. Total Events			
	MCO 1	Zone 1	Statewide
2019 PAE	40	200	400
2019 Total	4,000	20,000	40,000
2019 PAE %	1.0%	1.0%	1.0%
2018 PAE %	1.0%	1.0%	1.0%



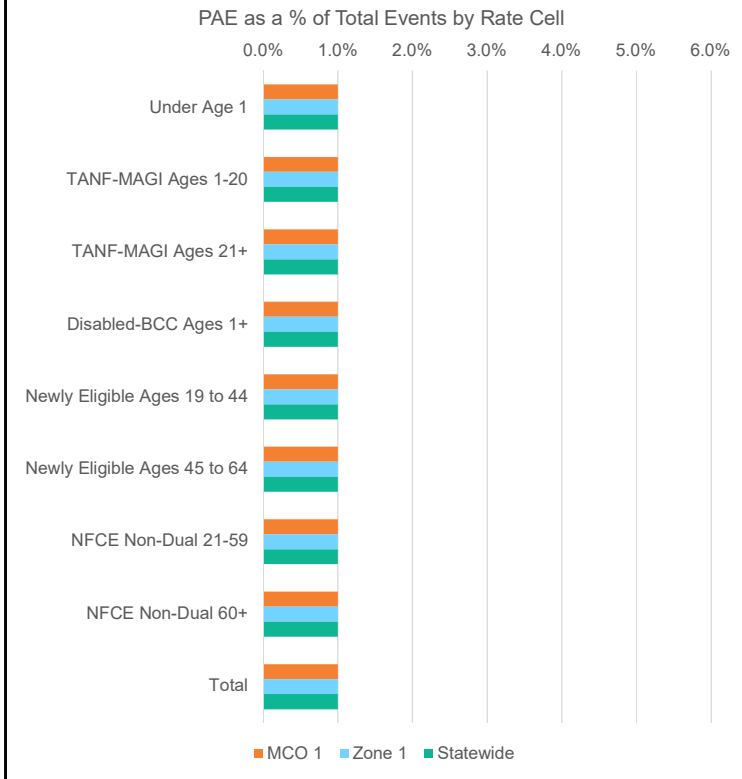
2. Total Dollars			
	MCO 1	Zone 1	Statewide
2019 PAE	\$ 1,000	\$ 3,200,000	\$ 6,400,000
2019 Total	\$ 100,000	\$ 320,000,000	\$ 640,000,000
2019 PAE %	1.0%	1.0%	1.0%
2018 PAE %	1.0%	1.0%	1.0%



3. APR-DRG Case Mix Index			
	MCO 1	Zone 1	Statewide
2019 PAE	1.000	1.130	1.197
2019 Total	1.000	1.011	1.021
2018 PAE	1.000	1.115	1.298
2018 Total	1.000	1.031	1.015



4. Events and Dollars by Rate Cell												
Rate Cell	MCO 1				Zone 1				Statewide			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
Under Age 1	500	5	1.0%	1.0%	2,500	25	1.0%	1.0%	5,000	50	1.0%	1.0%
TANF-MAGI Ages 1-20	500	5	1.0%	1.0%	2,500	25	1.0%	1.0%	5,000	50	1.0%	1.0%
TANF-MAGI Ages 21+	500	5	1.0%	1.0%	2,500	25	1.0%	1.0%	5,000	50	1.0%	1.0%
Disabled-BCC Ages 1+	500	5	1.0%	1.0%	2,500	25	1.0%	1.0%	5,000	50	1.0%	1.0%
Newly Eligible Ages 19 to 44	500	5	1.0%	1.0%	2,500	25	1.0%	1.0%	5,000	50	1.0%	1.0%
Newly Eligible Ages 45 to 64	500	5	1.0%	1.0%	2,500	25	1.0%	1.0%	5,000	50	1.0%	1.0%
NFCE Non-Dual 21-59	500	5	1.0%	N/A	2,500	25	1.0%	N/A	5,000	50	1.0%	N/A
NFCE Non-Dual 60+	500	5	1.0%	N/A	2,500	25	1.0%	N/A	5,000	50	1.0%	N/A
Total	4,000	40	1.0%	1.0%	20,000	200	1.0%	1.0%	40,000	400	1.0%	1.0%

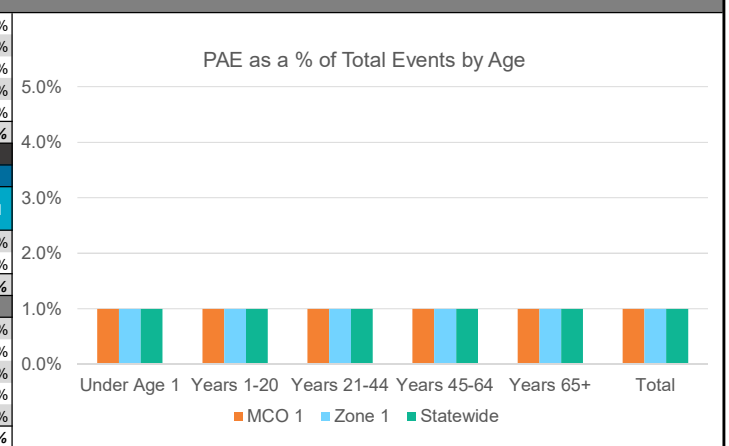
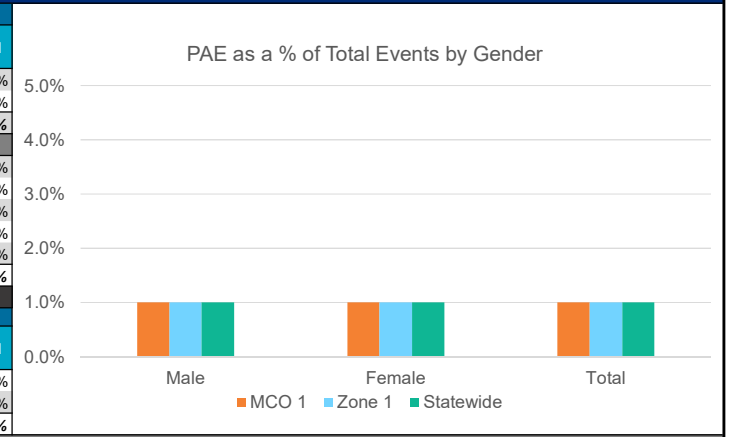


Appendix E Template for Demonstration Only

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
MCO:	MCO 1

5. Events and Dollars by Age Band and Gender

MCO 1		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	2,000	20	1.0%	1.0%	\$ 50,000	\$ 500	1.0%	1.0%
All Ages	Female	2,000	20	1.0%	1.0%	\$ 50,000	\$ 500	1.0%	1.0%
Total		4,000	40	1.0%	1.0%	\$ 100,000	\$ 1,000	1.0%	1.0%
Under Age 1		800	8	1.0%	1.0%	\$ 20,000	\$ 200	1.0%	1.0%
Years 1-20		800	8	1.0%	1.0%	\$ 20,000	\$ 200	1.0%	1.0%
Years 21-44		800	8	1.0%	1.0%	\$ 20,000	\$ 200	1.0%	1.0%
Years 45-64		800	8	1.0%	1.0%	\$ 20,000	\$ 200	1.0%	1.0%
Years 65+		800	8	1.0%	1.0%	\$ 20,000	\$ 200	1.0%	1.0%
Total		4,000	40	1.0%	1.0%	\$ 100,000	\$ 1,000	1.0%	1.0%
Zone 1		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	10,000	100	1.0%	1.0%	\$ 160,000,000	\$ 1,600,000	1.0%	1.0%
All Ages	Female	10,000	100	1.0%	1.0%	\$ 160,000,000	\$ 1,600,000	1.0%	1.0%
Total		20,000	200	1.0%	1.0%	\$ 320,000,000	\$ 3,200,000	1.0%	1.0%
Under Age 1		4,000	40	1.0%	1.0%	\$ 64,000,000	\$ 640,000	1.0%	1.0%
Years 1-20		4,000	40	1.0%	1.0%	\$ 64,000,000	\$ 640,000	1.0%	1.0%
Years 21-44		4,000	40	1.0%	1.0%	\$ 64,000,000	\$ 640,000	1.0%	1.0%
Years 45-64		4,000	40	1.0%	1.0%	\$ 64,000,000	\$ 640,000	1.0%	1.0%
Years 65+		4,000	40	1.0%	1.0%	\$ 64,000,000	\$ 640,000	1.0%	1.0%
Total		20,000	200	1.0%	1.0%	\$ 320,000,000	\$ 3,200,000	1.0%	1.0%
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	20,000	200	1.0%	1.0%	\$ 320,000,000	\$ 3,200,000	1.0%	1.0%
All Ages	Female	20,000	200	1.0%	1.0%	\$ 320,000,000	\$ 3,200,000	1.0%	1.0%
Total		40,000	400	1.0%	1.0%	\$ 640,000,000	\$ 6,400,000	1.0%	1.0%
Under Age 1		8,000	80	1.0%	1.0%	\$ 128,000,000	\$ 1,280,000	1.0%	1.0%
Years 1-20		8,000	80	1.0%	1.0%	\$ 128,000,000	\$ 1,280,000	1.0%	1.0%
Years 21-44		8,000	80	1.0%	1.0%	\$ 128,000,000	\$ 1,280,000	1.0%	1.0%
Years 45-64		8,000	80	1.0%	1.0%	\$ 128,000,000	\$ 1,280,000	1.0%	1.0%
Years 65+		8,000	80	1.0%	1.0%	\$ 128,000,000	\$ 1,280,000	1.0%	1.0%
Total		40,000	400	1.0%	1.0%	\$ 640,000,000	\$ 6,400,000	1.0%	1.0%

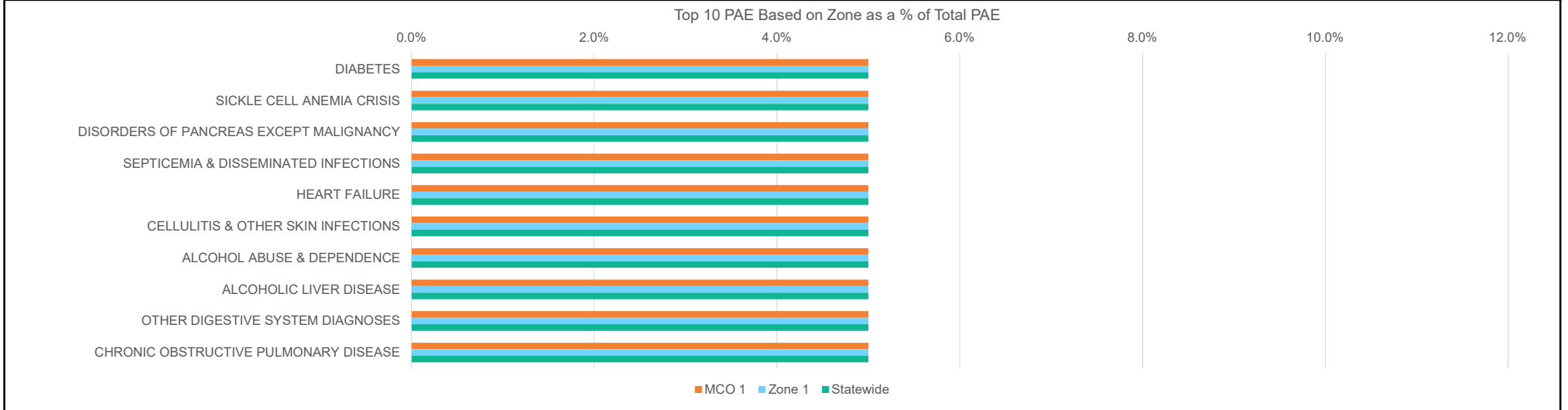


Appendix E

Template for Demonstration Only

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
MCO:	MCO 1

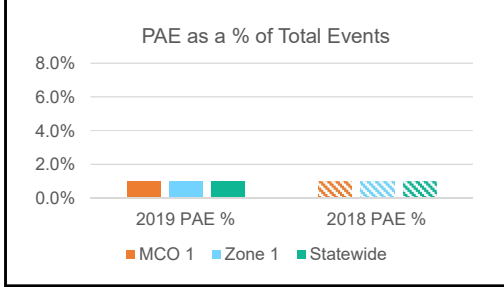
6. Events and Dollars by Top 10 APR-DRG														
Top 10 PAE by Zone			MCO 1				Zone 1				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	0420	DIABETES	2	\$ 5,000	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
2	0662	SICKLE CELL ANEMIA CRISIS	2	\$ 5,000	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
3	0282	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2	\$ 5,000	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
4	0720	SEPTICEMIA & DISSEMINATED INFECTIONS	2	\$ 5,000	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
5	0194	HEART FAILURE	2	\$ 5,000	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
6	0383	CELLULITIS & OTHER SKIN INFECTIONS	2	\$ 5,000	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
7	0775	ALCOHOL ABUSE & DEPENDENCE	2	\$ 5,000	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
8	0280	ALCOHOLIC LIVER DISEASE	2	\$ 5,000	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
9	0254	OTHER DIGESTIVE SYSTEM DIAGNOSES	2	\$ 5,000	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
10	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2	\$ 5,000	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
All Else			20	\$ 50,000	50.0%	50.0%	100	\$ 1,600,000	50.0%	50.0%	200	\$ 3,200,000	50.0%	50.0%
Total			40	\$ 100,000	100.0%	100.0%	200	\$ 3,200,000	100.0%	100.0%	400	\$ 6,400,000	100.0%	100.0%



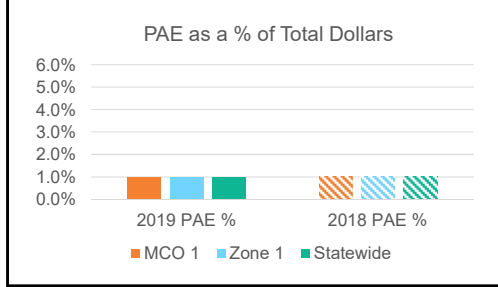
Appendix E Template for Demonstration Only

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
MCO:	MCO 1

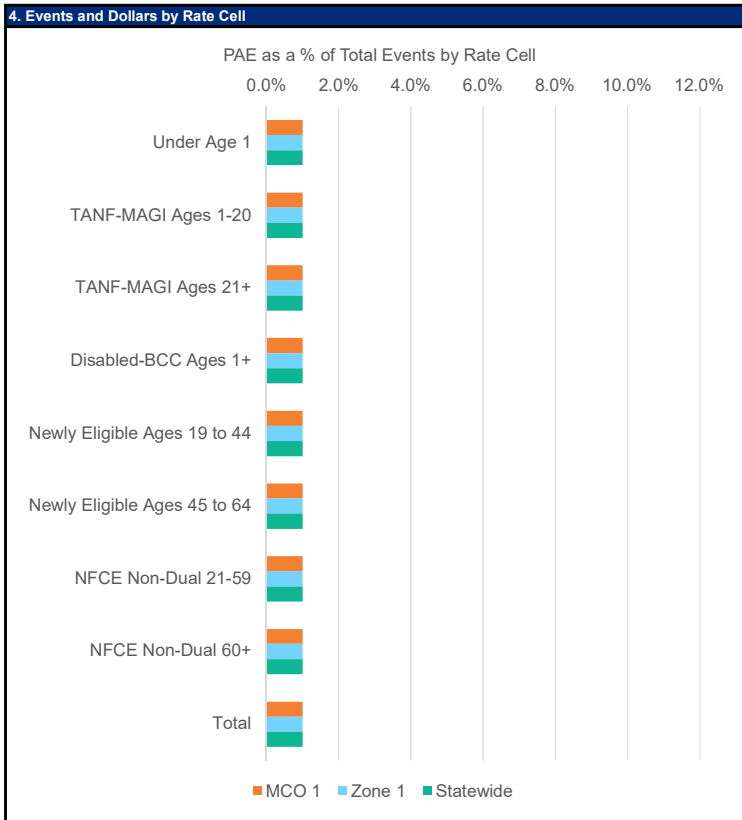
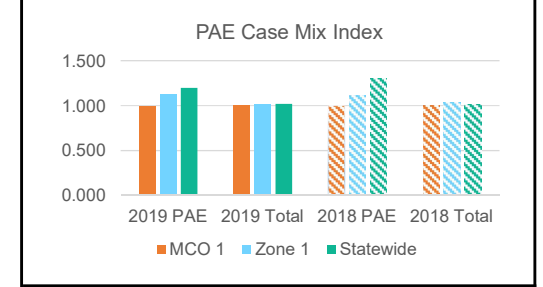
1. Total Events			
	MCO 1	Zone 1	Statewide
2019 PAE	100	200	400
2019 Total	10,000	20,000	40,000
2019 PAE %	1.0%	1.0%	1.0%
2018 PAE %	1.0%	1.0%	1.0%



2. Total Dollars			
	MCO 1	Zone 1	Statewide
2019 PAE	\$ 1,000	\$ 3,200,000	\$ 6,400,000
2019 Total	\$ 100,000	\$ 320,000,000	\$ 640,000,000
2019 PAE %	1.0%	1.0%	1.0%
2018 PAE %	1.0%	1.0%	1.0%



3. APR-DRG Case Mix Index			
	MCO 1	Zone 1	Statewide
2019 PAE	1.000	1.130	1.197
2019 Total	1.000	1.011	1.021
2018 PAE	1.000	1.115	1.298
2018 Total	1.000	1.031	1.015

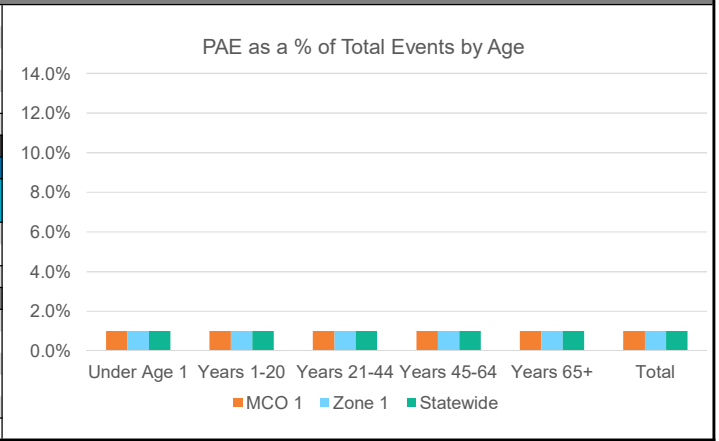
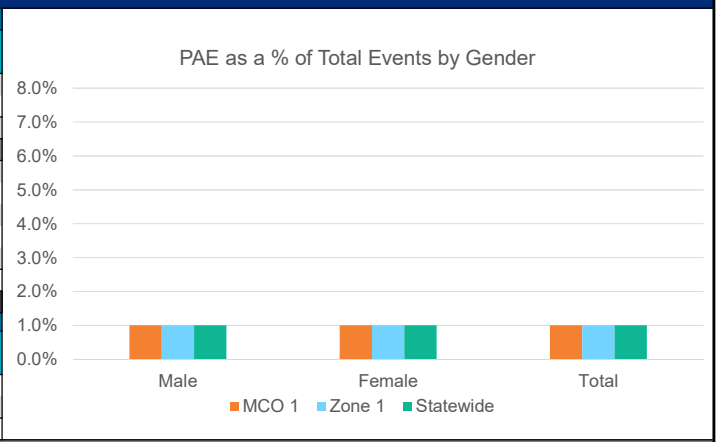


Rate Cell	Events				Dollars			
	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
MCO 1								
Under Age 1	1,250	13	1.0%	1.0%	\$ 12,500	\$ 125	1.0%	1.0%
TANF-MAGI Ages 1-20	1,250	13	1.0%	1.0%	\$ 12,500	\$ 125	1.0%	1.0%
TANF-MAGI Ages 21+	1,250	13	1.0%	1.0%	\$ 12,500	\$ 125	1.0%	1.0%
Disabled-BCC Ages 1+	1,250	13	1.0%	1.0%	\$ 12,500	\$ 125	1.0%	1.0%
Newly Eligible Ages 19 to 44	1,250	13	1.0%	1.0%	\$ 12,500	\$ 125	1.0%	1.0%
Newly Eligible Ages 45 to 64	1,250	13	1.0%	1.0%	\$ 12,500	\$ 125	1.0%	1.0%
NFCE Non-Dual 21-59	1,250	13	1.0%	N/A	\$ 12,500	\$ 125	1.0%	N/A
NFCE Non-Dual 60+	1,250	13	1.0%	N/A	\$ 12,500	\$ 125	1.0%	N/A
Total	10,000	100	1.0%	1.0%	\$ 100,000	\$ 1,000	1.0%	1.0%
Zone 1								
Under Age 1	2,500	25	1.0%	1.0%	\$ 40,000,000	\$ 400,000	1.0%	1.0%
TANF-MAGI Ages 1-20	2,500	25	1.0%	1.0%	\$ 40,000,000	\$ 400,000	1.0%	1.0%
TANF-MAGI Ages 21+	2,500	25	1.0%	1.0%	\$ 40,000,000	\$ 400,000	1.0%	1.0%
Disabled-BCC Ages 1+	2,500	25	1.0%	1.0%	\$ 40,000,000	\$ 400,000	1.0%	1.0%
Newly Eligible Ages 19 to 44	2,500	25	1.0%	1.0%	\$ 40,000,000	\$ 400,000	1.0%	1.0%
Newly Eligible Ages 45 to 64	2,500	25	1.0%	1.0%	\$ 40,000,000	\$ 400,000	1.0%	1.0%
NFCE Non-Dual 21-59	2,500	25	1.0%	N/A	\$ 40,000,000	\$ 400,000	1.0%	N/A
NFCE Non-Dual 60+	2,500	25	1.0%	N/A	\$ 40,000,000	\$ 400,000	1.0%	N/A
Total	20,000	200	1.0%	1.0%	\$ 320,000,000	\$ 3,200,000	1.0%	1.0%
Statewide								
Under Age 1	5,000	50	1.0%	1.0%	\$ 80,000,000	\$ 800,000	1.0%	1.0%
TANF-MAGI Ages 1-20	5,000	50	1.0%	1.0%	\$ 80,000,000	\$ 800,000	1.0%	1.0%
TANF-MAGI Ages 21+	5,000	50	1.0%	1.0%	\$ 80,000,000	\$ 800,000	1.0%	1.0%
Disabled-BCC Ages 1+	5,000	50	1.0%	1.0%	\$ 80,000,000	\$ 800,000	1.0%	1.0%
Newly Eligible Ages 19 to 44	5,000	50	1.0%	1.0%	\$ 80,000,000	\$ 800,000	1.0%	1.0%
Newly Eligible Ages 45 to 64	5,000	50	1.0%	1.0%	\$ 80,000,000	\$ 800,000	1.0%	1.0%
NFCE Non-Dual 21-59	5,000	50	1.0%	N/A	\$ 80,000,000	\$ 800,000	1.0%	N/A
NFCE Non-Dual 60+	5,000	50	1.0%	N/A	\$ 80,000,000	\$ 800,000	1.0%	N/A
Total	40,000	400	1.0%	1.0%	\$ 640,000,000	\$ 6,400,000	1.0%	1.0%

Appendix E Template for Demonstration Only

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
MCO:	MCO 1

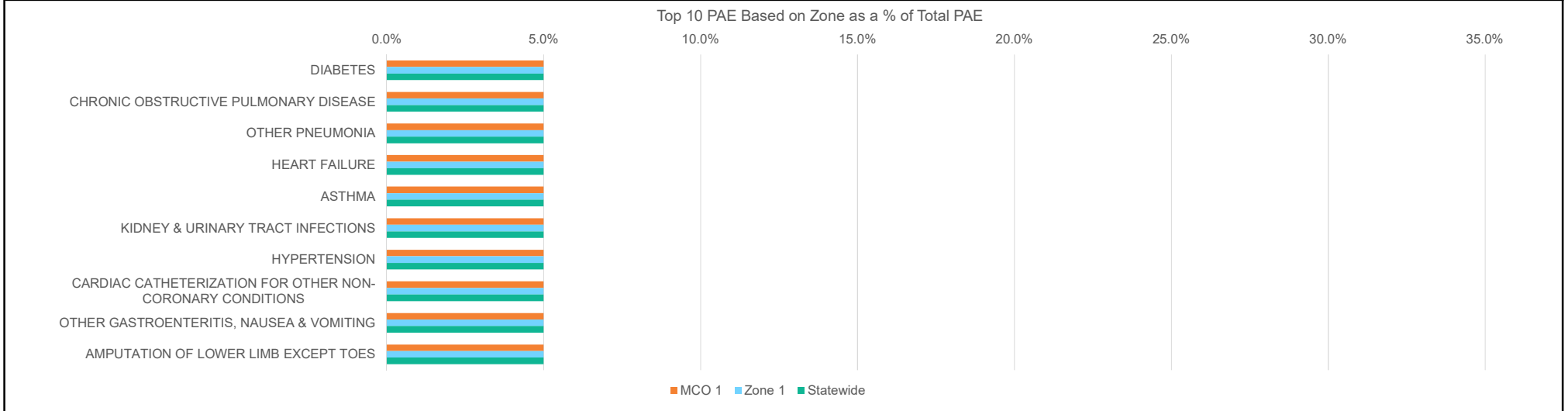
5. Events and Dollars by Age Band and Gender									
MCO 1		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	5,000	50	1.0%	1.0%	\$ 50,000	\$ 500	1.0%	1.0%
All Ages	Female	5,000	50	1.0%	1.0%	\$ 50,000	\$ 500	1.0%	1.0%
Total		10,000	100	1.0%	1.0%	\$ 100,000	\$ 1,000	1.0%	1.0%
Under Age 1		2,000	20	1.0%	1.0%	\$ 20,000	\$ 200	1.0%	1.0%
Years 1-20		2,000	20	1.0%	1.0%	\$ 20,000	\$ 200	1.0%	1.0%
Years 21-44		2,000	20	1.0%	1.0%	\$ 20,000	\$ 200	1.0%	1.0%
Years 45-64		2,000	20	1.0%	1.0%	\$ 20,000	\$ 200	1.0%	1.0%
Years 65+		2,000	20	1.0%	1.0%	\$ 20,000	\$ 200	1.0%	1.0%
Total		10,000	100	1.0%	1.0%	\$ 100,000	\$ 1,000	1.0%	1.0%
Zone 1		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	10,000	100	1.0%	1.0%	\$ 160,000,000	\$ 1,600,000	1.0%	1.0%
All Ages	Female	10,000	100	1.0%	1.0%	\$ 160,000,000	\$ 1,600,000	1.0%	1.0%
Total		20,000	200	1.0%	1.0%	\$ 320,000,000	\$ 3,200,000	1.0%	1.0%
Under Age 1		4,000	40	1.0%	1.0%	\$ 64,000,000	\$ 640,000	1.0%	1.0%
Years 1-20		4,000	40	1.0%	1.0%	\$ 64,000,000	\$ 640,000	1.0%	1.0%
Years 21-44		4,000	40	1.0%	1.0%	\$ 64,000,000	\$ 640,000	1.0%	1.0%
Years 45-64		4,000	40	1.0%	1.0%	\$ 64,000,000	\$ 640,000	1.0%	1.0%
Years 65+		4,000	40	1.0%	1.0%	\$ 64,000,000	\$ 640,000	1.0%	1.0%
Total		20,000	200	1.0%	1.0%	\$ 320,000,000	\$ 3,200,000	1.0%	1.0%
Statewide		Events				Dollars			
Age Band	Gender	Total	PAE	2019 % of Total	2018 % of Total	Total	PAE	2019 % of Total	2018 % of Total
All Ages	Male	20,000	200	1.0%	1.0%	\$ 320,000,000	\$ 3,200,000	1.0%	1.0%
All Ages	Female	20,000	200	1.0%	1.0%	\$ 320,000,000	\$ 3,200,000	1.0%	1.0%
Total		40,000	400	1.0%	1.0%	\$ 640,000,000	\$ 6,400,000	1.0%	1.0%
Under Age 1		8,000	80	1.0%	1.0%	\$ 128,000,000	\$ 1,280,000	1.0%	1.0%
Years 1-20		8,000	80	1.0%	1.0%	\$ 128,000,000	\$ 1,280,000	1.0%	1.0%
Years 21-44		8,000	80	1.0%	1.0%	\$ 128,000,000	\$ 1,280,000	1.0%	1.0%
Years 45-64		8,000	80	1.0%	1.0%	\$ 128,000,000	\$ 1,280,000	1.0%	1.0%
Years 65+		8,000	80	1.0%	1.0%	\$ 128,000,000	\$ 1,280,000	1.0%	1.0%
Total		40,000	400	1.0%	1.0%	\$ 640,000,000	\$ 6,400,000	1.0%	1.0%



Appendix E Template for Demonstration Only

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
MCO:	MCO 1

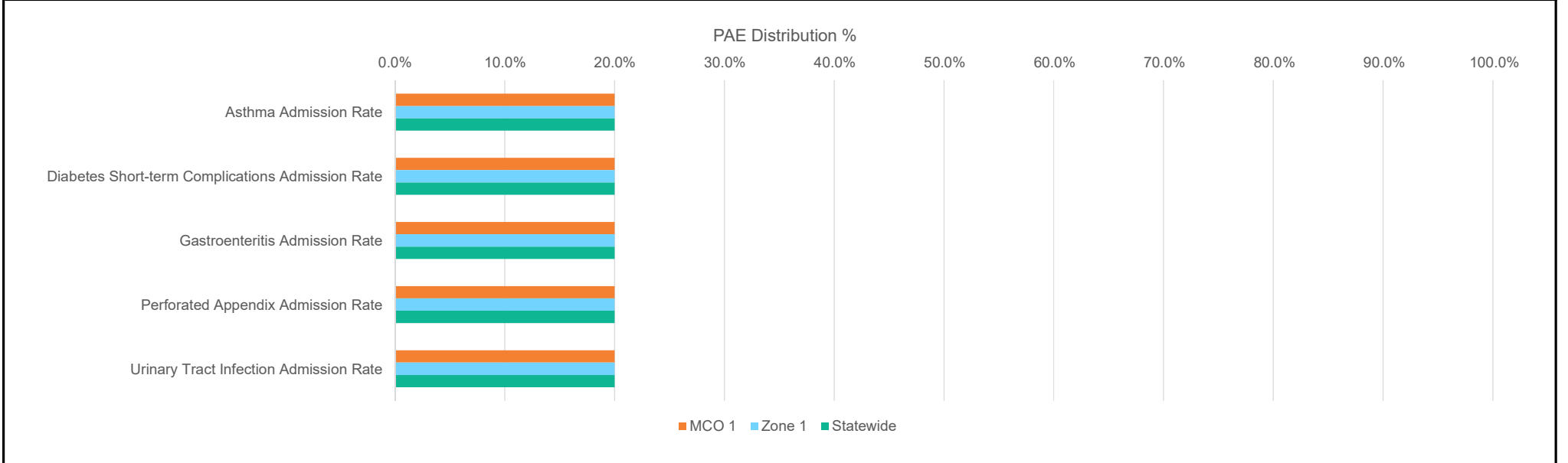
6. Events and Dollars by Top 10 APR-DRG														
Top 10 PAE by Zone			MCO 1				Zone 1				Statewide			
Zone Rank	APR DRG	Description	PAE	PAE Dollars	2019 % of Total	2018 % of Total	PAE	PAE Dollars	2019 % of Total	2018 % of Total	PAE	PAE Dollars	2019 % of Total	2018 % of Total
1	0420	DIABETES	5	\$ 50	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
2	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	5	\$ 50	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
3	0139	OTHER PNEUMONIA	5	\$ 50	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
4	0194	HEART FAILURE	5	\$ 50	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
5	0141	ASTHMA	5	\$ 50	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
6	0463	KIDNEY & URINARY TRACT INFECTIONS	5	\$ 50	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
7	0199	HYPERTENSION	5	\$ 50	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
8	0192	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	5	\$ 50	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
9	0249	OTHER GASTROENTERITIS, NAUSEA & VOMITING	5	\$ 50	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
10	0305	AMPUTATION OF LOWER LIMB EXCEPT TOES	5	\$ 50	5.0%	5.0%	10	\$ 160,000	5.0%	5.0%	20	\$ 320,000	5.0%	5.0%
All Else			50	\$ 500	50.0%	50.0%	100	\$ 1,600,000	50.0%	50.0%	200	\$ 3,200,000	50.0%	50.0%
Total			100	\$ 1,000	100.0%	100.0%	200	\$ 3,200,000	100.0%	100.0%	400	\$ 6,400,000	100.0%	100.0%



Appendix E Template for Demonstration Only

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
MCO:	MCO 1

7. Admissions and Dollars by PDI (Pediatric)													
PDI #	PDI Description	MCO 1				Zone 1				Statewide			
		PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
14	Asthma Admission Rate	8	\$ 8,000	20.0%	20.0%	16	\$ 224,000	20.0%	20.0%	44	\$ 448,000	20.0%	20.0%
15	Diabetes Short-term Complications Admission Rate	8	\$ 8,000	20.0%	20.0%	16	\$ 224,000	20.0%	20.0%	44	\$ 448,000	20.0%	20.0%
16	Gastroenteritis Admission Rate	8	\$ 8,000	20.0%	20.0%	16	\$ 224,000	20.0%	20.0%	44	\$ 448,000	20.0%	20.0%
17	Perforated Appendix Admission Rate	8	\$ 8,000	20.0%	20.0%	16	\$ 224,000	20.0%	20.0%	44	\$ 448,000	20.0%	20.0%
18	Urinary Tract Infection Admission Rate	8	\$ 8,000	20.0%	20.0%	16	\$ 224,000	20.0%	20.0%	44	\$ 448,000	20.0%	20.0%
Total		40	\$ 40,000	100.0%	100.0%	80	\$ 1,120,000	100.0%	100.0%	220	\$ 2,240,000	100.0%	100.0%



Appendix E Template for Demonstration Only

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
MCO:	MCO 1

8. Admissions and Dollars by PQI (Adult)

PQI #	PQI Description	MCO 1				Zone 1				Statewide			
		PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	Diabetes Short-term Complications Admissions Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
2	Perforated Appendix Admission Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
3	Diabetes Long-term Complications Admission Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
5	COPD or Asthma in Older Adults Admission Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
7	Hypertension Admission Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
8	Heart Failure Admission Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
10	Dehydration Admission Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
11	Bacterial Pneumonia Admission Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
12	Urinary Tract Infection Admission Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
14	Uncontrolled Diabetes Admission Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
15	Asthma in Younger Adults Admission Rate	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
16	Rate of Lower-Extremity Amputation Diabetes	5	\$ 5,000	8.3%	8.3%	10	\$ 173,333	8.3%	8.3%	15	\$ 346,667	8.3%	8.3%
Total		60	\$ 60,000	100.0%	100.0%	120	\$ 2,080,000	100.0%	100.0%	180	\$ 4,160,000	100.0%	100.0%

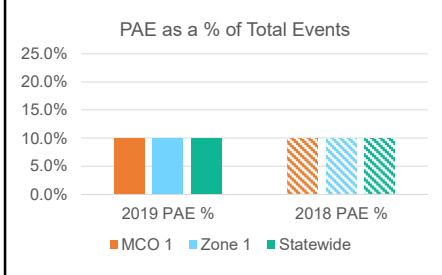
PAE Distribution %



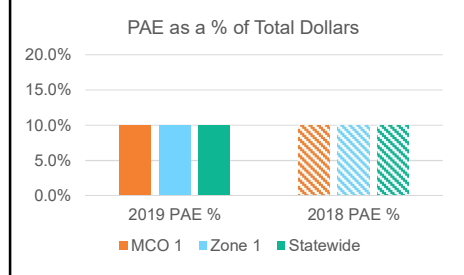
Appendix E Template for Demonstration Only

PAE Analysis:	Potentially Avoidable Visits
Program Type:	Managed Care
Service Dates:	January 1, 2019 - December 31, 2019
MCO:	MCO 1

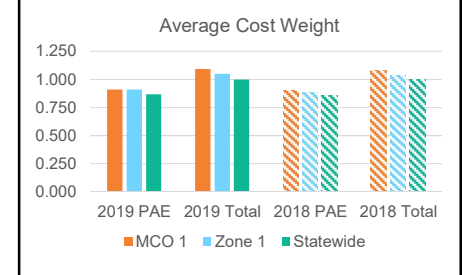
1. Total Events			
	MCO 1	Zone 1	Statewide
2019 PAE	6,000	12,000	24,000
2019 Total	60,000	120,000	240,000
2019 PAE %	10.0%	10.0%	10.0%
2018 PAE %	10.0%	10.0%	10.0%



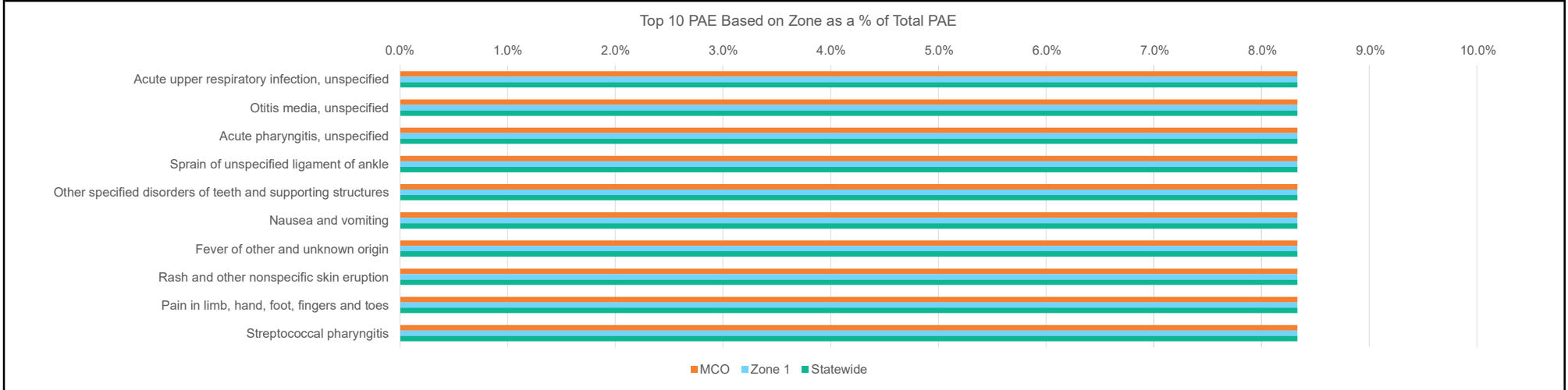
2. Total Dollars			
	MCO 1	Zone 1	Statewide
2019 PAE	\$ 96,000,000	\$ 192,000,000	\$ 384,000,000
2019 Total	\$ 960,000,000	\$ 1,920,000,000	\$ 3,840,000,000
2019 PAE %	10.0%	10.0%	10.0%
2018 PAE %	10.0%	10.0%	10.0%



3. Emergency Department Cost Weights			
	MCO 1	Zone 1	Statewide
2019 PAE	0.912	0.909	0.866
2019 Total	1.093	1.049	1.000
2018 PAE	0.905	0.884	0.859
2018 Total	1.080	1.037	1.000



4. Events and Dollars by Top 10 Diagnosis Code														
Top 10 PAE by Zone			MCO				Zone 1				Statewide			
Zone Rank	ICD-10 Designation	Description	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE	PAE	PAE Dollars	2019 % of Total PAE	2018 % of Total PAE
1	J06.9	Acute upper respiratory infection, unspecified	500	\$ 4,800,000	8.3%	8.3%	1,000	\$ 16,000,000	8.3%	8.3%	2,000	\$ 32,000,000	8.3%	8.3%
2	H66.9	Otitis media, unspecified	500	\$ 4,800,000	8.3%	8.3%	1,000	\$ 16,000,000	8.3%	8.3%	2,000	\$ 32,000,000	8.3%	8.3%
3	J02.9	Acute pharyngitis, unspecified	500	\$ 4,800,000	8.3%	8.3%	1,000	\$ 16,000,000	8.3%	8.3%	2,000	\$ 32,000,000	8.3%	8.3%
4	S93.40	Sprain of unspecified ligament of ankle	500	\$ 4,800,000	8.3%	8.3%	1,000	\$ 16,000,000	8.3%	8.3%	2,000	\$ 32,000,000	8.3%	8.3%
5	K08.8	Other specified disorders of teeth and supporting structures	500	\$ 4,800,000	8.3%	8.3%	1,000	\$ 16,000,000	8.3%	8.3%	2,000	\$ 32,000,000	8.3%	8.3%
6	R11	Nausea and vomiting	500	\$ 4,800,000	8.3%	8.3%	1,000	\$ 16,000,000	8.3%	8.3%	2,000	\$ 32,000,000	8.3%	8.3%
7	R50	Fever of other and unknown origin	500	\$ 4,800,000	8.3%	8.3%	1,000	\$ 16,000,000	8.3%	8.3%	2,000	\$ 32,000,000	8.3%	8.3%
8	R21	Rash and other nonspecific skin eruption	500	\$ 4,800,000	8.3%	8.3%	1,000	\$ 16,000,000	8.3%	8.3%	2,000	\$ 32,000,000	8.3%	8.3%
9	M79.6	Pain in limb, hand, foot, fingers and toes	500	\$ 4,800,000	8.3%	8.3%	1,000	\$ 16,000,000	8.3%	8.3%	2,000	\$ 32,000,000	8.3%	8.3%
10	J02.0	Streptococcal pharyngitis	500	\$ 4,800,000	8.3%	8.3%	1,000	\$ 16,000,000	8.3%	8.3%	2,000	\$ 32,000,000	8.3%	8.3%
		All Else	1,000	\$ 48,000,000	16.7%	16.7%	2,000	\$ 32,000,000	16.7%	16.7%	4,000	\$ 64,000,000	16.7%	16.7%
		Total	6,000	\$ 96,000,000	100.0%	100.0%	12,000	\$ 192,000,000	100.0%	100.0%	24,000	\$ 384,000,000	100.0%	100.0%



Appendix F

Low Acuity Non-Emergent ICD-10 Diagnosis Code List

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
A05.9	A05.9	Bacterial foodborne intoxication, unspecified
A09.	A09	Infectious gastroenteritis and colitis, unspecified
A54	A54.00	Gonococcal infection
A54	A54.02	Gonococcal infection
A54	A54.09	Gonococcal infection
A54	A54.1	Gonococcal infection
A56.11	A56.11	Chlamydial female pelvic inflammatory disease
A59.01	A59.01	Trichomonal vulvovaginitis
A60	A60.00	Anogenital herpesviral [herpes simplex] infections
A60	A60.04	Anogenital herpesviral [herpes simplex] infections
A60	A60.9	Anogenital herpesviral [herpes simplex] infections
A64.	A64	Unspecified sexually transmitted disease
B00	B00.2	Herpesviral [herpes simplex] infections
B00	B00.9	Herpesviral [herpes simplex] infections
B01.9	B01.9	Varicella without complication
B02.9	B02.9	Zoster without complications
B07	B07.0	Viral warts
B07	B07.9	Viral warts
B08.1	B08.1	Molluscum contagiosum
B08.4	B08.4	Enteroviral vesicular stomatitis with exanthem
B08.5	B08.5	Enteroviral vesicular pharyngitis
B09.	B09	Unspecified viral infection characterized by skin and mucous membrane lesions
B27	B27.80	Infectious mononucleosis
B27	B27.81	Infectious mononucleosis
B27	B27.89	Infectious mononucleosis
B27	B27.90	Infectious mononucleosis
B27	B27.91	Infectious mononucleosis
B27	B27.99	Infectious mononucleosis
B33	B33.24	Other viral diseases, not elsewhere classified
B33	B33.8	Other viral diseases, not elsewhere classified
B35	B35.0	Dermatophytosis
B35	B35.4	Dermatophytosis
B35	B35.5	Dermatophytosis
B37	B37.0	Candidiasis
B37	B37.3	Candidiasis
B37	B37.83	Candidiasis
B37	B37.9	Candidiasis
B86.	B86	Scabies
B97.10	B97.10	Unspecified enterovirus as the cause of diseases classified elsewhere
B97.11	B97.11	Coxsackievirus as the cause of diseases classified elsewhere
B97.4	B97.4	Respiratory syncytial virus as the cause of diseases classified elsewhere
B97.89	B97.89	Other viral agents as the cause of diseases classified elsewhere
E08.638	E08.638	Diabetes mellitus due to underlying condition with other oral complications
E09.638	E09.638	Drug or chemical induced diabetes mellitus with other oral complications
E10.10	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.3*	E10.311	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.319	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.321	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3211	Type 1 diabetes mellitus with ophthalmic complications

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
E10.3*	E10.3212	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3213	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3219	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.329	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3291	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3292	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3293	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3299	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.331	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3311	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3312	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3313	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3319	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.339	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3391	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3392	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3393	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3399	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.341	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3411	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3412	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3413	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3419	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.349	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3491	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3492	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3493	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3499	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.351	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3511	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3512	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3513	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3519	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.359	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3591	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3592	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3593	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.3599	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.36	Type 1 diabetes mellitus with ophthalmic complications
E10.3*	E10.39	Type 1 diabetes mellitus with ophthalmic complications
E10.5*	E10.51	Type 1 diabetes mellitus with circulatory complications
E10.5*	E10.52	Type 1 diabetes mellitus with circulatory complications
E10.5*	E10.59	Type 1 diabetes mellitus with circulatory complications
E10.6*	E10.618	Type 1 diabetes mellitus with other specified complications
E10.6*	E10.620	Type 1 diabetes mellitus with other specified complications
E10.6*	E10.621	Type 1 diabetes mellitus with other specified complications
E10.6*	E10.622	Type 1 diabetes mellitus with other specified complications
E10.6*	E10.628	Type 1 diabetes mellitus with other specified complications
E10.6*	E10.630	Type 1 diabetes mellitus with other specified complications

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
E10.6*	E10.638	Type 1 diabetes mellitus with other specified complications
E10.6*	E10.649	Type 1 diabetes mellitus with other specified complications
E10.6*	E10.65	Type 1 diabetes mellitus with other specified complications
E10.6*	E10.69	Type 1 diabetes mellitus with other specified complications
E10.8	E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	E10.9	Type 1 diabetes mellitus without complications
E11.0*	E11.00	Type 2 diabetes mellitus with hyperosmolarity
E11.0*	E11.01	Type 2 diabetes mellitus with hyperosmolarity
E11.3*	E11.311	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.319	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.321	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3211	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3212	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3213	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3219	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.329	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3291	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3292	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3293	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3299	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.331	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3311	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3312	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3313	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3319	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.339	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3391	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3392	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3393	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3399	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.341	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3411	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3412	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3413	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3419	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.349	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3491	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3492	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3493	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3499	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.351	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3511	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3512	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3513	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3519	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.359	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3591	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3592	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.3593	Type 2 diabetes mellitus with ophthalmic complications

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
E11.3*	E11.3599	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.36	Type 2 diabetes mellitus with ophthalmic complications
E11.3*	E11.39	Type 2 diabetes mellitus with ophthalmic complications
E11.5*	E11.51	Type 2 diabetes mellitus with circulatory complications
E11.5*	E11.52	Type 2 diabetes mellitus with circulatory complications
E11.5*	E11.59	Type 2 diabetes mellitus with circulatory complications
E11.6*	E11.618	Type 2 diabetes mellitus with other specified complications
E11.6*	E11.620	Type 2 diabetes mellitus with other specified complications
E11.6*	E11.621	Type 2 diabetes mellitus with other specified complications
E11.6*	E11.622	Type 2 diabetes mellitus with other specified complications
E11.6*	E11.628	Type 2 diabetes mellitus with other specified complications
E11.6*	E11.630	Type 2 diabetes mellitus with other specified complications
E11.6*	E11.638	Type 2 diabetes mellitus with other specified complications
E11.6*	E11.649	Type 2 diabetes mellitus with other specified complications
E11.6*	E11.65	Type 2 diabetes mellitus with other specified complications
E11.6*	E11.69	Type 2 diabetes mellitus with other specified complications
E11.8	E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	E11.9	Type 2 diabetes mellitus without complications
E13.0*	E13.00	Other specified diabetes mellitus with hyperosmolarity
E13.0*	E13.01	Other specified diabetes mellitus with hyperosmolarity
E13.10	E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.3*	E13.311	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.319	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.321	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3211	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3212	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3213	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3219	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.329	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3291	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3292	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3293	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3299	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.331	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3311	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3312	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3313	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3319	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.339	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3391	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3392	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3393	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3399	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.341	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3411	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3412	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3413	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3419	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.349	Other specified diabetes mellitus with ophthalmic complications

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
E13.3*	E13.3491	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3492	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3493	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3499	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.351	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3511	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3512	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3513	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3519	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.359	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3591	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3592	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3593	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.3599	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.36	Other specified diabetes mellitus with ophthalmic complications
E13.3*	E13.39	Other specified diabetes mellitus with ophthalmic complications
E13.5*	E13.51	Other specified diabetes mellitus with circulatory complications
E13.5*	E13.52	Other specified diabetes mellitus with circulatory complications
E13.5*	E13.59	Other specified diabetes mellitus with circulatory complications
E13.6*	E13.618	Other specified diabetes mellitus with other specified complications
E13.6*	E13.620	Other specified diabetes mellitus with other specified complications
E13.6*	E13.621	Other specified diabetes mellitus with other specified complications
E13.6*	E13.622	Other specified diabetes mellitus with other specified complications
E13.6*	E13.628	Other specified diabetes mellitus with other specified complications
E13.6*	E13.630	Other specified diabetes mellitus with other specified complications
E13.6*	E13.638	Other specified diabetes mellitus with other specified complications
E13.6*	E13.649	Other specified diabetes mellitus with other specified complications
E13.6*	E13.65	Other specified diabetes mellitus with other specified complications
E13.6*	E13.69	Other specified diabetes mellitus with other specified complications
E13.8	E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	E13.9	Other specified diabetes mellitus without complications
E16.2	E16.2	Hypoglycemia, unspecified
E86.0	E86.0	Dehydration
E87.6	E87.6	Hypokalemia
F11	F11.20	Opioid related disorders
F11	F11.220	Opioid related disorders
F11	F11.221	Opioid related disorders
F11	F11.222	Opioid related disorders
F11	F11.229	Opioid related disorders
F11	F11.23	Opioid related disorders
F11	F11.24	Opioid related disorders
F11	F11.250	Opioid related disorders
F11	F11.251	Opioid related disorders
F11	F11.259	Opioid related disorders
F11	F11.281	Opioid related disorders
F11	F11.282	Opioid related disorders
F11	F11.288	Opioid related disorders
F11	F11.29	Opioid related disorders
F32.9	F32.9	Major depressive disorder, single episode, unspecified

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
F41	F41.0	Other anxiety disorders
F41	F41.9	Other anxiety disorders
F43	F43.20	Reaction to severe stress, and adjustment disorders
F43	F43.9	Reaction to severe stress, and adjustment disorders
F45.41	F45.41	Pain disorder exclusively related to psychological factors
F45.42	F45.42	Pain disorder with related psychological factors
F50.0*	F50.00	Anorexia nervosa
F50.0*	F50.01	Anorexia nervosa
F50.0*	F50.02	Anorexia nervosa
F50.2	F50.2	Bulimia nervosa
F50.8*	F50.8	Other eating disorders
F50.8*	F50.81	Other eating disorders
F50.8*	F50.82	Other eating disorders
F50.8*	F50.89	Other eating disorders
F50.9	F50.9	Eating disorder, unspecified
F51.0*	F51.01	Insomnia not due to a substance or known physiological condition
F51.0*	F51.02	Insomnia not due to a substance or known physiological condition
F51.0*	F51.03	Insomnia not due to a substance or known physiological condition
F51.0*	F51.09	Insomnia not due to a substance or known physiological condition
F51.0*	F51.19	Insomnia not due to a substance or known physiological condition
F51.3	F51.3	Sleepwalking [somnambulism]
F51.4	F51.4	Sleep terrors [night terrors]
F51.5	F51.5	Nightmare disorder
F51.8	F51.8	Other sleep disorders not due to a substance or known physiological condition
F51.9	F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
F95.2	F95.2	Tourette's disorder
F95.8	F95.8	Other tic disorders
F95.9	F95.9	Tic disorder, unspecified
F98.29	F98.29	Other feeding disorders of infancy and early childhood
F98.3	F98.3	Pica of infancy and childhood
F98.5	F98.5	Adult onset fluency disorder
G43	G43.009	Migraine
G43	G43.109	Migraine
G43	G43.119	Migraine
G43	G43.809	Migraine
G43	G43.909	Migraine
G43	G43.919	Migraine
G43	G43.A0	Migraine
G43	G43.B0	Migraine
G43	G43.C0	Migraine
G43	G43.D0	Migraine
G44.1	G44.1	Vascular headache, not elsewhere classified
G44.209	G44.209	Tension-type headache, unspecified, not intractable
G51.0	G51.0	Bell's palsy
G56.0*	G56.00	Carpal tunnel syndrome
G56.0*	G56.01	Carpal tunnel syndrome
G56.0*	G56.02	Carpal tunnel syndrome
G56.2*	G56.20	Lesion of ulnar nerve
G56.2*	G56.21	Lesion of ulnar nerve

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
G56.2*	G56.22	Lesion of ulnar nerve
G56.3*	G56.30	Lesion of radial nerve
G56.3*	G56.31	Lesion of radial nerve
G56.3*	G56.32	Lesion of radial nerve
G56.4*	G56.40	Causalgia of upper limb
G56.4*	G56.41	Causalgia of upper limb
G56.4*	G56.42	Causalgia of upper limb
G56.9*	G56.90	Unspecified mononeuropathy of upper limb
G56.9*	G56.91	Unspecified mononeuropathy of upper limb
G56.9*	G56.92	Unspecified mononeuropathy of upper limb
G60.9	G60.9	Hereditary and idiopathic neuropathy, unspecified
G89.18	G89.18	Other acute postprocedural pain
G89.29	G89.29	Other chronic pain
G93.3	G93.3	Postviral fatigue syndrome
H00.01*	H00.011	Hordeolum externum
H00.01*	H00.012	Hordeolum externum
H00.01*	H00.013	Hordeolum externum
H00.01*	H00.014	Hordeolum externum
H00.01*	H00.015	Hordeolum externum
H00.01*	H00.016	Hordeolum externum
H00.01*	H00.019	Hordeolum externum
H00.03*	H00.031	Abscess of eyelid
H00.03*	H00.032	Abscess of eyelid
H00.03*	H00.033	Abscess of eyelid
H00.03*	H00.034	Abscess of eyelid
H00.03*	H00.035	Abscess of eyelid
H00.03*	H00.036	Abscess of eyelid
H00.03*	H00.039	Abscess of eyelid
H00.1*	H00.11	Chalazion
H00.1*	H00.12	Chalazion
H00.1*	H00.13	Chalazion
H00.1*	H00.14	Chalazion
H00.1*	H00.15	Chalazion
H00.1*	H00.16	Chalazion
H00.1*	H00.19	Chalazion
H01	H01.001	Other inflammation of eyelid
H01	H01.002	Other inflammation of eyelid
H01	H01.003	Other inflammation of eyelid
H01	H01.004	Other inflammation of eyelid
H01	H01.005	Other inflammation of eyelid
H01	H01.006	Other inflammation of eyelid
H01	H01.009	Other inflammation of eyelid
H10.0*	H10.011	Mucopurulent conjunctivitis
H10.0*	H10.012	Mucopurulent conjunctivitis
H10.0*	H10.013	Mucopurulent conjunctivitis
H10.0*	H10.019	Mucopurulent conjunctivitis
H10.0*	H10.021	Mucopurulent conjunctivitis
H10.0*	H10.022	Mucopurulent conjunctivitis
H10.0*	H10.023	Mucopurulent conjunctivitis

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
H10.0*	H10.029	Mucopurulent conjunctivitis
H10.1*	H10.10	Acute atopic conjunctivitis
H10.1*	H10.11	Acute atopic conjunctivitis
H10.1*	H10.12	Acute atopic conjunctivitis
H10.1*	H10.13	Acute atopic conjunctivitis
H10.2*	H10.231	Other acute conjunctivitis
H10.2*	H10.232	Other acute conjunctivitis
H10.2*	H10.233	Other acute conjunctivitis
H10.2*	H10.239	Other acute conjunctivitis
H10.3*	H10.30	Unspecified acute conjunctivitis
H10.3*	H10.31	Unspecified acute conjunctivitis
H10.3*	H10.32	Unspecified acute conjunctivitis
H10.3*	H10.33	Unspecified acute conjunctivitis
H10.4*	H10.401	Chronic conjunctivitis
H10.4*	H10.402	Chronic conjunctivitis
H10.4*	H10.403	Chronic conjunctivitis
H10.4*	H10.409	Chronic conjunctivitis
H10.4*	H10.411	Chronic conjunctivitis
H10.4*	H10.412	Chronic conjunctivitis
H10.4*	H10.413	Chronic conjunctivitis
H10.4*	H10.419	Chronic conjunctivitis
H10.4*	H10.45	Chronic conjunctivitis
H10.5*	H10.501	Blepharoconjunctivitis
H10.5*	H10.502	Blepharoconjunctivitis
H10.5*	H10.503	Blepharoconjunctivitis
H10.5*	H10.509	Blepharoconjunctivitis
H10.5*	H10.511	Blepharoconjunctivitis
H10.5*	H10.512	Blepharoconjunctivitis
H10.5*	H10.513	Blepharoconjunctivitis
H10.5*	H10.519	Blepharoconjunctivitis
H10.89	H10.89	Other conjunctivitis
H10.9	H10.9	Unspecified conjunctivitis
H11.0*	H11.001	Pterygium of eye
H11.0*	H11.002	Pterygium of eye
H11.0*	H11.003	Pterygium of eye
H11.0*	H11.009	Pterygium of eye
H11.0*	H11.011	Pterygium of eye
H11.0*	H11.012	Pterygium of eye
H11.0*	H11.013	Pterygium of eye
H11.0*	H11.019	Pterygium of eye
H11.0*	H11.041	Pterygium of eye
H11.0*	H11.042	Pterygium of eye
H11.0*	H11.043	Pterygium of eye
H11.0*	H11.049	Pterygium of eye
H11.10	H11.10	Unspecified conjunctival degenerations
H11.15*	H11.151	Pinguecula
H11.15*	H11.152	Pinguecula
H11.15*	H11.153	Pinguecula
H11.15*	H11.159	Pinguecula

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
H11.22*	H11.221	Conjunctival granuloma
H11.22*	H11.222	Conjunctival granuloma
H11.22*	H11.223	Conjunctival granuloma
H11.22*	H11.229	Conjunctival granuloma
H11.3*	H11.30	Conjunctival hemorrhage
H11.3*	H11.31	Conjunctival hemorrhage
H11.3*	H11.32	Conjunctival hemorrhage
H11.3*	H11.33	Conjunctival hemorrhage
H11.41*	H11.411	Vascular abnormalities of conjunctiva
H11.41*	H11.412	Vascular abnormalities of conjunctiva
H11.41*	H11.413	Vascular abnormalities of conjunctiva
H11.41*	H11.419	Vascular abnormalities of conjunctiva
H11.42*	H11.421	Conjunctival edema
H11.42*	H11.422	Conjunctival edema
H11.42*	H11.423	Conjunctival edema
H11.42*	H11.429	Conjunctival edema
H11.43*	H11.431	Conjunctival hyperemia
H11.43*	H11.432	Conjunctival hyperemia
H11.43*	H11.433	Conjunctival hyperemia
H11.43*	H11.439	Conjunctival hyperemia
H11.89	H11.89	Other specified disorders of conjunctiva
H11.9	H11.9	Unspecified disorder of conjunctiva
H57.1*	H57.10	Ocular pain
H57.1*	H57.11	Ocular pain
H57.1*	H57.12	Ocular pain
H57.1*	H57.13	Ocular pain
H57.8*	H57.8	Other specified disorders of eye and adnexa
H57.8*	H57.811	Other specified disorders of eye and adnexa
H57.8*	H57.812	Other specified disorders of eye and adnexa
H57.8*	H57.813	Other specified disorders of eye and adnexa
H57.8*	H57.819	Other specified disorders of eye and adnexa
H57.8*	H57.89	Other specified disorders of eye and adnexa
H60	H60.00	Otitis externa
H60	H60.01	Otitis externa
H60	H60.02	Otitis externa
H60	H60.03	Otitis externa
H60	H60.10	Otitis externa
H60	H60.11	Otitis externa
H60	H60.12	Otitis externa
H60	H60.13	Otitis externa
H60	H60.20	Otitis externa
H60	H60.21	Otitis externa
H60	H60.22	Otitis externa
H60	H60.23	Otitis externa
H60	H60.311	Otitis externa
H60	H60.312	Otitis externa
H60	H60.313	Otitis externa
H60	H60.319	Otitis externa
H60	H60.321	Otitis externa

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
H60	H60.322	Otitis externa
H60	H60.323	Otitis externa
H60	H60.329	Otitis externa
H60	H60.331	Otitis externa
H60	H60.332	Otitis externa
H60	H60.333	Otitis externa
H60	H60.339	Otitis externa
H60	H60.391	Otitis externa
H60	H60.392	Otitis externa
H60	H60.393	Otitis externa
H60	H60.399	Otitis externa
H60	H60.501	Otitis externa
H60	H60.502	Otitis externa
H60	H60.503	Otitis externa
H60	H60.509	Otitis externa
H60	H60.511	Otitis externa
H60	H60.512	Otitis externa
H60	H60.513	Otitis externa
H60	H60.519	Otitis externa
H60	H60.521	Otitis externa
H60	H60.522	Otitis externa
H60	H60.523	Otitis externa
H60	H60.529	Otitis externa
H60	H60.531	Otitis externa
H60	H60.532	Otitis externa
H60	H60.533	Otitis externa
H60	H60.539	Otitis externa
H60	H60.541	Otitis externa
H60	H60.542	Otitis externa
H60	H60.543	Otitis externa
H60	H60.549	Otitis externa
H60	H60.551	Otitis externa
H60	H60.552	Otitis externa
H60	H60.553	Otitis externa
H60	H60.559	Otitis externa
H60	H60.591	Otitis externa
H60	H60.592	Otitis externa
H60	H60.593	Otitis externa
H60	H60.599	Otitis externa
H60	H60.60	Otitis externa
H60	H60.61	Otitis externa
H60	H60.62	Otitis externa
H60	H60.63	Otitis externa
H60	H60.8X1	Otitis externa
H60	H60.8X2	Otitis externa
H60	H60.8X3	Otitis externa
H60	H60.8X9	Otitis externa
H60	H60.90	Otitis externa
H60	H60.91	Otitis externa

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
H60	H60.92	Otitis externa
H60	H60.93	Otitis externa
H61.00*	H61.001	Unspecified perichondritis of external ear
H61.00*	H61.002	Unspecified perichondritis of external ear
H61.00*	H61.003	Unspecified perichondritis of external ear
H61.00*	H61.009	Unspecified perichondritis of external ear
H61.01*	H61.011	Acute perichondritis of external ear
H61.01*	H61.012	Acute perichondritis of external ear
H61.01*	H61.013	Acute perichondritis of external ear
H61.01*	H61.019	Acute perichondritis of external ear
H61.02*	H61.021	Chronic perichondritis of external ear
H61.02*	H61.022	Chronic perichondritis of external ear
H61.02*	H61.023	Chronic perichondritis of external ear
H61.02*	H61.029	Chronic perichondritis of external ear
H61.1*	H61.101	Noninfective disorders of pinna
H61.1*	H61.102	Noninfective disorders of pinna
H61.1*	H61.103	Noninfective disorders of pinna
H61.1*	H61.109	Noninfective disorders of pinna
H61.1*	H61.191	Noninfective disorders of pinna
H61.1*	H61.192	Noninfective disorders of pinna
H61.1*	H61.193	Noninfective disorders of pinna
H61.1*	H61.199	Noninfective disorders of pinna
H61.2*	H61.20	Impacted cerumen
H61.2*	H61.21	Impacted cerumen
H61.2*	H61.22	Impacted cerumen
H61.2*	H61.23	Impacted cerumen
H61.8*	H61.891	Other specified disorders of external ear
H61.8*	H61.892	Other specified disorders of external ear
H61.8*	H61.893	Other specified disorders of external ear
H61.8*	H61.899	Other specified disorders of external ear
H61.9*	H61.90	Disorder of external ear, unspecified
H61.9*	H61.91	Disorder of external ear, unspecified
H61.9*	H61.92	Disorder of external ear, unspecified
H61.9*	H61.93	Disorder of external ear, unspecified
H62	H62.40	Disorders of external ear in diseases classified elsewhere
H62	H62.41	Disorders of external ear in diseases classified elsewhere
H62	H62.42	Disorders of external ear in diseases classified elsewhere
H62	H62.43	Disorders of external ear in diseases classified elsewhere
H62	H62.8X1	Disorders of external ear in diseases classified elsewhere
H62	H62.8X2	Disorders of external ear in diseases classified elsewhere
H62	H62.8X3	Disorders of external ear in diseases classified elsewhere
H62	H62.8X9	Disorders of external ear in diseases classified elsewhere
H65.0*	H65.00	Acute serous otitis media
H65.0*	H65.01	Acute serous otitis media
H65.0*	H65.02	Acute serous otitis media
H65.0*	H65.03	Acute serous otitis media
H65.0*	H65.04	Acute serous otitis media
H65.0*	H65.05	Acute serous otitis media
H65.0*	H65.06	Acute serous otitis media

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
H65.0*	H65.07	Acute serous otitis media
H65.1*	H65.111	Other acute nonsuppurative otitis media
H65.1*	H65.112	Other acute nonsuppurative otitis media
H65.1*	H65.113	Other acute nonsuppurative otitis media
H65.1*	H65.114	Other acute nonsuppurative otitis media
H65.1*	H65.115	Other acute nonsuppurative otitis media
H65.1*	H65.116	Other acute nonsuppurative otitis media
H65.1*	H65.117	Other acute nonsuppurative otitis media
H65.1*	H65.119	Other acute nonsuppurative otitis media
H65.1*	H65.191	Other acute nonsuppurative otitis media
H65.1*	H65.192	Other acute nonsuppurative otitis media
H65.1*	H65.193	Other acute nonsuppurative otitis media
H65.1*	H65.194	Other acute nonsuppurative otitis media
H65.1*	H65.195	Other acute nonsuppurative otitis media
H65.1*	H65.196	Other acute nonsuppurative otitis media
H65.1*	H65.197	Other acute nonsuppurative otitis media
H65.1*	H65.199	Other acute nonsuppurative otitis media
H65.2*	H65.20	Chronic serous otitis media
H65.2*	H65.21	Chronic serous otitis media
H65.2*	H65.22	Chronic serous otitis media
H65.2*	H65.23	Chronic serous otitis media
H65.4*	H65.411	Other chronic nonsuppurative otitis media
H65.4*	H65.412	Other chronic nonsuppurative otitis media
H65.4*	H65.413	Other chronic nonsuppurative otitis media
H65.4*	H65.419	Other chronic nonsuppurative otitis media
H65.4*	H65.491	Other chronic nonsuppurative otitis media
H65.4*	H65.492	Other chronic nonsuppurative otitis media
H65.4*	H65.493	Other chronic nonsuppurative otitis media
H65.4*	H65.499	Other chronic nonsuppurative otitis media
H65.9*	H65.90	Unspecified nonsuppurative otitis media
H65.9*	H65.91	Unspecified nonsuppurative otitis media
H65.9*	H65.92	Unspecified nonsuppurative otitis media
H65.9*	H65.93	Unspecified nonsuppurative otitis media
H66.0*	H66.001	Acute suppurative otitis media
H66.0*	H66.002	Acute suppurative otitis media
H66.0*	H66.003	Acute suppurative otitis media
H66.0*	H66.004	Acute suppurative otitis media
H66.0*	H66.005	Acute suppurative otitis media
H66.0*	H66.006	Acute suppurative otitis media
H66.0*	H66.007	Acute suppurative otitis media
H66.0*	H66.009	Acute suppurative otitis media
H66.0*	H66.011	Acute suppurative otitis media
H66.0*	H66.012	Acute suppurative otitis media
H66.0*	H66.013	Acute suppurative otitis media
H66.0*	H66.014	Acute suppurative otitis media
H66.0*	H66.015	Acute suppurative otitis media
H66.0*	H66.016	Acute suppurative otitis media
H66.0*	H66.017	Acute suppurative otitis media
H66.0*	H66.019	Acute suppurative otitis media

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
H66.1*	H66.10	Chronic tubotympanic suppurative otitis media
H66.1*	H66.11	Chronic tubotympanic suppurative otitis media
H66.1*	H66.12	Chronic tubotympanic suppurative otitis media
H66.1*	H66.13	Chronic tubotympanic suppurative otitis media
H66.2*	H66.20	Chronic atticoantral suppurative otitis media
H66.2*	H66.21	Chronic atticoantral suppurative otitis media
H66.2*	H66.22	Chronic atticoantral suppurative otitis media
H66.2*	H66.23	Chronic atticoantral suppurative otitis media
H66.3*	H66.3X1	Other chronic suppurative otitis media
H66.3*	H66.3X2	Other chronic suppurative otitis media
H66.3*	H66.3X3	Other chronic suppurative otitis media
H66.3*	H66.3X9	Other chronic suppurative otitis media
H66.4*	H66.40	Suppurative otitis media, unspecified
H66.4*	H66.41	Suppurative otitis media, unspecified
H66.4*	H66.42	Suppurative otitis media, unspecified
H66.4*	H66.43	Suppurative otitis media, unspecified
H66.9*	H66.90	Otitis media, unspecified
H66.9*	H66.91	Otitis media, unspecified
H66.9*	H66.92	Otitis media, unspecified
H66.9*	H66.93	Otitis media, unspecified
H68	H68.101	Eustachian salpingitis and obstruction
H68	H68.102	Eustachian salpingitis and obstruction
H68	H68.103	Eustachian salpingitis and obstruction
H68	H68.109	Eustachian salpingitis and obstruction
H69	H69.80	Other and unspecified disorders of Eustachian tube
H69	H69.81	Other and unspecified disorders of Eustachian tube
H69	H69.82	Other and unspecified disorders of Eustachian tube
H69	H69.83	Other and unspecified disorders of Eustachian tube
H72	H72.90	Perforation of tympanic membrane
H72	H72.91	Perforation of tympanic membrane
H72	H72.92	Perforation of tympanic membrane
H72	H72.93	Perforation of tympanic membrane
H83	H83.3X1	Other diseases of inner ear
H83	H83.3X2	Other diseases of inner ear
H83	H83.3X3	Other diseases of inner ear
H83	H83.3X9	Other diseases of inner ear
H91	H91.20	Other and unspecified hearing loss
H91	H91.21	Other and unspecified hearing loss
H91	H91.22	Other and unspecified hearing loss
H91	H91.23	Other and unspecified hearing loss
H92.0*	H92.01	Otalgia
H92.0*	H92.02	Otalgia
H92.0*	H92.03	Otalgia
H92.0*	H92.09	Otalgia
H92.1*	H92.10	Otorrhea
H92.1*	H92.11	Otorrhea
H92.1*	H92.12	Otorrhea
H92.1*	H92.13	Otorrhea
H92.2*	H92.20	Otorrhagia

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
H92.2*	H92.21	Otorrhagia
H92.2*	H92.22	Otorrhagia
H92.2*	H92.23	Otorrhagia
H93.1*	H93.11	Tinnitus
H93.1*	H93.12	Tinnitus
H93.1*	H93.13	Tinnitus
H93.1*	H93.19	Tinnitus
H93.2*	H93.291	Other abnormal auditory perceptions
H93.2*	H93.292	Other abnormal auditory perceptions
H93.2*	H93.293	Other abnormal auditory perceptions
H93.2*	H93.299	Other abnormal auditory perceptions
H93.3*	H93.3X1	Disorders of acoustic nerve
H93.3*	H93.3X2	Disorders of acoustic nerve
H93.3*	H93.3X3	Disorders of acoustic nerve
H93.3*	H93.3X9	Disorders of acoustic nerve
H93.8*	H93.8X1	Other specified disorders of ear
H93.8*	H93.8X2	Other specified disorders of ear
H93.8*	H93.8X3	Other specified disorders of ear
H93.8*	H93.8X9	Other specified disorders of ear
H93.9*	H93.90	Unspecified disorder of ear
H93.9*	H93.91	Unspecified disorder of ear
H93.9*	H93.92	Unspecified disorder of ear
H93.9*	H93.93	Unspecified disorder of ear
H94	H94.80	Other disorders of ear in diseases classified elsewhere
H94	H94.81	Other disorders of ear in diseases classified elsewhere
H94	H94.82	Other disorders of ear in diseases classified elsewhere
H94	H94.83	Other disorders of ear in diseases classified elsewhere
I09.81	I09.81	Rheumatic heart failure
I10.	I10	Essential (primary) hypertension
I11.0	I11.0	Hypertensive heart disease with heart failure
I11.9	I11.9	Hypertensive heart disease without heart failure
I12.9	I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.2	I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I48	I48.0	Atrial fibrillation and flutter
I48	I48.2	Atrial fibrillation and flutter
I48	I48.91	Atrial fibrillation and flutter
I49.8	I49.8	Other specified cardiac arrhythmias
I50	I50.1	Heart failure
I50	I50.20	Heart failure
I50	I50.21	Heart failure
I50	I50.22	Heart failure
I50	I50.23	Heart failure
I50	I50.30	Heart failure
I50	I50.31	Heart failure
I50	I50.32	Heart failure
I50	I50.33	Heart failure
I50	I50.40	Heart failure

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
I50	I50.41	Heart failure
I50	I50.42	Heart failure
I50	I50.43	Heart failure
I50	I50.9	Heart failure
J00.	J00	Acute nasopharyngitis [common cold]
J01	J01.00	Acute sinusitis
J01	J01.01	Acute sinusitis
J01	J01.10	Acute sinusitis
J01	J01.11	Acute sinusitis
J01	J01.20	Acute sinusitis
J01	J01.21	Acute sinusitis
J01	J01.30	Acute sinusitis
J01	J01.31	Acute sinusitis
J01	J01.40	Acute sinusitis
J01	J01.41	Acute sinusitis
J01	J01.80	Acute sinusitis
J01	J01.81	Acute sinusitis
J01	J01.90	Acute sinusitis
J01	J01.91	Acute sinusitis
J02.0	J02.0	Streptococcal pharyngitis
J02.8	J02.8	Acute pharyngitis due to other specified organisms
J02.9	J02.9	Acute pharyngitis, unspecified
J03.0*	J03.00	Streptococcal tonsillitis
J03.0*	J03.01	Streptococcal tonsillitis
J03.8*	J03.80	Acute tonsillitis due to other specified organisms
J03.8*	J03.81	Acute tonsillitis due to other specified organisms
J03.9*	J03.90	Acute tonsillitis, unspecified
J03.9*	J03.91	Acute tonsillitis, unspecified
J04.0	J04.0	Acute laryngitis
J04.10	J04.10	Acute tracheitis without obstruction
J04.2	J04.2	Acute laryngotracheitis
J05.0	J05.0	Acute obstructive laryngitis [croup]
J06.0	J06.0	Acute laryngopharyngitis
J06.9	J06.9	Acute upper respiratory infection, unspecified
J14.	J14	Pneumonia due to Hemophilus influenzae
J15	J15.3	Bacterial pneumonia, not elsewhere classified
J15	J15.4	Bacterial pneumonia, not elsewhere classified
J15	J15.7	Bacterial pneumonia, not elsewhere classified
J15	J15.9	Bacterial pneumonia, not elsewhere classified
J16	J16.0	Pneumonia due to other infectious organisms, not elsewhere classified
J16	J16.8	Pneumonia due to other infectious organisms, not elsewhere classified
J18	J18.0	Pneumonia, unspecified organism
J18	J18.1	Pneumonia, unspecified organism
J18	J18.8	Pneumonia, unspecified organism
J18	J18.9	Pneumonia, unspecified organism
J20	J20.3	Acute bronchitis
J20	J20.5	Acute bronchitis
J20	J20.8	Acute bronchitis
J20	J20.9	Acute bronchitis

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
J21	J21.0	Acute bronchiolitis
J21	J21.8	Acute bronchiolitis
J21	J21.9	Acute bronchiolitis
J30	J30.0	Vasomotor and allergic rhinitis
J30	J30.1	Vasomotor and allergic rhinitis
J30	J30.2	Vasomotor and allergic rhinitis
J30	J30.5	Vasomotor and allergic rhinitis
J30	J30.81	Vasomotor and allergic rhinitis
J30	J30.89	Vasomotor and allergic rhinitis
J30	J30.9	Vasomotor and allergic rhinitis
J31.0	J31.0	Chronic rhinitis
J32	J32.0	Chronic sinusitis
J32	J32.1	Chronic sinusitis
J32	J32.2	Chronic sinusitis
J32	J32.3	Chronic sinusitis
J32	J32.4	Chronic sinusitis
J32	J32.8	Chronic sinusitis
J32	J32.9	Chronic sinusitis
J34	J34.0	Other and unspecified disorders of nose and nasal sinuses
J34	J34.1	Other and unspecified disorders of nose and nasal sinuses
J34	J34.89	Other and unspecified disorders of nose and nasal sinuses
J34	J34.9	Other and unspecified disorders of nose and nasal sinuses
J40.	J40	Bronchitis, not specified as acute or chronic
J41	J41.0	Simple and mucopurulent chronic bronchitis
J41	J41.1	Simple and mucopurulent chronic bronchitis
J41	J41.8	Simple and mucopurulent chronic bronchitis
J42.	J42	Unspecified chronic bronchitis
J43	J43.0	Emphysema
J43	J43.1	Emphysema
J43	J43.2	Emphysema
J43	J43.8	Emphysema
J43	J43.9	Emphysema
J44.0	J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
J44.1	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.9	J44.9	Chronic obstructive pulmonary disease, unspecified
J45.20	J45.20	Mild intermittent asthma, uncomplicated
J45.21	J45.21	Mild intermittent asthma with (acute) exacerbation
J45.22	J45.22	Mild intermittent asthma with status asthmaticus
J45.30	J45.30	Mild persistent asthma, uncomplicated
J45.31	J45.31	Mild persistent asthma with (acute) exacerbation
J45.32	J45.32	Mild persistent asthma with status asthmaticus
J45.40	J45.40	Moderate persistent asthma, uncomplicated
J45.41	J45.41	Moderate persistent asthma with (acute) exacerbation
J45.42	J45.42	Moderate persistent asthma with status asthmaticus
J45.50	J45.50	Severe persistent asthma, uncomplicated
J45.51	J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	J45.52	Severe persistent asthma with status asthmaticus
J45.901	J45.901	Unspecified asthma with (acute) exacerbation
J45.902	J45.902	Unspecified asthma with status asthmaticus

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
J45.909	J45.909	Unspecified asthma, uncomplicated
J45.990	J45.990	Exercise induced bronchospasm
J45.991	J45.991	Cough variant asthma
J45.998	J45.998	Other asthma
J47.0	J47.0	Bronchiectasis with acute lower respiratory infection
J47.1	J47.1	Bronchiectasis with (acute) exacerbation
J47.9	J47.9	Bronchiectasis, uncomplicated
J98.01	J98.01	Acute bronchospasm
K00.5	K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.6	K00.6	Disturbances in tooth eruption
K00.7	K00.7	Teething syndrome
K00.9	K00.9	Disorder of tooth development, unspecified
K01	K01.0	Embedded and impacted teeth
K01	K01.1	Embedded and impacted teeth
K02.9	K02.9	Dental caries, unspecified
K04.4	K04.4	Acute apical periodontitis of pulpal origin
K04.7	K04.7	Periapical abscess without sinus
K05.10	K05.10	Chronic gingivitis, plaque induced
K08.8*	K08.8	Other specified disorders of teeth and supporting structures
K08.8*	K08.81	Other specified disorders of teeth and supporting structures
K08.8*	K08.82	Other specified disorders of teeth and supporting structures
K08.8*	K08.89	Other specified disorders of teeth and supporting structures
K08.9	K08.9	Disorder of teeth and supporting structures, unspecified
K11	K11.20	Diseases of salivary glands
K11	K11.21	Diseases of salivary glands
K11	K11.22	Diseases of salivary glands
K11	K11.23	Diseases of salivary glands
K12	K12.0	Stomatitis and related lesions
K12	K12.2	Stomatitis and related lesions
K12	K12.30	Stomatitis and related lesions
K13	K13.1	Other diseases of lip and oral mucosa
K13	K13.4	Other diseases of lip and oral mucosa
K13	K13.6	Other diseases of lip and oral mucosa
K13	K13.70	Other diseases of lip and oral mucosa
K13	K13.79	Other diseases of lip and oral mucosa
K21.9	K21.9	Gastro-esophageal reflux disease without esophagitis
K40.90	K40.90	Unilateral inguinal hernia, without obstruction or gangrene, not specified as recurrent
K42.9	K42.9	Umbilical hernia without obstruction or gangrene
K50	K50.00	Crohn's disease [regional enteritis]
K50	K50.011	Crohn's disease [regional enteritis]
K50	K50.012	Crohn's disease [regional enteritis]
K50	K50.013	Crohn's disease [regional enteritis]
K50	K50.014	Crohn's disease [regional enteritis]
K50	K50.018	Crohn's disease [regional enteritis]
K50	K50.019	Crohn's disease [regional enteritis]
K50	K50.10	Crohn's disease [regional enteritis]
K50	K50.111	Crohn's disease [regional enteritis]
K50	K50.112	Crohn's disease [regional enteritis]
K50	K50.113	Crohn's disease [regional enteritis]

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
K50	K50.114	Crohn's disease [regional enteritis]
K50	K50.118	Crohn's disease [regional enteritis]
K50	K50.119	Crohn's disease [regional enteritis]
K50	K50.80	Crohn's disease [regional enteritis]
K50	K50.811	Crohn's disease [regional enteritis]
K50	K50.812	Crohn's disease [regional enteritis]
K50	K50.813	Crohn's disease [regional enteritis]
K50	K50.814	Crohn's disease [regional enteritis]
K50	K50.818	Crohn's disease [regional enteritis]
K50	K50.819	Crohn's disease [regional enteritis]
K50	K50.90	Crohn's disease [regional enteritis]
K50	K50.911	Crohn's disease [regional enteritis]
K50	K50.912	Crohn's disease [regional enteritis]
K50	K50.913	Crohn's disease [regional enteritis]
K50	K50.914	Crohn's disease [regional enteritis]
K50	K50.918	Crohn's disease [regional enteritis]
K50	K50.919	Crohn's disease [regional enteritis]
K51	K51.00	Ulcerative colitis
K51	K51.011	Ulcerative colitis
K51	K51.012	Ulcerative colitis
K51	K51.013	Ulcerative colitis
K51	K51.014	Ulcerative colitis
K51	K51.018	Ulcerative colitis
K51	K51.019	Ulcerative colitis
K51	K51.80	Ulcerative colitis
K51	K51.811	Ulcerative colitis
K51	K51.812	Ulcerative colitis
K51	K51.813	Ulcerative colitis
K51	K51.814	Ulcerative colitis
K51	K51.818	Ulcerative colitis
K51	K51.819	Ulcerative colitis
K51	K51.90	Ulcerative colitis
K51	K51.911	Ulcerative colitis
K51	K51.912	Ulcerative colitis
K51	K51.913	Ulcerative colitis
K51	K51.914	Ulcerative colitis
K51	K51.918	Ulcerative colitis
K51	K51.919	Ulcerative colitis
K52.2*	K52.2	Allergic and dietetic gastroenteritis and colitis
K52.2*	K52.21	Allergic and dietetic gastroenteritis and colitis
K52.2*	K52.22	Allergic and dietetic gastroenteritis and colitis
K52.2*	K52.29	Allergic and dietetic gastroenteritis and colitis
K52.89	K52.89	Other specified noninfective gastroenteritis and colitis
K52.9	K52.9	Noninfective gastroenteritis and colitis, unspecified
K57	K57.20	Diverticular disease of intestine
K57	K57.32	Diverticular disease of intestine
K57	K57.40	Diverticular disease of intestine
K57	K57.52	Diverticular disease of intestine
K57	K57.80	Diverticular disease of intestine

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
K57	K57.92	Diverticular disease of intestine
K58	K58.0	Irritable bowel syndrome
K58	K58.9	Irritable bowel syndrome
K59a	K59.00	Other functional intestinal disorders
K59a	K59.01	Other functional intestinal disorders
K59a	K59.09	Other functional intestinal disorders
K59b	K59.1	Other functional intestinal disorders
K59b	K59.8	Other functional intestinal disorders
K59b	K59.9	Other functional intestinal disorders
K60	K60.0	Fissure and fistula of anal and rectal regions
K60	K60.1	Fissure and fistula of anal and rectal regions
K60	K60.2	Fissure and fistula of anal and rectal regions
K64	K64.0	Hemorrhoids and perianal venous thrombosis
K64	K64.1	Hemorrhoids and perianal venous thrombosis
K64	K64.2	Hemorrhoids and perianal venous thrombosis
K64	K64.3	Hemorrhoids and perianal venous thrombosis
K64	K64.4	Hemorrhoids and perianal venous thrombosis
K64	K64.9	Hemorrhoids and perianal venous thrombosis
K68.11	K68.11	Postprocedural retroperitoneal abscess
K80	K80.20	Cholelithiasis
K80	K80.80	Cholelithiasis
K91.1	K91.1	Postgastric surgery syndromes
L01	L01.00	Impetigo
L01	L01.01	Impetigo
L01	L01.02	Impetigo
L01	L01.03	Impetigo
L01	L01.09	Impetigo
L01	L01.1	Impetigo
L02.01	L02.01	Cutaneous abscess of face
L02.2*	L02.211	Cutaneous abscess, furuncle and carbuncle of trunk
L02.2*	L02.212	Cutaneous abscess, furuncle and carbuncle of trunk
L02.2*	L02.213	Cutaneous abscess, furuncle and carbuncle of trunk
L02.2*	L02.214	Cutaneous abscess, furuncle and carbuncle of trunk
L02.2*	L02.215	Cutaneous abscess, furuncle and carbuncle of trunk
L02.2*	L02.216	Cutaneous abscess, furuncle and carbuncle of trunk
L02.2*	L02.219	Cutaneous abscess, furuncle and carbuncle of trunk
L02.31	L02.31	Cutaneous abscess of buttock
L02.4*	L02.411	Cutaneous abscess, furuncle and carbuncle of limb
L02.4*	L02.412	Cutaneous abscess, furuncle and carbuncle of limb
L02.4*	L02.413	Cutaneous abscess, furuncle and carbuncle of limb
L02.4*	L02.414	Cutaneous abscess, furuncle and carbuncle of limb
L02.4*	L02.415	Cutaneous abscess, furuncle and carbuncle of limb
L02.4*	L02.416	Cutaneous abscess, furuncle and carbuncle of limb
L02.4*	L02.419	Cutaneous abscess, furuncle and carbuncle of limb
L02.5*	L02.511	Cutaneous abscess, furuncle and carbuncle of hand
L02.5*	L02.512	Cutaneous abscess, furuncle and carbuncle of hand
L02.5*	L02.519	Cutaneous abscess, furuncle and carbuncle of hand
L02.6*	L02.611	Cutaneous abscess, furuncle and carbuncle of foot
L02.6*	L02.612	Cutaneous abscess, furuncle and carbuncle of foot

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
L02.6*	L02.619	Cutaneous abscess, furuncle and carbuncle of foot
L02.8*	L02.811	Cutaneous abscess, furuncle and carbuncle of other sites
L02.8*	L02.818	Cutaneous abscess, furuncle and carbuncle of other sites
L02.91	L02.91	Cutaneous abscess, unspecified
L02.92	L02.92	Furuncle, unspecified
L02.93	L02.93	Carbuncle, unspecified
L03.01*	L03.011	Cellulitis of finger
L03.01*	L03.012	Cellulitis of finger
L03.01*	L03.019	Cellulitis of finger
L03.02*	L03.021	Acute lymphangitis of finger
L03.02*	L03.022	Acute lymphangitis of finger
L03.02*	L03.029	Acute lymphangitis of finger
L03.03*	L03.031	Cellulitis of toe
L03.03*	L03.032	Cellulitis of toe
L03.03*	L03.039	Cellulitis of toe
L03.04*	L03.041	Acute lymphangitis of toe
L03.04*	L03.042	Acute lymphangitis of toe
L03.04*	L03.049	Acute lymphangitis of toe
L03.1*	L03.111	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.112	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.113	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.114	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.115	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.116	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.119	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.121	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.122	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.123	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.124	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.125	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.126	Cellulitis and acute lymphangitis of other parts of limb
L03.1*	L03.129	Cellulitis and acute lymphangitis of other parts of limb
L03.2*	L03.211	Cellulitis and acute lymphangitis of face and neck
L03.2*	L03.212	Cellulitis and acute lymphangitis of face and neck
L03.311	L03.311	Cellulitis of abdominal wall
L03.312	L03.312	Cellulitis of back [any part except buttock]
L03.313	L03.313	Cellulitis of chest wall
L03.314	L03.314	Cellulitis of groin
L03.315	L03.315	Cellulitis of perineum
L03.316	L03.316	Cellulitis of umbilicus
L03.317	L03.317	Cellulitis of buttock
L03.319	L03.319	Cellulitis of trunk, unspecified
L03.321	L03.321	Acute lymphangitis of abdominal wall
L03.322	L03.322	Acute lymphangitis of back [any part except buttock]
L03.323	L03.323	Acute lymphangitis of chest wall
L03.324	L03.324	Acute lymphangitis of groin
L03.325	L03.325	Acute lymphangitis of perineum
L03.326	L03.326	Acute lymphangitis of umbilicus
L03.327	L03.327	Acute lymphangitis of buttock

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
L03.329	L03.329	Acute lymphangitis of trunk, unspecified
L03.8*	L03.811	Cellulitis and acute lymphangitis of other sites
L03.8*	L03.818	Cellulitis and acute lymphangitis of other sites
L03.8*	L03.891	Cellulitis and acute lymphangitis of other sites
L03.8*	L03.898	Cellulitis and acute lymphangitis of other sites
L03.9*	L03.90	Cellulitis and acute lymphangitis, unspecified
L03.9*	L03.91	Cellulitis and acute lymphangitis, unspecified
L05	L05.01	Pilonidal cyst and sinus
L05	L05.02	Pilonidal cyst and sinus
L05	L05.91	Pilonidal cyst and sinus
L05	L05.92	Pilonidal cyst and sinus
L08.9	L08.9	Local infection of the skin and subcutaneous tissue, unspecified
L20.0	L20.0	Besnier's prurigo
L20.81	L20.81	Atopic neurodermatitis
L20.82	L20.82	Flexural eczema
L20.83	L20.83	Infantile (acute) (chronic) eczema
L20.84	L20.84	Intrinsic (allergic) eczema
L20.89	L20.89	Other atopic dermatitis
L20.9	L20.9	Atopic dermatitis, unspecified
L21	L21.0	Seborrheic dermatitis
L21	L21.1	Seborrheic dermatitis
L21	L21.8	Seborrheic dermatitis
L21	L21.9	Seborrheic dermatitis
L22.	L22	Diaper dermatitis
L23.0	L23.0	Allergic contact dermatitis due to metals
L23.1	L23.1	Allergic contact dermatitis due to adhesives
L23.2	L23.2	Allergic contact dermatitis due to cosmetics
L23.3	L23.3	Allergic contact dermatitis due to drugs in contact with skin
L23.4	L23.4	Allergic contact dermatitis due to dyes
L23.5	L23.5	Allergic contact dermatitis due to other chemical products
L23.6	L23.6	Allergic contact dermatitis due to food in contact with the skin
L23.7	L23.7	Allergic contact dermatitis due to plants, except food
L23.81	L23.81	Allergic contact dermatitis due to animal (cat) (dog) dander
L23.89	L23.89	Allergic contact dermatitis due to other agents
L23.9	L23.9	Allergic contact dermatitis, unspecified cause
L24.0	L24.0	Irritant contact dermatitis due to detergents
L24.1	L24.1	Irritant contact dermatitis due to oils and greases
L24.2	L24.2	Irritant contact dermatitis due to solvents
L24.3	L24.3	Irritant contact dermatitis due to cosmetics
L24.4	L24.4	Irritant contact dermatitis due to drugs in contact with skin
L24.5	L24.5	Irritant contact dermatitis due to other chemical products
L24.6	L24.6	Irritant contact dermatitis due to food in contact with skin
L24.7	L24.7	Irritant contact dermatitis due to plants, except food
L24.81	L24.81	Irritant contact dermatitis due to metals
L24.89	L24.89	Irritant contact dermatitis due to other agents
L24.9	L24.9	Irritant contact dermatitis, unspecified cause
L25.0	L25.0	Unspecified contact dermatitis due to cosmetics
L25.1	L25.1	Unspecified contact dermatitis due to drugs in contact with skin
L25.2	L25.2	Unspecified contact dermatitis due to dyes

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
L25.3	L25.3	Unspecified contact dermatitis due to other chemical products
L25.4	L25.4	Unspecified contact dermatitis due to food in contact with skin
L25.5	L25.5	Unspecified contact dermatitis due to plants, except food
L25.8	L25.8	Unspecified contact dermatitis due to other agents
L25.9	L25.9	Unspecified contact dermatitis, unspecified cause
L27	L27.0	Dermatitis due to substances taken internally
L27	L27.1	Dermatitis due to substances taken internally
L27	L27.2	Dermatitis due to substances taken internally
L27	L27.9	Dermatitis due to substances taken internally
L29.9	L29.9	Pruritus, unspecified
L30.0	L30.0	Nummular dermatitis
L30.1	L30.1	Dyshidrosis [pompholyx]
L30.2	L30.2	Cutaneous autosensitization
L30.8	L30.8	Other specified dermatitis
L30.9	L30.9	Dermatitis, unspecified
L42.	L42	Pityriasis rosea
L50	L50.0	Urticaria
L50	L50.9	Urticaria
L55	L55.0	Sunburn
L55	L55.1	Sunburn
L55	L55.9	Sunburn
L56.0	L56.0	Drug phototoxic response
L56.1	L56.1	Drug photoallergic response
L56.2	L56.2	Photocontact dermatitis [berloque dermatitis]
L56.3	L56.3	Solar urticaria
L56.4	L56.4	Polymorphous light eruption
L56.5	L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L56.8	L56.8	Other specified acute skin changes due to ultraviolet radiation
L56.9	L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57	L57.1	Skin changes due to chronic exposure to nonionizing radiation
L57	L57.5	Skin changes due to chronic exposure to nonionizing radiation
L57	L57.8	Skin changes due to chronic exposure to nonionizing radiation
L57	L57.9	Skin changes due to chronic exposure to nonionizing radiation
L58	L58.0	Radiodermatitis
L58	L58.1	Radiodermatitis
L58	L58.9	Radiodermatitis
L59	L59.0	Other disorders of skin and subcutaneous tissue related to radiation
L59	L59.8	Other disorders of skin and subcutaneous tissue related to radiation
L59	L59.9	Other disorders of skin and subcutaneous tissue related to radiation
L60.0	L60.0	Ingrowing nail
L60.1	L60.1	Onycholysis
L60.2	L60.2	Onychogryphosis
L60.3	L60.3	Nail dystrophy
L60.4	L60.4	Beau's lines
L60.5	L60.5	Yellow nail syndrome
L60.8	L60.8	Other nail disorders
L60.9	L60.9	Nail disorder, unspecified
L62.	L62	Nail disorders in diseases classified elsewhere
L63	L63.0	Alopecia areata

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
L63	L63.1	Alopecia areata
L63	L63.2	Alopecia areata
L63	L63.8	Alopecia areata
L63	L63.9	Alopecia areata
L64	L64.0	Androgenic alopecia
L64	L64.8	Androgenic alopecia
L64	L64.9	Androgenic alopecia
L65	L65.1	Other nonscarring hair loss
L65	L65.2	Other nonscarring hair loss
L65	L65.8	Other nonscarring hair loss
L65	L65.9	Other nonscarring hair loss
L66	L66.0	Cicatricial alopecia [scarring hair loss]
L66	L66.2	Cicatricial alopecia [scarring hair loss]
L66	L66.3	Cicatricial alopecia [scarring hair loss]
L66	L66.8	Cicatricial alopecia [scarring hair loss]
L66	L66.9	Cicatricial alopecia [scarring hair loss]
L70	L70.0	Acne
L70	L70.1	Acne
L70	L70.3	Acne
L70	L70.4	Acne
L70	L70.5	Acne
L70	L70.8	Acne
L70	L70.9	Acne
L72	L72.0	Follicular cysts of skin and subcutaneous tissue
L72	L72.2	Follicular cysts of skin and subcutaneous tissue
L72	L72.3	Follicular cysts of skin and subcutaneous tissue
L72	L72.8	Follicular cysts of skin and subcutaneous tissue
L72	L72.9	Follicular cysts of skin and subcutaneous tissue
L73.0	L73.0	Acne keloid
L73.1	L73.1	Pseudofolliculitis barbae
L73.2	L73.2	Hidradenitis suppurativa
L73.8	L73.8	Other specified follicular disorders
L73.9	L73.9	Follicular disorder, unspecified
L74.0	L74.0	Miliaria rubra
L74.1	L74.1	Miliaria crystallina
L74.2	L74.2	Miliaria profunda
L74.3	L74.3	Miliaria, unspecified
L74.4	L74.4	Anhidrosis
L74.5*	L74.510	Focal hyperhidrosis
L74.5*	L74.511	Focal hyperhidrosis
L74.5*	L74.512	Focal hyperhidrosis
L74.5*	L74.513	Focal hyperhidrosis
L74.5*	L74.519	Focal hyperhidrosis
L74.5*	L74.52	Focal hyperhidrosis
L74.8	L74.8	Other eccrine sweat disorders
L74.9	L74.9	Eccrine sweat disorder, unspecified
L75.0	L75.0	Bromhidrosis
L75.1	L75.1	Chromhidrosis
L75.2	L75.2	Apocrine miliaria

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
L75.8	L75.8	Other apocrine sweat disorders
L75.9	L75.9	Apocrine sweat disorder, unspecified
L84.	L84	Corns and callosities
L85.3	L85.3	Xerosis cutis
L98.3	L98.3	Eosinophilic cellulitis [Wells]
M10.9	M10.9	Gout, unspecified
M12.9	M12.9	Arthropathy, unspecified
M22	M22.90	Disorder of patella
M22	M22.91	Disorder of patella
M22	M22.92	Disorder of patella
M23	M23.90	Internal derangement of knee
M23	M23.91	Internal derangement of knee
M23	M23.92	Internal derangement of knee
M25.46*	M25.461	Effusion, knee
M25.46*	M25.462	Effusion, knee
M25.46*	M25.469	Effusion, knee
M25.50	M25.50	Pain in unspecified joint
M25.51*	M25.511	Pain in shoulder
M25.51*	M25.512	Pain in shoulder
M25.51*	M25.519	Pain in shoulder
M25.52*	M25.521	Pain in elbow
M25.52*	M25.522	Pain in elbow
M25.52*	M25.529	Pain in elbow
M25.53*	M25.531	Pain in wrist
M25.53*	M25.532	Pain in wrist
M25.53*	M25.539	Pain in wrist
M25.56*	M25.561	Pain in knee
M25.56*	M25.562	Pain in knee
M25.56*	M25.569	Pain in knee
M25.57*	M25.571	Pain in ankle and joints of foot
M25.57*	M25.572	Pain in ankle and joints of foot
M25.57*	M25.579	Pain in ankle and joints of foot
M25.70	M25.70	Osteophyte, unspecified joint
M25.71*	M25.711	Osteophyte, shoulder
M25.71*	M25.712	Osteophyte, shoulder
M25.71*	M25.719	Osteophyte, shoulder
M25.72*	M25.721	Osteophyte, elbow
M25.72*	M25.722	Osteophyte, elbow
M25.72*	M25.729	Osteophyte, elbow
M25.73*	M25.731	Osteophyte, wrist
M25.73*	M25.732	Osteophyte, wrist
M25.73*	M25.739	Osteophyte, wrist
M25.74*	M25.741	Osteophyte, hand
M25.74*	M25.742	Osteophyte, hand
M25.74*	M25.749	Osteophyte, hand
M25.75*	M25.751	Osteophyte, hip
M25.75*	M25.752	Osteophyte, hip
M25.75*	M25.759	Osteophyte, hip
M25.76*	M25.761	Osteophyte, knee

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
M25.76*	M25.762	Osteophyte, knee
M25.76*	M25.769	Osteophyte, knee
M25.77*	M25.771	Osteophyte, ankle and foot
M25.77*	M25.772	Osteophyte, ankle and foot
M25.77*	M25.773	Osteophyte, ankle and foot
M25.77*	M25.774	Osteophyte, ankle and foot
M25.77*	M25.775	Osteophyte, ankle and foot
M25.77*	M25.776	Osteophyte, ankle and foot
M26	M26.60	Dentofacial anomalies [including malocclusion]
M26	M26.601	Dentofacial anomalies [including malocclusion]
M26	M26.602	Dentofacial anomalies [including malocclusion]
M26	M26.603	Dentofacial anomalies [including malocclusion]
M26	M26.609	Dentofacial anomalies [including malocclusion]
M26	M26.69	Dentofacial anomalies [including malocclusion]
M26	M26.79	Dentofacial anomalies [including malocclusion]
M43	M43.20	Other deforming dorsopathies
M43	M43.21	Other deforming dorsopathies
M43	M43.22	Other deforming dorsopathies
M43	M43.23	Other deforming dorsopathies
M43	M43.24	Other deforming dorsopathies
M43	M43.25	Other deforming dorsopathies
M43	M43.26	Other deforming dorsopathies
M43	M43.27	Other deforming dorsopathies
M43	M43.28	Other deforming dorsopathies
M43	M43.8X9	Other deforming dorsopathies
M48	M48.00	Other spondylopathies
M48	M48.04	Other spondylopathies
M48	M48.05	Other spondylopathies
M48	M48.06	Other spondylopathies
M48	M48.061	Other spondylopathies
M48	M48.062	Other spondylopathies
M48	M48.07	Other spondylopathies
M51	M51.14	Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders
M51	M51.15	Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders
M51	M51.16	Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders
M51	M51.17	Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders
M53	M53.2X7	Other and unspecified dorsopathies, not elsewhere classified
M53	M53.2X8	Other and unspecified dorsopathies, not elsewhere classified
M53	M53.3	Other and unspecified dorsopathies, not elsewhere classified
M53	M53.80	Other and unspecified dorsopathies, not elsewhere classified
M53	M53.84	Other and unspecified dorsopathies, not elsewhere classified
M53	M53.85	Other and unspecified dorsopathies, not elsewhere classified
M53	M53.86	Other and unspecified dorsopathies, not elsewhere classified
M53	M53.87	Other and unspecified dorsopathies, not elsewhere classified
M53	M53.88	Other and unspecified dorsopathies, not elsewhere classified
M53	M53.9	Other and unspecified dorsopathies, not elsewhere classified
M54.0*	M54.03	Panniculitis affecting regions of neck and back
M54.0*	M54.04	Panniculitis affecting regions of neck and back
M54.0*	M54.05	Panniculitis affecting regions of neck and back

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
M54.0*	M54.06	Panniculitis affecting regions of neck and back
M54.0*	M54.07	Panniculitis affecting regions of neck and back
M54.0*	M54.08	Panniculitis affecting regions of neck and back
M54.0*	M54.09	Panniculitis affecting regions of neck and back
M54.10	M54.10	Radiculopathy, site unspecified
M54.14	M54.14	Radiculopathy, thoracic region
M54.15	M54.15	Radiculopathy, thoracolumbar region
M54.16	M54.16	Radiculopathy, lumbar region
M54.17	M54.17	Radiculopathy, lumbosacral region
M54.18	M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.2	M54.2	Cervicalgia
M54.3*	M54.30	Sciatica
M54.3*	M54.31	Sciatica
M54.3*	M54.32	Sciatica
M54.4*	M54.40	Lumbago with sciatica
M54.4*	M54.41	Lumbago with sciatica
M54.4*	M54.42	Lumbago with sciatica
M54.5	M54.5	Low back pain
M54.6	M54.6	Pain in thoracic spine
M54.89	M54.89	Other dorsalgia
M54.9	M54.9	Dorsalgia, unspecified
M60	M60.80	Myositis
M60	M60.811	Myositis
M60	M60.812	Myositis
M60	M60.819	Myositis
M60	M60.821	Myositis
M60	M60.822	Myositis
M60	M60.829	Myositis
M60	M60.831	Myositis
M60	M60.832	Myositis
M60	M60.839	Myositis
M60	M60.841	Myositis
M60	M60.842	Myositis
M60	M60.849	Myositis
M60	M60.851	Myositis
M60	M60.852	Myositis
M60	M60.859	Myositis
M60	M60.861	Myositis
M60	M60.862	Myositis
M60	M60.869	Myositis
M60	M60.871	Myositis
M60	M60.872	Myositis
M60	M60.879	Myositis
M60	M60.88	Myositis
M60	M60.89	Myositis
M60	M60.9	Myositis
M62.4*	M62.40	Contracture of muscle
M62.4*	M62.411	Contracture of muscle
M62.4*	M62.412	Contracture of muscle

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
M62.4*	M62.419	Contracture of muscle
M62.4*	M62.421	Contracture of muscle
M62.4*	M62.422	Contracture of muscle
M62.4*	M62.429	Contracture of muscle
M62.4*	M62.431	Contracture of muscle
M62.4*	M62.432	Contracture of muscle
M62.4*	M62.439	Contracture of muscle
M62.4*	M62.441	Contracture of muscle
M62.4*	M62.442	Contracture of muscle
M62.4*	M62.449	Contracture of muscle
M62.4*	M62.451	Contracture of muscle
M62.4*	M62.452	Contracture of muscle
M62.4*	M62.459	Contracture of muscle
M62.4*	M62.461	Contracture of muscle
M62.4*	M62.462	Contracture of muscle
M62.4*	M62.469	Contracture of muscle
M62.4*	M62.471	Contracture of muscle
M62.4*	M62.472	Contracture of muscle
M62.4*	M62.479	Contracture of muscle
M62.4*	M62.48	Contracture of muscle
M62.4*	M62.49	Contracture of muscle
M62.830	M62.830	Muscle spasm of back
M62.831	M62.831	Muscle spasm of calf
M62.838	M62.838	Other muscle spasm
M65	M65.10	Synovitis and tenosynovitis
M65	M65.111	Synovitis and tenosynovitis
M65	M65.112	Synovitis and tenosynovitis
M65	M65.119	Synovitis and tenosynovitis
M65	M65.121	Synovitis and tenosynovitis
M65	M65.122	Synovitis and tenosynovitis
M65	M65.129	Synovitis and tenosynovitis
M65	M65.131	Synovitis and tenosynovitis
M65	M65.132	Synovitis and tenosynovitis
M65	M65.139	Synovitis and tenosynovitis
M65	M65.141	Synovitis and tenosynovitis
M65	M65.142	Synovitis and tenosynovitis
M65	M65.149	Synovitis and tenosynovitis
M65	M65.151	Synovitis and tenosynovitis
M65	M65.152	Synovitis and tenosynovitis
M65	M65.159	Synovitis and tenosynovitis
M65	M65.161	Synovitis and tenosynovitis
M65	M65.162	Synovitis and tenosynovitis
M65	M65.169	Synovitis and tenosynovitis
M65	M65.171	Synovitis and tenosynovitis
M65	M65.172	Synovitis and tenosynovitis
M65	M65.179	Synovitis and tenosynovitis
M65	M65.18	Synovitis and tenosynovitis
M65	M65.19	Synovitis and tenosynovitis
M65	M65.80	Synovitis and tenosynovitis

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
M65	M65.811	Synovitis and tenosynovitis
M65	M65.812	Synovitis and tenosynovitis
M65	M65.819	Synovitis and tenosynovitis
M65	M65.821	Synovitis and tenosynovitis
M65	M65.822	Synovitis and tenosynovitis
M65	M65.829	Synovitis and tenosynovitis
M65	M65.831	Synovitis and tenosynovitis
M65	M65.832	Synovitis and tenosynovitis
M65	M65.839	Synovitis and tenosynovitis
M65	M65.841	Synovitis and tenosynovitis
M65	M65.842	Synovitis and tenosynovitis
M65	M65.849	Synovitis and tenosynovitis
M65	M65.851	Synovitis and tenosynovitis
M65	M65.852	Synovitis and tenosynovitis
M65	M65.859	Synovitis and tenosynovitis
M65	M65.861	Synovitis and tenosynovitis
M65	M65.862	Synovitis and tenosynovitis
M65	M65.869	Synovitis and tenosynovitis
M65	M65.88	Synovitis and tenosynovitis
M65	M65.89	Synovitis and tenosynovitis
M66	M66.211	Spontaneous rupture of synovium and tendon
M66	M66.212	Spontaneous rupture of synovium and tendon
M66	M66.219	Spontaneous rupture of synovium and tendon
M66	M66.811	Spontaneous rupture of synovium and tendon
M66	M66.812	Spontaneous rupture of synovium and tendon
M66	M66.819	Spontaneous rupture of synovium and tendon
M67	M67.30	Other disorders of synovium and tendon
M67	M67.311	Other disorders of synovium and tendon
M67	M67.312	Other disorders of synovium and tendon
M67	M67.319	Other disorders of synovium and tendon
M67	M67.321	Other disorders of synovium and tendon
M67	M67.322	Other disorders of synovium and tendon
M67	M67.329	Other disorders of synovium and tendon
M67	M67.331	Other disorders of synovium and tendon
M67	M67.332	Other disorders of synovium and tendon
M67	M67.339	Other disorders of synovium and tendon
M67	M67.341	Other disorders of synovium and tendon
M67	M67.342	Other disorders of synovium and tendon
M67	M67.349	Other disorders of synovium and tendon
M67	M67.351	Other disorders of synovium and tendon
M67	M67.352	Other disorders of synovium and tendon
M67	M67.359	Other disorders of synovium and tendon
M67	M67.361	Other disorders of synovium and tendon
M67	M67.362	Other disorders of synovium and tendon
M67	M67.369	Other disorders of synovium and tendon
M67	M67.371	Other disorders of synovium and tendon
M67	M67.372	Other disorders of synovium and tendon
M67	M67.379	Other disorders of synovium and tendon
M67	M67.38	Other disorders of synovium and tendon

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
M67	M67.39	Other disorders of synovium and tendon
M70.1*	M70.10	Bursitis of hand
M70.1*	M70.11	Bursitis of hand
M70.1*	M70.12	Bursitis of hand
M70.2*	M70.20	Olecranon bursitis
M70.2*	M70.21	Olecranon bursitis
M70.2*	M70.22	Olecranon bursitis
M70.4*	M70.40	Prepatellar bursitis
M70.4*	M70.41	Prepatellar bursitis
M70.4*	M70.42	Prepatellar bursitis
M70.5*	M70.50	Other bursitis of knee
M70.5*	M70.51	Other bursitis of knee
M70.5*	M70.52	Other bursitis of knee
M70.6*	M70.60	Trochanteric bursitis
M70.6*	M70.61	Trochanteric bursitis
M70.6*	M70.62	Trochanteric bursitis
M70.7*	M70.70	Other bursitis of hip
M70.7*	M70.71	Other bursitis of hip
M70.7*	M70.72	Other bursitis of hip
M72.2	M72.2	Plantar fascial fibromatosis
M75.0*	M75.00	Adhesive capsulitis of shoulder
M75.0*	M75.01	Adhesive capsulitis of shoulder
M75.0*	M75.02	Adhesive capsulitis of shoulder
M75.1*	M75.100	Rotator cuff tear or rupture, not specified as traumatic
M75.1*	M75.101	Rotator cuff tear or rupture, not specified as traumatic
M75.1*	M75.102	Rotator cuff tear or rupture, not specified as traumatic
M75.2*	M75.20	Bicipital tendinitis
M75.2*	M75.21	Bicipital tendinitis
M75.2*	M75.22	Bicipital tendinitis
M75.3*	M75.30	Calcific tendinitis of shoulder
M75.3*	M75.31	Calcific tendinitis of shoulder
M75.3*	M75.32	Calcific tendinitis of shoulder
M75.4*	M75.40	Impingement syndrome of shoulder
M75.4*	M75.41	Impingement syndrome of shoulder
M75.4*	M75.42	Impingement syndrome of shoulder
M75.5*	M75.50	Bursitis of shoulder
M75.5*	M75.51	Bursitis of shoulder
M75.5*	M75.52	Bursitis of shoulder
M75.8*	M75.80	Other shoulder lesions
M75.8*	M75.81	Other shoulder lesions
M75.8*	M75.82	Other shoulder lesions
M75.9*	M75.90	Shoulder lesion, unspecified
M75.9*	M75.91	Shoulder lesion, unspecified
M75.9*	M75.92	Shoulder lesion, unspecified
M76.0*	M76.00	Gluteal tendinitis
M76.0*	M76.01	Gluteal tendinitis
M76.0*	M76.02	Gluteal tendinitis
M76.1*	M76.10	Psoas tendinitis
M76.1*	M76.11	Psoas tendinitis

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
M76.1*	M76.12	Psoas tendinitis
M76.2*	M76.20	Iliac crest spur
M76.2*	M76.21	Iliac crest spur
M76.2*	M76.22	Iliac crest spur
M76.3*	M76.30	Iliotibial band syndrome
M76.3*	M76.31	Iliotibial band syndrome
M76.3*	M76.32	Iliotibial band syndrome
M76.5*	M76.50	Patellar tendinitis
M76.5*	M76.51	Patellar tendinitis
M76.5*	M76.52	Patellar tendinitis
M76.6*	M76.60	Achilles tendinitis
M76.6*	M76.61	Achilles tendinitis
M76.6*	M76.62	Achilles tendinitis
M76.7*	M76.70	Peroneal tendinitis
M76.7*	M76.71	Peroneal tendinitis
M76.7*	M76.72	Peroneal tendinitis
M76.89*	M76.891	Other specified enthesopathies of lower limb, excluding foot
M76.89*	M76.892	Other specified enthesopathies of lower limb, excluding foot
M76.89*	M76.899	Other specified enthesopathies of lower limb, excluding foot
M76.9	M76.9	Unspecified enthesopathy, lower limb, excluding foot
M77	M77.00	Other enthesopathies
M77	M77.01	Other enthesopathies
M77	M77.02	Other enthesopathies
M77	M77.10	Other enthesopathies
M77	M77.11	Other enthesopathies
M77	M77.12	Other enthesopathies
M77	M77.20	Other enthesopathies
M77	M77.21	Other enthesopathies
M77	M77.22	Other enthesopathies
M77	M77.30	Other enthesopathies
M77	M77.31	Other enthesopathies
M77	M77.32	Other enthesopathies
M77	M77.40	Other enthesopathies
M77	M77.41	Other enthesopathies
M77	M77.42	Other enthesopathies
M77	M77.50	Other enthesopathies
M77	M77.51	Other enthesopathies
M77	M77.52	Other enthesopathies
M77	M77.8	Other enthesopathies
M77	M77.9	Other enthesopathies
M79.0	M79.0	Rheumatism, unspecified
M79.1*	M79.1	Myalgia
M79.1*	M79.10	Myalgia
M79.1*	M79.11	Myalgia
M79.1*	M79.12	Myalgia
M79.1*	M79.18	Myalgia
M79.2	M79.2	Neuralgia and neuritis, unspecified
M79.6*	M79.601	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.602	Pain in limb, hand, foot, fingers and toes

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
M79.6*	M79.603	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.604	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.605	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.606	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.609	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.621	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.622	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.629	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.631	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.632	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.639	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.641	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.642	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.643	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.644	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.645	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.646	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.651	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.652	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.659	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.661	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.662	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.669	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.671	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.672	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.673	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.674	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.675	Pain in limb, hand, foot, fingers and toes
M79.6*	M79.676	Pain in limb, hand, foot, fingers and toes
M79.7	M79.7	Fibromyalgia
M79.89	M79.89	Other specified soft tissue disorders
M94.0	M94.0	Chondrocostal junction syndrome [Tietze]
M99	M99.22	Biomechanical lesions, not elsewhere classified
M99	M99.23	Biomechanical lesions, not elsewhere classified
M99	M99.32	Biomechanical lesions, not elsewhere classified
M99	M99.33	Biomechanical lesions, not elsewhere classified
M99	M99.42	Biomechanical lesions, not elsewhere classified
M99	M99.43	Biomechanical lesions, not elsewhere classified
M99	M99.52	Biomechanical lesions, not elsewhere classified
M99	M99.53	Biomechanical lesions, not elsewhere classified
M99	M99.62	Biomechanical lesions, not elsewhere classified
M99	M99.63	Biomechanical lesions, not elsewhere classified
M99	M99.72	Biomechanical lesions, not elsewhere classified
M99	M99.73	Biomechanical lesions, not elsewhere classified
N10.	N10	Acute tubulo-interstitial nephritis
N11.9	N11.9	Chronic tubulo-interstitial nephritis, unspecified
N12.	N12	Tubulo-interstitial nephritis, not specified as acute or chronic
N13.6	N13.6	Pyonephrosis
N20	N20.0	Calculus of kidney and ureter

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
N20	N20.1	Calculus of kidney and ureter
N20	N20.2	Calculus of kidney and ureter
N23.	N23	Unspecified renal colic
N30.0*	N30.00	Acute cystitis
N30.0*	N30.01	Acute cystitis
N30.1*	N30.10	Interstitial cystitis (chronic)
N30.1*	N30.11	Interstitial cystitis (chronic)
N30.4*	N30.40	Irradiation cystitis
N30.4*	N30.41	Irradiation cystitis
N30.8*	N30.80	Other cystitis
N30.8*	N30.81	Other cystitis
N30.9*	N30.90	Cystitis, unspecified
N30.9*	N30.91	Cystitis, unspecified
N34	N34.1	Urethritis and urethral syndrome
N34	N34.2	Urethritis and urethral syndrome
N36.8	N36.8	Other specified disorders of urethra
N36.9	N36.9	Urethral disorder, unspecified
N39.0	N39.0	Urinary tract infection, site not specified
N39.3	N39.3	Stress incontinence (female) (male)
N39.41	N39.41	Urge incontinence
N39.42	N39.42	Incontinence without sensory awareness
N39.44	N39.44	Nocturnal enuresis
N39.45	N39.45	Continuous leakage
N39.46	N39.46	Mixed incontinence
N39.490	N39.490	Overflow incontinence
N39.8	N39.8	Other specified disorders of urinary system
N39.9	N39.9	Disorder of urinary system, unspecified
N45	N45.1	Orchitis and epididymitis
N45	N45.2	Orchitis and epididymitis
N45	N45.3	Orchitis and epididymitis
N47.6	N47.6	Balanoposthitis
N48.1	N48.1	Balanitis
N50.9	N50.9	Disorder of male genital organs, unspecified
N63.	N63	Unspecified lump in breast
N63.	N63.0	Unspecified lump in breast
N63.	N63.10	Unspecified lump in breast
N63.	N63.11	Unspecified lump in breast
N63.	N63.12	Unspecified lump in breast
N63.	N63.13	Unspecified lump in breast
N63.	N63.14	Unspecified lump in breast
N63.	N63.15	Unspecified lump in breast
N63.	N63.20	Unspecified lump in breast
N63.	N63.21	Unspecified lump in breast
N63.	N63.22	Unspecified lump in breast
N63.	N63.23	Unspecified lump in breast
N63.	N63.24	Unspecified lump in breast
N63.	N63.25	Unspecified lump in breast
N63.	N63.31	Unspecified lump in breast
N63.	N63.32	Unspecified lump in breast

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
N63.	N63.41	Unspecified lump in breast
N63.	N63.42	Unspecified lump in breast
N64.4	N64.4	Mastodynia
N72.	N72	Inflammatory disease of cervix uteri
N73	N73.5	Other female pelvic inflammatory diseases
N73	N73.9	Other female pelvic inflammatory diseases
N76.0	N76.0	Acute vaginitis
N76.1	N76.1	Subacute and chronic vaginitis
N76.2	N76.2	Acute vulvitis
N76.3	N76.3	Subacute and chronic vulvitis
N76.4	N76.4	Abscess of vulva
N83	N83.20	Noninflammatory disorders of ovary, fallopian tube and broad ligament
N83	N83.201	Noninflammatory disorders of ovary, fallopian tube and broad ligament
N83	N83.202	Noninflammatory disorders of ovary, fallopian tube and broad ligament
N83	N83.209	Noninflammatory disorders of ovary, fallopian tube and broad ligament
N83	N83.29	Noninflammatory disorders of ovary, fallopian tube and broad ligament
N83	N83.291	Noninflammatory disorders of ovary, fallopian tube and broad ligament
N83	N83.292	Noninflammatory disorders of ovary, fallopian tube and broad ligament
N83	N83.299	Noninflammatory disorders of ovary, fallopian tube and broad ligament
N89	N89.7	Erosion and ectropion of cervix uteri
N89	N89.8	Erosion and ectropion of cervix uteri
N92	N92.0	Excessive, frequent and irregular menstruation
N92	N92.5	Excessive, frequent and irregular menstruation
N92	N92.6	Excessive, frequent and irregular menstruation
N93	N93.8	Other abnormal uterine and vaginal bleeding
N93	N93.9	Other abnormal uterine and vaginal bleeding
N94.4	N94.4	Primary dysmenorrhea
N94.5	N94.5	Secondary dysmenorrhea
N94.6	N94.6	Dysmenorrhea, unspecified
N94.89	N94.89	Other specified conditions associated with female genital organs and menstrual cycle
O21.0	O21.0	Mild hyperemesis gravidarum
O25	O25.11	Malnutrition in pregnancy, childbirth and the puerperium
O25	O25.12	Malnutrition in pregnancy, childbirth and the puerperium
O25	O25.13	Malnutrition in pregnancy, childbirth and the puerperium
O99	O99.281	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.282	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.283	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.511	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.512	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.513	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.611	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.612	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.613	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.711	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.712	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.713	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O99	O99.820	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O9A	O9A.111	Maternal malignant neoplasms, traumatic injuries and abuse classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O9A	O9A.112	Maternal malignant neoplasms, traumatic injuries and abuse classifiable elsewhere but complicating pregnancy, childbirth and the puerperium

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
O9A	O9A.113	Maternal malignant neoplasms, traumatic injuries and abuse classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O9A	O9A.211	Maternal malignant neoplasms, traumatic injuries and abuse classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O9A	O9A.212	Maternal malignant neoplasms, traumatic injuries and abuse classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
O9A	O9A.213	Maternal malignant neoplasms, traumatic injuries and abuse classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
R00.1	R00.1	Bradycardia, unspecified
R00.2	R00.2	Palpitations
R04.0	R04.0	Epistaxis
R05.	R05	Cough
R06.01	R06.01	Orthopnea
R06.2	R06.2	Wheezing
R06.4	R06.4	Hyperventilation
R06.6	R06.6	Hiccough
R06.89	R06.89	Other abnormalities of breathing
R06.9	R06.9	Unspecified abnormalities of breathing
R07.0	R07.0	Pain in throat
R09.3	R09.3	Abnormal sputum
R09.81	R09.81	Nasal congestion
R10.0	R10.0	Acute abdomen
R10.1*	R10.10	Pain localized to upper abdomen
R10.1*	R10.11	Pain localized to upper abdomen
R10.1*	R10.12	Pain localized to upper abdomen
R10.1*	R10.13	Pain localized to upper abdomen
R10.2	R10.2	Pelvic and perineal pain
R10.3*	R10.30	Pain localized to other parts of lower abdomen
R10.3*	R10.31	Pain localized to other parts of lower abdomen
R10.3*	R10.32	Pain localized to other parts of lower abdomen
R10.3*	R10.33	Pain localized to other parts of lower abdomen
R10.81*	R10.811	Abdominal tenderness
R10.81*	R10.812	Abdominal tenderness
R10.81*	R10.813	Abdominal tenderness
R10.81*	R10.814	Abdominal tenderness
R10.81*	R10.815	Abdominal tenderness
R10.81*	R10.816	Abdominal tenderness
R10.81*	R10.817	Abdominal tenderness
R10.81*	R10.819	Abdominal tenderness
R10.82*	R10.821	Rebound abdominal tenderness
R10.82*	R10.822	Rebound abdominal tenderness
R10.82*	R10.823	Rebound abdominal tenderness
R10.82*	R10.824	Rebound abdominal tenderness
R10.82*	R10.825	Rebound abdominal tenderness
R10.82*	R10.826	Rebound abdominal tenderness
R10.82*	R10.827	Rebound abdominal tenderness
R10.82*	R10.829	Rebound abdominal tenderness
R10.84	R10.84	Generalized abdominal pain
R10.9	R10.9	Unspecified abdominal pain
R11	R11.0	Nausea and vomiting
R11	R11.10	Nausea and vomiting
R11	R11.11	Nausea and vomiting
R11	R11.12	Nausea and vomiting

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
R11	R11.2	Nausea and vomiting
R14	R14.0	Flatulence and related conditions
R14	R14.1	Flatulence and related conditions
R14	R14.2	Flatulence and related conditions
R14	R14.3	Flatulence and related conditions
R16	R16.0	Hepatomegaly and splenomegaly, not elsewhere classified
R16	R16.1	Hepatomegaly and splenomegaly, not elsewhere classified
R16	R16.2	Hepatomegaly and splenomegaly, not elsewhere classified
R17.	R17	Unspecified jaundice
R19.0*	R19.00	Intra-abdominal and pelvic swelling, mass and lump
R19.0*	R19.01	Intra-abdominal and pelvic swelling, mass and lump
R19.0*	R19.02	Intra-abdominal and pelvic swelling, mass and lump
R19.0*	R19.03	Intra-abdominal and pelvic swelling, mass and lump
R19.0*	R19.04	Intra-abdominal and pelvic swelling, mass and lump
R19.0*	R19.05	Intra-abdominal and pelvic swelling, mass and lump
R19.0*	R19.06	Intra-abdominal and pelvic swelling, mass and lump
R19.0*	R19.07	Intra-abdominal and pelvic swelling, mass and lump
R19.0*	R19.09	Intra-abdominal and pelvic swelling, mass and lump
R19.2	R19.2	Visible peristalsis
R19.4	R19.4	Change in bowel habit
R19.5	R19.5	Other fecal abnormalities
R19.7	R19.7	Diarrhea, unspecified
R19.8	R19.8	Other specified symptoms and signs involving the digestive system and abdomen
R21.	R21	Rash and other nonspecific skin eruption
R22	R22.0	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.1	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.2	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.30	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.31	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.32	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.33	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.40	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.41	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.42	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.43	Localized swelling, mass and lump of skin and subcutaneous tissue
R22	R22.9	Localized swelling, mass and lump of skin and subcutaneous tissue
R23.2	R23.2	Flushing
R23.3	R23.3	Spontaneous ecchymoses
R23.4	R23.4	Changes in skin texture
R23.8	R23.8	Other skin changes
R23.9	R23.9	Unspecified skin changes
R25.2	R25.2	Cramp and spasm
R30	R30.0	Pain associated with micturition
R30	R30.9	Pain associated with micturition
R31.9	R31.9	Hematuria, unspecified
R33	R33.0	Retention of urine
R33	R33.8	Retention of urine
R33	R33.9	Retention of urine
R35	R35.0	Polyuria

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
R35	R35.1	Polyuria
R35	R35.8	Polyuria
R36	R36.0	Urethral discharge
R36	R36.9	Urethral discharge
R39.11	R39.11	Hesitancy of micturition
R39.12	R39.12	Poor urinary stream
R39.13	R39.13	Splitting of urinary stream
R39.14	R39.14	Feeling of incomplete bladder emptying
R39.15	R39.15	Urgency of urination
R39.16	R39.16	Straining to void
R39.19*	R39.19	Other difficulties with micturition
R39.19*	R39.191	Other difficulties with micturition
R39.19*	R39.192	Other difficulties with micturition
R39.19*	R39.198	Other difficulties with micturition
R42.	R42	Dizziness and giddiness
R49.8	R49.8	Other voice and resonance disorders
R50	R50.2	Fever of other and unknown origin
R50	R50.9	Fever of other and unknown origin
R51.	R51	Headache
R52.	R52	Pain, unspecified
R53	R53.0	Malaise and fatigue
R53	R53.1	Malaise and fatigue
R53	R53.81	Malaise and fatigue
R53	R53.83	Malaise and fatigue
R59	R59.0	Enlarged lymph nodes
R59	R59.1	Enlarged lymph nodes
R59	R59.9	Enlarged lymph nodes
R60	R60.0	Edema, not elsewhere classified
R60	R60.1	Edema, not elsewhere classified
R60	R60.9	Edema, not elsewhere classified
R61.	R61	Generalized hyperhidrosis
R64.	R64	Cachexia
R90.0	R90.0	Intracranial space-occupying lesion found on diagnostic imaging of central nervous system
S00.01XA	S00.01XA	Abrasion of scalp, initial encounter
S00.03XA	S00.03XA	Contusion of scalp, initial encounter
S00.06XA	S00.06XA	Insect bite (nonvenomous) of scalp, initial encounter
S00.31XA	S00.31XA	Abrasion of nose, initial encounter
S00.33XA	S00.33XA	Contusion of nose, initial encounter
S00.36XA	S00.36XA	Insect bite (nonvenomous) of nose, initial encounter
S00.41*	S00.411A	Abrasion of ear
S00.41*	S00.412A	Abrasion of ear
S00.41*	S00.419A	Abrasion of ear
S00.43*	S00.431A	Contusion of ear
S00.43*	S00.432A	Contusion of ear
S00.43*	S00.439A	Contusion of ear
S00.46*	S00.461A	Insect bite (nonvenomous) of ear
S00.46*	S00.462A	Insect bite (nonvenomous) of ear
S00.46*	S00.469A	Insect bite (nonvenomous) of ear
S00.51*	S00.511A	Abrasion of lip and oral cavity

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
S00.51*	S00.512A	Abrasion of lip and oral cavity
S00.53*	S00.531A	Contusion of lip and oral cavity
S00.53*	S00.532A	Contusion of lip and oral cavity
S00.56*	S00.561A	Insect bite (nonvenomous) of lip and oral cavity
S00.56*	S00.562A	Insect bite (nonvenomous) of lip and oral cavity
S00.81XA	S00.81XA	Abrasion of other part of head, initial encounter
S00.83XA	S00.83XA	Contusion of other part of head, initial encounter
S00.86XA	S00.86XA	Insect bite (nonvenomous) of other part of head, initial encounter
S00.91XA	S00.91XA	Abrasion of unspecified part of head, initial encounter
S00.93XA	S00.93XA	Contusion of unspecified part of head, initial encounter
S00.96XA	S00.96XA	Insect bite (nonvenomous) of unspecified part of head, initial encounter
S01.0*	S01.00XA	Open wound of scalp
S01.0*	S01.01XA	Open wound of scalp
S01.0*	S01.03XA	Open wound of scalp
S01.0*	S01.05XA	Open wound of scalp
S01.4*	S01.401A	Open wound of cheek and temporomandibular area
S01.4*	S01.402A	Open wound of cheek and temporomandibular area
S01.4*	S01.409A	Open wound of cheek and temporomandibular area
S01.4*	S01.411A	Open wound of cheek and temporomandibular area
S01.4*	S01.412A	Open wound of cheek and temporomandibular area
S01.4*	S01.419A	Open wound of cheek and temporomandibular area
S01.4*	S01.431A	Open wound of cheek and temporomandibular area
S01.4*	S01.432A	Open wound of cheek and temporomandibular area
S01.4*	S01.439A	Open wound of cheek and temporomandibular area
S01.4*	S01.451A	Open wound of cheek and temporomandibular area
S01.4*	S01.452A	Open wound of cheek and temporomandibular area
S01.4*	S01.459A	Open wound of cheek and temporomandibular area
S01.5*	S01.501A	Open wound of lip and oral cavity
S01.5*	S01.511A	Open wound of lip and oral cavity
S01.5*	S01.531A	Open wound of lip and oral cavity
S01.5*	S01.551A	Open wound of lip and oral cavity
S01.8*	S01.80XA	Open wound of other parts of head
S01.8*	S01.81XA	Open wound of other parts of head
S01.8*	S01.83XA	Open wound of other parts of head
S01.8*	S01.85XA	Open wound of other parts of head
S02.2XXA	S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.5*	S02.5XXA	Fracture of tooth (traumatic)
S02.5*	S02.5XXB	Fracture of tooth (traumatic)
S03.2XXA	S03.2XXA	Dislocation of tooth, initial encounter
S03.8XXA	S03.8XXA	Sprain of joints and ligaments of other parts of head, initial encounter
S03.9XXA	S03.9XXA	Sprain of joints and ligaments of unspecified parts of head, initial encounter
S05	S05.00XA	Injury of eye and orbit
S05	S05.01XA	Injury of eye and orbit
S05	S05.02XA	Injury of eye and orbit
S08.0XXA	S08.0XXA	Avulsion of scalp, initial encounter
S09.92XA	S09.92XA	Unspecified injury of nose, initial encounter
S09.93XA	S09.93XA	Unspecified injury of face, initial encounter
S10.0XXA	S10.0XXA	Contusion of throat, initial encounter
S10.11XA	S10.11XA	Abrasion of throat, initial encounter

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S10.16XA	S10.16XA	Insect bite (nonvenomous) of throat, initial encounter
S10.81XA	S10.81XA	Abrasion of other specified part of neck, initial encounter
S10.83XA	S10.83XA	Contusion of other specified part of neck, initial encounter
S10.86XA	S10.86XA	Insect bite of other specified part of neck, initial encounter
S10.91XA	S10.91XA	Abrasion of unspecified part of neck, initial encounter
S10.93XA	S10.93XA	Contusion of unspecified part of neck, initial encounter
S10.96XA	S10.96XA	Insect bite of unspecified part of neck, initial encounter
S13.4XXA	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S13.8XXA	S13.8XXA	Sprain of joints and ligaments of other parts of neck, initial encounter
S13.9XXA	S13.9XXA	Sprain of joints and ligaments of unspecified parts of neck, initial encounter
S16.1XXA	S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
S16.8XXA	S16.8XXA	Other specified injury of muscle, fascia and tendon at neck level, initial encounter
S16.9XXA	S16.9XXA	Unspecified injury of muscle, fascia and tendon at neck level, initial encounter
S19	S19.80XA	Other specified and unspecified injuries of neck
S19	S19.81XA	Other specified and unspecified injuries of neck
S19	S19.82XA	Other specified and unspecified injuries of neck
S19	S19.83XA	Other specified and unspecified injuries of neck
S19	S19.84XA	Other specified and unspecified injuries of neck
S19	S19.85XA	Other specified and unspecified injuries of neck
S19	S19.89XA	Other specified and unspecified injuries of neck
S19	S19.9XXA	Other specified and unspecified injuries of neck
S20.1*	S20.111A	Other and unspecified superficial injuries of breast
S20.1*	S20.112A	Other and unspecified superficial injuries of breast
S20.1*	S20.119A	Other and unspecified superficial injuries of breast
S20.1*	S20.161A	Other and unspecified superficial injuries of breast
S20.1*	S20.162A	Other and unspecified superficial injuries of breast
S20.1*	S20.169A	Other and unspecified superficial injuries of breast
S20.2*	S20.211A	Contusion of thorax
S20.2*	S20.212A	Contusion of thorax
S20.2*	S20.219A	Contusion of thorax
S20.3*	S20.311A	Other and unspecified superficial injuries of front wall of thorax
S20.3*	S20.312A	Other and unspecified superficial injuries of front wall of thorax
S20.3*	S20.319A	Other and unspecified superficial injuries of front wall of thorax
S20.3*	S20.361A	Other and unspecified superficial injuries of front wall of thorax
S20.3*	S20.362A	Other and unspecified superficial injuries of front wall of thorax
S20.3*	S20.369A	Other and unspecified superficial injuries of front wall of thorax
S20.4*	S20.411A	Other and unspecified superficial injuries of back wall of thorax
S20.4*	S20.412A	Other and unspecified superficial injuries of back wall of thorax
S20.4*	S20.419A	Other and unspecified superficial injuries of back wall of thorax
S20.4*	S20.461A	Other and unspecified superficial injuries of back wall of thorax
S20.4*	S20.462A	Other and unspecified superficial injuries of back wall of thorax
S20.4*	S20.469A	Other and unspecified superficial injuries of back wall of thorax
S20.9*	S20.91XA	Superficial injury of unspecified parts of thorax
S20.9*	S20.96XA	Superficial injury of unspecified parts of thorax
S22	S22.31XA	Fracture of rib(s), sternum and thoracic spine
S22	S22.32XA	Fracture of rib(s), sternum and thoracic spine
S22	S22.39XA	Fracture of rib(s), sternum and thoracic spine
S23	S23.41XA	Dislocation and sprain of joints and ligaments of thorax
S23	S23.9XXA	Dislocation and sprain of joints and ligaments of thorax

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
S29	S29.011A	Other and unspecified injuries of thorax
S29	S29.012A	Other and unspecified injuries of thorax
S29	S29.019A	Other and unspecified injuries of thorax
S30.0XXA	S30.0XXA	Contusion of lower back and pelvis, initial encounter
S30.8*	S30.810A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.811A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.812A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.813A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.814A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.815A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.816A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.817A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.860A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.861A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.862A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.863A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.864A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.865A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.866A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S30.8*	S30.867A	Other superficial injuries of abdomen, lower back, pelvis and external genitals
S33.5XXA	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.8XXA	S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.9XXA	S33.9XXA	Sprain of unspecified parts of lumbar spine and pelvis, initial encounter
S39	S39.011A	Other and unspecified injuries of abdomen, lower back, pelvis and external genitals
S39	S39.012A	Other and unspecified injuries of abdomen, lower back, pelvis and external genitals
S39	S39.013A	Other and unspecified injuries of abdomen, lower back, pelvis and external genitals
S42	S42.001A	Fracture of shoulder and upper arm
S42	S42.002A	Fracture of shoulder and upper arm
S42	S42.009A	Fracture of shoulder and upper arm
S42	S42.021A	Fracture of shoulder and upper arm
S42	S42.022A	Fracture of shoulder and upper arm
S42	S42.023A	Fracture of shoulder and upper arm
S42	S42.024A	Fracture of shoulder and upper arm
S42	S42.025A	Fracture of shoulder and upper arm
S42	S42.026A	Fracture of shoulder and upper arm
S43	S43.401A	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.402A	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.409A	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.491A	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.492A	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.499A	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.60XA	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.61XA	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.62XA	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.90XA	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.91XA	Dislocation and sprain of joints and ligaments of shoulder girdle
S43	S43.92XA	Dislocation and sprain of joints and ligaments of shoulder girdle
S46	S46.011A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.012A	Injury of muscle, fascia and tendon at shoulder and upper arm level

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
S46	S46.019A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.111A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.112A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.119A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.211A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.212A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.219A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.311A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.312A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.319A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.811A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.812A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.819A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.911A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.912A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S46	S46.919A	Injury of muscle, fascia and tendon at shoulder and upper arm level
S50	S50.311A	Superficial injury of elbow and forearm
S50	S50.312A	Superficial injury of elbow and forearm
S50	S50.319A	Superficial injury of elbow and forearm
S50	S50.361A	Superficial injury of elbow and forearm
S50	S50.362A	Superficial injury of elbow and forearm
S50	S50.369A	Superficial injury of elbow and forearm
S50	S50.811A	Superficial injury of elbow and forearm
S50	S50.812A	Superficial injury of elbow and forearm
S50	S50.819A	Superficial injury of elbow and forearm
S50	S50.861A	Superficial injury of elbow and forearm
S50	S50.862A	Superficial injury of elbow and forearm
S50	S50.869A	Superficial injury of elbow and forearm
S51	S51.001A	Open wound of elbow and forearm
S51	S51.002A	Open wound of elbow and forearm
S51	S51.009A	Open wound of elbow and forearm
S51	S51.011A	Open wound of elbow and forearm
S51	S51.012A	Open wound of elbow and forearm
S51	S51.019A	Open wound of elbow and forearm
S51	S51.031A	Open wound of elbow and forearm
S51	S51.032A	Open wound of elbow and forearm
S51	S51.039A	Open wound of elbow and forearm
S51	S51.051A	Open wound of elbow and forearm
S51	S51.052A	Open wound of elbow and forearm
S51	S51.059A	Open wound of elbow and forearm
S51	S51.801A	Open wound of elbow and forearm
S51	S51.802A	Open wound of elbow and forearm
S51	S51.809A	Open wound of elbow and forearm
S51	S51.811A	Open wound of elbow and forearm
S51	S51.812A	Open wound of elbow and forearm
S51	S51.819A	Open wound of elbow and forearm
S51	S51.831A	Open wound of elbow and forearm
S51	S51.832A	Open wound of elbow and forearm
S51	S51.839A	Open wound of elbow and forearm

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S51	S51.851A	Open wound of elbow and forearm
S51	S51.852A	Open wound of elbow and forearm
S51	S51.859A	Open wound of elbow and forearm
S52	S52.121A	Fracture of forearm
S52	S52.122A	Fracture of forearm
S52	S52.123A	Fracture of forearm
S52	S52.124A	Fracture of forearm
S52	S52.125A	Fracture of forearm
S52	S52.126A	Fracture of forearm
S52	S52.501A	Fracture of forearm
S52	S52.502A	Fracture of forearm
S52	S52.509A	Fracture of forearm
S52	S52.511A	Fracture of forearm
S52	S52.512A	Fracture of forearm
S52	S52.513A	Fracture of forearm
S52	S52.514A	Fracture of forearm
S52	S52.515A	Fracture of forearm
S52	S52.516A	Fracture of forearm
S52	S52.531A	Fracture of forearm
S52	S52.532A	Fracture of forearm
S52	S52.539A	Fracture of forearm
S52	S52.541A	Fracture of forearm
S52	S52.542A	Fracture of forearm
S52	S52.549A	Fracture of forearm
S52	S52.551A	Fracture of forearm
S52	S52.552A	Fracture of forearm
S52	S52.559A	Fracture of forearm
S52	S52.561A	Fracture of forearm
S52	S52.562A	Fracture of forearm
S52	S52.569A	Fracture of forearm
S52	S52.571A	Fracture of forearm
S52	S52.572A	Fracture of forearm
S52	S52.579A	Fracture of forearm
S52	S52.591A	Fracture of forearm
S52	S52.592A	Fracture of forearm
S52	S52.599A	Fracture of forearm
S52	S52.609A	Fracture of forearm
S53	S53.031A	Dislocation and sprain of joints and ligaments of elbow
S53	S53.032A	Dislocation and sprain of joints and ligaments of elbow
S53	S53.033A	Dislocation and sprain of joints and ligaments of elbow
S56	S56.001A	Injury of muscle, fascia and tendon at forearm level
S56	S56.002A	Injury of muscle, fascia and tendon at forearm level
S56	S56.009A	Injury of muscle, fascia and tendon at forearm level
S56	S56.091A	Injury of muscle, fascia and tendon at forearm level
S56	S56.092A	Injury of muscle, fascia and tendon at forearm level
S56	S56.099A	Injury of muscle, fascia and tendon at forearm level
S56	S56.101A	Injury of muscle, fascia and tendon at forearm level
S56	S56.102A	Injury of muscle, fascia and tendon at forearm level
S56	S56.103A	Injury of muscle, fascia and tendon at forearm level

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
S56	S56.592A	Injury of muscle, fascia and tendon at forearm level
S56	S56.599A	Injury of muscle, fascia and tendon at forearm level
S56	S56.801A	Injury of muscle, fascia and tendon at forearm level
S56	S56.802A	Injury of muscle, fascia and tendon at forearm level
S56	S56.809A	Injury of muscle, fascia and tendon at forearm level
S56	S56.891A	Injury of muscle, fascia and tendon at forearm level
S56	S56.892A	Injury of muscle, fascia and tendon at forearm level
S56	S56.899A	Injury of muscle, fascia and tendon at forearm level
S56	S56.901A	Injury of muscle, fascia and tendon at forearm level
S56	S56.902A	Injury of muscle, fascia and tendon at forearm level
S56	S56.909A	Injury of muscle, fascia and tendon at forearm level
S56	S56.991A	Injury of muscle, fascia and tendon at forearm level
S56	S56.992A	Injury of muscle, fascia and tendon at forearm level
S56	S56.999A	Injury of muscle, fascia and tendon at forearm level
S59.2*	S59.201A	Physeal fracture of lower end of radius
S59.2*	S59.202A	Physeal fracture of lower end of radius
S59.2*	S59.209A	Physeal fracture of lower end of radius
S59.2*	S59.211A	Physeal fracture of lower end of radius
S59.2*	S59.212A	Physeal fracture of lower end of radius
S59.2*	S59.219A	Physeal fracture of lower end of radius
S59.2*	S59.221A	Physeal fracture of lower end of radius
S59.2*	S59.222A	Physeal fracture of lower end of radius
S59.2*	S59.229A	Physeal fracture of lower end of radius
S59.2*	S59.231A	Physeal fracture of lower end of radius
S59.2*	S59.232A	Physeal fracture of lower end of radius
S59.2*	S59.239A	Physeal fracture of lower end of radius
S59.2*	S59.241A	Physeal fracture of lower end of radius
S59.2*	S59.242A	Physeal fracture of lower end of radius
S59.2*	S59.249A	Physeal fracture of lower end of radius
S59.2*	S59.291A	Physeal fracture of lower end of radius
S59.2*	S59.292A	Physeal fracture of lower end of radius
S59.2*	S59.299A	Physeal fracture of lower end of radius
S59.8*	S59.801A	Other specified injuries of elbow and forearm
S59.8*	S59.802A	Other specified injuries of elbow and forearm
S59.8*	S59.809A	Other specified injuries of elbow and forearm
S59.8*	S59.811A	Other specified injuries of elbow and forearm
S59.8*	S59.812A	Other specified injuries of elbow and forearm
S59.8*	S59.819A	Other specified injuries of elbow and forearm
S59.9*	S59.901A	Unspecified injury of elbow and forearm
S59.9*	S59.902A	Unspecified injury of elbow and forearm
S59.9*	S59.909A	Unspecified injury of elbow and forearm
S59.9*	S59.911A	Unspecified injury of elbow and forearm
S59.9*	S59.912A	Unspecified injury of elbow and forearm
S59.9*	S59.919A	Unspecified injury of elbow and forearm
S60.0*	S60.00XA	Contusion of finger without damage to nail
S60.0*	S60.011A	Contusion of finger without damage to nail
S60.0*	S60.012A	Contusion of finger without damage to nail
S60.0*	S60.019A	Contusion of finger without damage to nail
S60.0*	S60.021A	Contusion of finger without damage to nail

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S60.0*	S60.022A	Contusion of finger without damage to nail
S60.0*	S60.029A	Contusion of finger without damage to nail
S60.0*	S60.031A	Contusion of finger without damage to nail
S60.0*	S60.032A	Contusion of finger without damage to nail
S60.0*	S60.039A	Contusion of finger without damage to nail
S60.0*	S60.041A	Contusion of finger without damage to nail
S60.0*	S60.042A	Contusion of finger without damage to nail
S60.0*	S60.049A	Contusion of finger without damage to nail
S60.0*	S60.051A	Contusion of finger without damage to nail
S60.0*	S60.052A	Contusion of finger without damage to nail
S60.0*	S60.059A	Contusion of finger without damage to nail
S60.1*	S60.10XA	Contusion of finger with damage to nail
S60.1*	S60.111A	Contusion of finger with damage to nail
S60.1*	S60.112A	Contusion of finger with damage to nail
S60.1*	S60.119A	Contusion of finger with damage to nail
S60.1*	S60.121A	Contusion of finger with damage to nail
S60.1*	S60.122A	Contusion of finger with damage to nail
S60.1*	S60.129A	Contusion of finger with damage to nail
S60.1*	S60.131A	Contusion of finger with damage to nail
S60.1*	S60.132A	Contusion of finger with damage to nail
S60.1*	S60.139A	Contusion of finger with damage to nail
S60.1*	S60.141A	Contusion of finger with damage to nail
S60.1*	S60.142A	Contusion of finger with damage to nail
S60.1*	S60.149A	Contusion of finger with damage to nail
S60.1*	S60.151A	Contusion of finger with damage to nail
S60.1*	S60.152A	Contusion of finger with damage to nail
S60.1*	S60.159A	Contusion of finger with damage to nail
S60.2*	S60.221A	Contusion of wrist and hand
S60.2*	S60.222A	Contusion of wrist and hand
S60.2*	S60.229A	Contusion of wrist and hand
S60.3*	S60.311A	Other superficial injuries of thumb
S60.3*	S60.312A	Other superficial injuries of thumb
S60.3*	S60.319A	Other superficial injuries of thumb
S60.4*	S60.410A	Other superficial injuries of other fingers
S60.4*	S60.411A	Other superficial injuries of other fingers
S60.4*	S60.412A	Other superficial injuries of other fingers
S60.4*	S60.413A	Other superficial injuries of other fingers
S60.4*	S60.414A	Other superficial injuries of other fingers
S60.4*	S60.415A	Other superficial injuries of other fingers
S60.4*	S60.416A	Other superficial injuries of other fingers
S60.4*	S60.417A	Other superficial injuries of other fingers
S60.4*	S60.418A	Other superficial injuries of other fingers
S60.4*	S60.419A	Other superficial injuries of other fingers
S60.5*	S60.511A	Other superficial injuries of hand
S60.5*	S60.512A	Other superficial injuries of hand
S60.5*	S60.519A	Other superficial injuries of hand
S60.8*	S60.811A	Other superficial injuries of wrist
S60.8*	S60.812A	Other superficial injuries of wrist
S60.8*	S60.819A	Other superficial injuries of wrist

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
S60.8*	S60.861A	Other superficial injuries of wrist
S60.8*	S60.862A	Other superficial injuries of wrist
S60.8*	S60.869A	Other superficial injuries of wrist
S61.0*B	S61.001A	Open wound of thumb without damage to nail
S61.0*B	S61.002A	Open wound of thumb without damage to nail
S61.0*B	S61.009A	Open wound of thumb without damage to nail
S61.0*B	S61.011A	Open wound of thumb without damage to nail
S61.0*B	S61.012A	Open wound of thumb without damage to nail
S61.0*B	S61.019A	Open wound of thumb without damage to nail
S61.0*A	S61.021A	Open wound of thumb without damage to nail
S61.0*A	S61.022A	Open wound of thumb without damage to nail
S61.0*A	S61.029A	Open wound of thumb without damage to nail
S61.0*B	S61.031A	Open wound of thumb without damage to nail
S61.0*B	S61.032A	Open wound of thumb without damage to nail
S61.0*B	S61.039A	Open wound of thumb without damage to nail
S61.0*A	S61.041A	Open wound of thumb without damage to nail
S61.0*A	S61.042A	Open wound of thumb without damage to nail
S61.0*A	S61.049A	Open wound of thumb without damage to nail
S61.0*B	S61.051A	Open wound of thumb without damage to nail
S61.0*B	S61.052A	Open wound of thumb without damage to nail
S61.0*B	S61.059A	Open wound of thumb without damage to nail
S61.1*B	S61.101A	Open wound of thumb with damage to nail
S61.1*B	S61.102A	Open wound of thumb with damage to nail
S61.1*B	S61.109A	Open wound of thumb with damage to nail
S61.1*B	S61.111A	Open wound of thumb with damage to nail
S61.1*B	S61.112A	Open wound of thumb with damage to nail
S61.1*B	S61.119A	Open wound of thumb with damage to nail
S61.1*A	S61.121A	Open wound of thumb with damage to nail
S61.1*A	S61.122A	Open wound of thumb with damage to nail
S61.1*A	S61.129A	Open wound of thumb with damage to nail
S61.1*B	S61.131A	Open wound of thumb with damage to nail
S61.1*B	S61.132A	Open wound of thumb with damage to nail
S61.1*B	S61.139A	Open wound of thumb with damage to nail
S61.1*A	S61.141A	Open wound of thumb with damage to nail
S61.1*A	S61.142A	Open wound of thumb with damage to nail
S61.1*A	S61.149A	Open wound of thumb with damage to nail
S61.1*B	S61.151A	Open wound of thumb with damage to nail
S61.1*B	S61.152A	Open wound of thumb with damage to nail
S61.1*B	S61.159A	Open wound of thumb with damage to nail
S61.2*B	S61.200A	Open wound of other finger without damage to nail
S61.2*B	S61.201A	Open wound of other finger without damage to nail
S61.2*B	S61.202A	Open wound of other finger without damage to nail
S61.2*B	S61.203A	Open wound of other finger without damage to nail
S61.2*B	S61.204A	Open wound of other finger without damage to nail
S61.2*B	S61.205A	Open wound of other finger without damage to nail
S61.2*B	S61.206A	Open wound of other finger without damage to nail
S61.2*B	S61.207A	Open wound of other finger without damage to nail
S61.2*B	S61.208A	Open wound of other finger without damage to nail
S61.2*B	S61.209A	Open wound of other finger without damage to nail

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S61.3*A	S61.348A	Open wound of other finger with damage to nail
S61.3*A	S61.349A	Open wound of other finger with damage to nail
S61.3*B	S61.350A	Open wound of other finger with damage to nail
S61.3*B	S61.351A	Open wound of other finger with damage to nail
S61.3*B	S61.352A	Open wound of other finger with damage to nail
S61.3*B	S61.353A	Open wound of other finger with damage to nail
S61.3*B	S61.354A	Open wound of other finger with damage to nail
S61.3*B	S61.355A	Open wound of other finger with damage to nail
S61.3*B	S61.356A	Open wound of other finger with damage to nail
S61.3*B	S61.357A	Open wound of other finger with damage to nail
S61.3*B	S61.358A	Open wound of other finger with damage to nail
S61.3*B	S61.359A	Open wound of other finger with damage to nail
S61.4*	S61.401A	Open wound of hand
S61.4*	S61.402A	Open wound of hand
S61.4*	S61.409A	Open wound of hand
S61.4*	S61.411A	Open wound of hand
S61.4*	S61.412A	Open wound of hand
S61.4*	S61.419A	Open wound of hand
S61.4*	S61.431A	Open wound of hand
S61.4*	S61.432A	Open wound of hand
S61.4*	S61.439A	Open wound of hand
S61.4*	S61.451A	Open wound of hand
S61.4*	S61.452A	Open wound of hand
S61.4*	S61.459A	Open wound of hand
S61.5*	S61.501A	Open wound of wrist
S61.5*	S61.502A	Open wound of wrist
S61.5*	S61.509A	Open wound of wrist
S61.5*	S61.511A	Open wound of wrist
S61.5*	S61.512A	Open wound of wrist
S61.5*	S61.519A	Open wound of wrist
S61.5*	S61.531A	Open wound of wrist
S61.5*	S61.532A	Open wound of wrist
S61.5*	S61.539A	Open wound of wrist
S61.5*	S61.551A	Open wound of wrist
S61.5*	S61.552A	Open wound of wrist
S61.5*	S61.559A	Open wound of wrist
S62	S62.309A	Fracture at wrist and hand level
S62	S62.319A	Fracture at wrist and hand level
S62	S62.329A	Fracture at wrist and hand level
S62	S62.339A	Fracture at wrist and hand level
S62	S62.349A	Fracture at wrist and hand level
S62	S62.359A	Fracture at wrist and hand level
S62	S62.369A	Fracture at wrist and hand level
S62	S62.399A	Fracture at wrist and hand level
S62	S62.501A	Fracture at wrist and hand level
S62	S62.502A	Fracture at wrist and hand level
S62	S62.509A	Fracture at wrist and hand level
S62	S62.511A	Fracture at wrist and hand level
S62	S62.512A	Fracture at wrist and hand level

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S62	S62.513A	Fracture at wrist and hand level
S62	S62.514A	Fracture at wrist and hand level
S62	S62.515A	Fracture at wrist and hand level
S62	S62.516A	Fracture at wrist and hand level
S62	S62.521A	Fracture at wrist and hand level
S62	S62.522A	Fracture at wrist and hand level
S62	S62.523A	Fracture at wrist and hand level
S62	S62.524A	Fracture at wrist and hand level
S62	S62.525A	Fracture at wrist and hand level
S62	S62.526A	Fracture at wrist and hand level
S62	S62.600A	Fracture at wrist and hand level
S62	S62.601A	Fracture at wrist and hand level
S62	S62.602A	Fracture at wrist and hand level
S62	S62.603A	Fracture at wrist and hand level
S62	S62.604A	Fracture at wrist and hand level
S62	S62.605A	Fracture at wrist and hand level
S62	S62.606A	Fracture at wrist and hand level
S62	S62.607A	Fracture at wrist and hand level
S62	S62.608A	Fracture at wrist and hand level
S62	S62.609A	Fracture at wrist and hand level
S62	S62.610A	Fracture at wrist and hand level
S62	S62.611A	Fracture at wrist and hand level
S62	S62.612A	Fracture at wrist and hand level
S62	S62.613A	Fracture at wrist and hand level
S62	S62.614A	Fracture at wrist and hand level
S62	S62.615A	Fracture at wrist and hand level
S62	S62.616A	Fracture at wrist and hand level
S62	S62.617A	Fracture at wrist and hand level
S62	S62.618A	Fracture at wrist and hand level
S62	S62.619A	Fracture at wrist and hand level
S62	S62.620A	Fracture at wrist and hand level
S62	S62.621A	Fracture at wrist and hand level
S62	S62.622A	Fracture at wrist and hand level
S62	S62.623A	Fracture at wrist and hand level
S62	S62.624A	Fracture at wrist and hand level
S62	S62.625A	Fracture at wrist and hand level
S62	S62.626A	Fracture at wrist and hand level
S62	S62.627A	Fracture at wrist and hand level
S62	S62.628A	Fracture at wrist and hand level
S62	S62.629A	Fracture at wrist and hand level
S62	S62.630A	Fracture at wrist and hand level
S62	S62.631A	Fracture at wrist and hand level
S62	S62.632A	Fracture at wrist and hand level
S62	S62.633A	Fracture at wrist and hand level
S62	S62.634A	Fracture at wrist and hand level
S62	S62.635A	Fracture at wrist and hand level
S62	S62.636A	Fracture at wrist and hand level
S62	S62.637A	Fracture at wrist and hand level
S62	S62.638A	Fracture at wrist and hand level

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S62	S62.639A	Fracture at wrist and hand level
S62	S62.640A	Fracture at wrist and hand level
S62	S62.641A	Fracture at wrist and hand level
S62	S62.642A	Fracture at wrist and hand level
S62	S62.643A	Fracture at wrist and hand level
S62	S62.644A	Fracture at wrist and hand level
S62	S62.645A	Fracture at wrist and hand level
S62	S62.646A	Fracture at wrist and hand level
S62	S62.647A	Fracture at wrist and hand level
S62	S62.648A	Fracture at wrist and hand level
S62	S62.649A	Fracture at wrist and hand level
S62	S62.650A	Fracture at wrist and hand level
S62	S62.651A	Fracture at wrist and hand level
S62	S62.652A	Fracture at wrist and hand level
S62	S62.653A	Fracture at wrist and hand level
S62	S62.654A	Fracture at wrist and hand level
S62	S62.655A	Fracture at wrist and hand level
S62	S62.656A	Fracture at wrist and hand level
S62	S62.657A	Fracture at wrist and hand level
S62	S62.658A	Fracture at wrist and hand level
S62	S62.659A	Fracture at wrist and hand level
S62	S62.660A	Fracture at wrist and hand level
S62	S62.661A	Fracture at wrist and hand level
S62	S62.662A	Fracture at wrist and hand level
S62	S62.663A	Fracture at wrist and hand level
S62	S62.664A	Fracture at wrist and hand level
S62	S62.665A	Fracture at wrist and hand level
S62	S62.666A	Fracture at wrist and hand level
S62	S62.667A	Fracture at wrist and hand level
S62	S62.668A	Fracture at wrist and hand level
S62	S62.669A	Fracture at wrist and hand level
S63.4*	S63.400A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.401A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.402A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.403A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.404A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.405A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.406A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.407A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.408A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.409A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.410A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.411A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.412A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.413A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.414A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.415A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.416A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)
S63.4*	S63.417A	Traumatic rupture of ligament of finger at metacarpophalangeal and interphalangeal joint(s)

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
S63.6*	S63.622A	Other and unspecified sprain of finger(s)
S63.6*	S63.629A	Other and unspecified sprain of finger(s)
S63.6*	S63.630A	Other and unspecified sprain of finger(s)
S63.6*	S63.631A	Other and unspecified sprain of finger(s)
S63.6*	S63.632A	Other and unspecified sprain of finger(s)
S63.6*	S63.633A	Other and unspecified sprain of finger(s)
S63.6*	S63.634A	Other and unspecified sprain of finger(s)
S63.6*	S63.635A	Other and unspecified sprain of finger(s)
S63.6*	S63.636A	Other and unspecified sprain of finger(s)
S63.6*	S63.637A	Other and unspecified sprain of finger(s)
S63.6*	S63.638A	Other and unspecified sprain of finger(s)
S63.6*	S63.639A	Other and unspecified sprain of finger(s)
S63.6*	S63.681A	Other and unspecified sprain of finger(s)
S63.6*	S63.682A	Other and unspecified sprain of finger(s)
S63.6*	S63.689A	Other and unspecified sprain of finger(s)
S63.6*	S63.690A	Other and unspecified sprain of finger(s)
S63.6*	S63.691A	Other and unspecified sprain of finger(s)
S63.6*	S63.692A	Other and unspecified sprain of finger(s)
S63.6*	S63.693A	Other and unspecified sprain of finger(s)
S63.6*	S63.694A	Other and unspecified sprain of finger(s)
S63.6*	S63.695A	Other and unspecified sprain of finger(s)
S63.6*	S63.696A	Other and unspecified sprain of finger(s)
S63.6*	S63.697A	Other and unspecified sprain of finger(s)
S63.6*	S63.698A	Other and unspecified sprain of finger(s)
S63.6*	S63.699A	Other and unspecified sprain of finger(s)
S63.8*	S63.8X1A	Sprain of other part of wrist and hand
S63.8*	S63.8X2A	Sprain of other part of wrist and hand
S63.8*	S63.8X9A	Sprain of other part of wrist and hand
S63.9*	S63.90XA	Sprain of unspecified part of wrist and hand
S63.9*	S63.91XA	Sprain of unspecified part of wrist and hand
S63.9*	S63.92XA	Sprain of unspecified part of wrist and hand
S66.00*	S66.001A	Unspecified injury of long flexor muscle, fascia and tendon of thumb at wrist and hand level
S66.00*	S66.002A	Unspecified injury of long flexor muscle, fascia and tendon of thumb at wrist and hand level
S66.00*	S66.009A	Unspecified injury of long flexor muscle, fascia and tendon of thumb at wrist and hand level
S66.01*	S66.011A	Strain of long flexor muscle, fascia and tendon of thumb at wrist and hand level
S66.01*	S66.012A	Strain of long flexor muscle, fascia and tendon of thumb at wrist and hand level
S66.01*	S66.019A	Strain of long flexor muscle, fascia and tendon of thumb at wrist and hand level
S66.09*	S66.091A	Other specified injury of long flexor muscle, fascia and tendon of thumb at wrist and hand level
S66.09*	S66.092A	Other specified injury of long flexor muscle, fascia and tendon of thumb at wrist and hand level
S66.09*	S66.099A	Other specified injury of long flexor muscle, fascia and tendon of thumb at wrist and hand level
S66.10*	S66.100A	Unspecified injury of flexor muscle, fascia and tendon of other and unspecified finger at wrist and hand level
S66.10*	S66.101A	Unspecified injury of flexor muscle, fascia and tendon of other and unspecified finger at wrist and hand level
S66.10*	S66.102A	Unspecified injury of flexor muscle, fascia and tendon of other and unspecified finger at wrist and hand level
S66.10*	S66.103A	Unspecified injury of flexor muscle, fascia and tendon of other and unspecified finger at wrist and hand level
S66.10*	S66.104A	Unspecified injury of flexor muscle, fascia and tendon of other and unspecified finger at wrist and hand level
S66.10*	S66.105A	Unspecified injury of flexor muscle, fascia and tendon of other and unspecified finger at wrist and hand level
S66.10*	S66.106A	Unspecified injury of flexor muscle, fascia and tendon of other and unspecified finger at wrist and hand level
S66.10*	S66.107A	Unspecified injury of flexor muscle, fascia and tendon of other and unspecified finger at wrist and hand level
S66.10*	S66.108A	Unspecified injury of flexor muscle, fascia and tendon of other and unspecified finger at wrist and hand level

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S66.59*	S66.599A	Other injury of intrinsic muscle, fascia and tendon of other and unspecified finger at wrist and hand level
S66.80*	S66.801A	Unspecified injury of other specified muscles, fascia and tendons at wrist and hand level
S66.80*	S66.802A	Unspecified injury of other specified muscles, fascia and tendons at wrist and hand level
S66.80*	S66.809A	Unspecified injury of other specified muscles, fascia and tendons at wrist and hand level
S66.81*	S66.811A	Strain of other specified muscles, fascia and tendons at wrist and hand level
S66.81*	S66.812A	Strain of other specified muscles, fascia and tendons at wrist and hand level
S66.81*	S66.819A	Strain of other specified muscles, fascia and tendons at wrist and hand level
S66.89*	S66.891A	Other injury of other specified muscles, fascia and tendons at wrist and hand level
S66.89*	S66.892A	Other injury of other specified muscles, fascia and tendons at wrist and hand level
S66.89*	S66.899A	Other injury of other specified muscles, fascia and tendons at wrist and hand level
S66.90*	S66.901A	Unspecified injury of unspecified muscle, fascia and tendon at wrist and hand level
S66.90*	S66.902A	Unspecified injury of unspecified muscle, fascia and tendon at wrist and hand level
S66.90*	S66.909A	Unspecified injury of unspecified muscle, fascia and tendon at wrist and hand level
S66.911A	S66.911A	Strain of unspecified muscle, fascia and tendon at wrist and hand level, right hand, initial encounter
S66.912A	S66.912A	Strain of unspecified muscle, fascia and tendon at wrist and hand level, left hand, initial encounter
S66.919A	S66.919A	Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, initial encounter
S66.991A	S66.991A	Other injury of unspecified muscle, fascia and tendon at wrist and hand level, right hand, initial encounter
S66.99*	S66.992A	Other injury of unspecified muscle, fascia and tendon at wrist and hand level
S66.99*	S66.999A	Other injury of unspecified muscle, fascia and tendon at wrist and hand level
S69	S69.80XA	Other and unspecified injuries of wrist, hand and finger(s)
S69	S69.81XA	Other and unspecified injuries of wrist, hand and finger(s)
S69	S69.82XA	Other and unspecified injuries of wrist, hand and finger(s)
S69	S69.90XA	Other and unspecified injuries of wrist, hand and finger(s)
S69	S69.91XA	Other and unspecified injuries of wrist, hand and finger(s)
S69	S69.92XA	Other and unspecified injuries of wrist, hand and finger(s)
S70.10XA	S70.10XA	Contusion of unspecified thigh, initial encounter
S70.2*	S70.211A	Other superficial injuries of hip
S70.2*	S70.212A	Other superficial injuries of hip
S70.2*	S70.219A	Other superficial injuries of hip
S70.2*	S70.261A	Other superficial injuries of hip
S70.2*	S70.262A	Other superficial injuries of hip
S70.2*	S70.269A	Other superficial injuries of hip
S70.3*	S70.311A	Other superficial injuries of thigh
S70.3*	S70.312A	Other superficial injuries of thigh
S70.3*	S70.319A	Other superficial injuries of thigh
S70.3*	S70.361A	Other superficial injuries of thigh
S70.3*	S70.362A	Other superficial injuries of thigh
S70.3*	S70.369A	Other superficial injuries of thigh
S73	S73.101A	Dislocation and sprain of joint and ligaments of hip
S73	S73.102A	Dislocation and sprain of joint and ligaments of hip
S73	S73.109A	Dislocation and sprain of joint and ligaments of hip
S76	S76.911A	Injury of muscle, fascia and tendon at hip and thigh level
S76	S76.912A	Injury of muscle, fascia and tendon at hip and thigh level
S76	S76.919A	Injury of muscle, fascia and tendon at hip and thigh level
S80.0*	S80.00XA	Contusion of knee
S80.0*	S80.01XA	Contusion of knee
S80.0*	S80.02XA	Contusion of knee
S80.1*	S80.10XA	Contusion of lower leg
S80.1*	S80.11XA	Contusion of lower leg

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S80.1*	S80.12XA	Contusion of lower leg
S80.2*	S80.211A	Other superficial injuries of knee
S80.2*	S80.212A	Other superficial injuries of knee
S80.2*	S80.219A	Other superficial injuries of knee
S80.2*	S80.261A	Other superficial injuries of knee
S80.2*	S80.262A	Other superficial injuries of knee
S80.2*	S80.269A	Other superficial injuries of knee
S80.8*	S80.811A	Other superficial injuries of lower leg
S80.8*	S80.812A	Other superficial injuries of lower leg
S80.8*	S80.819A	Other superficial injuries of lower leg
S80.8*	S80.861A	Other superficial injuries of lower leg
S80.8*	S80.862A	Other superficial injuries of lower leg
S80.8*	S80.869A	Other superficial injuries of lower leg
S81	S81.001A	Open wound of knee and lower leg
S81	S81.002A	Open wound of knee and lower leg
S81	S81.009A	Open wound of knee and lower leg
S81	S81.011A	Open wound of knee and lower leg
S81	S81.012A	Open wound of knee and lower leg
S81	S81.019A	Open wound of knee and lower leg
S81	S81.031A	Open wound of knee and lower leg
S81	S81.032A	Open wound of knee and lower leg
S81	S81.039A	Open wound of knee and lower leg
S81	S81.051A	Open wound of knee and lower leg
S81	S81.052A	Open wound of knee and lower leg
S81	S81.059A	Open wound of knee and lower leg
S81	S81.801A	Open wound of knee and lower leg
S81	S81.802A	Open wound of knee and lower leg
S81	S81.809A	Open wound of knee and lower leg
S81	S81.811A	Open wound of knee and lower leg
S81	S81.812A	Open wound of knee and lower leg
S81	S81.819A	Open wound of knee and lower leg
S81	S81.831A	Open wound of knee and lower leg
S81	S81.832A	Open wound of knee and lower leg
S81	S81.839A	Open wound of knee and lower leg
S81	S81.851A	Open wound of knee and lower leg
S81	S81.852A	Open wound of knee and lower leg
S81	S81.859A	Open wound of knee and lower leg
S82	S82.301A	Fracture of lower leg, including ankle
S82	S82.302A	Fracture of lower leg, including ankle
S82	S82.309A	Fracture of lower leg, including ankle
S82	S82.391A	Fracture of lower leg, including ankle
S82	S82.392A	Fracture of lower leg, including ankle
S82	S82.399A	Fracture of lower leg, including ankle
S82	S82.891A	Fracture of lower leg, including ankle
S82	S82.892A	Fracture of lower leg, including ankle
S82	S82.899A	Fracture of lower leg, including ankle
S83	S83.90XA	Dislocation and sprain of joints and ligaments of knee
S83	S83.91XA	Dislocation and sprain of joints and ligaments of knee
S83	S83.92XA	Dislocation and sprain of joints and ligaments of knee

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Invididual Code	Group Description
S86.00*	S86.001A	Unspecified injury of Achilles tendon
S86.00*	S86.002A	Unspecified injury of Achilles tendon
S86.00*	S86.009A	Unspecified injury of Achilles tendon
S86.01*	S86.011A	Strain of Achilles tendon
S86.01*	S86.012A	Strain of Achilles tendon
S86.01*	S86.019A	Strain of Achilles tendon
S86.09*	S86.091A	Other specified injury of Achilles tendon
S86.09*	S86.092A	Other specified injury of Achilles tendon
S86.09*	S86.099A	Other specified injury of Achilles tendon
S86.1*	S86.101A	Injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level
S86.1*	S86.102A	Injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level
S86.1*	S86.109A	Injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level
S86.1*	S86.191A	Injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level
S86.1*	S86.192A	Injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level
S86.1*	S86.199A	Injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level
S86.2*	S86.201A	Injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level
S86.2*	S86.202A	Injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level
S86.2*	S86.209A	Injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level
S86.2*	S86.291A	Injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level
S86.2*	S86.292A	Injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level
S86.2*	S86.299A	Injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level
S86.3*	S86.301A	Injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level
S86.3*	S86.302A	Injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level
S86.3*	S86.309A	Injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level
S86.3*	S86.391A	Injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level
S86.3*	S86.392A	Injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level
S86.3*	S86.399A	Injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level
S86.8*	S86.801A	Injury of other muscles and tendons at lower leg level
S86.8*	S86.802A	Injury of other muscles and tendons at lower leg level
S86.8*	S86.809A	Injury of other muscles and tendons at lower leg level
S86.8*	S86.891A	Injury of other muscles and tendons at lower leg level
S86.8*	S86.892A	Injury of other muscles and tendons at lower leg level
S86.8*	S86.899A	Injury of other muscles and tendons at lower leg level
S86.90*	S86.901A	Unspecified injury of unspecified muscle and tendon at lower leg level
S86.90*	S86.902A	Unspecified injury of unspecified muscle and tendon at lower leg level
S86.90*	S86.909A	Unspecified injury of unspecified muscle and tendon at lower leg level
S86.91*	S86.911A	Strain of unspecified muscle and tendon at lower leg level
S86.91*	S86.912A	Strain of unspecified muscle and tendon at lower leg level
S86.91*	S86.919A	Strain of unspecified muscle and tendon at lower leg level
S86.99*	S86.991A	Other injury of unspecified muscle and tendon at lower leg level
S86.99*	S86.992A	Other injury of unspecified muscle and tendon at lower leg level
S86.99*	S86.999A	Other injury of unspecified muscle and tendon at lower leg level
S89.1*	S89.101A	Physeal fracture of lower end of tibia
S89.1*	S89.102A	Physeal fracture of lower end of tibia
S89.1*	S89.109A	Physeal fracture of lower end of tibia
S89.1*	S89.111A	Physeal fracture of lower end of tibia
S89.1*	S89.112A	Physeal fracture of lower end of tibia
S89.1*	S89.119A	Physeal fracture of lower end of tibia
S89.1*	S89.121A	Physeal fracture of lower end of tibia

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S89.1*	S89.122A	Physeal fracture of lower end of tibia
S89.1*	S89.129A	Physeal fracture of lower end of tibia
S89.1*	S89.131A	Physeal fracture of lower end of tibia
S89.1*	S89.132A	Physeal fracture of lower end of tibia
S89.1*	S89.139A	Physeal fracture of lower end of tibia
S89.1*	S89.141A	Physeal fracture of lower end of tibia
S89.1*	S89.142A	Physeal fracture of lower end of tibia
S89.1*	S89.149A	Physeal fracture of lower end of tibia
S89.1*	S89.191A	Physeal fracture of lower end of tibia
S89.1*	S89.192A	Physeal fracture of lower end of tibia
S89.1*	S89.199A	Physeal fracture of lower end of tibia
S89.3*	S89.301A	Physeal fracture of lower end of fibula
S89.3*	S89.302A	Physeal fracture of lower end of fibula
S89.3*	S89.309A	Physeal fracture of lower end of fibula
S89.3*	S89.311A	Physeal fracture of lower end of fibula
S89.3*	S89.312A	Physeal fracture of lower end of fibula
S89.3*	S89.319A	Physeal fracture of lower end of fibula
S89.3*	S89.321A	Physeal fracture of lower end of fibula
S89.3*	S89.322A	Physeal fracture of lower end of fibula
S89.3*	S89.329A	Physeal fracture of lower end of fibula
S89.3*	S89.391A	Physeal fracture of lower end of fibula
S89.3*	S89.392A	Physeal fracture of lower end of fibula
S89.3*	S89.399A	Physeal fracture of lower end of fibula
S89.8*	S89.80XA	Other specified injuries of lower leg
S89.8*	S89.81XA	Other specified injuries of lower leg
S89.8*	S89.82XA	Other specified injuries of lower leg
S89.9*	S89.90XA	Unspecified injury of lower leg
S89.9*	S89.91XA	Unspecified injury of lower leg
S89.9*	S89.92XA	Unspecified injury of lower leg
S90.3*	S90.30XA	Contusion of foot
S90.3*	S90.31XA	Contusion of foot
S90.3*	S90.32XA	Contusion of foot
S90.5*	S90.511A	Other superficial injuries of ankle
S90.5*	S90.512A	Other superficial injuries of ankle
S90.5*	S90.519A	Other superficial injuries of ankle
S90.5*	S90.561A	Other superficial injuries of ankle
S90.5*	S90.562A	Other superficial injuries of ankle
S90.5*	S90.569A	Other superficial injuries of ankle
S91	S91.001A	Open wound of ankle, foot and toes
S91	S91.002A	Open wound of ankle, foot and toes
S91	S91.009A	Open wound of ankle, foot and toes
S91	S91.011A	Open wound of ankle, foot and toes
S91	S91.012A	Open wound of ankle, foot and toes
S91	S91.019A	Open wound of ankle, foot and toes
S91	S91.031A	Open wound of ankle, foot and toes
S91	S91.032A	Open wound of ankle, foot and toes
S91	S91.039A	Open wound of ankle, foot and toes
S91	S91.051A	Open wound of ankle, foot and toes
S91	S91.052A	Open wound of ankle, foot and toes

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S91	S91.059A	Open wound of ankle, foot and toes
S91	S91.301A	Open wound of ankle, foot and toes
S91	S91.302A	Open wound of ankle, foot and toes
S91	S91.309A	Open wound of ankle, foot and toes
S91	S91.311A	Open wound of ankle, foot and toes
S91	S91.312A	Open wound of ankle, foot and toes
S91	S91.319A	Open wound of ankle, foot and toes
S91	S91.331A	Open wound of ankle, foot and toes
S91	S91.332A	Open wound of ankle, foot and toes
S91	S91.339A	Open wound of ankle, foot and toes
S91	S91.351A	Open wound of ankle, foot and toes
S91	S91.352A	Open wound of ankle, foot and toes
S91	S91.359A	Open wound of ankle, foot and toes
S92	S92.301A	Fracture of foot and toe, except ankle
S92	S92.302A	Fracture of foot and toe, except ankle
S92	S92.309A	Fracture of foot and toe, except ankle
S92	S92.311A	Fracture of foot and toe, except ankle
S92	S92.312A	Fracture of foot and toe, except ankle
S92	S92.313A	Fracture of foot and toe, except ankle
S92	S92.314A	Fracture of foot and toe, except ankle
S92	S92.315A	Fracture of foot and toe, except ankle
S92	S92.316A	Fracture of foot and toe, except ankle
S92	S92.321A	Fracture of foot and toe, except ankle
S92	S92.322A	Fracture of foot and toe, except ankle
S92	S92.323A	Fracture of foot and toe, except ankle
S92	S92.324A	Fracture of foot and toe, except ankle
S92	S92.325A	Fracture of foot and toe, except ankle
S92	S92.326A	Fracture of foot and toe, except ankle
S92	S92.331A	Fracture of foot and toe, except ankle
S92	S92.332A	Fracture of foot and toe, except ankle
S92	S92.333A	Fracture of foot and toe, except ankle
S92	S92.334A	Fracture of foot and toe, except ankle
S92	S92.335A	Fracture of foot and toe, except ankle
S92	S92.336A	Fracture of foot and toe, except ankle
S92	S92.341A	Fracture of foot and toe, except ankle
S92	S92.342A	Fracture of foot and toe, except ankle
S92	S92.343A	Fracture of foot and toe, except ankle
S92	S92.344A	Fracture of foot and toe, except ankle
S92	S92.345A	Fracture of foot and toe, except ankle
S92	S92.346A	Fracture of foot and toe, except ankle
S92	S92.351A	Fracture of foot and toe, except ankle
S92	S92.352A	Fracture of foot and toe, except ankle
S92	S92.353A	Fracture of foot and toe, except ankle
S92	S92.354A	Fracture of foot and toe, except ankle
S92	S92.355A	Fracture of foot and toe, except ankle
S92	S92.356A	Fracture of foot and toe, except ankle
S92	S92.401A	Fracture of foot and toe, except ankle
S92	S92.402A	Fracture of foot and toe, except ankle
S92	S92.403A	Fracture of foot and toe, except ankle

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S92	S92.404A	Fracture of foot and toe, except ankle
S92	S92.405A	Fracture of foot and toe, except ankle
S92	S92.406A	Fracture of foot and toe, except ankle
S92	S92.411A	Fracture of foot and toe, except ankle
S92	S92.412A	Fracture of foot and toe, except ankle
S92	S92.413A	Fracture of foot and toe, except ankle
S92	S92.414A	Fracture of foot and toe, except ankle
S92	S92.415A	Fracture of foot and toe, except ankle
S92	S92.416A	Fracture of foot and toe, except ankle
S92	S92.421A	Fracture of foot and toe, except ankle
S92	S92.422A	Fracture of foot and toe, except ankle
S92	S92.423A	Fracture of foot and toe, except ankle
S92	S92.424A	Fracture of foot and toe, except ankle
S92	S92.425A	Fracture of foot and toe, except ankle
S92	S92.426A	Fracture of foot and toe, except ankle
S92	S92.491A	Fracture of foot and toe, except ankle
S92	S92.492A	Fracture of foot and toe, except ankle
S92	S92.499A	Fracture of foot and toe, except ankle
S92	S92.501A	Fracture of foot and toe, except ankle
S92	S92.502A	Fracture of foot and toe, except ankle
S92	S92.503A	Fracture of foot and toe, except ankle
S92	S92.504A	Fracture of foot and toe, except ankle
S92	S92.505A	Fracture of foot and toe, except ankle
S92	S92.506A	Fracture of foot and toe, except ankle
S92	S92.511A	Fracture of foot and toe, except ankle
S92	S92.512A	Fracture of foot and toe, except ankle
S92	S92.513A	Fracture of foot and toe, except ankle
S92	S92.514A	Fracture of foot and toe, except ankle
S92	S92.515A	Fracture of foot and toe, except ankle
S92	S92.516A	Fracture of foot and toe, except ankle
S92	S92.521A	Fracture of foot and toe, except ankle
S92	S92.522A	Fracture of foot and toe, except ankle
S92	S92.523A	Fracture of foot and toe, except ankle
S92	S92.524A	Fracture of foot and toe, except ankle
S92	S92.525A	Fracture of foot and toe, except ankle
S92	S92.526A	Fracture of foot and toe, except ankle
S92	S92.531A	Fracture of foot and toe, except ankle
S92	S92.532A	Fracture of foot and toe, except ankle
S92	S92.533A	Fracture of foot and toe, except ankle
S92	S92.534A	Fracture of foot and toe, except ankle
S92	S92.535A	Fracture of foot and toe, except ankle
S92	S92.536A	Fracture of foot and toe, except ankle
S92	S92.591A	Fracture of foot and toe, except ankle
S92	S92.592A	Fracture of foot and toe, except ankle
S92	S92.599A	Fracture of foot and toe, except ankle
S92	S92.901A	Fracture of foot and toe, except ankle
S92	S92.902A	Fracture of foot and toe, except ankle
S92	S92.909A	Fracture of foot and toe, except ankle
S92	S92.911A	Fracture of foot and toe, except ankle

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List

ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S92	S92.912A	Fracture of foot and toe, except ankle
S92	S92.919A	Fracture of foot and toe, except ankle
S93.40*	S93.401A	Sprain of unspecified ligament of ankle
S93.40*	S93.402A	Sprain of unspecified ligament of ankle
S93.40*	S93.409A	Sprain of unspecified ligament of ankle
S93.49*	S93.491A	Sprain of other ligament of ankle
S93.49*	S93.492A	Sprain of other ligament of ankle
S93.49*	S93.499A	Sprain of other ligament of ankle
S93.6*	S93.601A	Sprain of foot
S93.6*	S93.602A	Sprain of foot
S93.6*	S93.609A	Sprain of foot
S96.00*	S96.001A	Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level
S96.00*	S96.002A	Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level
S96.00*	S96.009A	Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level
S96.01*	S96.011A	Strain of muscle and tendon of long flexor muscle of toe at ankle and foot level
S96.01*	S96.012A	Strain of muscle and tendon of long flexor muscle of toe at ankle and foot level
S96.01*	S96.019A	Strain of muscle and tendon of long flexor muscle of toe at ankle and foot level
S96.09*	S96.091A	Other injury of muscle and tendon of long flexor muscle of toe at ankle and foot level
S96.09*	S96.092A	Other injury of muscle and tendon of long flexor muscle of toe at ankle and foot level
S96.09*	S96.099A	Other injury of muscle and tendon of long flexor muscle of toe at ankle and foot level
S96.10*	S96.101A	Unspecified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level
S96.10*	S96.102A	Unspecified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level
S96.10*	S96.109A	Unspecified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level
S96.11*	S96.111A	Strain of muscle and tendon of long extensor muscle of toe at ankle and foot level
S96.11*	S96.112A	Strain of muscle and tendon of long extensor muscle of toe at ankle and foot level
S96.11*	S96.119A	Strain of muscle and tendon of long extensor muscle of toe at ankle and foot level
S96.19*	S96.191A	Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level
S96.19*	S96.192A	Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level
S96.19*	S96.199A	Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level
S96.20*	S96.201A	Unspecified injury of intrinsic muscle and tendon at ankle and foot level
S96.20*	S96.202A	Unspecified injury of intrinsic muscle and tendon at ankle and foot level
S96.20*	S96.209A	Unspecified injury of intrinsic muscle and tendon at ankle and foot level
S96.21*	S96.211A	Strain of intrinsic muscle and tendon at ankle and foot level
S96.21*	S96.212A	Strain of intrinsic muscle and tendon at ankle and foot level
S96.21*	S96.219A	Strain of intrinsic muscle and tendon at ankle and foot level
S96.29*	S96.291A	Other specified injury of intrinsic muscle and tendon at ankle and foot level
S96.29*	S96.292A	Other specified injury of intrinsic muscle and tendon at ankle and foot level
S96.29*	S96.299A	Other specified injury of intrinsic muscle and tendon at ankle and foot level
S96.80*	S96.801A	Unspecified injury of other specified muscles and tendons at ankle and foot level
S96.80*	S96.802A	Unspecified injury of other specified muscles and tendons at ankle and foot level
S96.80*	S96.809A	Unspecified injury of other specified muscles and tendons at ankle and foot level
S96.81*	S96.811A	Strain of other specified muscles and tendons at ankle and foot level
S96.81*	S96.812A	Strain of other specified muscles and tendons at ankle and foot level
S96.81*	S96.819A	Strain of other specified muscles and tendons at ankle and foot level
S96.89*	S96.891A	Other specified injury of other specified muscles and tendons at ankle and foot level
S96.89*	S96.892A	Other specified injury of other specified muscles and tendons at ankle and foot level
S96.89*	S96.899A	Other specified injury of other specified muscles and tendons at ankle and foot level
S96.90*	S96.901A	Unspecified injury of unspecified muscle and tendon at ankle and foot level
S96.90*	S96.902A	Unspecified injury of unspecified muscle and tendon at ankle and foot level

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
S96.90*	S96.909A	Unspecified injury of unspecified muscle and tendon at ankle and foot level
S96.911A	S96.911A	Strain of unspecified muscle and tendon at ankle and foot level, right foot, initial encounter
S96.912A	S96.912A	Strain of unspecified muscle and tendon at ankle and foot level, left foot, initial encounter
S96.919A	S96.919A	Strain of unspecified muscle and tendon at ankle and foot level, unspecified foot, initial encounter
S96.99*	S96.991A	Other specified injury of unspecified muscle and tendon at ankle and foot level
S96.99*	S96.992A	Other specified injury of unspecified muscle and tendon at ankle and foot level
S96.99*	S96.999A	Other specified injury of unspecified muscle and tendon at ankle and foot level
S99	S99.811A	Other and unspecified injuries of ankle and foot
S99	S99.812A	Other and unspecified injuries of ankle and foot
S99	S99.819A	Other and unspecified injuries of ankle and foot
S99	S99.821A	Other and unspecified injuries of ankle and foot
S99	S99.822A	Other and unspecified injuries of ankle and foot
S99	S99.829A	Other and unspecified injuries of ankle and foot
S99	S99.911A	Other and unspecified injuries of ankle and foot
S99	S99.912A	Other and unspecified injuries of ankle and foot
S99	S99.919A	Other and unspecified injuries of ankle and foot
S99	S99.921A	Other and unspecified injuries of ankle and foot
S99	S99.922A	Other and unspecified injuries of ankle and foot
S99	S99.929A	Other and unspecified injuries of ankle and foot
T07.	T07	Unspecified multiple injuries
T07.	T07.XXXA	Unspecified multiple injuries
T07.	T07.XXXD	Unspecified multiple injuries
T07.	T07.XXXS	Unspecified multiple injuries
T14.8*	T14.8	Other injury of unspecified body region
T14.8*	T14.8XXA	Other injury of unspecified body region
T14.8*	T14.8XXD	Other injury of unspecified body region
T14.8*	T14.8XXS	Other injury of unspecified body region
T14.90*	T14.90	Injury, unspecified
T14.90*	T14.90XA	Injury, unspecified
T14.90*	T14.90XD	Injury, unspecified
T14.90*	T14.90XS	Injury, unspecified
T14.91*	T14.91	Suicide attempt
T14.91*	T14.91XA	Suicide attempt
T14.91*	T14.91XD	Suicide attempt
T14.91*	T14.91XS	Suicide attempt
T16	T16.1XXA	Foreign body in ear
T16	T16.2XXA	Foreign body in ear
T16	T16.9XXA	Foreign body in ear
T17	T17.0XXA	Foreign body in respiratory tract
T17	T17.1XXA	Foreign body in respiratory tract
T78	T78.40XA	Adverse effects, not elsewhere classified
T78	T78.49XA	Adverse effects, not elsewhere classified
T81.4*	T81.40XA	Infection following a procedure
T81.4*	T81.40XD	Infection following a procedure
T81.4*	T81.40XS	Infection following a procedure
T81.4*	T81.41XA	Infection following a procedure
T81.4*	T81.41XD	Infection following a procedure
T81.4*	T81.41XS	Infection following a procedure
T81.4*	T81.42XA	Infection following a procedure

Appendix F

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List		
ICD-10 Group Designation	ICD-10 Individual Code	Group Description
T81.4*	T81.42XD	Infection following a procedure
T81.4*	T81.42XS	Infection following a procedure
T81.4*	T81.43XA	Infection following a procedure
T81.4*	T81.43XD	Infection following a procedure
T81.4*	T81.43XS	Infection following a procedure
T81.4*	T81.44XA	Infection following a procedure
T81.4*	T81.44XD	Infection following a procedure
T81.4*	T81.44XS	Infection following a procedure
T81.4*	T81.49XA	Infection following a procedure
T81.4*	T81.49XD	Infection following a procedure
T81.4*	T81.49XS	Infection following a procedure
T81.4*	T81.4XXA	Infection following a procedure
Z00	Z00.121	Encounter for general examination without complaint, suspected or reported diagnosis
Z00	Z00.129	Encounter for general examination without complaint, suspected or reported diagnosis
Z08.	Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z09.	Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z20.2	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z33.1	Z33.1	Pregnant state, incidental
Z34	Z34.80	Encounter for supervision of normal pregnancy
Z34	Z34.81	Encounter for supervision of normal pregnancy
Z34	Z34.82	Encounter for supervision of normal pregnancy
Z34	Z34.83	Encounter for supervision of normal pregnancy
Z34	Z34.90	Encounter for supervision of normal pregnancy
Z34	Z34.91	Encounter for supervision of normal pregnancy
Z34	Z34.92	Encounter for supervision of normal pregnancy
Z34	Z34.93	Encounter for supervision of normal pregnancy
Z48.00	Z48.00	Encounter for change or removal of nonsurgical wound dressing
Z48.01	Z48.01	Encounter for change or removal of surgical wound dressing
Z48.02	Z48.02	Encounter for removal of sutures
Z76.0	Z76.0	Encounter for issue of repeat prescription



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