



THE REPUBLIC OF UGANDA

Ministry of Health

Guidelines for Management of Private Healthcare Services in Health Units

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Foreword

Private healthcare services within health units constitute an important sub component in the development of health services in Uganda and are expected to play a major role in the country's efforts to achieve the health-related Sustainable Development Goals.

It is imperative therefore that their development is guided in order to ensure proper planning, transparency, accountability, client centeredness and quality services whilst safeguarding the population from catastrophic health expenditures.

These revised guidelines have been made more robust and practical and have included guidance on proper planning as well as fees to be charged for private healthcare services. This has been enabled by the introduction Diagnosis Related Groups (DRGs) for in-patients and Ambulatory Patient Groups (APGs) for Outpatients which provide a framework for sharing of risks between clients and hospitals in order to protect the population from catastrophic health expenditures. This has in effect made the guidelines a living document that will be reviewed on a regular basis which calls for regular feedback to inform the review process. We are grateful to the team from the Department of Planning, Financing and Policy that led the process of developing DRGs and APGs for Uganda.

Am confident that the updated guidelines which come into effect on 1st July 2025 and are binding to all hospitals will become an invaluable tool for the development of the private healthcare services across the country and will translate into better services and health outcomes for our people.



Dr. Aceng Jane Ruth
Minister of Health

Acknowledgments

These guidelines for Private Healthcare Services were developed by the Ministry of Health in consultation with stakeholders at the different levels. The Ministry of Health is grateful to the World Health Organization and Clinton Health Action Initiative for the financial assistance whilst developing the guidelines and to the United Nations Population Fund for the financial support to develop the Uganda Diagnosis Related Groups and Ambulatory Patient Groups version 2.1 which has now been updated to version 2.5.

We extend our gratitude to all stakeholders who participated in the development of the guidelines. Special mention goes to Kawolo General Hospital and Kiruddu National Referral Hospital management for providing invaluable information on the current operations of private healthcare services at their respective hospitals as well as Luwero District Local Government for insights into the practicalities of managing the Public-Private mix of healthcare services.

The guidelines were piloted by Kayunga and Entebbe Regional Referral Hospitals as well as Luwero and Kawolo General Hospitals. The cooperation and patience showed by the staff and management of these hospitals during this learning process is much appreciated.

Finally, I wish to extend our gratitude to the team under the Ministry of Health that coordinated the revision of the guidelines and re-echo the notion that these guidelines are a living document whose development is reliant on regular feedback by the implementers. The Ministry of Health will institute a framework through which the implementers will meaningfully provide feedback to guide future improvements in management of private healthcare services.



Dr. Diana Atwine

Permanent Secretary

1 Introduction

1.1: Background

The Ministry of Health (MoH) has the mandate for oversight, stewardship, policy development and coordination of national health services. The overall objective of the Ministry of Health is to ensure that the country achieves Universal Health Coverage (UHC) by 2030. UHC envisages that all people have access to a full range of quality health services they need, when and where they need them, and without financial hardship. Private healthcare services complement general public healthcare services and have a critical role to play if the country is to achieve UHC. These, however, face significant challenges in acquiring the requisite human resource, capital investment, and medicines and supplies.

The health sector continues to grapple with the challenge of expanding access to quality health services for a low-income population with a high growth rate while ensuring efficiency and improved health outcomes. Streamlining the private healthcare services will be critical if these challenges are to be addressed.

1.2: Organization of Health Facility Services in Uganda

Health Units in Uganda are categorized by level of care into Clinics, Specialized Clinics, Health Centres (HC) Level II, III & IV and Hospitals (General, Regional Referral, National Referral and Specialized Hospitals); and by ownership into Public, Private not for Profit (PNFP) and Private Health Providers (PHP). Health Units other than public Health Centres usually have a general and private section. The recent inventory of Health Units is shown in Figure 1 below.

Table 1: Health Units in Uganda

Level	Public	PNFP	PHP	Total
Specialized health units	4	4	2	10
National Referrals	5	0	0	5
Regional Referral Hospitals	16	0	0	16
General Hospitals	55	71	68	194
Health Centre IVs	195	30	39	264
Health Centre IIIs	1350	307	370	2,027
Health Centre IIs & Clinics	1791	576	3327	5,694
Total	3,416	1,051	3,743	8,210

Source: *Health Unit Master List. AHSPR 2022/23*

Currently some public National Referral Hospitals (NRHs) and Specialized Hospitals like Uganda Heart Institute (UHI), Mulago Specialized Women and Neonatal Hospital, do not have a general section. All their inpatients and out patients are considered private hence all services are paid for. Other public NRHs operate both general and private section services. Some of these health units require a patient to be admitted to the private section under the care of a Specialist Medical Doctor and some of their services are only available under the private section e.g. MRI and CT scan among others.

Similar to the NRHs, the majority of RRHs and General Hospitals (GHs) operate a general and a private section for both inpatient and outpatient services. Many of these health units also require a patient to be admitted to the private section under the care of a specialist medical doctor, and some of their services are only available under the private section e.g. CT scan and dialysis among others.

Currently, public HC IVs, IIIs & IIs are not providing private healthcare services. This is due to the inadequate infrastructure and the nature of services provided at this level.

Over time and partly in a bid to meet the demands of the middle class, a two-tier charging phenomenon of general and private healthcare services has evolved in Uganda. This is essentially aimed at bridging the funding gap in health care in the face of the limited public financing. The private healthcare services in public health units are generally understood to include services officially paid for in these health units. Some private healthcare services have been introduced in public health units as a result of high operational costs, sustainability and maintenance requirements for some critical medical services such as diagnostic services using Computed Tomography (CT-Scan) and Magnetic Resonance Imaging (MRI).

In 2010, following a study assessing the status of private healthcare services in Uganda, the MoH developed Guidelines for private Sections of Health Units with the objective of improving management of service delivery, quality of services provided and client satisfaction, among others.

Since then, the operations of private sections of public health units have varied in scope and size across the country. This has affected the capacity to standardize the quality of care and the motivation of the health units to optimally operate private sections. The capability of private sections in public health units to operate optimally has also, to a large extent, been dependent on the availability of specialized care and equipment.

Current assessments by the MoH do not specifically disaggregate the performance of the private and general sections. However, a recent assessment of the performance of private sections in selected Regional Referral health units (RRHs) found utilization of private section healthcare services averaging about 2% of total clientele but having generally better outcomes. The Caesarean Section rates in the private sections were twice those in the general sections. It was also observed that over 80% of revenues were generated mainly by maternity and radiology services.

In compliance with the Public Financial Management Act and Regulations (PFMAR), Ministry of Finance, Planning & Economic Development (MoFPED) has guided that Revenues from the Private section of Public Health Units should be categorized as Non-Tax Revenue (NTR) and be appropriated by Parliament and Local Councils. Private Sections are, therefore, an important source of domestic financing for health care.

The Second National Health Policy (NHP) provides for Hospitals, from General to National Referral Hospitals, to have a private healthcare services' section for clients who can afford them and those that can't wait to be managed together with the rest of the ordinary patients seeking health care in the general section of Hospitals. These guidelines elaborate on how this can be achieved under the current national health system.

1.3: Rationale for Guidelines for Private Health Services in Health Units

The existing guidelines for management of private sections were formulated in 2010 and since then, there have been several legislative changes, such as the enactment of the PFM Act, Public Private Partnership (PPP) Act, amendment of the Public Health Act and Organ Transplant Act. More legislative changes are also anticipated in the medium term, including the establishment of the National Health Insurance Scheme (NHIS). These, coupled with health financing reforms like payment for specialized care services and diagnostics, placement of medical equipment and laboratories, call on the health subprogram to identify innovative domestic revenue generation sources, and this has implications on the operations of private healthcare services in health units, necessitating a review of the guidelines.

Furthermore, the existing guidelines are not explicitly clear on how the cost of services is determined. In addition, there has been observed inequity whereby private health care services revenue is generated by a few services utilized by certain segments of the population who are predominantly women and children. This inequity needs to be addressed.

1.4: Objectives

1.4.1: General Objective

The overall objective of these guidelines is to promote proper planning, transparency, and accountability for patient-centred care in private health care sections of health facilities, whilst protecting the public from catastrophic health expenditures.

1.4.2: Specific Objectives

Specifically, the guidelines are intended to;

1. Outline the governance and management arrangements for private healthcare sections in health facilities.
2. Provide a framework for implementing private healthcare services in health units
3. Provide a fee structure for private healthcare services in Health Units
4. Streamline the management of resources from private healthcare sections of public health units in order to improve effectiveness, efficiency and quality of services.

5. Provide a framework for public-private partnerships in delivery of private healthcare services.
6. Provide a monitoring and evaluation (M&E) framework that disaggregates the inputs and outputs of the private healthcare services from those of the general section.

1.5: Guiding Principles

- a) All public hospitals should have a private healthcare section and non-citizens not falling under the refugee category shall only receive services from the private section of public hospitals.
- b) Public health centres shall continue to operate without a private section though they are permitted to recover bills from health insurance firms for services rendered to their clients.
- c) The Minister responsible for health shall authorize in writing for a health care service in a public health unit to be provided exclusively under the private section.
- d) Before a health care service in a public health unit is authorized to be offered exclusively under the private section, the health unit shall demonstrate that arrangements to exempt the indigent poor who need that particular service exist. The recommendation for exemption must be made by a committee constituted by the health unit management.
- e) The private and general sections/services of a public health unit shall be under the same (one) management of the health Unit, though inputs and outputs from the different sections may be disaggregated in workplans/budgets and/or reports.
- f) Clients from the private section can access services in the general section but will be billed for those services.
- g) Clients should not be charged for health care services or medicines that are fully paid for by government and/or Development Partners. These services include vaccines and medicines provided at a zero rate/price by the Ministry of Health through National Medical Stores or Joint Medical Stores.
- h) For purposes of sustainability and equity, private healthcare sections of public health units at all levels should operate optimally/sustainably with the aim of supporting health service delivery in the general sections.
- i) Patients who choose to use private services should sign written informed consent and should be free to change their choices at any one time. When a patient chooses to shift from private to general section, costs incurred before the change are recoverable. Where the consent was signed by the next of kin, he/she shall take primary responsibility for ensuring that the bills are cleared.
- j) Patients from the General section who wish to use services from the private section should sign a consent to transfer to the private section
- k) Patients who develop complications should sign a separate consent form for the management of complications in the private section.

- l) The private section of the accident and emergency departments as well as basic mortuary services shall only be available to clients with medical insurance or upon request and consent by the next of kin of the client. The basic Mortuary Services include treatment with formalin and storage of the body for up to 72 hours.
- m) Health Units' management should use the existing legal framework for debt collection and are prohibited from detaining patients who have failed to clear their bills.
- n) Triage should guide prioritization of access to services irrespective of whether the client chooses to use the general or private section of the health unit.
- o) Clients in the private section are the responsibility of the staff on duty in the private section and the health unit in general and do not belong to a particular individual health worker. Clients should not be denied care because they are to be managed by particular health workers nor should staff be penalized for involvement in the management of a particular client.
- p) All skilled health unit staff are expected to work in the private section on a rotational basis.
- q) Routine client feedback mechanism must be established to ensure client-centred care.
- r) Client satisfaction with private healthcare service must be monitored on a regular basis.
- s) In case of highly contagious disease outbreaks, all suspected/confirmed cases shall be managed under the designated isolation units and not under private health services until the outbreak is declared contained by the Minister of Health.

1.6: Target Users

These guidelines are intended to be used by;

- (i) The Ministry of Health for monitoring and supervising private healthcare services.
- (ii) Local Government Councils and District Executive Committees while setting up private health services, setting fees for their areas as well as when monitoring and supervising private health care services.
- (iii) The health professional councils when licensing private Units and/or adjudicating disputes between providers, employees and clients.
- (iv) Health Unit managers to organize and manage private healthcare services
- (v) Members of the general public to enable them to make informed decisions whether or not to use private healthcare services.
- (vi) Audit teams to confirm compliance to the guidelines by the Health Unit Managers, employees and clients.
- (vii) The private sector in ensuring that their charges are reasonable

1.7: Development Process

These guidelines are a revision and an update of the 2010 guidelines for the management of private Section of health units, which they replace. The process of the development of these guidelines encompassed;

- (i) A countrywide survey by the Ministry of Health (Department of Planning, Financing & Policy)
- (ii) A stakeholder's retreat in Jinja in December 2023 that developed the initial draft.
- (iii) Consultation with other Ministries, Departments and Agencies
- (iv) A validation workshop in Jinja was conducted in April 2024.
- (v) Piloting of the guidelines in Kayunga RRH, Entebbe RRH and Luwero GH
- (vi) Approval by the relevant structures of the Ministry of Health.

2.0: Governance and Management of Private Healthcare Services.

This section outlines the leadership and management arrangement for private healthcare services within health units which include;

- The leadership and management arrangements.
- Planning, budgeting, pricing and payment mechanisms.
- The Framework for public-private partnerships in delivery of private health care services in public health Units.
- Monitoring & Evaluation Framework for private healthcare services

2.1: Leadership and Management Arrangements.

- i. The private healthcare services in public health units shall be run semi-autonomously but under the overall governance and management structures of the health unit.
- ii. In public health units, the overall head of the facility may delegate the management of the private section to one of the technical staff in salary scale U2 or above.
- iii. The private Section will provide a range of services as determined by the capacity of the health unit in terms of infrastructure, human resources, and equipment.
- iv. In public health units where private section services are not under one roof, various private health services can operate at the different delivery points, but shall all report to the designated head of the private healthcare section services.

- v. In public units, the arrangements for provision of private healthcare section services as an independent unit with a subcommittee of the board managing it and its own independent staff can be adopted upon written approval from the responsible authority following a no-objection from the Ministry of Health.
- vi. Private sections are heavily dependent on the availability of highly motivated technical staff. The health unit management is thus expected to prioritize their recruitment and deployment in order to ensure smooth operations of the private section.
- vii. Public health Units in need of additional staff for the private healthcare services section are expected upon clearance from ministry of Health and Ministry of Public Service to plan and budget for their recruitment under item 211102 Contract Staff Salaries. The remuneration of these staff should be similar/commensurate with the Public Service Salary Scales and grades.

2.2 Pricing and Payment Mechanisms of Private Healthcare Services.

There are several recognized pricing approaches. These include;

- 1) A fee for service-based payments
- 2) Case-mix based payments and
- 3) Capitation based payments

Currently, the majority of health Units are using a fee for service-based payment mechanism. This, however, exposes clients to catastrophic health expenditure, as all risks are borne by the patient.

The capitation-based payment, which places all risks with the service provider, may be difficult to operate at health unit level where the clientele may be minimal. In order to protect clients from catastrophic health expenditures and health units from financial collapse resulting from inadequate capitation grants, the **case-mix based payment mechanisms shall** be used.

Under this arrangement, the MoH has developed **Diagnosis-Related Groups (DRGs) and Ambulatory Patient Groups (APGs) for measuring the outputs of health Units from inpatient and Outpatient sections, respectively.**

DRGs is a patient classification scheme which provides a means of relating the type of inpatients a health Unit treats (i.e. its case mix) to the costs incurred by the health Unit to treat those patients. They are used to group patients with similar clinical conditions, treatment needs/resource consumption into categories to which relative weights are attached. The DRG is based on the primary and secondary diagnoses, other conditions (co-morbidities), age, sex, and necessary medical procedures. The system is intended to make sure that the care patients need is the care they get, while also avoiding unnecessary costs.

APGs are similar to DRGs but relate to the patients managed as outpatients by the health unit. Each outpatient visit diagnosis is given a relative weight depending on the APG under which it falls. Similarly, each inpatient visit is given a relative weight depending on the DRG it has been categorized into. The relative weights for each APG and DRG category were derived based on the average cost of treating patients with a given diagnosis. The costs were obtained using largely secondary data with primary data only filling gaps left by secondary data. In order to streamline pricing and billing for private healthcare services;

- A) Clients who utilize private healthcare services should be coded to a single specific DRG for inpatients and APG for outpatients. These APGs and DRGs have relative weights. A comprehensive list of DRGs and APGs with their relative weight is attached in Annex III.
- B) The price to be charged shall be determined by multiplying the specific relative weight of the DRG/APG the client has been assigned with the base rate for the service type (Basic, VIP, VVIP or Executive Suite) selected by the client. *For example, a patient who delivers by caesarean section in a general hospital located in a rural area and chooses to use basic private healthcare services is categorized as an inpatient under the DRG of OR15 Caesarean delivery with a relative weight of 1.4. The basic private services in a general hospital located in a rural area have a DRG base rate of UGX 150,000/= therefore, the patient should be charged UGX 150,000 X 1.4, which equals to UGX 210,000/=.*
- C) The price determined by multiplying the base rate with the relative weight shall cover all costs (both technical and hotel as well as medicines and health supplies) incurred by the client. The base rates for the different service categories are shown in Annex I.
- D) If a client was treated for other diagnoses whose DRG relative weights are less than that of the principal diagnosis, their costs are subsumed into the costs of the principal diagnosis and should not be charged. For avoidance of doubt, only the DRG/APG with the highest relative weight is billed, though the health unit must treat all the conditions diagnosed during a particular episode of illness. This approach is intended to increase transparency between the health unit and the client and also protects the client from catastrophic health expenditure.
- E) Where the patient dies, the total fee charged should be discounted by 40%. This is because the average length of stay for patients who die in Uganda is significantly lower than the average length of stay for patients who recover and costs are generally directly proportional to the length of stay.
- F) These costs are applicable for one particular episode of admission/illness (the bill is calculated for each visit).
- G) Where the patient is asked to purchase services or medicines during their care outside the health unit, their cost should be deducted from the final bill up until the balance on the bill is zero. In other words, if the cost of services/medicines purchased outside the health unit exceeds the bill determined by the health unit, then the client is not charged but does not claim a refund.

- H) Facilities may, with the approval of the health unit board and/or responsible authority set base rates lower than those recommended depending on income levels of the population they serve. Base rates higher than those recommended shall require written approval of the Minister of Health.
- I) The Minister responsible for health reserves the right to review and revise the DRG and APG base rates at any time. The base rate includes both hotel and medical costs.
- J) Where a service is only available in the private section of a public health unit, the health unit management shall waive the fees for patients who cannot afford upon the recommendation of the responsible health unit committee.
- K) Income generated by the private Section of public health units shall be treated as non-tax revenue for the respective votes of the health unit. It shall be remitted to the consolidated fund account for appropriation by Parliament/Local Councils.
- L) A separate budget output should be created for the private healthcare services for public health units. The budget under the budget output for private healthcare services for a particular health unit should not be less than the projected annual income from the private healthcare services of that unit.
- M) These guidelines supersede any earlier communication about the pricing of private healthcare services in health units at all levels.
- N) The guidelines shall be followed by local governments when agreeing on fees with private facilities that sign a memorandum of understanding with the local governments
- O) Fees charged for basic private healthcare services by private health units that don't have a memorandum of understanding with government shall be considered reasonable, if they don't exceed **four** times the fees that would have been charged by a public health unit under these guidelines.
- P) No limitations are imposed on fees charged by private health units for VIP, VVIP and executive suite private services. It shall however be considered good practice for clients who use these services to consent in writing.
- Q) Independent specialized clinics are permitted to use the base rates for specialized hospitals

2.3 Roles and Responsibilities of stake holders

Different Stakeholders have a contribution to make towards proper management of private healthcare services with in health Units.

1. Ministry of Health

- a) Overall oversight and stewardship of health service delivery.
- b) Formulation of policies and guidelines.
- c) Technical support and monitor compliance for quality assurance

- d) Guide on fee structure for services including setting upper limits of base rates for the Ambulatory Patient Groups (APGs) and Diagnostic Related Groups (DRGs).
- e) Supervision and monitoring performance of private health services.

2. Ministry of Finance, Planning and Economic Development

- a) Monitor and ensure compliance with PFM Act
- b) Facilitate financing of the private health services through timely cash limits and disbursements of NTR

3. Ministry of Public Service

- a) Timely approval of Staffing norms and recruitment plans for public health units
- b) Approve recruitment of contract staff for private health services section for public health units.

4. Local Governments

- a) Approval of alternative model that establishes the Private section as a separate department
- b) Determine and approve fees for services in line with MoH guidelines
- c) Supervision and monitoring performance of private health services.

5. Clients

- a) Decide on whether or not to use the general or private services
- b) Fulfillment of financial obligations in case they choose to use private services
- c) Provide feedback on health services consumed.

6. Private Sector

- a) Investment in private health services
- b) Healthcare innovations
- c) Contribute to policy formulation.

3 Planning and Budgeting.

This section provides guidance on the processes of planning, budgeting, pricing and payment mechanism for private health services in public units.

3.1: Planning and Budgeting

Planning refers to a systematic approach through which the health Unit details how it will achieve explicit objectives in the future through the efficient and appropriate use of resources available now and in the future. It helps to provide direction to the Unit, ensure sustainability, reduce wastage, encourage innovation and aid decision making.

Public health units intending to provide or start operations of the private healthcare services should plan for them under the Annual work plan as a key output and obtain approval of the relevant authority.

The private healthcare services are part and parcel of the services in the health Unit and therefore, **the health unit should have one comprehensive operational plan covering the private and general services.**

The operational plan documents the detailed activities of the health unit usually on an annual or quarterly basis. It articulates how the available resources will be coordinated to deliver the intended outputs. It is a tool that management uses to control the activities of the health Unit. The process of developing an operational plan starts with analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT) as well as an analysis of the bottlenecks impeding service delivery. This is followed by an identification/selection of priority activities which are matched to the available resources during the period of implementation. While setting targets the Unit should consider its performance during the current and previous years. For public health Units the annual budget and workplans should be developed in line with the national budgeting cycle with guidance from MoH and MoFPED.

Public Health Units should apply to the Accountant General for a separate budget output for the private health services in order to ensure that their budget allocations and outputs are explicitly visible within their respective budgets/workplans and reports.

A minimum equivalent of 20% of the revenue from private health services of public health Units should be allocated for capital development activities (infrastructure and equipment).

3.2 Management of Resources.

This section provides guidance on management of materials, finances and human resources under the private Sections in public facilities. Resources of the private section may be used to subsidize the general section when the need arises.

Proper management of materials such as equipment, infrastructure, medicines and health supplies, and non-health supplies contributes to effective and efficient operations of private sections.

3.3 Management of Materials / Assets.

3.3.1 Management of Medicines and Health Supplies.

The overall aim is to ensure availability and minimize stock outs of medicines and health supplies. In public health units the procurement of medicines and health supplies of the private section shall be in accordance with the PPDA Act, Regulations and the relevant procurement guidelines.

Effective management of medicines and health supplies for the private section is dependent on proper quantification and costing of needs, procurement, stock control, storage, use and accountability.

Public Health units shall maintain a separate storage for medicines and health supplies as well as maintain different stock control systems for the private and general section. It shall, however, be permissible in times of acute shortage to move stock from the general section to the private section and vice versa. Patients in the private section may be treated using medicines from the general wing.

3.3.2 Management of Equipment, Infrastructure and other assets.

In public health units; equipment, infrastructure and other assets of the private sections shall be procured, used and disposed in accordance with the PPDA Rules and Regulations, existing guidelines on Asset management such as Treasury Accounting Instructions and Asset Management Guidelines. A public health unit shall maintain and regularly update one Asset Register for both the General and Private sections. The register shall clearly show the location and staff responsible for the asset.

3.4 Financial Management

This encompasses the elements of Management Accounting, Financial Accounting, Financial control and Information systems, including financial reporting. Financial management refers to the managerial activities of obtaining, disbursing and utilizing funds, financial planning, financial reporting and risk management. It aims at ensuring that financial resources are used efficiently and effectively and guarantees safety of resources, transparency, proper accountability, accurate and timely generation of financial documents.

Management of financial resources for the private sections of public health units shall be guided by the PFM Act, Budget Call Circulars and other related guidelines issued from time to time.

In public units for purposes of proper financial management and control, private healthcare services shall be planned for, implemented and reported under a separate budget output.

3.4.1 Budget Formulation

Public health units operating private sections shall annually prepare consolidated budgets and work plans, including those for private sections. Budget preparation shall be in accordance with budget guidelines issued by the MoFPED from time to time.

In accordance with budget guidelines, public health units shall participate in budget consultative meetings, prepare annual work plans and approved budgets using PBS.

3.4.2 Budget Execution and Cash Management

For public health units this shall be carried out in accordance with the PFM Act and its regulations. Additionally, facilities managed by LGs may refer to the Local Government Finance and Accounting Regulations.

Health units shall develop and display a price list for the services offered. A notice shall be displayed in the open so that patients know exactly to whom payments have to be made and every payment shall be receipted. All public health units operating a private section must have an electronic billing system and clear segregation of roles for: health worker (treatment), preparation of bills, receipting cash and confirmation of payment.

As a principle, all revenue generated from the private sections of public health units is government revenue. It must be accurately projected for each financial year and appropriated by parliament/ Local council. Revenue from private sections shall be remitted to the consolidated fund account.

3.4.3 Financial Accounting and Reporting

Financial Accounting refers to a process through which health units produce financial statements in a specified format that meets legal requirements set by government or supervisory body and provides stakeholders with detailed and true information about its financial information.

In public health units transactions for private health services shall be processed using IFMS or other approved accounting system, if the health unit is not on the IFMS. Expenses incurred during service delivery shall be classified using the chart of accounts approved by the Accountant General.

In accordance with existing guidelines, public health units shall prepare quarterly and annual reports for financial and budget performance using IFMS and PBS, respectively. These reports shall disaggregate transactions of the general section and private section.

3.4.5 Audit and oversight arrangements

In accordance with the PFM Act, public health units shall maintain a risk management system and prepare a risk-based annual work plan.

Accordingly, the public health units operating private health services shall document risks in the private sections and maintain a risk register. The internal audit work plan for the public facility shall include activities for audit of private sections.

Public Health units operating private sections shall at the end of each quarter and fiscal year, prepare financial and output reports. The quarterly reports for private sections shall be audited by the Internal Auditor while the annual reports should, in addition, be audited by the external auditors. Health units must ensure that all tax and social security obligations are fulfilled in time.

3.4 Human Resources Management.

Human Resources for Health is a critical resource for the delivery of quality private healthcare services.

a) Standard of Human Resource Management in health units

In public health units the standard of management of human resource will be as per the Public Service Standing Orders, Code of Conduct and Ethics for Health Workers as well as related regulations/rules. The private section should use the same staff as the rest of the facility. Recruitment of additional staff on contract basis should only take place when the wage budget is exhausted and upon clearance by the Ministry of Public Service and should be within the approved structure.

b) Remuneration of staff

In addition to their salaries, public health unit staff may be paid staff welfare allowances on a monthly or quarterly basis depending on the performance of the private healthcare services section. The distribution of the staff welfare allowance should be proportionately in accordance with salary scales and performance, and should cover all staff at the facility. For public health units, **human resource costs should, however, not exceed 50% of the total revenue raised from the private healthcare services.**

c) Provision of Medical Services to Public Officers, staff and their immediate Family under the private section

In accordance with the Public Service standing orders, staff of the public health unit and their immediate family are entitled to use services in the private section of their respective facilities and pay 20% of the accommodation fees.

Given that DRGs and APG based payment mechanisms incorporate the hotel costs, staff, board members, pensioners of the health unit as well as Village Health team members and Community Health Extension workers attached to a particular public health unit and their immediate family shall be charged 20% of the APG/DRG determined cost for outpatient and in-patient services respectively.

Public health units shall adequately budget and pay for services consumed by their staff and immediate family under item 212102-Medical expenses (employees) thus covering 80% of APGs and DRGs costs for staff. Where the health unit budget is inadequate to cover these costs the health unit staff should constitute themselves into a health cooperative and make monthly contributions of UGX 20,000/= as prepayment for services in the private section. The health unit budget for medical expenses may be paid into the health cooperative to improve its viability. Pensioners, Village health team members and Community Health Extension Workers attached to the facility shall also be free to join the health cooperative of their respective votes. The Health Facility shall enter into a memorandum of understanding with the Health Cooperatives.

Health units are also free to partner with other providers of private health insurance services to cater for medical expenses of their staff.

Public officers who are not staff of the hospital shall pay the full cost at the point of service and be refunded 80% of the cost at their workstation.

4 Framework for Public-Private Partnership (PPP) in Private Healthcare Services.

4.1 Placements and Co-ownership Arrangements

Private Health Services may also be provided in public health units on a public private partnership (PPP) basis. Public Health Units who wish to enter into a PPP project arrangement with private entities should do so in accordance with the PPP Act and its regulations. The steps involved in procuring a PPP arrangement include;

- (i) Project Inception
- (ii) Conduct a cost benefit analysis of the PPP project
- (iii) Conducting a feasibility study of the PPP project
- (iv) Procuring of the PPP entity through competitive or non-competitive bidding
- (v) Signing of the PPP Agreement
- (vi) Monitoring of the PPP outputs/deliverables
- (vii) Accounting and reporting of the PPP
- (viii) Audit of the PPP

Each of these steps requires approval of the PPP Committee, whose secretariat is housed by the MoFPED. Detailed requirements for approval should be sought from the secretariat of the PPP Committee. PPP agreements entered into by public health units before the coming into force of these guidelines shall be considered valid.

4.2 Engagements with Private Health Insurance Companies

Clients with Health Insurance cover can access private Healthcare Services at health units and the Health insurance company shall be billed for the services consumed basing on the base rates approved by Ministry of Health. Details of the package and payment of providers shall be specified in the memorandum of understanding, but shall be in line with the payment mechanism approved by the Ministry of Health. The basic private healthcare services in public health units shall not be available to patients with private health insurance cover except those under health cooperatives. The private health insurance shall agree with the health unit on the package of private healthcare services its clients will use and any co-payments where applicable.

4.3 Engagements with Employers, Community-based Health Insurance Schemes and Health Cooperatives

Health units may enter into Memorandum of Understanding with Employers, Health Cooperatives and Community Health Based Financing schemes to provide services for enrolled members. A health unit may also subcontract and accredit lower-level health units to manage and refer clients from the Employer, Health Cooperative/Community-Based Health Financing Scheme in order to prevent congestion at the health unit. Details of the package and payment of providers shall be specified in the memorandum of understanding but shall be in line with the payment mechanism approved by the Ministry of Health.

5.0 Appendices

Annex I: Base Rates for Private Healthcare services

Private Healthcare Services Base Rates for Kampala Capital City Authority								
	DRG Base Rates				APG Base Rates			
	Basic	VIP	VVIP	Executive Suite	Basic	VIP	VVIP	Executive Suite
Specialised/NRH	700,000	1,000,000	1,500,000	3,000,000	70,000	100,000	150,000	300,000
RRH	500,000	700,000	1,000,000	2,000,000	50,000	70,000	100,000	200,000
General Hospital	400,000	550,000	700,000	1,400,000	40,000	55,000	70,000	140,000
Community Hospital	300,000	400,000	550,000	1,100,000	30,000	40,000	55,000	110,000
Others	200,000	250,000	400,000	800,000	20,000	25,000	40,000	80,000
Private Healthcare Services Base Rates for Other Cities								
	DRG Base Rates				APG Base Rates			
	Basic	VIP	VVIP	Executive Suite	Basic	VIP	VVIP	Executive Suite
Specialised/NRH	500,000	700,000	1,000,000	2,000,000	50,000	70,000	100,000	200,000
RRH	400,000	550,000	700,000	1,400,000	40,000	55,000	70,000	140,000
General Hospital	300,000	400,000	550,000	1,100,000	30,000	40,000	55,000	110,000
Community Hospital	200,000	250,000	400,000	800,000	20,000	25,000	40,000	80,000
Others	150,000	200,000	300,000	500,000	15,000	20,000	30,000	50,000
Private Healthcare Services Base Rates for Municipal and Town Councils								
	DRG Base Rates				APG Base Rates			
	Basic	VIP	VVIP	Executive Suite	Basic	VIP	VVIP	Executive Suite
Specialised/NRH	400,000	550,000	700,000	1,400,000	40,000	55,000	70,000	140,000
RRH	300,000	400,000	550,000	1,100,000	30,000	40,000	55,000	110,000
General Hospital	200,000	250,000	400,000	800,000	20,000	25,000	40,000	80,000
Community Hospital	150,000	200,000	300,000	500,000	15,000	20,000	30,000	50,000
Others	100,000	150,000	200,000	400,000	15,000	20,000	30,000	50,000
Private Healthcare Services Base Rates for Rural Areas								
	DRG Base Rates				APG Base Rates			
	Basic	VIP	VVIP	Executive Suite	Basic	VIP	VVIP	Executive Suite
Specialised/NRH	300,000	400,000	550,000	1,100,000	30,000	40,000	55,000	110,000
RRH	200,000	250,000	400,000	800,000	20,000	25,000	40,000	80,000
General Hospital	150,000	200,000	300,000	500,000	15,000	20,000	30,000	50,000
Community Hospital	100,000	150,000	200,000	400,000	15,000	20,000	30,000	50,000
Others	100,000	150,000	200,000	400,000	15,000	20,000	30,000	50,000

Annex II: Consent Form for Private Healthcare Services



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

Health unit.....

Consent for Assessment and Treatment in the Private Section of a Public health unit

Name NIN/Pass No.....

Date of Birth..... Telephone

District Subcounty Parish.....
Village

I understand that;

- (i) I am eligible to receive a range of services fromhealth unit either from the general section where services are not paid for or from the private section where services are paid for.
- (ii) I do consent to being assessed and treated in the private section and understand that I will have to pay for the services provided at the rates approved by the Ministry of Health and am aware that any unpaid bills for the services I have consumed are legitimately recoverable.
- (iii) Am aware that the type and extent of services that I receive will be determined following an assessment and thorough discussion with me. The goal of the assessment will be to determine the best course of action and the treatment may be provided over a course of days or several weeks.
- (iv) I understand that I have a right to ask questions throughout the course of treatment and may elect to revert to the general section or seek an outside consultation

- (v) I understand that there will be regular reviews of treatment to determine whether the treatment goals are being achieved and agree to be actively involved in the treatment and review processes.
- (vi) I understand that no promises have been made as to the outcome of the treatment or any procedures utilized within it. I further understand that I may stop the treatment at any time but I agree to discuss this decision first with my provider.
- (vii) Am aware that while my provider will take all practical steps to maintain confidentiality of the information about my treatment, this confidentiality may be broken with or without my consent under certain circumstances which may include but are not limited to danger to myself or others and response to a valid court order.
- (viii) By signing/thumbprinting below I voluntarily request for assessment and treatment in the private section of health unit
- (ix) By signing/thumb-printing this informed consent to treatment form I acknowledge that I have both read and understood the terms and information contained therein.
- (x) Ample opportunity has been offered to ask questions and seek clarifications of anything unclear to me.

Client Signature Date

Next of Kin Signature Relationship Date

(for Minors and clients unable to sign)

Annex III: OUTPATIENT AMBULATORY PATIENT GROUPS (APGs) VERSION 2.5

APG CODE	DESCRIPTION	RELATIVE WEIGHT
1001	BEHAVIORAL AND SUBSTANCE ABUSE PARTIAL HOSPITALIZATION PROGRAM	1.32
1002	INCIDENTAL SERVICES FOR QUALITY OR PERFORMANCE MEASUREMENT	0.11
	MATERNAL HEALTH	
2001	ABORTION RELATED DIAGNOSES	1.46
2002	COMPLICATIONS OF TREATMENT AFFECTING PREGNANCY	1.35
2003	CONTRACEPTIVE MANAGEMENT	0.64
2004	FALSE LABOR	0.88
2005	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	0.75
2006	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	0.75
2007	GYNECOLOGIC PREVENTIVE MEDICINE	0.48
2008	LABOR AND DELIVERY RELATED DIAGNOSES	0.91
2009	OTHER ANTEPARTUM DIAGNOSES	1.02
2010	OTHER FEMALE REPRODUCTIVE SYSTEM AND MENSTRUAL DIAGNOSES	0.59
2011	POSTPARTUM AND POST ABORTION DIAGNOSES	0.91
2012	PRETERM LABOR DIAGNOSES	1.60
2013	ROUTINE PRENATAL CARE	0.40

	MENTAL HEALTH	
3001	ACUTE ANXIETY AND DELIRIUM STATES	0.89
3002	ADJUSTMENT DISORDERS AND NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	0.63
3003	ALCOHOL ABUSE AND DEPENDENCE	1.19
3004	BIPOLAR DISORDERS	0.67
3005	CHILDHOOD BEHAVIORAL DIAGNOSES	0.69
3006	COCAINE ABUSE AND DEPENDENCE	1.29
3007	DEPRESSION EXCEPT MAJOR DEPRESSIVE DIAGNOSES	0.56
3008	EATING DISORDERS	0.65
3009	INTELLECTUAL DISABILITY	0.65
3010	INTENTIONAL SELF-HARM AND ATTEMPTED SUICIDE	2.00
3011	MAJOR DEPRESSIVE DIAGNOSES AND OTHER OR UNSPECIFIED PSYCHOSES	0.67
3012	OPIOID ABUSE AND DEPENDENCE	0.73
3013	ORGANIC BEHAVIORAL HEALTH DISTURBANCES	0.55
3014	OTHER DRUG ABUSE AND DEPENDENCE	1.16
3015	PERSONALITY AND IMPULSE CONTROL DIAGNOSES	0.88
3016	SCHIZOPHRENIA	0.88
	ENDOCINE AND METABOLIC DISORDERS	
4001	DIABETES WITH NEUROLOGIC MANIFESTATIONS	0.57

4002	DIABETES WITH OPHTHALMIC MANIFESTATIONS	0.57
4003	DIABETES WITH OTHER MANIFESTATIONS AND COMPLICATIONS	0.71
4004	DIABETES WITH RENAL MANIFESTATIONS	0.59
4005	DIABETES WITH VASCULAR COMPLICATIONS INCLUDING FOOT AND OTHER SKIN ULCERS	0.63
4006	DIABETES WITHOUT COMPLICATIONS	0.53
4007	ELECTROLYTE DISORDERS	1.03
4008	INBORN ERRORS OF METABOLISM	0.53
4009	MALNUTRITION, FAILURE TO THRIVE AND OTHER NUTRITIONAL DIAGNOSES	0.68
4010	OBESITY	0.49
4011	OTHER ENDOCRINE SYSTEM DIAGNOSES	0.63
4012	PANCREAS DIAGNOSES EXCEPT MALIGNANCY	0.97
4013	THYROID AND PARATHYROID DIAGNOSES	0.56
	CARDIOVASCULAR	
5001	ACUTE AND SUBACUTE ENDOCARDITIS	0.60
5002	ACUTE MYOCARDIAL INFARCTION	1.89
5003	ANGINA PECTORIS AND CORONARY ATHEROSCLEROSIS	0.62
5004	ATRIAL FIBRILLATION	0.61
5005	CARDIAC ARREST OR OTHER CAUSES OF MORTALITY	1.48
5006	CARDIAC ARRHYTHMIA AND CONDUCTION DIAGNOSES	0.86

5007	CARDIAC STRUCTURAL AND VALVULAR DIAGNOSES	0.60
5008	CARDIOMYOPATHY DIAGNOSES	0.58
5009	HEART FAILURE	0.98
5010	HYPERTENSION	0.60
5011	MALFUNCTION, REACTION, OR COMPLICATION OF CARDIOVASCULAR DEVICE OR PROC	0.99
5012	OTHER CARDIOVASCULAR SYSTEM DIAGNOSES	0.83
5013	PERIPHERAL AND OTHER VASCULAR DIAGNOSES	0.63
5014	SYNCOPE AND COLLAPSE	1.28
	EYE DISORDERS	
6001	ACUTE MAJOR EYE INFECTIONS	0.52
6002	CATARACTS	0.45
6003	CONJUNCTIVITIS	0.48
6004	GLAUCOMA	0.56
6005	MALFUNCTION, REACTION, OR COMPLICATION OF OCULAR DEVICE OR PROCEDURE	0.50
6006	OCULAR AND PERIOcular MALIGNANCY	0.62
6007	OTHER EYE INFECTION DIAGNOSES	0.42
6008	OTHER OPHTHALMIC SYSTEM DIAGNOSES	0.53
	CENTRAL NERVOUS SYSTEM	
7001	AFTEREFFECTS OF CEREBROVASCULAR ACCIDENT	0.60

7002	ALTERATION IN CONSCIOUSNESS	1.59
7003	ANOXIC AND OTHER SEVERE BRAIN DAMAGE OR COMA	0.77
7004	CEREBRAL PALSY	0.56
7005	CVA AND PRECEREBRAL OCCLUSION W INFARCT	0.92
7006	DEGENERATIVE NERVOUS SYSTEM DIAGNOSES EXC MULT SCLEROSIS	0.57
7007	HEADACHES OTHER THAN MIGRAINE	0.64
7008	MALFUNCTION, REACTION, COMPLICATION OF NEUROLOGICAL DEVICE OR PROC	0.93
7009	MIGRAINE	0.56
7010	MULTIPLE SCLEROSIS AND OTHER DEMYELINATING DISEASES	0.54
7011	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION W/O INFARC	0.53
7012	OTHER CENTRAL NERVOUS SYSTEM DIAGNOSES	0.65
7013	PERIPHERAL, CRANIAL AND AUTONOMIC NERVE DIAGNOSES	0.57
7014	PERIPHERAL, CRANIAL, AND AUTONOMIC NERVE INJURIES	0.67
7015	SEIZURE	0.81
7016	TRANSIENT ISCHEMIA	1.01
	INFECTIOUS DISEASES	
8001	ACUTE BRONCHITIS	1.07
8002	AIDS	0.90
8003	ALLERGIC REACTIONS	1.03

8004	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0.83
8005	BRONCHIOLITIS AND RSV PNEUMONIA	1.48
8006	CELLULITIS AND OTHER BACTERIAL SKIN INFECTIONS	0.73
8007	CHEST PAIN	1.79
8008	CHOLECYSTITIS	1.09
8009	FEVER AND OTHER INFLAMMATORY CONDITIONS	1.45
8010	H. PYLORI INFECTION	0.65
8011	HEPATIC COMA AND MAJOR ACUTE LIVER DIAGNOSES	0.72
8012	HEPATITIS WITHOUT COMA	0.72
8013	HIV INFECTION	0.87
8014	INFECTIONS OF UPPER RESPIRATORY TRACT AND OTITIS MEDIA	0.68
8015	MAJOR SKIN DIAGNOSES	0.57
8016	NON-BACTERIAL GASTROENTERITIS, NAUSEA AND VOMITING	0.87
8017	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM	0.60
8018	OSTEOMYELITIS, SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS	0.60
8019	OTHER INFECTIOUS AND PARASITIC DISEASES	0.66
8020	OTHER RESPIRATORY SYSTEM DIAGNOSES	0.87
8021	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST DIAGNOSES	0.44
8022	PHLEBITIS	0.72

8023	PULMONARY INFECTION DIAGNOSES INCLUDING PNEUMONIA	1.24
8024	SEPTICEMIA AND DISSEMINATED INFECTIONS	2.39
8025	VIRAL ILLNESS	1.03
8026	VIRAL MENINGITIS	0.88
	INJURIES	
9001	CONTUSIONS TO EXTERNAL ORGANS OTHER THAN HEAD TRAUMA	1.03
9002	EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS	0.78
9003	FRACTURES, DISLOCATIONS AND SPRAINS OF THE SKULL, CRANIUM AND FACE	1.23
9004	FRACTURES, DISLOCATIONS, OTHER INJURIES	1.15
9005	GASTROINTESTINAL HEMORRHAGE AND RELATED POSTPROCEDURAL HEMORRHAGE DIAGNOSES	1.29
9006	HEAD TRAUMA WITH LOC/COMA MORE THEN 1 HR	1.87
9007	HEAD TRAUMA WITH OR WITHOUT LOC/COMA LESS THAN 1 HR	0.84
9008	INTRACRANIAL HEMORRHAGE	1.09
9009	INTRAOPERATIVE, POST-OPERATIVE OR POST-TRAUMATIC INFECTIONS AND COMPLICATIONS	0.86
9010	MAJOR CHEST AND RESPIRATORY TRAUMA	1.57
9011	OPEN WOUNDS, PUNCTURES AND OTHER OPEN TRAUMATIC INJURIES	0.68
9012	OTHER INJURIES AND DISORDERS OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	0.67
9013	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES	0.74

9014	OTHER PATHOLOGICAL FRACTURES W/O MUSCULOSKELETAL MALIGNANCY	1.18
9015	PARTIAL THICKNESS BURNS	0.66
9016	PERIPHERAL AND OTHER VASCULAR RELATED INJURIES	0.88
9017	SPINAL DIAGNOSES AND INJURIES	0.62
9018	SUPERFICIAL INJURY TO SKIN AND SUBCUTANEOUS TISSUE	0.75
	CHRONIC RESPIRATORY DISORDERS	
1101	ASTHMA	1.02
1102	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.20
1103	CYSTIC FIBROSIS - PULMONARY DISEASE	1.36
1104	INTERSTITIAL AND ALVEOLAR LUNG DIAGNOSES	0.91
1105	MALFUNCTION, REACTION, OR COMPLICATION OF PULMONARY DEVICE OR PROCEDURE	1.31
1106	PULMONARY EMBOLISM	0.74
1107	STATUS ASTHMATICUS	1.46
	HEMATOLOGY	
1201	ANEMIA, BLOOD AND BLOOD-FORMING ORGAN DISORDERS	0.76
1202	COAGULATION AND PLATELET DISORDERS AND CONGENITAL FACTOR DEFICIENCIES	0.62
1203	SICKLE CELL ANEMIA CRISIS	1.28

	ENT DISORDERS	
1301	EAR, NOSE, MOUTH, THROAT, CRANIAL AND FACIAL MALIGNANCIES	0.62
1302	MALFUNCTION, REACTION, OR COMPLICATION OF OTOLARYNGOLOGIC DEVICE OR PROCEDURE	0.47
1303	OTHER EAR, NOSE, MOUTH, THROAT AND CRANIOFACIAL DIAGNOSES	0.56
1304	VERTIGO AND OTHER LABYRINTH DISORDERS	0.88
	MUSCULOSKELETAL DISORDERS	
1401	CONNECTIVE TISSUE DIAGNOSES	0.55
1402	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	0.81
1403	OSTEOPOROSIS	0.55
1404	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES	0.72
1405	SCIATICA	0.79
	GIT DISORDERS	
1501	ABDOMINAL PAIN	1.00
1502	ALCOHOLIC LIVER DISEASE	0.74
1503	CONSTIPATION	0.88
1504	DIVERTICULITIS AND DIVERTICULOSIS	0.93
1505	ESOPHAGITIS AND OTHER ESOPHAGEAL DIAGNOSES	0.72

1506	GALLBLADDER AND BILIARY TRACT DIAGNOSES	0.87
1507	GASTROINTESTINAL AND PERITONEAL INFECTION DIAGNOSES	1.00
1508	GASTROINTESTINAL VASCULAR INSUFFICIENCY	1.03
1509	HEPATIC COMA AND MAJOR ACUTE LIVER DIAGNOSES	0.72
1510	HEPATITIS WITHOUT COMA	0.72
1511	INFLAMMATORY BOWEL DISEASE	0.60
1512	INTESTINAL OBSTRUCTION DIAGNOSES	1.31
1513	IRRITABLE BOWEL SYNDROME	0.52
1514	MALFUNCTION, REACTION AND COMPLICATION OF GI DEVICE OR PROCEDURE	1.02
1515	OTHER GASTROINTESTINAL SYSTEM DIAGNOSES	0.77
1516	OTHER HEPATOBILIARY SYSTEM DIAGNOSES	0.79
1517	PEPTIC ULCER AND GASTRITIS	1.23
	CANCERS	
1601	ACUTE LEUKEMIA	1.05
1602	CHEMOTHERAPY	1.02
1603	DIGESTIVE MALIGNANCY	0.83
1604	LYMPHATIC AND OTHER MALIGNANCIES AND NEOPLASMS OF UNCERTAIN BEHAVIOR	0.75
1605	LYMPHOMA, MYELOMA AND NON-ACUTE LEUKEMIA	0.84
1606	MALE REPRODUCTIVE SYSTEM MALIGNANCY	0.64

1607	MALIGNANCY OF HEPATOBILIARY SYSTEM AND PANCREAS	0.97
1608	MALIGNANT BREAST DIAGNOSES	0.62
1609	MUSCULOSKELETAL MALIGNANCY AND PATHOLOGICAL FX DUE TO MALIGNANCY	0.88
1610	NERVOUS SYSTEM MALIGNANCY	0.65
1611	OCULAR AND PERIOcular MALIGNANCY	0.62
1612	RADIOTHERAPY	0.62
1613	RESPIRATORY MALIGNANCY	0.69
	RENAL DISORDERS	
1701	ACUTE KIDNEY INJURY	1.32
1702	ACUTE LOWER URINARY TRACT INFECTIONS	0.98
1703	COMPLEX KIDNEY AND URINARY TRACT INFECTIONS	1.04
1704	MALE REPRODUCTIVE SYSTEM INFECTIONS	0.56
1705	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	1.02
1706	NEPHRITIS AND NEPHROSIS	0.77
1707	OTHER KIDNEY AND URINARY TRACT DIAGNOSES, SIGNS AND SYMPTOMS	0.72
1708	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	0.61
1709	PROSTATITIS	0.55
1710	URINARY STONES AND ACQUIRED UPPER URINARY TRACT OBSTRUCTION	0.65

	DENTAL PROCEDURES	
1801	DENTAL FILLINGS (PERMANENT)	1.00
1802	DENTAL FILLINGS (TEMPORARY)	0.50
1803	DENTAL IMPLANTS	4.00
1804	DENTAL PROTHETICS (ARTIFICIAL TEETH)	2.00
1805	DENTAL PROTHETICS (ARTIFICIAL TEETH FIXED)	3.00
1806	DENTAL PROTHETICS (ARTIFICIAL TEETH)	2.00
1807	LEVEL I DENTAL IMPLANTS	5.65
1808	LEVEL I ENDODONTICS	0.61
1809	LEVEL I MAXILLOFACIAL PROSTHETICS	0.25
1810	LEVEL I ORTHODONTICS	10.18
1811	LEVEL I PERIODONTICS	4.61
1812	LEVEL I PROSTHODONTICS, FIXED	0.45
1813	LEVEL I PROSTHODONTICS, REMOVABLE	0.90
1814	LEVEL II DENTAL IMPLANTS	6.22
1815	LEVEL II DENTAL RESTORATIONS	8.33
1816	LEVEL II ENDODONTICS	1.10
1817	LEVEL II MAXILLOFACIAL PROSTHETICS	1.31
1818	LEVEL II ORTHODONTICS	1.60

1819	LEVEL II PERIODONTICS	4.89
1820	LEVEL II PROSTHODONTICS, FIXED	1.67
1821	LEVEL II PROSTHODONTICS, REMOVABLE	1.12
1822	LEVEL III DENTAL RESTORATIONS	9.16
1823	LEVEL III ENDODONTICS	1.11
1824	LEVEL III PROSTHODONTICS, FIXED	2.07
1825	LEVEL III PROSTHODONTICS, REMOVABLE	1.33
1826	PERIODONTICS (SCALLING & POLISHING)	1.00
1827	PROTHODONTICS (FIXED BRACES)	3.00
1828	PROTHODONTICS (FIXED BRACES)	3.00
1829	PROTHODONTICS (REMOVABLE BRACES)	1.50
1830	ROOT CANAL THERAPY	2.50
	DIAGNOSTIC AND THERAPEUTIC PROCEDURES	
1901	ABDOMINAL PARACENTESIS AND RELATED PERITONEAL DRAINAGE PROCEDURES	3.20
1902	ALIMENTARY TESTS AND TUBE INSERTION OR PLACEMENT	2.91
1903	ANTEPARTUM PROCEDURES	2.82
1904	ARTIFICIAL FERTILIZATION	1.78
1905	BONE MARROW BIOPSIES	5.15
1906	BONE OR JOINT MANIPULATION UNDER ANESTHESIA	4.28

1907	CLOSED TREATMENT FX AND DISLOCATION	1.92
1908	COMPLEX WOUND REPAIR AND TREATMENT	4.35
1909	DIAGNOSTIC CARDIAC CATHETERIZATION	10.20
1910	DIALYSIS PROCEDURES	3.32
1911	ELECTROCONVULSIVE THERAPY	2.11
1912	ELECTROENCEPHALOGRAM	1.38
1913	EMERGING TECHNOLOGY PROCEDURES	3.68
1914	EXTENDED EEG STUDIES	2.19
1915	HOME INFUSION	0.56
1916	INTERMEDIATE WOUND REPAIR AND TREATMENT	1.63
1917	LEVEL I BLOOD PRODUCT EXCHANGE SERVICES	1.99
1918	LEVEL I CENTRAL VENOUS ACCESS PROCEDURES	4.87
1919	LEVEL I DEVICE PLACEMENT FOR RADIATION THERAPY	3.56
1920	LEVEL I ERCP AND RELATED ENDOSCOPIC PROCEDURES	11.06
1921	LEVEL I FETAL PROCEDURES	0.80
1922	LEVEL I JOINT, TENDON, OR LIGAMENT INJECTION PROCEDURES	1.04
1923	LEVEL I LOWER GI ENDOSCOPY	4.21
1924	LEVEL I NERVOUS SYSTEM INJECTIONS INCLUDING CRANIAL TAP	1.89
1925	LEVEL I RADIATION THERAPY	0.79

1926	LEVEL I SKIN EXCISIONS, BIOPSIES, AND REPAIRS	1.93
1927	LEVEL I SKIN INCISION AND DRAINAGE, DEBRIDEMENT, DESTRUCTION, OTHER RELATED PX	0.71
1928	LEVEL I UPPER GI ENDOSCOPY	4.14
1929	LEVEL I VARICOSE VEIN AND RELATED PROCEDURES	2.45
1930	LEVEL II BLOOD PRODUCT EXCHANGE SERVICES	7.41
1931	LEVEL II CENTRAL VENOUS ACCESS PROCEDURES	9.52
1932	LEVEL II JOINT, TENDON, OR LIGAMENT INJECTION PROCEDURES	2.13
1933	LEVEL II LOWER GI ENDOSCOPY	8.87
1934	LEVEL II NERVOUS SYSTEM INJECTIONS INCLUDING CRANIAL TAP	5.03
1935	LEVEL II RADIATION THERAPY	2.11
1936	LEVEL II SKIN EXCISIONS, BIOPSIES, AND REPAIRS	4.98
1937	LEVEL II SKIN INCISION AND DRAINAGE, DEBRIDEMENT, DESTRUCTION, OTHER RELATED PX	4.76
1938	LEVEL II UPPER GI ENDOSCOPY	8.98
1939	LEVEL III BLOOD PRODUCT EXCHANGE SERVICES	18.12
1940	LEVEL III RADIATION THERAPY	6.25
1941	LEVEL III SKIN EXCISIONS, BIOPSIES, AND REPAIRS	7.66
1942	MINOR OPHTHALMOLOGICAL PROCEDURES AND DIAGNOSTIC SERVICES	1.37
1943	OTHER GYNECOLOGICAL PROCEDURES	1.98

1944	PHARMACOTHERAPY BY EXTENDED INFUSION	2.22
1945	PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1.31
1946	REVISION, REPAIR OR REMOVAL OF CENTRAL VENOUS ACCESS DEVICE	3.17
1947	REVISION, REPLACEMENT OR REMOVAL OF CARDIAC DEVICE COMPONENT	7.36
1948	SIMPLE WOUND REPAIR AND TREATMENT	0.81
1949	SLEEP STUDIES ATTENDED	3.30
1950	SLEEP STUDIES UNATTENDED	0.61
1951	SPINE INJECTIONS AND OTHER RELATED PROCEDURES	3.71
1952	SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2.74
1953	THERAPEUTIC NUCLEAR MEDICINE	1.35
1954	THORACENTESIS, RELATED BIOPSY AND PLEURAL DRAINAGE PROCEDURES	4.13
1955	URINARY STUDIES AND PROCEDURES	1.65
1956	VENTILATION ASSISTANCE AND MANAGEMENT	2.79
	PHYSICAL THERAPY AND REHABILITATION	
2801	CARDIAC REHABILITATION	0.65
2802	NUTRITION THERAPY	0.85
2803	OCCUPATIONAL THERAPY	0.80
2804	PHYSICAL THERAPY	1.04
2805	SPEECH THERAPY AND EVALUATION	1.00

	OTHER OPD DIAGNOSES	
2901	AMBULANCE SERVICE PER KM - ADVANCED LIFE SUPORT	0.26
2902	AMBULANCE SERVICE PER KM - BASIC LIFE SUPORT	0.16
2903	AMBULANCE SERVICE PER KM - TRANSPORTATION VEHICLE	0.10
2904	CHILD PREVENTIVE MEDICINE	0.57
2905	CONSULTATIVE TELEHEALTH ASSESSMENTS MEDICAL VISIT INDICATOR	0.00
2906	DENTAL AND ORAL DIAGNOSES AND INJURIES	0.52
2907	ENCOUNTERS FOR CONTACT WITH HEALTH SERVICES	0.53
2908	GENETIC COUNSELING	0.63
2909	HERNIA	0.66
2910	MAJOR SIGNS, SYMPTOMS AND FINDINGS	1.53
2911	MEDICAL VISIT INDICATOR	0.00
2912	NEONATAL AFTERCARE	0.48
2913	NEONATAL DIAGNOSES	0.96
2914	NON-PRESSURE CHRONIC SKIN ULCERS	0.67
2915	NORMAL NEONATE	0.60
2916	OTHER AFTERCARE AND CONVALESCENCE	0.73
2917	OTHER BEHAVIORAL HEALTH DIAGNOSES	0.89

2918	OTHER COMPLICATIONS OF TREATMENT	0.74
2919	PAIN RELATED DIAGNOSES	0.65
2920	POISONING OR TOXIC EFFECTS OF MEDICINAL AGENTS	1.06
2921	PRESSURE ULCERS	0.65
2922	PREVENTIVE OR SCREENING ENCOUNTER	0.64
2923	REHABILITATION	0.37
2924	RESPIRATORY FAILURE	1.96
2925	SIGNS, SYMPTOMS AND OTHER FACTORS INFLUENCING HEALTH STATUS	0.73
2926	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	0.82
	RADIOLOGIC PROCEDURES	
2101	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1.68
2102	ECHOCARDIOGRAPHY	2.01
2103	LEVEL I COMPUTED TOMOGRAPHY	0.51
2104	LEVEL I DIAGNOSTIC NUCLEAR MEDICINE	1.66
2105	LEVEL I VASCULAR RADIOLOGICAL PROCEDURES	3.65
2106	LEVEL II COMPUTED TOMOGRAPHY	1.37
2107	LEVEL II DIAGNOSTIC NUCLEAR MEDICINE	4.18
2108	LEVEL II VASCULAR RADIOLOGICAL PROCEDURES	7.91
2109	LEVEL III VASCULAR RADIOLOGICAL PROCEDURES	17.83

2110	MAGNETIC RESONANCE ANGIOGRAPHY	2.16
2111	MAGNETIC RESONANCE IMAGING WITH CONTRAST	1.93
2112	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST	1.10
2113	MAGNETOCEPHALOGRAPHY	10.80
2114	MYELOGRAPHY AND DISCOGRAPHY IMAGING PROCEDURES	2.54
2115	PET SCANS	5.67
	MAJOR PROCEDURES	
2201	ABDOMINAL HERNIA REPAIR	19.38
2202	AICD AND RELATED CARDIAC DEVICE INSERTION OR REPLACEMENT	107.80
2203	ARTERIOVENOUS FISTULA CREATION OR REVISION FOR HEMODIALYSIS	15.28
2204	ATRIAL AND VENTRICULAR RECORDING AND PACING	26.85
2205	CARDIAC ELECTROPHYSIOLOGIC TESTS AND MONITORING	70.80
2206	CARDIOVERSION	2.80
2207	CATARACT AND OTHER INTROCUAR LENS PROCEDURES	7.47
2208	CESAREAN DELIVERY PROCEDURES	11.30
2209	CHOLECYSTECTOMY AND RELATED BILIARY PROCEDURES	14.94
2210	CLEFT LIP AND PALATE REPAIR	11.37
2211	COCHLEAR DEVICE IMPLANTATION	121.51
2212	CRANIAL AND SPINAL SHUNT PROCEDURES	24.25

2213	DEEP LYMPH STRUCTURE PROCEDURES	12.52
2214	DIAPHRAGMATIC PROCEDURES AND RELATED HERNIA REPAIR	30.11
2215	ECTOPIC PREGNANCY PROCEDURES	16.06
2216	ESOPHAGOGASTRIC RESTRICTIVE PROCEDURES AND GASTRIC FUNDOPLICATION	22.69
2217	EXTRAOCULAR MUSCLE PROCEDURES	9.51
2218	FIXATION DEVICE INSERTION OR REPLACEMENT PROCEDURES	10.43
2219	IMMUNOTHERAPY	195.80
2220	INGUINAL, FEMORAL AND UMBILICAL HERNIA REPAIR	15.17
2221	INSERTION OF PENILE PROSTHESIS	59.51
2222	LEVEL I ANAL AND RECTAL PROCEDURES	6.38
2223	LEVEL I ANTERIOR CHAMBER EYE PROCEDURES	3.98
2224	LEVEL I ARTHROPLASTY	15.04
2225	LEVEL I ARTHROSCOPY	9.68
2226	LEVEL I BLADDER AND URETERAL PROCEDURES	6.76
2227	LEVEL I BREAST PROCEDURES	6.06
2228	LEVEL I CORNEAL AND OTHER ANTERIOR SURFACE EYE PROCEDURES	2.30
2229	LEVEL I CRANIOFACIAL BONE PROCEDURES	12.97
2230	LEVEL I EAR, NOSE, MOUTH AND THROAT PROCEDURES	3.98
2231	LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	3.29

2232	LEVEL I ESOPHAGEAL AND GASTRIC SURGICAL PROCEDURES	13.93
2233	LEVEL I EYELID, LACRIMAL AND CONJUNCTIVAL PROCEDURES	5.81
2234	LEVEL I FOOT PROCEDURES	9.34
2235	LEVEL I FOREARM AND WRIST PROCEDURES	7.49
2236	LEVEL I HAND PROCEDURES	5.74
2237	LEVEL I HEPATOBILIARY AND PANCREAS PROCEDURES	10.91
2238	LEVEL I HIP AND FEMUR PROCEDURES	14.83
2239	LEVEL I HYSTERECTOMY AND MYOMECTOMY PROCEDURES	17.93
2240	LEVEL I INTRAVITREAL, RETINAL AND OTHER POSTERIOR CHAMBER EYE PROCEDURES	4.69
2241	LEVEL I KIDNEY AND URETERAL PROCEDURES	6.54
2242	LEVEL I KNEE AND LOWER LEG PROCEDURES	13.51
2243	LEVEL I LOWER AIRWAY ENDOSCOPY	7.11
2244	LEVEL I NEUROSTIMULATOR AND RELATED DEVICE IMPLANTATION	25.70
2245	LEVEL I ORAL AND MAXILLOFACIAL PROCEDURES	8.33
2246	LEVEL I OTHER UTERINE AND ADNEXA GYNECOLOGICAL PROCEDURES	9.84
2247	LEVEL I PENILE PROCEDURES	8.51
2248	LEVEL I PERCUTANEOUS CORONARY AND INTRACARDIAC INTERVENTIONAL PROCEDURES	37.26
2249	LEVEL I PERINEAL AND VAGINAL GYNECOLOGICAL PROCEDURES	10.55
2250	LEVEL I PERIPHERAL ENDOVASCULAR AND TRANSCATHETER	15.49

	PROCEDURES	
2251	LEVEL I PERIPHERAL NERVE PROCEDURES	5.96
2252	LEVEL I PERIPHERAL VASCULAR REPAIR, LIGATION OR RECONSTRUCTION	9.40
2253	LEVEL I PROSTATE PROCEDURES	6.61
2254	LEVEL I SHOULDER AND UPPER ARM PROCEDURES	19.33
2255	LEVEL I SMALL AND LARGE INTESTINE SURGICAL PROCEDURES	8.66
2256	LEVEL I SPINE PROCEDURES	20.16
2257	LEVEL I THORACIC AND CHEST PROCEDURES	9.72
2258	LEVEL I URETHRAL PROCEDURES	12.73
2259	LEVEL II ANAL AND RECTAL PROCEDURES	9.73
2260	LEVEL II ANTERIOR CHAMBER EYE PROCEDURES	14.60
2261	LEVEL II ARTHROPLASTY	40.39
2262	LEVEL II ARTHROSCOPY	24.22
2263	LEVEL II BLADDER AND URETERAL PROCEDURES	17.91
2264	LEVEL II BREAST PROCEDURES	14.03
2265	LEVEL II CORNEAL AND OTHER ANTERIOR SURFACE EYE PROCEDURES	14.07
2266	LEVEL II CRANIOFACIAL BONE PROCEDURES	19.30
2267	LEVEL II DEVICE PLACEMENT FOR RADIATION THERAPY	7.59
2268	LEVEL II EAR, NOSE, MOUTH AND THROAT PROCEDURES	12.60

2269	LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	8.43
2270	LEVEL II ERCP AND RELATED ENDOSCOPIC PROCEDURES	18.61
2271	LEVEL II ESOPHAGEAL AND GASTRIC SURGICAL PROCEDURES	17.66
2272	LEVEL II EYELID, LACRIMAL AND CONJUNCTIVAL PROCEDURES	7.17
2273	LEVEL II FETAL PROCEDURES	4.35
2274	LEVEL II FOOT PROCEDURES	22.66
2275	LEVEL II FOREARM AND WRIST PROCEDURES	24.59
2276	LEVEL II HAND PROCEDURES	9.51
2277	LEVEL II HEPATOBILIARY AND PANCREAS PROCEDURES	27.65
2278	LEVEL II HIP AND FEMUR PROCEDURES	63.21
2279	LEVEL II HYSTERECTOMY AND MYOMECTOMY PROCEDURES	25.87
2280	LEVEL II INTRAVITREAL, RETINAL AND OTHER POSTERIOR CHAMBER EYE PROCEDURES	13.96
2281	LEVEL II KIDNEY AND URETERAL PROCEDURES	12.75
2282	LEVEL II KNEE AND LOWER LEG PROCEDURES	30.25
2283	LEVEL II LOWER AIRWAY ENDOSCOPY	14.76
2284	LEVEL II NEUROSTIMULATOR AND RELATED DEVICE IMPLANTATION	89.48
2285	LEVEL II ORAL AND MAXILLOFACIAL PROCEDURES	12.24
2286	LEVEL II OTHER UTERINE AND ADNEXA GYNECOLOGICAL PROCEDURES	18.30
2287	LEVEL II PENILE PROCEDURES	13.83

2288	LEVEL II PERCUTANEOUS CORONARY AND INTRACARDIAC INTERVENTIONAL PROCEDURES	43.78
2289	LEVEL II PERINEAL AND VAGINAL GYNECOLOGICAL PROCEDURES	24.82
2290	LEVEL II PERIPHERAL ENDOVASCULAR AND TRANSCATHETER PROCEDURES	25.53
2291	LEVEL II PERIPHERAL NERVE PROCEDURES	20.41
2292	LEVEL II PERIPHERAL VASCULAR REPAIR, LIGATION OR RECONSTRUCTION	15.87
2293	LEVEL II PROSTATE PROCEDURES	18.60
2294	LEVEL II SHOULDER AND UPPER ARM PROCEDURES	41.75
2295	LEVEL II SMALL AND LARGE INTESTINE SURGICAL PROCEDURES	21.86
2296	LEVEL II SPINE PROCEDURES	44.41
2297	LEVEL II THORACIC AND CHEST PROCEDURES	22.52
2298	LEVEL II URETHRAL PROCEDURES	23.17
2299	LEVEL II VARICOSE VEIN AND RELATED PROCEDURES	11.07
2300	LEVEL III BREAST PROCEDURES	29.50
2301	LEVEL III DEVICE PLACEMENT FOR RADIATION THERAPY	19.39
2302	LEVEL III EAR, NOSE, MOUTH AND THROAT PROCEDURES	15.11
2303	LEVEL III KIDNEY AND URETERAL PROCEDURES	30.04
2304	LEVEL III ORAL AND MAXILLOFACIAL PROCEDURES	17.11
2305	LEVEL III PERIPHERAL ENDOVASCULAR AND TRANSCATHETER PROCEDURES	47.52

2306	LEVEL III SPINE PROCEDURES	56.89
2307	LEVEL III UPPER GI ENDOSCOPY	15.93
2308	LEVEL IV EAR, NOSE, MOUTH AND THROAT PROCEDURES	19.79
2309	LEVEL IV ORAL AND MAXILLOFACIAL PROCEDURES	31.03
2310	MAJOR CRANIOTOMY AND CRANIECTOMY SURGICAL PROCEDURES	16.69
2311	MAJOR OPEN ABDOMINAL AND THORACIC VASCULAR PROCEDURES	51.09
2312	MAJOR OPEN CARDIAC AND CARDIAC VALVE PROCEDURES	53.38
2313	MAJOR OPEN CORONARY ARTERY PROCEDURES INCLUDING CABG	93.54
2314	MOHS MICROGRAPHIC SURGERY	4.13
2315	MUSCULOSKELETAL EXCISIONS, BIOPSIES, AND DRAINAGE PROCEDURES	7.56
2316	OBSTETRICAL PROCEDURES	8.22
2317	OCULAR RECONSTRUCTIVE PROCEDURES W OR W/O OCULAR DEVICE	12.09
2318	OPEN INTRACRANIAL AND EXTRACRANIAL VASCULAR PROCEDURES	20.75
2319	OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	23.01
2320	OTHER CRANIOTOMY PROCEDURES INCLUDING CRANIOPLASTY	27.75
2321	OTHER INTRA-ABDOMINAL AND INTRAPERITONEAL SURGICAL PROCEDURES	16.13
2322	OTHER INTRACRANIAL NEUROSURGERY PROCEDURES	19.45
2323	PACEMAKER AND OTHER CARDIOVASCULAR DEVICE INSERTION AND REPLACEMENT	35.95

2324	PERCUTANEOUS INTRA-ABDOMINAL OR INTRATHORACIC VASCULAR PROCEDURES	77.46
2325	PERCUTANEOUS INTRACRANIAL AND EXTRACRANIAL VASCULAR PROCEDURES	48.68
2326	PERIPHERAL VASCULAR BYPASS PROCEDURES	21.35
2327	PROCEDURES FOR REVISION OR REMOVAL OF NEUROSTIMULATOR DEVICES	16.26
2328	RADIOSURGERY	25.81
2329	REMOVAL OR REVISION OF PACEMAKERS AND OTHER CARDIOVASCULAR DEVICES	30.29
2330	RESUSCITATION	3.94
2331	SKIN AND CONNECTIVE TISSUE GRAFTING AND FLAP PROCEDURES	8.48
2332	TESTICULAR AND EPIDIDYMAL PROCEDURES	8.92
2333	THYROID AND PARATHYROID PROCEDURES	18.31
2334	TONSIL AND ADENOID PROCEDURES	8.66
2335	TRACHEOSTOMY AND RELATED TRACHEAL PROCEDURES	8.93
2336	TRANSPLANT PROCEDURES	21.55
2337	VAGINAL DELIVERY PROCEDURES	9.40
	DME	
2401	DIABETES SUPPLIES	1.00
2402	IMPLANTED TISSUE OF ANY TYPE	15.00
2403	MOTORIZED WHEELCHAIR	6.00

2404	MOTORIZED WHEELCHAIR ACCESSORIES	12.00
2405	PEN FORMULAE	2.10
2406	TPN FORMULAE	3.50
	ANCILLARY	
2501	ADDITIONAL UNDIFFERENTIATED MEDICAL VISITS/SERVICES	0.00
2502	ADJUNCTIVE DENTAL SERVICES	1.01
2503	ALLERGY TESTS	0.18
2504	ALLERGY THERAPY	0.10
2505	AMBULATORY PATIENT MONITORING AND RELATED ASSESSMENTS	0.30
2506	ANCILLARY DRUG ADMINISTRATION	0.19
2507	ANCILLARY OPHTHALMOLOGY OR OPTOMETRY SERVICES	0.32
2508	ANCILLARY RESPIRATORY THERAPY AND OTHER PULMONARY TESTS AND SERVICES	0.23
2509	ANESTHESIA	0.10
2510	AUDIOMETRY	0.35
2511	BASIC CHEMISTRY TESTS	0.02
2512	BIOFEEDBACK AND OTHER TRAINING	0.69
2513	BLOOD PROCESSING, STORAGE AND RELATED SERVICES	0.12
2514	BONE DENSITY AND RELATED PROCEDURES	0.34

2515	CARDIOGRAM	0.11
2516	CASE MANAGEMENT AND CARE PLANNING SERVICES	0.45
2517	CAST APPLICATION OR REPLACEMENT	0.82
2518	COMPLEX BLOOD COLLECTION SERVICES	0.25
2519	COMPUTED TOMOGRAPHY- OTHER	0.26
2520	CORNEAL TISSUE PROCESSING	11.39
2521	CT GUIDANCE	0.40
2522	DENTAL ANESTHESIA	0.15
2523	DIAGNOSTIC DENTAL PROCEDURES	0.46
2524	ELECTRONIC ANALYSIS FOR CARDIAC, NEUROLOGICAL AND OTHER DEVICES	0.63
2525	ESRD CASE MANAGEMENT	2.60
2526	EXERCISE TOLERANCE TESTS	0.73
2527	EXPANDED HOURS ACCESS	0.19
2528	GLOBAL ANTEPARTUM AND POSTPARTUM VISITS	1.07
2529	IMMUNOTHERAPY PREPARATION SERVICES	2.62
2530	INJECTION(S) FOR RADIOLOGICAL IMAGING	1.31
2531	INSERTION OR REMOVAL OF DRUG DELIVERY DEVICE	1.40
2532	LEVEL I ANCILLARY THERAPEUTIC SERVICES	0.14
2533	LEVEL I BLOOD AND TISSUE TYPING TESTS	0.02

2534	LEVEL I CHEMISTRY TESTS	0.05
2535	LEVEL I CLOTTING TESTS	0.02
2536	LEVEL I CONVENTIONAL RADIOLOGY	0.25
2537	LEVEL I DENTAL IMAGING	0.13
2538	LEVEL I DIAGNOSTIC ULTRASOUND	0.48
2539	LEVEL I ENDOCRINOLOGY TESTS	0.05
2540	LEVEL I HEMATOLOGY TESTS	0.02
2541	LEVEL I IMMUNIZATION	0.12
2542	LEVEL I IMMUNOLOGY TESTS	0.05
2543	LEVEL I MICROBIOLOGY TESTS	0.03
2544	LEVEL I MOLECULAR PATHOLOGY AND GENETIC TESTS	0.19
2545	LEVEL I PATHOLOGY TESTS	0.04
2546	LEVEL I RADIATION TREATMENT PREPARATION AND PLANNING	0.51
2547	LEVEL I SURGICAL PATHOLOGY TESTS	0.10
2548	LEVEL II ANCILLARY THERAPEUTIC SERVICES	0.17
2549	LEVEL II BLOOD AND TISSUE TYPING TESTS	0.11
2550	LEVEL II CHEMISTRY TESTS	0.14
2551	LEVEL II CLOTTING TESTS	0.08
2552	LEVEL II CONVENTIONAL RADIOLOGY	0.52

2553	LEVEL II DENTAL IMAGING	0.51
2554	LEVEL II DIAGNOSTIC ULTRASOUND	0.73
2555	LEVEL II ENDOCRINOLOGY TESTS	0.14
2556	LEVEL II HEMATOLOGY TESTS	0.05
2557	LEVEL II IMMUNIZATION	0.48
2558	LEVEL II IMMUNOLOGY TESTS	0.13
2559	LEVEL II MICROBIOLOGY TESTS	0.12
2560	LEVEL II MOLECULAR PATHOLOGY AND GENETIC TESTS	0.51
2561	LEVEL II PATHOLOGY TESTS	0.13
2562	LEVEL II RADIATION TREATMENT PREPARATION AND PLANNING	0.83
2563	LEVEL II SURGICAL PATHOLOGY TESTS	0.18
2564	LEVEL III CHEMISTRY TESTS	0.48
2565	LEVEL III MICROBIOLOGY TESTS	0.47
2566	LEVEL III MOLECULAR PATHOLOGY AND GENETIC TESTS	1.75
2567	LEVEL III PATHOLOGY TESTS	0.17
2568	LEVEL III RADIATION TREATMENT PREPARATION AND PLANNING	4.77
2569	MAMMOGRAPHY AND OTHER RELATED PROCEDURES	0.22
2570	MEDICATION ADMINISTRATION AND OBSERVATION	0.15
2571	MINOR AUDIOMETRY TESTS AND AUDIOLOGY SCREENING SERVICES	0.15

2572	MINOR DERMATOLOGY SERVICES	0.09
2573	MINOR DEVICE EVALUATION AND INTERROGATION	0.17
2574	MINOR EAR, NOSE, MOUTH AND THROAT PROCEDURES	0.48
2575	MINOR FEMALE REPRODUCTIVE PROCEDURES	0.85
2576	MINOR MUSCULOSKELETAL PROCEDURES	0.83
2577	MINOR SPECIMEN COLLECTION SERVICES	0.01
2578	MINOR SPLINT AND STRAPPING APPLICATION	0.19
2579	MINOR UROLOGY SERVICES	0.31
2580	MRI GUIDANCE	1.10
2581	NAIL PROCEDURES	0.28
2582	NERVE AND MUSCLE TESTS	0.59
2583	NONINVASIVE VENTILATION SUPPORT	0.54
2584	OBSERVATION	1.00
2585	OBSTETRICAL ULTRASOUND	0.44
2586	OCULAR IMAGING AND RELATED SERVICES	0.25
2587	ORGAN OR DISEASE ORIENTED PANELS	0.04
2588	OTORHINOLARYNGOLOGIC FUNCTION TESTS	0.63
2589	PAP SMEARS	0.07
2590	PATHOLOGY CONSULTATION AND INTERPRETATION	0.16

2591	PATIENT EDUCATION, GROUP	0.20
2592	PATIENT EDUCATION, INDIVIDUAL	0.28
2593	PREVENTION COUNSELING	0.34
2594	PREVENTIVE DENTAL PROCEDURES	0.48
2595	PULMONARY FUNCTION TESTS	0.44
2596	PULMONARY REHABILITATIVE SERVICES	0.15
2597	RADIATION THERAPY MANAGEMENT	1.37
2598	RADIOLOGICAL GUIDANCE FOR THERAPEUTIC OR DIAGNOSTIC PROCEDURES	0.78
2599	REPRODUCTIVE PATHOLOGY TESTS	0.32
2600	SCREENING FOR BEHAVIORAL CHANGE OR RISK ASSESSMENT	0.10
2601	SEALANT	0.18
2602	TELEHEALTH FACILITATION	0.04
2603	THERAPEUTIC DRUG MONITORING	0.05
2604	TOXICOLOGY TESTS	0.05
2605	TUBE REPLACEMENT, REVISION OR REMOVAL	0.87
2606	ULTRASOUND GUIDANCE	0.49
2607	URINALYSIS	0.01
2608	VACCINE ADMINISTRATION	0.17
2609	VASCULAR ACCESS BY NEEDLE OR CATHETER	2.75

2610	ALLERGY TESTS	0.22
2611	OTHER DENTAL LABORATORY SERVICES	2
2612	GENETIC TESTS	4.71
2613	HEAMATOLOGICAL AND COAGULATION TESTS	0.51
2614	HORMONE TESTS	1.72
2615	IMMUNOLOGICAL TESTS	0.78
2616	INFECTIOUS SEROLOGY	0.27
2617	MICROBIOLOGICAL TESTS (MICROSCOPY)	0.25
2618	MICROBIOLOGICAL TESTS (CULTURE AND SENSITIVITY)	2.1
2619	TUMOR MARKERS & PCR TESTS	1.87
2620	VITAMINS, MINERALS AND TRACE ELEMENTS	2.1
2621	CLINICAL URINE TESTS	0.25
2622	CLINICAL CHEMISTRY TESTS	0.93
2623	HISTOPATHOLOGY	2.83
2624	MORTUARY SERVICES WITH POST MORTEM	6.21
2625	MORTUARY SERVICES WITHOUT POST MORTEM	2.79
2626	STOOL ANALYSIS	0.22
	BEHAVIORAL HEALTH AND COUNSELING	
2701	ACTIVITY THERAPY	0.75

2702	ADAPTIVE BEHAVIORAL HEALTH TREATMENT SERVICES	0.21
2703	BEHAVIORAL HEALTH - CASE MANAGEMENT AND TREATMENT PLAN DEVELOPMENT	0.29
2704	BEHAVIORAL HEALTH ASSESSMENT	1.14
2705	BEHAVIORAL HEALTH RESIDENTIAL TREATMENT	2.27
2706	COUNSELLING OR INDIVIDUAL BRIEF PSYCHOTHERAPY	0.53
2707	CRISIS INTERVENTION	0.74
2708	DAY REHABILITATION, FULL DAY	2.27
2709	DAY REHABILITATION, HALF DAY	1.37
2710	DEVELOPMENTAL AND NEUROPSYCHOLOGICAL TESTING	2.51
2711	FAMILY PSYCHOTHERAPY	0.65
2712	GROUP PSYCHOTHERAPY	0.93
2713	INDIVIDUAL COMPREHENSIVE PSYCHOTHERAPY	0.63
2714	INTENSIVE OUTPATIENT PSYCHIATRIC TREATMENT	1.26

Annex IV: Operating Room DRGs Version 2.5

CODE	Principal Procedures	Relative Weight Without Complications	Relative Weight With Complications
OR 1	Acute leukemia with diag procedure	2.20	2.20
OR 2	Amput of lower limb for endoc, nut & met dis/Elderly	3.40	3.60
OR 3	Anal & Stomal Procedure	0.90	4.60
OR 4	Appendicectomy	1.20	4.10
OR 5	Arthroscopy and Related Procedures	3.00	4.70
OR 6	Automat cardioverter proc	9.80	9.80
OR 7	Back & neck procedure	3.50	8.80
OR 8	Bilateral or multiple major joint proc of lower ext	5.90	5.90
OR 9	Biliary tract procedures	4.30	10.80
OR 10	Biliary tract procedures for malignancy	6.40	9.50
OR 11	Biopsies for MS & CT disorders	2.10	7.30
OR 12	Breast biopsy and local excision	1.00	1.00

OR 13	Breast proc for non-malig exc biopsy and local excis	1.90	1.90
OR 14	Caesarean delivery	1.40	4.70
OR 15	Cardiac cath/angiography	2.70	9.10
OR 16	Cardiac electrophysiologic proc	5.70	5.70
OR 17	Carpal tunnel release	0.50	0.50
OR 18	Circumcision	0.60	2.80
OR 19	Colonoscopy	1.30	6.10
OR 20	Complex cardiothoracic procedures	19.20	19.20
OR 21	Complicated abortion w D&C and asp currettage	0.60	1.10
OR 22	Coronary bypass	18.00	18.00
OR 23	Craniotomy	4.00	13.00
OR 24	Craniotomy (multiple)	12.00	17.00
OR 25	Craniotomy/Cranioplasty	4.1	8
OR 26	Cystourethroscopy	1.40	7.70
OR 27	Cystourethroscopy	0.90	2.30
OR 28	D&C and other minor uterine procedures	0.50	1.70
OR 29	Dental Extractions	0.8	3.5

OR 30	Dental Extractions and Restorations	1.70	1.70
OR 31	Dental Restorations	1.6	4.3
OR 32	Diagonistic Thoracoscopic Procedures	5.60	5.60
OR 33	Digest malignancy w diag procedure	1.50	6.60
OR 34	Dilatation of Intestine	4.00	4.00
OR 35	Ectopic pregnancy w specific procedure	1.60	2.02
OR 36	Endoscopic tubal interruption	1.70	1.70
OR 37	ENT Procedures	1.40	6.20
OR 38	Enucleation and Orbital Procedures	4.00	4.00
OR 39	ERCP with therapeutic procedure	3.20	8.50
OR 40	Esophageal resection	17.20	17.20
OR 41	ESWL for urinary stone	1.50	3.50
OR 42	ESWL with uroendoscopy	2.90	2.90
OR 43	Extracranial vascular procedures	4.00	8.00
OR 44	Female reproductive system reconstructive procedure	1.80	1.80
OR 45	Ft proc and loc exc & remov int fix dev exc hip & femur	1.20	8.80
OR 46	Gastroscopy	1.20	7.50

OR 47	Heart and/or lung transplant	80.00	80.00
OR 48	Hepatobiliary diagnostic procedure	3.80	10.20
OR 49	Hepatobiliary malignancy with diagnostic procedure	2.00	8.00
OR 50	Hernia Procedure	1.20	4.60
OR 51	Hip & femur proc exc replacement	3.00	7.60
OR 52	Hip revision	5.80	7.30
OR 53	Humerus, tibia,fib & ankle proc exc replcement	2.20	4.00
OR 54	Incisional tubal interruption	0.80	1.50
OR 55	Intra Occular Procedure Excluding Lens and Retina	1.00	3.00
OR 56	Intracranial vascular procedures	8.00	11.00
OR 57	Keratoplasty	6.20	6.20
OR 58	Kidney transplant	28.00	28.00
OR 59	Kidney, ureter and major bladder procedure	5.70	10.40
OR 60	Knee procedures except replacement	3.00	6.50
OR 61	Knee replacement	3.30	6.60
OR 62	Knee revision	4.80	8.30
OR 63	KUB malignancy with diag procedure	1.80	3.00

OR 64	Lap adhesiolysis	2.40	3.30
OR 65	Lap adhesiolysis & renal tissue ablation	3.40	3.40
OR 66	Lap hepatic procedures	3.80	3.80
OR 67	Lap peritoneal adhesiolysis	4.10	4.10
OR 68	Lap procedures for obesity	8.70	8.70
OR 69	Lap radical hysterectomy wo sig CCC	5.00	5.90
OR 70	Lap stomach, duodenal & diaphragm proc	9.00	9.00
OR 71	Lap uterine & adnexal proc for ca in situ	3.10	3.10
OR 72	Lap uterine & adnexal proc for malignancy	3.00	4.50
OR 73	Lap uterine and adnexal procedures for non-malignancy	2.80	2.80
OR 74	Laparotomy for Abdominal Hernia	4.50	4.50
OR 75	Laparotomy for Rectal Resection	8.80	8.80
OR 76	Laparoscopic Appendicectomy	2.60	3.40
OR 77	Laparoscopic cholecystectomy	5.40	7.80
OR 78	Laryngectomy	9.00	
OR 79	Liver resection	5.30	11.00
OR 80	Liver Transplant	55.00	55.00

OR 81	Loc exc & remov of int fix dev of hip & femur	1.30	3.60
OR 82	Lymphoma and leukemia w major OR procedures	3.50	3.50
OR 83	Major amputation	8.00	8.00
OR 84	Major amputation for MS & CT disorders	4.10	10.00
OR 85	Major cardiovascular proc	11.00	11.00
OR 86	Major Chest Procedures	9.30	9.30
OR 87	Major Head and Neck Procedures	7.30	7.30
OR 88	Major Lens Procedures	1.00	3.00
OR 89	Major male pelvic procedures	1.50	2.20
OR 90	Major Procedure for Lacrimal System	1.70	1.70
OR 91	Major Small & Large Bowel Procedure	4.80	14.80
OR 92	Major Thoracoscopic Procedures	7.50	7.50
OR 93	Malignancy, male reprod organ w diag procedure	1.20	3.20
OR 94	Malignant breast dis w diag procedure	1.50	4.20
OR 95	Minor amputation	1.80	1.80
OR 96	Minor bladder & Penile procedure	1.40	7.80
OR 97	Minor Head and Neck Procedures	1.90	7.60

OR 98	Minor Small and Large Bowel Disorder	2.70	6.00
OR 99	Molar pregnancy w D&C and asp curettage	1.10	1.60
OR 100	Multiple (2-4) wound debridement for MS&CT	3.00	10.80
OR 101	Newb adm wt < 1000 gm w sign procedure	18.00	35.00
OR 102	Newb adm wt >2499 gm w sign procedure	3.60	9.00
OR 103	Newb adm wt 1000-1499 gm w sign procedure	9.40	16.00
OR 104	Newb adm wt 1500-2499 gm w sign procedure	3.70	9.60
OR 105	Newb died or transf < 5 d of adm w mj or sign procedure	3.10	6.10
OR 106	Non Invasive Ventilation	6.50	6.50
OR 107	Non ovarian/adnexal malig w diagnostic procedure	1.40	3.80
OR 108	Open cholecystectomy	3.30	8.80
OR 109	Operative insertion peritoneal cath for dialysis	1.60	7.50
OR 110	OR for infectious and parasitic diseases	0.60	1.90
OR 111	OR procedures for obesity	6.40	6.40
OR 112	Other hepatobil and pancreas OR procedure	3.70	6.30
OR 113	Other maj joint repl & limb reattach of low/upp extrem	4.20	4.20
OR 114	Other Biopsy procedures	1	2

OR 115	Other cardiothoracic proc	12.00	12.00
OR 116	Other Circulatory System Procedure	2.10	6.90
OR 117	Other Digestive System OR Procedure	3.50	8.00
OR 118	Other ENT Surgery	1.9	4.3
OR 119	Other esophageal procedures	3.20	7.00
OR 120	Other Eye Procedures	2.20	2.20
OR 121	Other female reproductive system OR procedures	2.20	6.90
OR 122	Other kidney & urinary tract OR procedure	1.70	6.90
OR 123	Other male repro system OR procedure	2.80	6.40
OR 124	Other Minor Respiratory Procedure	2.00	2.00
OR 125	Other MS & CT OR procedures	2.00	7.40
OR 126	Other neoplastic disorders w major OR procedures	7.60	7.60
OR 127	Other proc for blood, bl forming org an& imm diseases	2.10	8.10
OR 128	Other Respiratory System Procedures	7.90	7.90
OR 129	Other skin, subcut tissue and breast procedure	0.90	8.30
OR 130	Other vascular proc	8.90	8.90
OR 131	Ovarian/adnexal malig w diagnostic procedure	1.50	3.50

OR 132	Pacemaker revision and replacement	5.50	5.50
OR 133	Pancreas and liver procedures except resection	4.70	10.20
OR 134	Pancreas resection	9.20	11.80
OR 135	Parathyroid procedures	3.20	4.60
OR 136	Partial hip replacement	3.50	9.40
OR 137	Pedicle graft plastic procedures	3.00	6.80
OR 138	Pelvic evisceration	11.30	11.30
OR 139	Penis procedures	1.80	2.70
OR 140	Percutaneous Cardiovascular Procedure	6.80	9.70
OR 141	Perianal and pilonidal procedures	0.90	0.90
OR 142	Peripheral & cranial nerve & other Nervous System procedures	2.00	7.00
OR 143	Peripheral stent insertion	3.90	7.40
OR 144	Peritoneal Adhesiolysis	2.70	5.30
OR 145	Perm pacemaker proc comb	9.40	9.40
OR 146	Pituitary procedures	7.60	7.60
OR 147	Plasmapheresis for kidney and urinary tract dis	27.50	27.50
OR 148	Plasmapheresis for MS and CT dis	36.00	36.00

OR 149	Postpartum/post abortion w specific procedure	1.70	4.20
OR 150	Procedure for Major Eye Surgery	2.00	2.00
OR 151	Procedure for Multiple Significant Trauma	6	10
OR 152	Procedure for Significant Trauma	3.5	8
OR 153	Procedure for Significant Trauma	3.5	8
OR 154	Pyloromyotomy procedure	2.50	2.50
OR 155	Radical hysterectomy & radical vulvectomy	3.70	6.30
OR 156	Rectal Resection	4.90	6.90
OR 157	Retinal Procedures	2.00	7.00
OR 158	Shoulder, elbow & forearm proc exc replacement	1.70	7.30
OR 159	Shunt procedures	20.00	20.00
OR 160	Simple cardiothoracic proc	8.70	8.70
OR 161	Skin graft and debrid for ulcer or cellulitis	1.90	6.30
OR 162	Skin graft and debridment	1.50	7.30
OR 163	Skin graft and mult debride for ulcer or cellulitis	4.00	8.50
OR 164	Skin graft and/or multiple debridment	3.80	8.10
OR 165	Skin graft except hand for MS & CT	2.10	8.00

OR 166	Skin, subcut tissue and breast plastic procedure	1.90	3.30
OR 167	Soft tissue procedures	1.30	5.30
OR 168	Spinal fusion	4.90	10.40
OR 169	Spinal procedures	5.00	12.00
OR 170	Splenectomy wo sig CCC	3.50	9.40
OR 171	Stomach and Duodenal resection	7.10	14.30
OR 172	Stomach, Eosophagus & Duodenal Procedure	2.70	5.80
OR 173	Stomach, Eosophagus & Duodenal Procedure For Malignancy	6.70	6.70
OR 174	Subtotal mastectomy for malignancy	1.90	1.90
OR 175	Testis procedures	1.00	3.90
OR 176	Thoracoabdominal proc combination	22.00	22.00
OR 177	Thyroglossal procedures	1.30	1.60
OR 178	Thyroid procedures	2.10	7.10
OR 179	Total hip replacement	4.00	8.00
OR 180	Total mastectomy for malignancy	2.70	6.00
OR 181	Trach w other proc for upper airway conditions	4.00	7.00
OR 182	Tracheostomy w mech vent 96+ hr	22.00	36.00

OR 183	Transplant Procedures – Other	50.00	50.00
OR 184	Transurethral proc, exc prostatectomy	1.90	8.00
OR 185	Transurethral prostatectomy	2.20	4.00
OR 186	Transurethral prostatectomy wo sig CCC	2.20	6.70
OR 187	Uncomplicated abortion w D&C and asp curettage	0.60	3.20
OR 188	Ungroupable Surgical Procedures	2	2
OR 189	Ureteroscopy	1.70	4.30
OR 190	Urethral procedures	1.60	4.40
OR 191	Uterine & adnexal proc for ca in situ	2.00	2.00
OR 192	Uterine & adnexal proc for malignancy	3.00	8.70
OR 193	Uterine & adnexal proc for non-malignancy	2.10	8.50
OR 194	Vaginal delivery w complicating OR procedure	1.00	2.20
OR 195	Vaginal delivery w strilization procedure	0.80	1.00
OR 196	Vaginal, cervix & vulva procedures	0.60	4.40
OR 197	Valve replacement	18.20	18.20
OR 198	Vein ligation and stripping	3.90	3.90
OR 199	Ventilator Support	9.30	9.30

OR 200	Ventricular shunt revision	3.00	5.00
OR201	Wound debride w skin graft except hand for MS&CT	5.30	9.00
OR 209	Wound debridement for MS & CT	1.80	10.80
OR 210	Wrist & hand procedure except replacement	0.90	2.80

CODES	Diagnosis Related Group (DRG)	Relative weight Without Complications	Relative Weight with Complications
1000	Respiratory		
1001	Ear, Nose, Mouth and Throat Malignancy	0.30	6.30
1002	Excisions minor	1	1
1003	Excisions moderate	1.5	1.5
1004	I&D Dental	0.5	0.5
1005	Interstitial lung disease	2.10	2.10
1006	Mandibular/maxilla enucleations	2	2
1007	Mandibulectomy	2.5	2.5
1008	Maxillectomy	2.5	2.5
1009	Nose, Mouth, Throat and Larynx Disease	0.30	1.30
1010	Open reduction & Internal Fixation	2.2	2.2

1011	Other respiratory system diagnoses	0.30	0.70
1012	Pleural Effusion	4.00	4.00
1013	Pneumothorax	2.80	2.80
1014	Pulmonary Edema and Respiratory Failure	4.20	12.00
1015	Pulmonary Embolism	2.70	2.70
1016	Pyothorax	5.90	5.90
1017	Respiratory Infection/Inflammation	0.40	0.40
1018	Respiratory neoplasms with chemo- and/or radiotherapy	0.80	7.00
1019	Respiratory neoplasms with diag proc	0.90	2.50
1020	Respiratory Signs and Symptoms	0.80	2.00
1021	Sleep Apnoea	1.50	1.50
2000	Psychiatric		
2001	Acute psychotic disorders	0.40	3.20
2002	Acute psychotic disorders with ECT	0.80	2.00
2003	Acute reaction and psychosocial dysfunction	0.20	1.90
2004	Alcohol intoxication and withdrawal	0.30	0.60
2005	Alcohol use disorders and dependence	0.30	0.40

2006	Anxiety disorders	0.30	1.60
2007	Childhood mental disorders wo sig CCC	0.60	2.40
2008	Chronic psychotic disorders	0.50	3.40
2009	Chronic psychotic disorders with ECT	1.80	1.80
2010	Drug use disorders and withdrawal wo sig CCC	0.60	4.20
2011	Eating and obsessive compulsive disorders	1.00	2.10
2012	Major affective disorders	0.30	1.90
2013	Major affective disorders with ECT	0.90	1.90
2014	Mental retardation	0.90	3.00
2015	Opioid use disorders and dependence	3.30	5.80
2016	Organic disturbance	0.60	4.10
2017	Organic disturbance with ECT	0.80	4.10
2018	Oth drug use disorders and dependence and intoxication	0.50	3.50
2019	Oth factors influencing health status, in the elderly	0.80	4.70
2020	Other affect and somatoform disorders	4.70	7.80
2021	Other mental disorders	0.70	4.00
2022	Ungroupable	1.40	6.50

3000	Musculoskeletal		
3001	Aftercare, MS system & CT	0.60	3.20
3002	Breast Biopsy and Local Excision	0.90	0.90
3003	Connective tissue disorders	0.80	5.70
3004	Fracture of femur	0.40	2.40
3005	Fracture of hip and pelvis	2.10	9.80
3006	Fx, spr, str & disl of f arm, hand & foot	0.40	1.50
3007	Fx, spr, str & disl of up arm & low leg	3.30	7.40
3008	Major connective tissue Dx	0.80	4.70
3009	Mastectomy for Malignancy	2.70	6.00
3010	Medical back problems	0.20	0.40
3011	Osteomyelitis	0.80	6.00
3012	Other Breast Procedures	1.30	1.80
3013	other MS system and CT diagnoses	0.90	6.50
3014	Pathol fracture and malignancy w chemo- and/or radiother	0.70	4.40
3015	Pathological fracture and malignancy	0.70	2.30
3016	Postop and post-traumatic infections	0.30	6.30

3017	Rehabilitation	1.30	1.30
3018	Rehabilitation for neuromuscular disorders	0.60	1.40
3019	Septic arthritis	0.50	5.00
3020	Signs and symptoms of MS system & CT	1.40	2.80
3021	Sprain, stain & dislocation of hip, pelvis & thigh	1.70	4.30
3022	Tendonitis, myositis and bursitis	2.00	5.00
3023	Unacceptable principal diagnosis	2.00	5.00
4000	Traumatic injury		
4001	Hyphema and Medically Managed Trauma	0.60	2.70
4002	Major Chest Trauma	1.10	4.60
4003	Multiple significant trauma	0.90	2.90
4004	Non Traumatic Stupor and Coma	0.80	6.90
4005	Poisoning and toxic effects of drugs	1.60	3.50
4006	Postop and post-traumatic infections	0.80	4.50
4007	Trauma to skin, subcut tissue & breast	1.30	3.50
4008	Traumatic injury	0.70	8.30
5000	Skin		

5001	Cellulitis	0.30	0.30
5002	Full thickness burn w debridement w skin flap	0.80	5.70
5003	Full thickness burns	0.30	1.80
5004	Fungal diseases	0.40	1.40
5005	Other Skin disorders	1.00	6.50
5006	Skin malignancy	0.30	1.40
5007	Skin ulcers	0.70	5.50
6000	Cardiovascular system		
6001	Acute myocardial infarction	1.10	5.40
6002	Cardiac arrest	1.10	2.10
6003	Congenital heart disease	0.80	1.50
6004	Dilated cardiomyopathy	0.50	5.00
6005	Heart failure	0.94	6.80
6006	Hypertension	0.90	5.30
6007	Hypotension	0.30	3.70
6008	Infective endocarditis	1.40	8.20
6009	Major Arrhythmias	0.50	3.40

6010	Shock	0.60	1.60
6011	Valvular heart disease	0.40	1.20
7000	Haematological		
7001	Acute leukaemia	3.50	7.60
7002	Anaemia excl. Sickle Cell Anaemia	0.50	3.00
7003	Lymphoma	4.00	6.90
7004	Myelodysplastic disorder	6.00	8.00
7005	Aplastic anaemia	0.50	3.70
7006	Neutropenia	0.40	2.10
7007	Multiple myeloma	2.00	2.80
7008	Haemophilia	0.80	7.40
7009	Other Haematological Disorders	0.30	1.20
7010	Sickle Cell Disease	1.20	3.00
8000	Genitourinary		
8001	Acute renal failure	0.8	7
8002	Admit for renal dialysis	1.8	4.5
8003	Benign prostatic hypertrophy	0.4	2.8

8004	Chronic renal failure	3.4	5.9
8005	Female lower genitourinary tract infection	0.8	4.4
8006	Female pelvic infections	0.5	2.6
8007	Inflammation of the male reproductive system	1	3.1
8008	Kidney and Urinary Tract Infections	0.9	2.6
8009	Kidney and urinary tract neoplasm	3.5	7.2
8010	Kidney and urinary tract signs & symptoms	2.8	2.8
8011	KUB malignancy with chemotherapy and/or Radiotherapy	0.7	6.3
8012	KUB procedure (Biospy and other non neoplastic)	2.8	4.4
8013	KUB procedure for neoplasm	5.7	10
8014	Major kidney diagnoses	1.7	6.7
8015	Malig, male reprod organ w chemo- and/or radiother	0.4	2.1
8016	Malignancy, male reproductive system	1.1	2.9
8017	Non Ovarian/adenexial Malignancy with Diag. Proc.	0.7	3.8
8018	Other Female Reproductive System Diagnoses	0.8	3.8
8019	Other kidney and urinary tract diagnoses	0.6	6.3

8020	Other male reproductive system diagnoses	2.5	5.3
8021	Ovarian Adexial/Malignancy with Diagnostic Proc	0.9	3.8
8022	Urethral stricture	2	4
8023	Urinary stone	1.4	7.2
9000	Endocrine		
9001	Diabetes Mellitus	1.2	2.7
9002	Disorders of pancreas, except malignancy	5.3	5.3
9003	Endocrine disorders except diabetes	0.2	1.1
9004	Endocrine malignancy	1.8	5.3
9005	Endocrine malignancy w chemotherapy and/or Radiotherapy	0.4	0.4
9006	Endocrine malignancy w chemotherapy and/or Radiotherapy	1.7	8.3
9007	Inborn errors of metabolism	0.8	4.6
9008	Nutrition and miscellaneous metabolic disorders	0.5	3
9009	Severe metabolic disorder	0.5	2.9
1100	Infectious Disease		
1101	Allergic reactions	0.4	1
1102	Bronchitis/Asthma/Whooping Cough	0.6	3.1

1103	Dengue	0.7	3
1104	Fever of unknow origin	2.2	2.2
1105	Fungal diseases	0.3	2.7
1106	Gastroenteritis (infectious & non Infectious)	0.3	1.6
1107	Haemorrhagic Fevers & Other emerging Inf. Dis.	4.4	4.4
1108	HIV-related infection, transferred	1.1	1.1
1109	HIV-related malignancy	3	6.8
1110	Infective Endocarditis	2.5	5.4
1111	Intestinal helminthiasis age	0.4	2.9
1112	Leptospirosis	0.7	1.3
1113	Malaria	0.4	2.8
1114	Melioidosis	0.3	2.2
1115	Non-infectious gastroenteritis	1.3	2.5
1116	Oesophagitis, gastritis and dyspepsia	0.7	3.9
1117	Other Chronic Infectious and Parasitic Diseases	2.7	8.3
1118	Other HIV-related condition	0.3	1
1119	Other Non Chronic Infectious and Parasitic Diseases	0.6	2.1

1120	Septicaemia	0.8	6.4
1121	Viral illness except dengue	0.9	6.3
1200	Maternal Health		
1201	Abortion	0.3	0.7
1202	Antenatal condition	0.7	5.8
1203	Antenatal condition with significant complications	0.5	1.6
1204	Ectopic pregnancy	0.3	0.6
1205	False labour	0.7	4
1206	Female pelvic infection	1.6	4.7
1207	Malignant breast dis w chemotherapy and/or Radio Therapy	0.8	1.2
1208	Malignant breast disorders	0.3	1.2
1209	Menstrual & other female reproductive system disorders	2.1	2.1
1210	Molar pregnancy	0.6	1.1
1211	Non-malignant breast disorders	1.3	6.7
1212	Non-ovarian/adnexal ca in situ wo sig CCC	0.4	1.2
1213	Non-ovarian/adnexal malignancy	6.9	7.4
1214	Ovarian/adnexal malig w chemotherapy and/or Radiotherapy	1.1	3

1215	Ovarian/adnexal malignancy wo sig CCC	1.3	5
1216	Postpartum/post abortion	0.2	3.5
1217	Threatened abortion	0.8	5.3
1218	Vaginal delivery	0.4	1.5
1219	Vaginal delivery w non-OR procedure	4	4
1220	Valvular Disorders	2.8	2.8
1300	GIT Disorder		
1301	Abdominal Pain or Mesenteric Adenitis	0.3	2.7
1302	Aftercare w endoscopy	1.1	1.1
1303	Cirrhosis & alcoholic hepatitis	2.7	2.7
1304	Complicated Peptic Ulcer and GI Malignancy	5.9	5.9
1305	Digest malignancy w chemo- and/or radiotherapy	0.3	3.7
1306	Digestive Malignancy	1.2	2.4
1307	Dis of liver, exc malignancy, cirrhosis, alc hepatitis	2.3	5
1308	Disorder of biliary tract	0.6	3.1
1309	Gastro Intestinal Obstruction	4.5	4.5
1310	Gastro-Intestinal Obstruction	1.8	1.8

1311	Hepatobil mal with chemo- and/or radiotherapy	0.5	1.7
1312	Malignancy of hepatobil syst/pancreas	0.8	4.8
1313	Other digestive system diagnoses	0.9	3.9
1314	Other Digestive System Disorders	1.2	6.3
1315	Uncomplicated Peptic Ulcer	0.8	6.4
1400	Nervous System		
1401	Cerebral palsy	0.4	2.3
1402	Degenerative Nervous System Disorder	0.3	1.9
1403	Febrile Convulsions	0.8	4.5
1404	Guillain-Bare Syndrome	0.8	2.4
1405	Headache	1.4	8.9
1406	Intracranial Injury	0.8	4.2
1407	Nervous System Infection Excluding Viral Meningitis	1.5	2.5
1408	Nervous System Neoplasm	1.5	5.1
1409	Nervous System Neoplasm with Chemotherapy and/or Radiotherapy	1.3	5.4
1410	Nuerogical and Vascular Disorders of the Eye	2	7.9

1411	Other Disorders of the Nervous System	0.7	2.3
1412	Other Head Injury	0.4	2.9
1413	Seizure Disorders	0.9	3.9
1414	Transient Ischaemic Attack (TIA)	0.7	5.3
1415	Non Traumatic Stupor and Coma	0.3	3.5
1416	Neurological and Vascular Disorders of the Eye	0.3	3.3
1417	Cerebral Vascular Disorders Excl TIA	2.1	5
1418	Viral Meningitis	1.60	4.20
1500	Eye Conditions	0	0
1501	Acute and Major Eye Infections	0.3	1.2
1502	Hyphema and Medically Managed Trauma	1	1
1503	Other Disorders of the Eye	0.5	0.9
1504	Retinal Procedures	2	4.1
1505	Enucleation and Orbital Procedures	1.9	3.7
1506	Procedure for Major Eye Injury	1.9	1.9
1507	Intraocular Procedure Excpt Lens and Retina	1	3.2

1508	Major Lens Procedure	1.2	1.6
1509	Keratoplasty	3	6.2
1510	Other Eye Lens Procedures	1.2	2
1511	Enucleation and Orbital Procedures for Eye Malignancy	3.1	3.1
1512	Major Procedure for Lacrimal System	1.3	1.5
1513	Malignant Neoplasm of the Eye	1.7	2.7
1600	Neonatal conditions		
1601	Newb adm wt < 1000 gm wo proc	0.4	0.6
1602	Newb adm wt >2499 gm wo procedure	0.6	0.6
1603	Newb adm wt 1000-1499 gm wo procedure	9.3	9.3
1604	Newb died < 5 d of adm wo proc	0.4	4
1605	Other Disorders of the Neonate	0.9	6
1700	Other		
1701	Signs, symptoms and other abnormal findings	0.5	4.4
1702	Ungroupable	1	1
1703	Nutritional Disorders	1.3	4

