Comprehensive Analysis
Health Care Outcomes Report
to the Pennsylvania General Assembly

December 31, 2019

Commonwealth of
Pennsylvania Department of
Human Services

pennsylvania
DEPARTMENT OF HUMAN SERVICES

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Section 1

EXECUTIVE SUMMARY

Improving the quality of life for Pennsylvanians through safe, healthy and independent living is the vision and mission for the Department of Human Services (Department). The overarching goals that guide the Physical Health (PH) HealthChoices program and support the Department's vision and mission include:

1. Improve access to health care services;

2. Improve quality of care for Medical Assistance (MA) beneficiaries; and

3. Stabilize Pennsylvania's MA spending.

In keeping with the Department's mission and vision, the Act of June 22, 2018 (P.L. 258, No. 40) (Act 40) contained provisions, hereinafter referred to as the Health Care Outcomes provisions[1], that required the Department to establish Medicaid outcomes-based programs within the Commonwealth's Medical Assistance (MA) program comprised of a healthcare outcomes program designed to provide hospitals and MA Managed Care Organizations (MCO) with information to reduce potentially avoidable events (PAE) and further increase efficiency in Medicaid hospital services.

The Health Care Outcomes provisions define the following as PAEs: potentially avoidable readmissions (PAR), potentially avoidable admissions (PAA), potentially avoidable complications (PAC) and potentially avoidable emergency visits (PAV).

Ongoing collaboration with the hospitals and the MCOs that are servicing MA beneficiaries is critical to the ongoing success of the program.

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[1] 62 P.S. §§ 501-a – 536-a.

OVERVIEW OF LEGISLATIVE REQUIREMENTS

The Health Care Outcomes provisions include four subarticles. The subarticles and their requirements are described below.

Subarticle A — Preliminary Provisions

Establishes the definitions applicable to the Health Care Outcomes legislation. A glossary, including all definitions contained in the legislation and other important definitions and abbreviations used in this analysis, is provided as Appendix A.

Subarticle B — Medicaid Outcomes-Based Programs

Establishes the framework and requirements of Medicaid outcomes-based programs including both a Hospital Outcomes Program and a MCO Outcomes Program. These programs target reduction of PAEs.

Requires the Department to select a methodology for identifying PAEs and their costs. The methodology must include the following:

- Parameters for each of the PAEs;
- A methodology that is used by a State program or a commercial payer; and
- A methodology that utilizes a clinical categorical model and allows the provision of performance information on an aggregate and case level and includes risk adjustment.

Subarticle C — Hospital Outcomes Program

Establishes the requirements that are applicable to the Hospital Outcomes Program. The PAEs that are applicable to hospitals are PACs and PARs. The Hospital Outcomes Program applies to all general acute care hospitals participating in the Medicaid program and allows adjustments for certain hospitals.[2] It directs the Department to develop a hospital level performance reporting system related to the Hospital Outcomes Program.

Subarticle D — Managed Care Organization Outcomes Program

Establishes the requirements applicable to the MCO Outcomes Program. The PAEs that are applicable to MCOs are PARs, PAAs and PAVs. The MCO Outcomes Program applies to all MCOs participating in the Medicaid program. Adjustments are considered to account for the diverse medically complex populations served by each of the MCOs. It directs the Department to develop a MCO performance reporting system related to the MCO Outcomes Program.

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[2] The hospitals that are included in the analysis were provided to Mercer by the Department and are included as Appendix B.

STATEWIDE ANALYSIS OF MEDICAID PROGRAM AND DEVELOPMENT OF REPORT

The Health Care Outcome provisions require the Department to conduct a statewide analysis of the Medicaid program and produce a report under Subarticle B, Section 514-A. The report shall include recommendations on how hospitals and MCOs can improve efficiency and outcomes by reducing low value care in the form of PAEs. The Department shall align the recommendations with their objectives to advance high value care, improve population health, engage and support providers and establish a sustainable Medicaid program with predictable costs. No later than December 31, 2019, the Department must provide its report to the General Assembly. This document, titled "Comprehensive Analysis Report — Health Care Outcomes*",* meets this requirement.

SELECTION OF POTENTIALLY AVOIDABLE EVENT METHODOLOGY

The Department is required to select a clinical categorical PAE methodology that will provide performance information on both the aggregate and case level and includes risk adjustment scoring to account for patient severity of illness and the population chronic illness burden. Mercer, the Commonwealth's independent actuary who prepared this analysis, has developed the suite of clinical efficiency algorithms which was selected as the methodology for identifying the PAEs of PAR, PAA and PAV. The methodology selected to determine PAC is consistent with the Centers for Medicare & Medicaid Services (CMS) definition related to provider preventable conditions (PPC). PPCs include both health care acquired conditions (HCAC) and other provider preventable conditions (OPPC), representing injuries or illness that occurred while in the hospital.

Mercer worked under the direction of the Department to leverage the clinical efficiency algorithms to meet the requirements of the Health Care Outcomes provisions. In some areas, the legislative requirements necessitated additional calculations and breakouts that are not typically utilized in the PH HealthChoices rate-setting process. In those instances, Mercer worked collaboratively with the Department to provide the results of the analysis in a format and/or break-out that would be most informative to the hospitals and MCOs.

Data Sources

Mercer utilized PH HealthChoices managed care encounter data for beneficiaries served through the managed care program and fee-for-service (FFS) claims data for beneficiaries served through the FFS program. In order to align with the data utilized in the development of calendar year 2020 (CY 2020) PH HealthChoices managed care capitation rates, the encounter and claims data used in this analysis includes services provided to MCO and FFS beneficiaries for service dates January 1, 2017 through December 31, 2017.

Potentially Avoidable Event Process

Each PAE is identified following an established process that is described below.

Potentially Avoidable Readmissions

The readmission analysis considers all hospital readmissions within 30 days of a previous discharge for the same beneficiary at any facility and any diagnosis-related group. Mercer applied exclusionary criteria for certain conditions referred to as clinical global exclusions. These clinical global exclusions are made for conditions and situations that may require more complex treatment for beneficiaries. Any beneficiary identified as having a clinical global exclusion are excluded from both PAR and PAA analyses. Appendix C includes a listing of conditions considered clinical global exclusions. After clinical global exclusions are considered, Mercer clinicians review all remaining readmissions to determine if the readmission should be considered potentially avoidable.

Potentially Avoidable Admissions

The admissions analysis considers indicators developed by the Agency for Healthcare Research and Quality (AHRQ) and include select prevention quality indicators (PQIs) and pediatric quality indicators (PDIs).[3] Mercer has selected twelve adult and five pediatric indicators in this analysis.

In addition to the criteria specified by AHRQ, similar to the process described related to PAR, Mercer has a process to exclude beneficiaries with a condition that is considered a clinical global exclusion.

Potentially Avoidable Complications

The complications analysis is consistent with the conditions defined as PPCs by CMS and includes both instances of HCACs and OPPCs.

HCACs are medical complications or conditions that were not present when the patient was admitted to the hospital and develop during the hospitalization. Examples of HCACs include hospital acquired infections and injuries due to falls. If the condition was present when the individual was admitted to the hospital, it is considered present on admission (POA). When the condition is POA it is not considered a HCAC.

Federal law, as well as the Department's policy, precludes payment for HCACs. The Department has evaluated its policy and surveyed its PH-MCOs and determined that processes are in place and effective to prevent payment to providers related to HCACs. The Department has concluded that there is no cost to MA related to PPCs. Therefore, this analysis includes an examination of the numbers and types of PPCs as an indicator of the quality of care provided by hospitals. However, the analysis does not include a process to evaluate cost.

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[3] Agency for Healthcare Research and Quality (AHRQ), Quality Indicator Resources. Available at https://www.qualityindicators.ahrq.gov/Modules/default.aspx [Accessed 24 Sept. 2019]. Version 7.0 logic selected for this analysis.

Potentially Avoidable Emergency Visits

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

Zone Criteria

For purposes of this analysis, the results are calculated on a statewide basis and by geographical zone as defined in the Department's PH HealthChoices program. The MCO results are assigned to a geographical zone based on beneficiary eligibility and MCO assignment. Hospital results are assigned to a geographical zone based on the physical location of the hospital based on county.

Risk Adjustment

The Health Care Outcomes provisions require risk adjustment scoring to account for severity of illness and population chronic illness burden. To account for the acuity differences inherent in the data, Mercer calculated the acuity following one of two methods based on the data source being utilized (inpatient or ED data). These acuity factors were not directly applied within the results but are, instead, intended to inform the overall acuity level of the events being analyzed. More details related to methodology can be found in Section 3.

RESULTS AND DISCUSSION

Instances and Cost of Potentially Avoidable Events

The accompanying analysis was conducted for PAEs included in both the Hospital and the MCO results.

The analysis found that opportunities exist to improve the efficiency of how care and services are delivered. The following tables provide a summary for each of the PAE analyses. Additionally, Appendices D–G, provide detailed information regarding these results.

Hospital Results

General acute care hospitals serve beneficiaries enrolled in MCOs as part of the PH HealthChoices managed care program, as well as, beneficiaries that receive services through the FFS program. The results related to hospitals are displayed in Table 1.

The total number of PAEs identified for the hospitals is 5,101 events at a cost of $48.6 million.

TABLE 1 — PAEs AND COST FOR HOSPITAL RESULTS FOR MCO AND FFS BENEFICIARIES

DESCRIPTION OF PAEs	NUMBER OF PAEs	% OF ADMITS	COST ASSOCIATED WITH PAEs*	% OF INPATIENT COST
MEDICAID MCO BENEFICIARIES				
Potentially avoidable readmissions	4,396	1.7%	$40,913,360	1.8%
Potentially avoidable complications	238	0.1%	$0	0.0%
MEDICAID FFS BENEFICIARIES				
Potentially avoidable readmissions	402	1.1%	$7,671,409	1.8%
Potentially avoidable complications	65	0.2%	$0	0.0%
Total	**5,101**	**1.8%**	**$48,584,769**	**1.8%**

* Results in the table may differ from results provided directly to the MCOs as part of rate setting, as costs associated with PAEs are displayed prior to replacement costs and/or targeted efficiency levels.

Managed Care Organization Results

MCOs serve MA beneficiaries that are enrolled in the PH HealthChoices managed care program. The results related to MCOs are displayed in Table 2.

The total number of PAEs identified for the MCOs are 390,171 events at a cost of $210.7 million.

TABLE 2 — PAEs AND COST FOR MCO RESULTS FOR MCO BENEFICIARIES

DESCRIPTION OF PAEs	NUMBER OF PAEs	% OF ADMITS/ VISITS	COST ASSOCIATED WITH PAEs*	% OF INPATIENT/ ED COST
Potentially avoidable readmissions	4,396	1.7%	$40,913,360	1.8%
Potentially avoidable admissions	14,726	5.8%	$98,938,985	4.3%
Potentially avoidable emergency visits	371,049	21.3%	$70,801,509	12.6%
Total	**390,171**		**$210,653,854**	

* Results in the table may differ from results provided directly to the MCOs as part of rate setting, as costs associated with PAEs are displayed prior to replacement costs and/or targeted efficiency levels.

Combined Results

PARs were evaluated for both the hospital and MCO perspective as both have a role in preventing beneficiaries from being readmitted. However, the cost associated with PAR should only be considered once.

The total number of PAEs identified for the combined Hospital and MCO results in 390,876 events at a cost of $218.3 million. This value represents an estimate of the cost of PAA, PAR, PAC and PAV to MA.

Top Conditions and Diagnoses of Potentially Avoidable Events

The diagnoses most impacting the overall results are displayed in Table 3. Asthma, chronic obstructive pulmonary disease (COPD), sickle cell anemia, septicemia and diabetes are the most frequently identified diagnoses associated with PAR and PAA. The most common primary diagnoses related to PAV are acute upper respiratory infection, acute pharyngitis, and rash and other non-specific skin infections. Although infrequent, the most common HCACs identified are vascular catheter associated infection, falls and trauma and stage III and stage IV pressure ulcers.

Hospitals and MCOs should review the information included in this analysis to make informed decisions regarding where to focus efforts to reduce the incidence of PAEs and, thereby, improve beneficiary quality of care and reduce avoidable cost within MA.

TABLE 3 — MEDICAL CONDITIONS RESULTING IN PAE

PAE	HOW IDENTIFIED	TOP CONDITIONS AND DIAGNOSES RESULTING IN PAE	TYPE
Potentially avoidable readmissions	APR-DRG	• Diabetes • Sickle cell anemia crisis • Septicemia and disseminated infections • Chronic obstructive pulmonary disease	Hospital and MCO
Potentially avoidable admissions	APR-DRG	• Asthma • Chronic obstructive pulmonary disease • Diabetes	MCO
Potentially avoidable complications	HCAC type	• Vascular catheter-associated infection • Falls and trauma • Stage III and IV pressure ulcers	Hospital
Potentially avoidable emergency visits	Primary diagnosis	• Acute upper respiratory infection • Acute pharyngitis • Rash and other non-specific skin infections	MCO

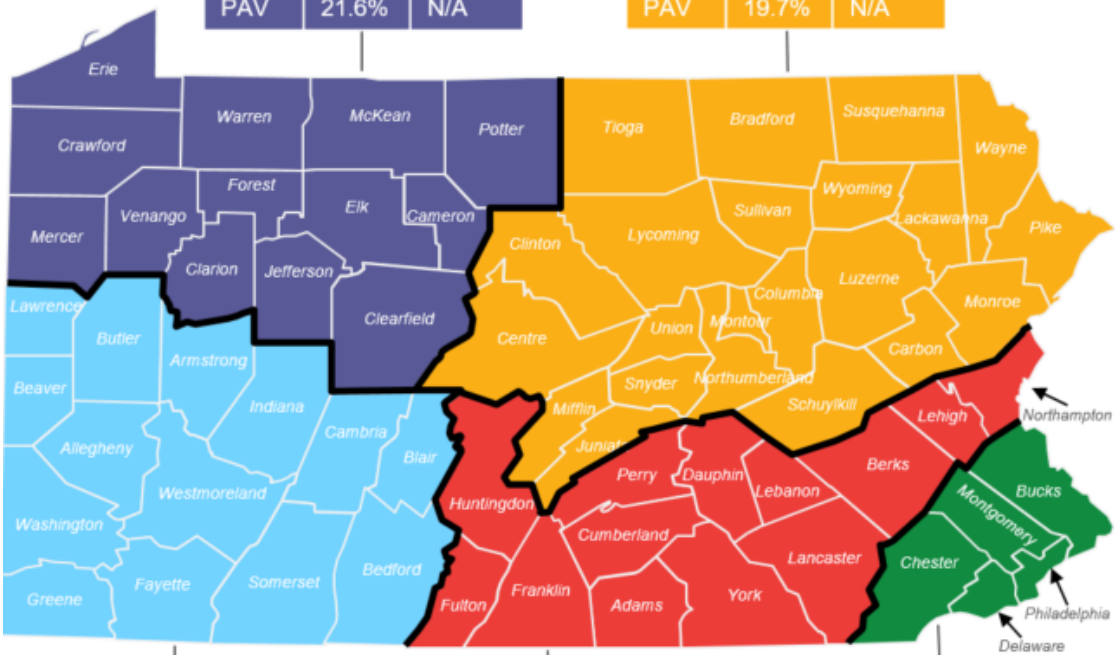
Hospital and Managed Care Organization Results — Potentially Avoidable Events Results by Zone

To facilitate comparison of PAE results across MA, the Hospital and MCO results are displayed for each zone below.

FIGURE 1 — PAE (AS A PERCENT OF TOTAL ADMITS OR VISITS), HOSPITAL AND MCO RESULTS BY PH HEALTHCHOICES PROGRAM ZONE

NORTHWEST		
PAE	MCO	HOSP
PAR	1.4%	1.2%
PAA	4.5%	N/A
PAC	N/A	0.05%
PAV	21.6%	N/A

NORTHEAST		
PAE	MCO	HOSP
PAR	1.1%	1.2%
PAA	4.3%	N/A
PAC	N/A	0.05%
PAV	19.7%	N/A



SOUTHWEST		
PAE	MCO	HOSP
PAR	1.8%	1.7%
PAA	5.5%	N/A
PAC	N/A	0.14%
PAV	19.4%	N/A

LEHIGH/CAPITAL		
PAE	MCO	HOSP
PAR	1.4%	1.3%
PAA	5.0%	N/A
PAC	N/A	0.09%
PAV	22.6%	N/A

SOUTHEAST		
PAE	MCO	HOSP
PAR	2.1%	2.0%
PAA	7.2%	N/A
PAC	N/A	0.11%
PAV	22.3%	N/A

Note: Results may differ from what was provided to the MCOs, as they have not been adjusted for beneficiary risk or the impact of maternity delivery events; therefore, results from one zone to the next may not be directly comparable. The PAR results for hospitals will differ from those displayed

for MCOs as hospital results for PAR include data for both MCO and FFS beneficiaries while MCO results only include MCO beneficiaries.

RECOMMENDATIONS

The data gathered through this analysis allows for comparisons across hospitals and MCOs. It is important to note that other factors can play a role in performance, such as variability due to regional differences, population demographics and hospital specialties. This report, and the initial performance reports that will be provided to the hospitals and MCOs as a requirement of the Hospital Outcomes Program (Subarticles C) and MCO Outcomes Program (Subarticle D) provide baseline data that can be used in subsequent years by hospitals and MCOs to compare their own year-over-year performance. Ongoing communication between entities will allow the sharing of best practices, particularly where the hospitals and/or MCOs have demonstrated positive outcomes.

Hospital Recommendations

This report is intended to serve as a resource for hospitals working to identify best practices in reducing avoidable readmissions and avoidable complications.

In addition to reviewing the information included in this report, it is recommended that each hospital review its internal readmission metrics to identify the diagnoses and the populations that drive readmissions to its hospital.

Similar to recommendations for reducing readmissions, it is recommended that hospitals evaluate the detailed data on the number and types of complications in order to identify trends and areas for improvement.

In addition to the recommendations included above, the Department will need to monitor statewide Community HealthChoices (CHC) implementation to determine how the implementation impacts FFS and if changes are required related to the Hospital Outcomes Program.

Managed Care Organization Recommendations

This report is intended to serve as a resource for MCOs working to identify best practices in reducing avoidable readmissions, avoidable admissions and avoidable emergency visits.

In addition to reviewing the information included in this report, it is recommended that each MCO review its internal data sources regarding readmissions, admissions and emergency visit metrics to identify the conditions and the populations that drive each of these areas.

It is recommended that the MCOs and hospitals work collaboratively to identify and address social determinants of health (SDOH) which when not addressed may result in increased PAEs. MCOs and hospitals are encouraged to develop effective means for identifying patients that are at-risk for poor health outcomes impacted by SDOH and incorporate innovative means to address health inequities within a comprehensive treatment approach. For example, a study in Philadelphia found that a population of chronically ill patients had an overall decrease in health care costs for three

consecutive months and experienced a downward trend in length of stay and number of hospital admissions after initiation of nutritional services.[4]

Other areas that the MCOs may want to develop or enhance internal programs include:

- Partnering with providers through value-based initiatives to incentivize hospitals to improve outcomes related to PAEs.
- Assessing and coordinating with community resources to break down barriers to care such as housing and child care.
- Expanding case management programs to include initiatives that work with beneficiaries in the communities where they live and receive services.

CONCLUSIONS AND NEXT STEPS

The analyses included in this report address the requirements of Health Care Outcomes regarding selection of a PAE methodology, completion of a statewide analysis and development of a report (this document) on the statewide analysis specific to PAEs.

The Department will also develop a performance reporting system as required for the Hospital Outcomes Program and the MCO Outcomes Program. This system is to include ongoing analysis of instances and cost associated with the PAEs related to each outcome program and provide organization level reports to each of the organizations. In addition, the Department is to foster collaboration among hospitals in sharing best practices.

The organization level analysis and organization level reporting are targeted to be completed and ready for distribution to each hospital and MCO in March 2020.

Following the distribution of the organization level report, the Department will work with the Hospital and Healthsystem Association of Pennsylvania and MCOs to develop opportunities to foster collaboration among hospitals in sharing best practices.

On an ongoing basis, the Department will evaluate opportunities to utilize value-based models and if necessary, amend agreements in order to support both the Hospitals Outcomes Program and the MCO Outcomes Program in reducing rates of PAEs.

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[4] Gurvey, J., Rand, K., Daugherty, S., Dinger, C., Schmeling, J. &, Laverty, N. (2013). Examining Health Care Costs Among MANNA Clients and a Comparison Group. *Journal of Primary Care & Community Health* 4(4) 311–317, Available at https://journals.sagepub.com/doi/pdf/10.1177/2150131913490737 [Accessed 05 Nov 2019].

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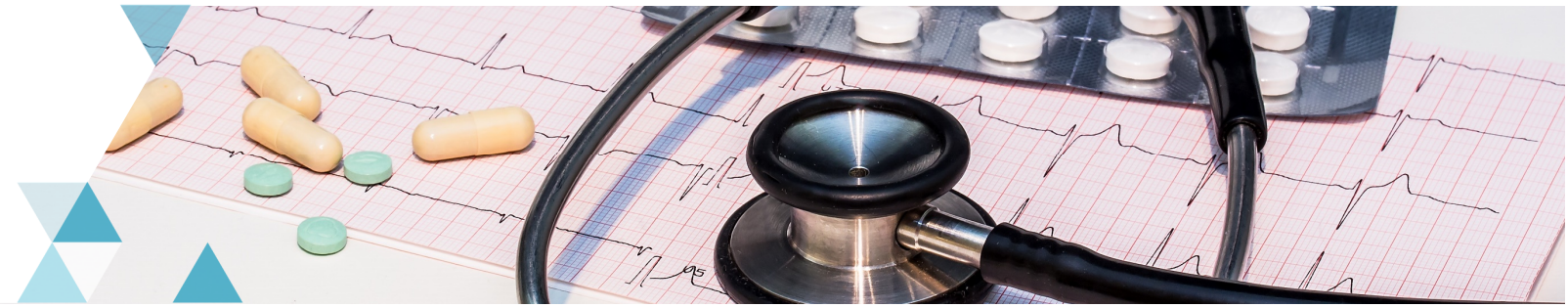

Section 2
INTRODUCTION

The Act of June 22, 2018 (P.L. 258, No. 40) (Act 40) contained provisions, hereinafter referred to as the Health Care Outcomes provisions,[5] that required the Department of Human Services (Department), to establish Medicaid outcomes-based programs within the Commonwealth's Medicaid program, referred to as Medical Assistance (MA) program. This healthcare outcomes program must provide hospitals and MA Managed Care Organizations (MCO) with information to reduce potentially avoidable events (PAE) and further increase efficiency in Medicaid hospital services.

Health Care Outcomes defines the following as PAEs: potentially avoidable readmissions (PAR), potentially avoidable admissions (PAA), potentially avoidable complications (PAC) and potentially avoidable emergency visits (PAV).

The PAEs identified for inclusion in this initiative and their definitions are as follows:

- **Potentially Avoidable Readmission:** A return hospitalization of an individual within a period specified by the Department that may have resulted from a deficiency in the care or treatment provided to the individual during a previous hospital stay or from a deficiency in post hospital discharge follow up. The term does not include a hospital readmission necessitated by the occurrence of unrelated events after the discharge. The term includes the readmission of an individual to a hospital for:
  - The same condition or procedure for which the individual was previously admitted.
  - An infection or other complication resulting from care previously provided.

[5] 62 P.S. §§ 501-a – 536-a.

  - A condition or procedure that indicates that a surgical intervention performed during a previous admission was unsuccessful in achieving the anticipated outcome.

  The Department made the determination to utilize a post-discharge time period of 30 calendar days for analyzing readmissions which is consistent with current processes in Physical Health (PH) HealthChoices program.

- **Potentially Avoidable Admission:** An admission of an individual to a hospital or long-term care facility that may have reasonably been prevented with adequate access to ambulatory care or health care coordination.

- **Potentially Avoidable Complications:** A harmful event or negative outcome with respect to an individual, including an infection or surgical complication, that:

  - Occurs after the person's admission to a hospital or long-term care (LTC) facility.

  - May have resulted from the care, lack of care or treatment provided during the hospital or LTC facility stay, rather than from a natural progression of an underlying disease.

- **Potentially Avoidable Emergency Visit:** Treatment of an individual in a hospital emergency room or freestanding emergency medical care facility for a condition that may not require emergency medical attention because the condition could be or could have been treated or prevented by a physician or other health care provider in a non-emergency setting.

The following sections of this report provide a detailed discussion of the requirements of the Health Care Outcomes legislation; a description of the PAEs utilized in the analysis; a description of the methodology utilized in completing the analysis; a discussion of the findings; and a set of recommendations for hospitals and MCOs.

OVERVIEW OF REQUIREMENTS

The Health Care Outcomes provisions include Subarticles A through D. The subarticles are listed below and a summary of each follows:

- Subarticle A — Preliminary Provisions.

- Subarticle B — Medicaid Outcomes-Based Programs.

- Subarticle C — Hospital Outcomes Program.

- Subarticle D — Managed Care Organization Outcomes Program.

Subarticle A — Preliminary Provisions

Establishes the definitions applicable to the Health Care Outcomes legislation. A glossary, including all definitions contained in the legislation and other important definitions and abbreviations used in this analysis is provided as Appendix A.

Subarticle B — Medicaid Outcomes-Based Programs

Establishes the framework and requirements of Medicaid outcomes-based programs including both a Hospital Outcomes Program and a MCO Outcomes Program. These programs target reduction of PAEs.

The Department shall select a methodology for identifying PAEs and their costs. The following shall apply:

- Parameters for each of the PAEs.
- A methodology that is used by a State program or a commercial payer.
- A methodology that utilizes a clinical categorical model and allows the provision of performance information on an aggregate and case level and includes risk adjustment.

The Department shall conduct a comprehensive analysis of the Medicaid program and submit a report to the General Assembly no later than December 31, 2019. This analysis is to include identification of PAEs and associated costs broken down by actionable categories including region, hospital, MCO, physicians[6], diagnostic related group (DRG) and patient characteristics. The report must also include recommendations on how the hospitals and MCOs can improve efficiency and outcomes by reducing unnecessary services.

Subarticle C — Hospital Outcomes Program

Establishes the requirements that are applicable to the Hospital Outcomes Program (PACs and PARs). The Hospital Outcomes Program applies to all general acute care hospitals participating in the Medicaid program and allows adjustments for certain hospitals.[7]

Directs the Department to develop a hospital level performance reporting system related to the Hospital Outcomes Program incorporating the following elements:

- Conduct ongoing analysis of instances and cost associated with PAR and PAC.

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[6] Physicians claims are submitted and billed independently from facility claims and this analysis did not assign PAEs to physicians.

[7] The hospitals that are included in the analysis were provided to Mercer by the Department and are included as Appendix B.

- Create or locate Statewide norms.
- Measure actual to expected performance.
- Compare hospitals to their peers using risk adjustment procedures.
- Distribute reports that include actionable information to hospitals to improve target outcomes.
- Foster collaboration among hospitals in sharing of best practices.

After the implementation of the performance reporting system the Department must evaluate value-based models that will support hospitals in reducing rates of PARs and PACs. The Department must amend agreements with hospitals as necessary to incorporate the Hospital Outcomes Program.

By March 1, 2020 and each March 1 thereafter, the Department must provide a progress report on the Hospital Outcomes Program to the General Assembly.

Subarticle D — Managed Care Organization Outcomes Program

Establishes the requirements applicable to the MCO Outcomes Program. The PAEs that are applicable to MCOs are PARs, PAAs and PAVs. The MCO Outcomes Program applies to all MCOs participating in the Medicaid program. Adjustments are considered to account for the diverse medically complex populations served by each of the MCOs.

The Department must also develop a MCO performance reporting system related to the MCO Outcomes Program. This will include the following:

- Conduct ongoing analysis of instances and cost associated with PAR, PAA and PAV.
- Create or locate Statewide norms.
- Measure actual to expected performance.
- Compare MCOs to their peers using risk adjustment procedures.
- Distribute reports that include actionable information to MCOs to improve target outcomes.

After the implementation of the performance reporting system, the Department must evaluate value-based models that will support MCOs in reducing rates of PAR, PAA and PAV. The Department must amend agreements with MCOs as necessary to incorporate the MCO Outcomes Program.

By March 1, 2020 and each March 1 thereafter, the Department must provide a progress report on the MCO Outcomes Program to the General Assembly.

POTENTIALLY AVOIDABLE EVENTS

To fulfill the requirements within Health Care Outcomes, the Department is required to select a clinical categorical PAE methodology. The Department selected the clinical efficiency algorithms, developed in conjunction with Mercer, as the methodology for identifying PAR, PAA and PAV. These clinical efficiency algorithms produce adjustments that are an integral part of the PH HealthChoices actuarial rate-setting process.

Mercer, in collaboration with the Department's staff within the Office of Medical Assistance Programs (OMAP) as part of the rate-setting process, calculates several clinical efficiencies to identify potentially avoidable inpatient hospitalizations (admissions and readmissions) and low-acuity non-emergent (LANE) emergency department (ED) visits. Clinical efficiencies allow the Department to quantify potential cost savings using MA encounter and claims data. When developing the algorithms associated with these efficiencies, Mercer takes into consideration publicly available models, such as the New York University (NYU) algorithm[8] and Agency for Healthcare Research and Quality (AHRQ) publications. Mercer also consults with licensed clinicians in Pennsylvania and elsewhere.

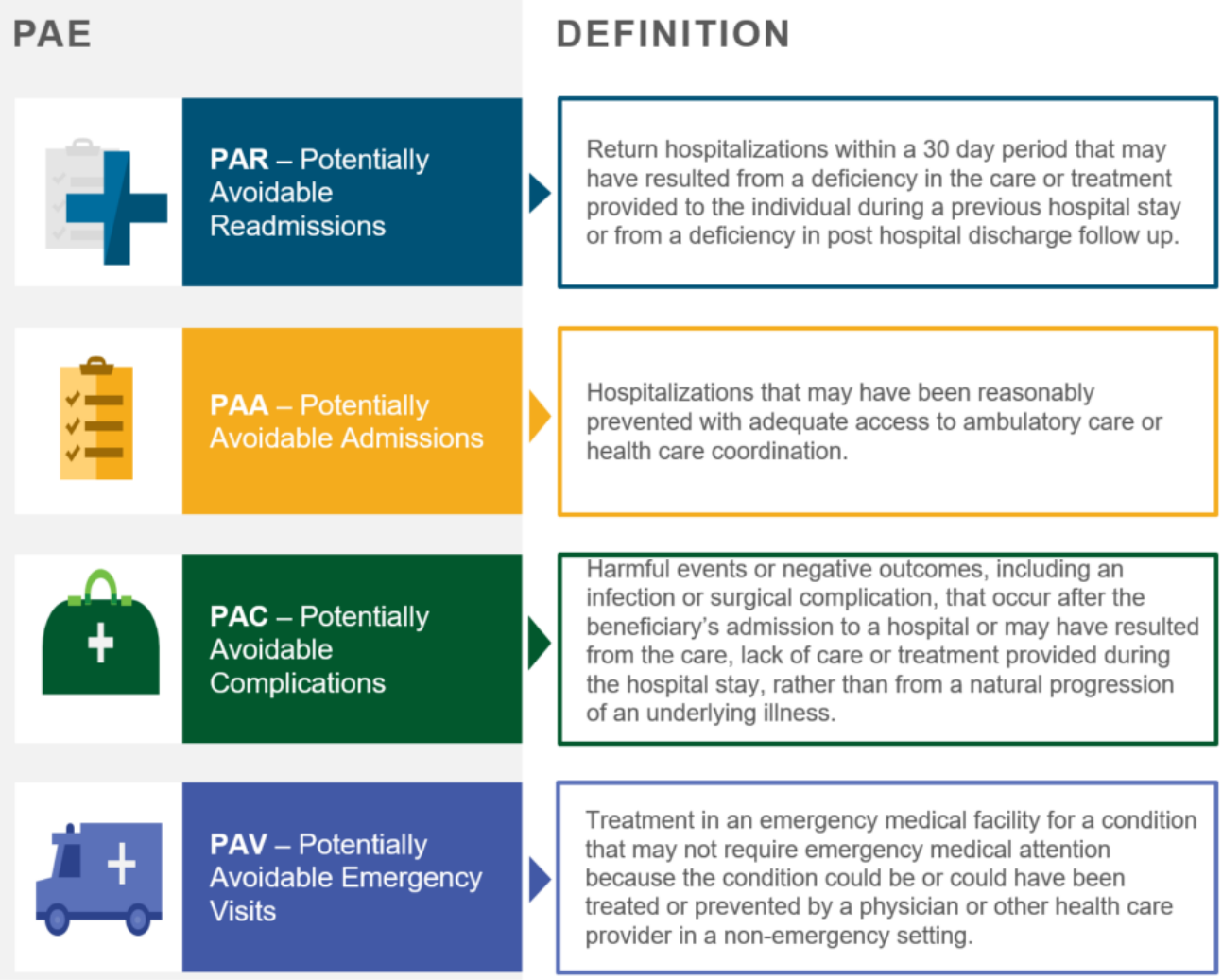
Mercer worked under the direction of the Department to leverage the clinical efficiency algorithms to meet the requirements of the Health Care Outcomes provisions. In some areas, the Health Care Outcomes legislative requirements necessitated additional calculations and breakouts that are not typically utilized in the PH HealthChoices rate-setting process. In those instances, Mercer worked collaboratively with the Department to provide the information in a manner that would be the most informative to the hospitals and MCOs.

The methodology selected to determine PAC is consistent with the CMS definition related to provider preventable conditions (PPC). PPCs include both health care acquired conditions (HCAC) and other provider preventable conditions (OPPC), representing injuries or illness that occurred while in the hospital.

The methodology used to calculate each of the PAEs applicable to the analysis are summarized in Figure 2 below and described more extensively in this report in Section 3 — Methodology, respectively.

[8] NYU/Wagner. (nd) Background/Introduction. [online] Available at https://wagner.nyu.edu/faculty/billings/nyued-background#. [Accessed 05 Oct 2019].

FIGURE 2 — PAE DEFINITIONS



Section 3
METHODOLOGY

Mercer worked in collaboration with, and under the direction of, the Department to conduct a statewide comprehensive analysis of the MA program. This comprehensive analysis included a review of available data to determine the incidence and cost of the four identified types of PAEs.

This section of the report provides a discussion of each component of the methodology that was utilized in the analysis.

DATA SOURCES

Mercer utilized PH HealthChoices managed care encounter data for beneficiaries served through the managed care program and FFS claims data for beneficiaries served through the FFS program. The encounter and claims data used in this analysis includes services provided to beneficiaries via MA MCO and FFS providers for service dates January 1, 2017 through December 31, 2017. This data period aligns with the data utilized in the development of the calendar year 2020 (CY 2020) PH HealthChoices managed care capitation rates. The encounter and claims data utilized for the PAE analysis include inpatient and ED services.

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

1. All data considered in this analysis was submitted by either FFS providers or PH HealthChoices MCOs through PROMISe™.[9] No adjustments were made to account for misreporting or underreporting of data.

[9] PROMISe™ Provider Reimbursement and Operations Management Information System. The Department's Medicaid management information system.

2. Identified PAEs and associated dollars within Mercer's analyses are not intended to express an opinion on the medical necessity of an event or imply that a particular event is avoidable in a particular instance. Instead, the analysis serves to identify and quantify opportunities for improvement that may exist within the Medicaid delivery system.

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

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

3. The PAA and PAR analyses include an overlapping identification process, which avoids double counting of PAEs within each analysis. PAR is analyzed first, then PAA. Therefore, if a readmission is considered potentially avoidable, the admission will not be included in the PAA results but will instead be included in the PAR results.

4. Costs associated with PAEs are displayed prior to replacement costs and/or targeted efficiency levels.

5. Hospitals included in the analysis are identified using a list of general acute care hospitals provided by the Department to Mercer and are included in Appendix B.

6. The methodology selected to analyze potentially avoidable admissions and potentially avoidable complications is specific to inpatient facilities and does not consider long term care facilities.

7. MCO beneficiary data includes all admissions or visits for both hospitals and MCOs.

8. FFS claims data includes beneficiaries who received services through the FFS delivery system during CY2017 and were identified as potentially eligible for CHC.

9. Where applicable, the Department grouped results for the MA MCOs and hospitals by HealthChoices zone. See Figure 5 for HealthChoices zone configuration.

POTENTIALLY AVOIDABLE EVENT PROCESS FOR INPATIENT ANALYSES

The process flow associated with PAR, PAA and PAC is provided below. Each PAE is discussed in greater depth in sections that follow.

FIGURE 3 — CLINICAL EFFICIENCY PROCESS OVERVIEW, INPATIENT SERVICES

		PAR	PAA	PAC
1	DATA SOURCE	Inpatient Data	Inpatient Data	Inpatient Data
2	STARTING VALUE	Admissions occurring within 30 days of previous discharge, regardless of facility or diagnosis-related group	Identify potentially preventable claims using AHRQ version 7.0, for both PQI and PDI	Identify claims as potential HCAC (as defined by CMS) or OPPC. Review POA indicator for each to determine if the HCAC was POA
3	CLINICAL GLOBAL EXCLUSIONS	Apply exclusions to all inpatient efficiencies. Remove claims for beneficiaries based on diagnostic criteria	Apply exclusions to all inpatient efficiencies. Remove claims for beneficiaries based on diagnostic criteria	N/A
4	CLINICAL LINE BY LINE REVIEW	Exclusion Examples: • Readmissions unrelated to previous admission • Planned admissions • Beneficiaries leaving against medical advice • Three years of age and under • Professional encounters between admissions	N/A	N/A
5	ENROLLMENT DURATION	N/A	Exclusion for continuous enrollment duration specific to each PQI and PDI	N/A
6	OVERLAP	N/A	Claims overlapping with the readmissions efficiency are removed	N/A
7	ADDITIONAL ACTUARIAL ADJUSTMENTS NOT REFLECTED	Targeted Efficiency Level	Targeted Efficiency Level	N/A

FINAL RESULTS

Potentially Avoidable Readmissions

PARs are return hospitalizations within a 30-day period that may have resulted from a deficiency in the care or treatment provided to the individual during a previous hospital stay or from a deficiency in post-hospital discharge follow up.

The readmission analysis considers all hospital readmissions within 30 days of a previous discharge for the same beneficiary at any facility and any DRG. As outlined in Figure 3 number 3 of the PAR and PAA clinical efficiency process overview, clinical global exclusions are applied. The clinical global exclusion criteria identify certain conditions and situations (for example, indications of trauma, cancer, burns, HIV/AIDS) that may require more complex treatment for beneficiaries. The complete list of conditions excluded as a component of clinical global exclusions are displayed in Appendix C. Any beneficiary identified as having indications of any of the qualifying clinical global exclusions are excluded from both PAR and PAA analyses.

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

- Readmissions are for conditions unrelated to the previous admission.
- Beneficiaries chose to leave against medical advice.
- Beneficiaries were three years of age and under or 85 years and older.
- There is evidence of a strong transition of care, which is necessary to ensure the coordination and continuity of care as patients transfer between different locations or different levels of care. Evidence of a strong transition is evaluated by determining the presence of a claim that denotes there was at least one visit to a primary care provider, specialist or a clinic such as a federally qualified health center after the hospital discharge and prior to the readmission.
- Beneficiaries were discharged due to death or placement into hospice.

For purposes of the accompanying PAR analysis, the same process was followed for members enrolled in MCOs and for those receiving services through FFS. It is important to note that the Department has procedures to prevent the payment of potentially avoidable readmissions. The Bureau of Program Integrity (BPI) reviews readmissions where beneficiaries are readmitted to the same facility from which they were discharged within a short period of time. Staff within the BPI unit (including nurses and physicians) review these readmissions to determine if the readmission is for a condition related to the original admission. If the inpatient admissions are deemed to be related, the provider is notified and payment may be adjusted or recouped.

Potentially Avoidable Admissions

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

The indicators utilized in this analysis are developed by the AHRQ and include select prevention quality indicators (PQI) and pediatric quality indicators (PDI). Mercer has selected twelve adult and five pediatric indicators for this analysis, displayed in Table 4 below. The AHRQ indicators that were selected relate to conditions that the MCO can impact or improve outcomes within one reporting year. This is important as the PH HealthChoices actuarial rate development process, which was utilized for this analysis, must reflect reasonable and achievable assumptions regarding the level of assumed efficiency within the rating period for which the capitation rates are being developed. The assumed efficiency levels are evaluated annually by Mercer and/or the Department for use in the managed care rate setting process.[10]

In addition to the criteria specified by AHRQ, similar to the process described related to PAR, Mercer considers clinical global exclusions. Any beneficiary identified as having indications of any of the qualifying clinical global exclusions are excluded from both PAR and PAA analyses.

TABLE 4 — AHRQ PDI INCLUDED IN PAA ANALYSIS

AHRQ PDI #	PDI DESCRIPTION (PEDIATRIC)
14	Asthma Admission Rate
15	Diabetes Short-Term Complications Admission Rate
16	Gastroenteritis Admission Rate
17	Perforated Appendix Admission Rate
18	Urinary Tract Infection Admission Rate

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

TABLE 5 — AHRQ PQI INCLUDED IN PAA ANALYSIS

AHRQ PQI #	PQI DESCRIPTION (ADULT)
1	Diabetes Short-term Complications Admissions Rate
2	Perforated Appendix Admission Rate
3	Diabetes Long-term Complications Admission Rate
5	COPD or Asthma in Older Adults Admission Rate
7	Hypertension Admission Rate
8	Heart Failure Admission Rate
10	Dehydration Admission Rate
11	Bacterial Pneumonia Admission Rate
12	Urinary Tract Infection Admission Rate
14	Uncontrolled Diabetes Admission Rate
15	Asthma in Younger Adults Admission Rate
16	Rate of Lower-Extremity Amputation Diabetes

Potentially Avoidable Complications

PACs are harmful events or negative outcomes, including an infection or surgical complication, that occur after the beneficiary's admission to a hospital or may have resulted from the care, lack of care, or treatment provided during the hospital stay, rather than from a natural progression of an underlying illness.

The methodology selected for this analysis is consistent with the conditions defined as PPCs by CMS and includes both HCACs and OPPCs. CMS has published a list of HCACs and their specifications, which is available on the CMS website.[11]

Conditions defined as HCACs are displayed in Table 6 below. If the condition was present before the individual came to the hospital, it is considered present on admission (POA). If the condition is

[11] CMS.Gov, ICD-10 HAC List, available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html [Accessed 24 Sept. 2019].

POA, then the condition is not considered a HCAC. The POA indicators that are utilized in this analysis are displayed in Table 7 below.

Federal law, as well as the Department's policy, precludes payment for HCACs. Additionally, the Department conducted a survey of the PH HealthChoices MCOs in April and May of 2019 to better understand each of the MCO's policies related to payment for PPCs and concluded there is no cost to MA related to PPCs. Therefore, this analysis includes an examination of the numbers and types of PPCs as an indicator of the quality of care provided by hospitals. An evaluation of cost and risk adjustment is not considered.

TABLE 6 — CMS DESIGNATED HEALTH CARE ACQUIRED CONDITIONS

HCAC	DESCRIPTION
HCAC 01	Foreign object retained after surgery
HCAC 02	Air embolism
HCAC 03	Blood incompatibility
HCAC 04	Stage III and IV pressure ulcers
HCAC 05	Falls and trauma
HCAC 06	Catheter associated urinary tract infection (UTI)
HCAC 07	Vascular catheter-associated infection
HCAC 08	Surgical site infection-mediastinitis after coronary bypass graft (CABG)
HCAC 09	Manifestations of poor glycemic control
HCAC 10	Deep vein thrombosis/Pulmonary embolism with total knee or hip replacement
HCAC 11	Surgical site infection — bariatric surgery
HCAC 12	Surgical site infection — certain orthopedic procedures of spine, shoulder and elbow
HCAC 13	Surgical site infection — cardiac implantable electronic device procedures
HCAC 14	Iatrogenic pneumothorax with venous catheterization

TABLE 7 — CMS DESIGNATED PRESENT ON ADMISSION INDICATORS

INDICATOR	DESCRIPTION	EVALUATION
Y	Diagnosis was present at time of inpatient admission.	Consider Present on Admission
N	Diagnosis was not present at time of inpatient admission.	Consider Not Present on Admission
U	Documentation insufficient to determine if condition was present at the time of inpatient admission.	Consider Not Present on Admission
W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.	Consider Present on Admission
Blank or Null		Consider Not Present on Admission

In addition to not paying for HCACs, federal law precludes Medicaid programs from paying for the following OPPCs, which are also referred to as “Never-events”.[12]

- Wrong surgical or other invasive procedure performed on a patient.
- Surgical or other invasive procedure performed on the wrong body part.
- Surgical or other invasive procedure performed on the wrong patient.

These conditions are defined by the International Classification of Diseases, tenth revision (ICD-10), codes. No utilization related to OPPCs was identified in the PH HealthChoices MCO or FFS utilization data; therefore, no further analysis regarding OPPCs is included in this analysis. It should be noted that a recent Patient Safety Authority annual report identified instances of the complication of wrong-site surgery, within the Commonwealth; however, no information was available specific to MA regarding the individuals impacted.[13]

[12] Medicaid.gov. (nd). Provider Preventable Conditions.[online] available at: https://www.medicaid.gov/medicaid/finance/provider-preventable-conditions/index.html [Accessed 25 Sept. 2019].

[13] Patient Safety Authority. Patient Safety Authority Annual Report 2017. [online] available at: http://patientsafety.pa.gov/PatientSafetyAuthority/Pages/AnnualReports.aspx [accessed 13 Nov. 2019].

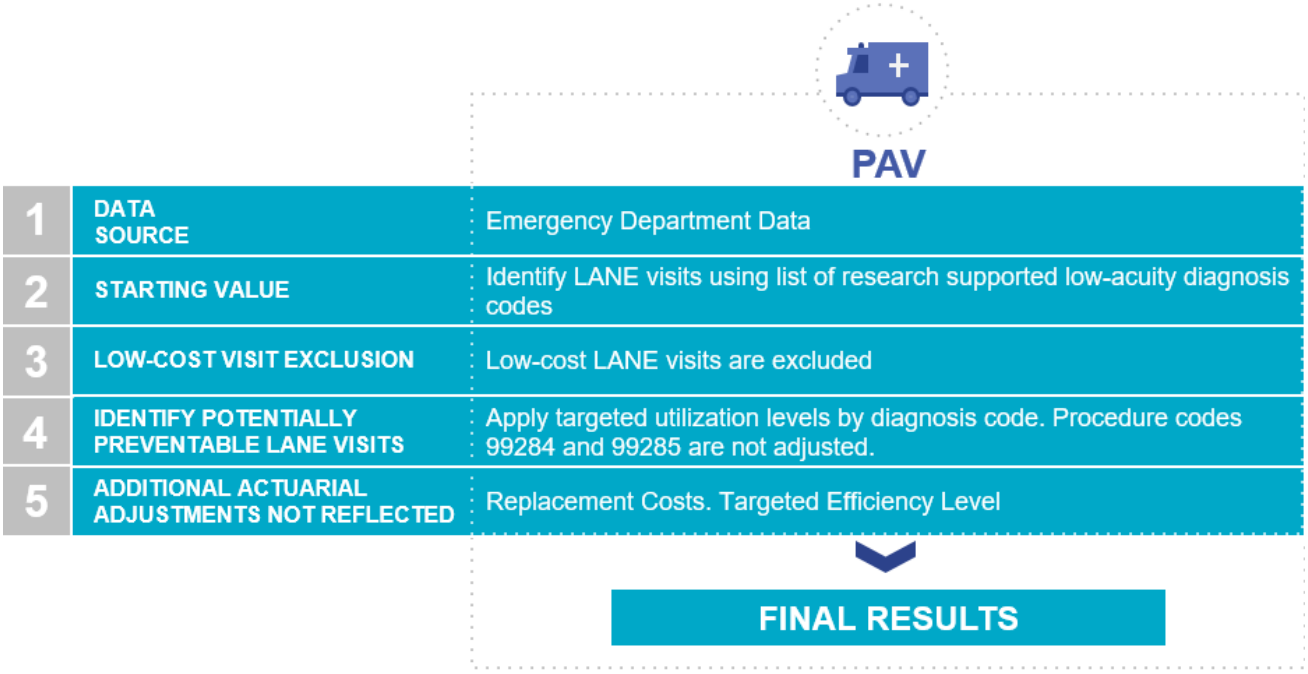
TABLE 8 — OTHER PROVIDER PREVENTABLE CONDITIONS

ICD-10 DIAGNOSIS CODE	DESCRIPTION
Y65.51	Performance of wrong operation (procedure) on correct patient
Y65.52	Performance of operation (procedure) on patient not scheduled for surgery
Y65.53	Performance of correct operation (procedure) on wrong side or body part

POTENTIALLY AVOIDABLE EVENT PROCESS FOR EMERGENCY DEPARTMENT ANALYSES

The process flow associated with PAV is provided below:

FIGURE 4 — CLINICAL EFFICIENCY PROCESS OVERVIEW, ED SERVICES



Potentially Avoidable Emergency Visits

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

Mercer analyzed ED utilization to identify instances of potentially avoidable LANE ED visits. The criteria used to define LANE ED visits is based on publicly available studies, as well as input from both the Department's and Mercer's clinical staff, including physicians with training and experience

in primary care, urgent care and emergency medicine. A listing of LANE diagnosis codes is included as Appendix G.

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

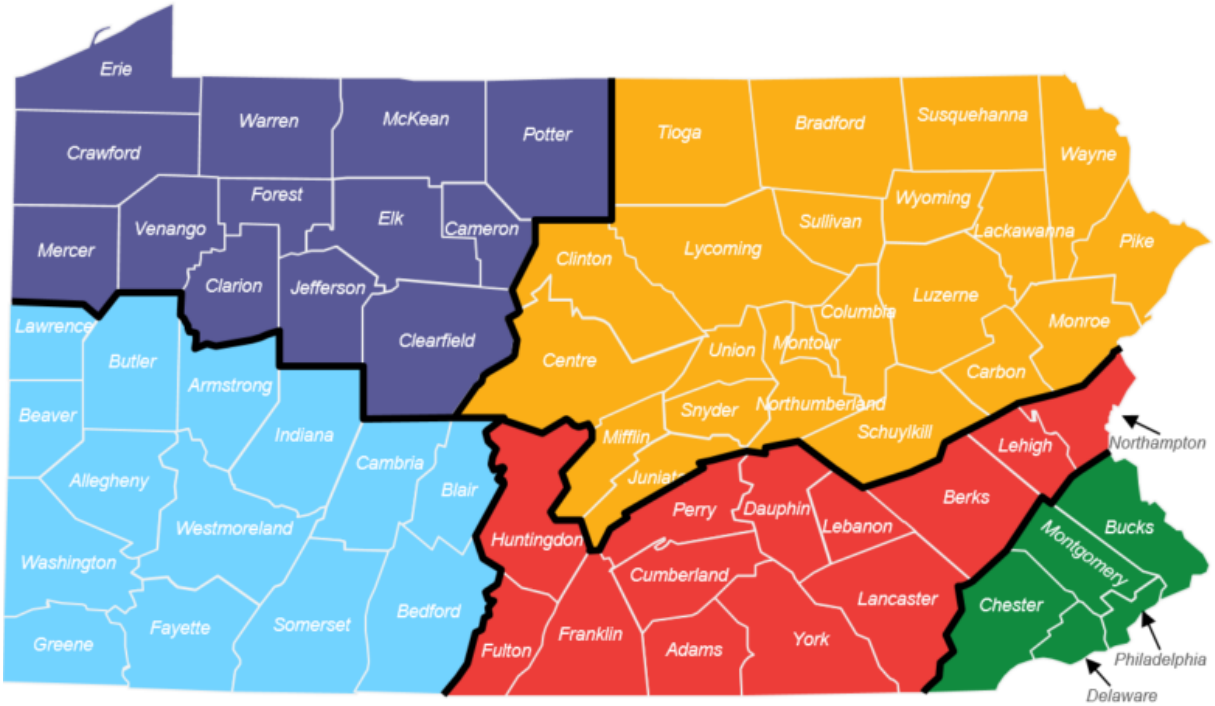
ZONE CRITERIA

For purposes of this analysis, the results are displayed statewide and by geographical zone as defined in the Department's PH HealthChoices program. The MCO results are assigned to a geographical zone based on beneficiary eligibility and MCO assignment. Hospital results are assigned to a geographical zone based on the physical location of the hospital based on county.

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

A map of the PH HealthChoices geographical zones is included below.

FIGURE 5 — PH HEALTHCHOICES PROGRAM ZONES



RISK ADJUSTMENT

The Health Care Outcomes provisions require risk adjustment scoring to account for severity of illness and population chronic illness burden. To account for the acuity differences inherent in the data, Mercer calculated the acuity following one of two methods based on the data source being utilized (inpatient or ED data). These acuity factors were not directly applied within the results (i.e., the acuity factors were not applied to the underlying admits or visits to normalize for beneficiary risk) but are, instead, intended to inform the overall acuity level of the events being analyzed. Risk adjustment approach for each PAE is as follows:

1. **PAR and PAA:** Mercer calculated an average all patient refined diagnosis related groups (APR-DRG) relative value weight (case mix index or CMI) by MCO and by hospital, where applicable, for all admissions. APR-DRGs classify patients according to their reason of admission. Each APR-DRG is assigned a value weight for severity of illness and risk of mortality. The CMI is calculated by aggregating all assigned value weights and dividing by the number of admissions.

2. **PAV:** Mercer developed cost weights using the statewide cost per visit for all ED visits billed with procedure codes 99281 through 99285. These procedure codes represent evaluation and management services provided in the ED. Procedure codes 99281–99283 represent ED visits for less complex or severe conditions. Procedure codes 99284–99285 represent ED visits for conditions that are most urgent and of high severity. To develop the cost weights, the average cost per visit was calculated for each of the five procedure codes separately. Then, the cost per visit for each procedure code was divided by the total cost per visit across all procedure codes to derive a cost relativity. The resulting factors were then assigned to the data at the claim level and aggregated by MCO for all ED visits.

3. **PAC:** Because PACs are not paid for in the Medicaid program, no risk adjustment analysis was performed.

Section 4
RESULTS AND DISCUSSION

STATEWIDE ANALYSIS RESULTS

The statewide analysis included calculations related to PAR, PAA, PAC and PAV. The results of these analyses are included as exhibits in the following appendices:

- Appendix D — Potentially Avoidable Readmissions:
  - Exhibit 1: PH HealthChoices MCO Results by Zone.
  - Exhibit 2A: PH HealthChoices Hospital Results by Zone.
  - Exhibit 2B: FFS Hospital Results by Zone.
  - Exhibit 3A: PH HealthChoices Results by Age Band, Gender and Rate Cell.
  - Exhibit 3B: FFS Results by Age Band and Gender.
  - Exhibit 4A: PH HealthChoices Results by Diagnosis Related Group.
  - Exhibit 4B: FFS Results by Diagnosis Related Group.
- Appendix E — Potentially Avoidable Admissions:
  - Exhibit 1: PH HealthChoices MCO Results by Zone.
  - Exhibit 2: PH HealthChoices Results by Age Band, Gender and Rate Cell.
  - Exhibit 3: PH HealthChoices Results by Diagnosis Related Group.
  - Exhibit 4: PH HealthChoices Results by PQI and PDI.

- Appendix F — Potentially Avoidable Emergency Visits:
  - Exhibit 1: PH HealthChoices MCO Results by Zone.
  - Exhibit 2: PH HealthChoices Results by Age Band, Gender and Rate Cell.
    - Note: Results will not correspond with other tables in Appendix F, as preventable percentage application is limited to MCO and diagnosis level and not applied at the claim level (i.e., by age band or gender).
  - Exhibit 3: PH HealthChoices Results by Primary Diagnosis.

Identified areas of interest related to the tables presented in Appendices D–F are included in the accompanying analysis.

HOSPITAL RESULTS

Hospitals serve both beneficiaries enrolled in MCOs and those that receive services through FFS. Section A describes the PAEs Hospital results for beneficiaries enrolled in MCOs. Section B describes the results for beneficiaries served within the FFS program.

Section A — Hospital Results for Managed Care Organization Beneficiaries

Table 9 displays the results of the number of PAEs and associated costs related to MCO beneficiaries for PAEs. The PAEs that are applicable to hospitals are PARs and PACs.

TABLE 9 — PAE AND COST FOR HOSPITAL FOR MCO BENEFICIARIES

DESCRIPTION OF PAES	NUMBER OF PAES	% OF ADMITS	COST ASSOCIATED WITH PAES	% OF INPATIENT COST
Potentially avoidable readmissions	4,396	1.7%	$40,913,360	1.8%
Potentially avoidable complications	238	0.09%	$0	0.0%

Potentially Avoidable Readmissions

Hospital Results

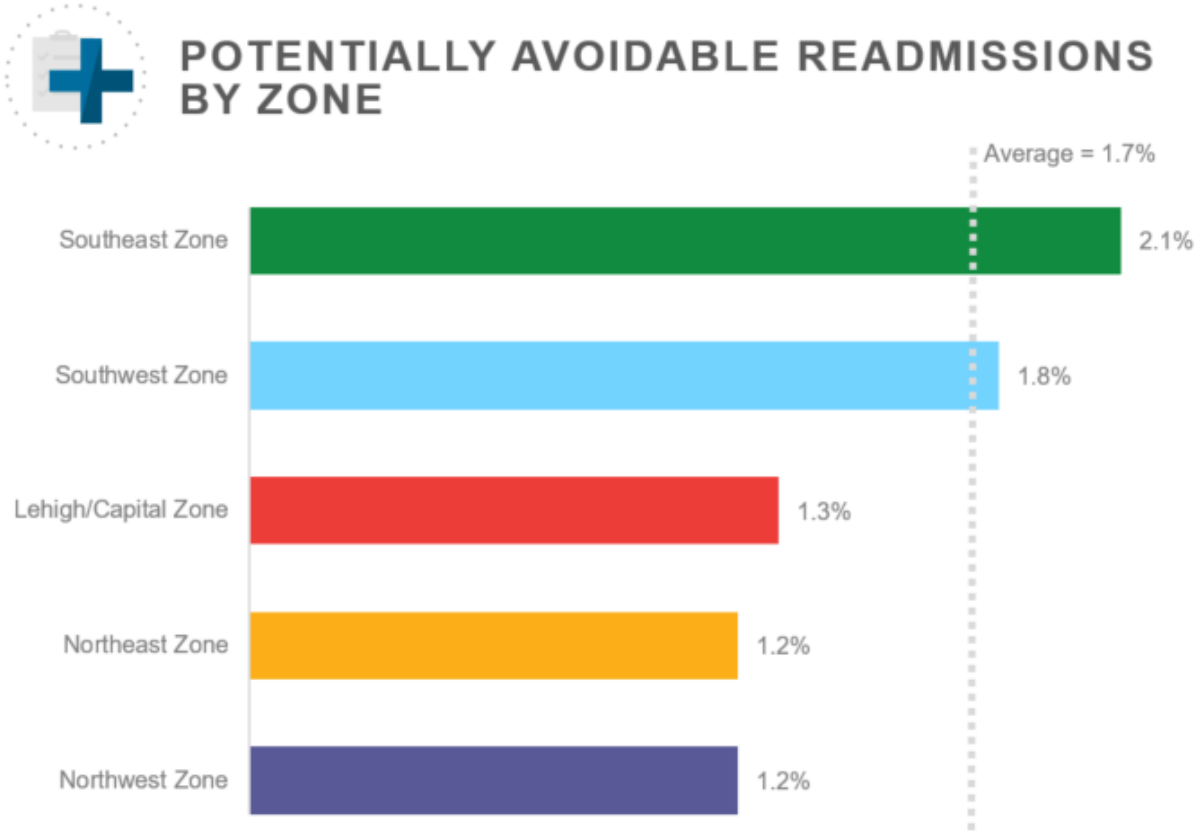
The average PAR as a percentage of all inpatient admissions for MCO beneficiaries statewide is 1.7%.

The number of readmissions for MCO beneficiaries determined to be potentially avoidable is 4,396, representing $40.9 million in potentially avoidable cost.

Some hospitals have a lower percent of PAR than the 1.7% statewide average, suggesting better performance regarding preventing PAR.

Some hospitals have a greater rate of PAR than the 1.7% statewide average, suggesting poorer performance. This result could be related to the clinical conditions of the population served by the hospital. Or, it could represent an opportunity for improvement in care and treatment during the hospitalization, discharge planning or post hospitalization follow up.

FIGURE 6 — PAR BY ZONE FOR MCO BENEFICIARIES

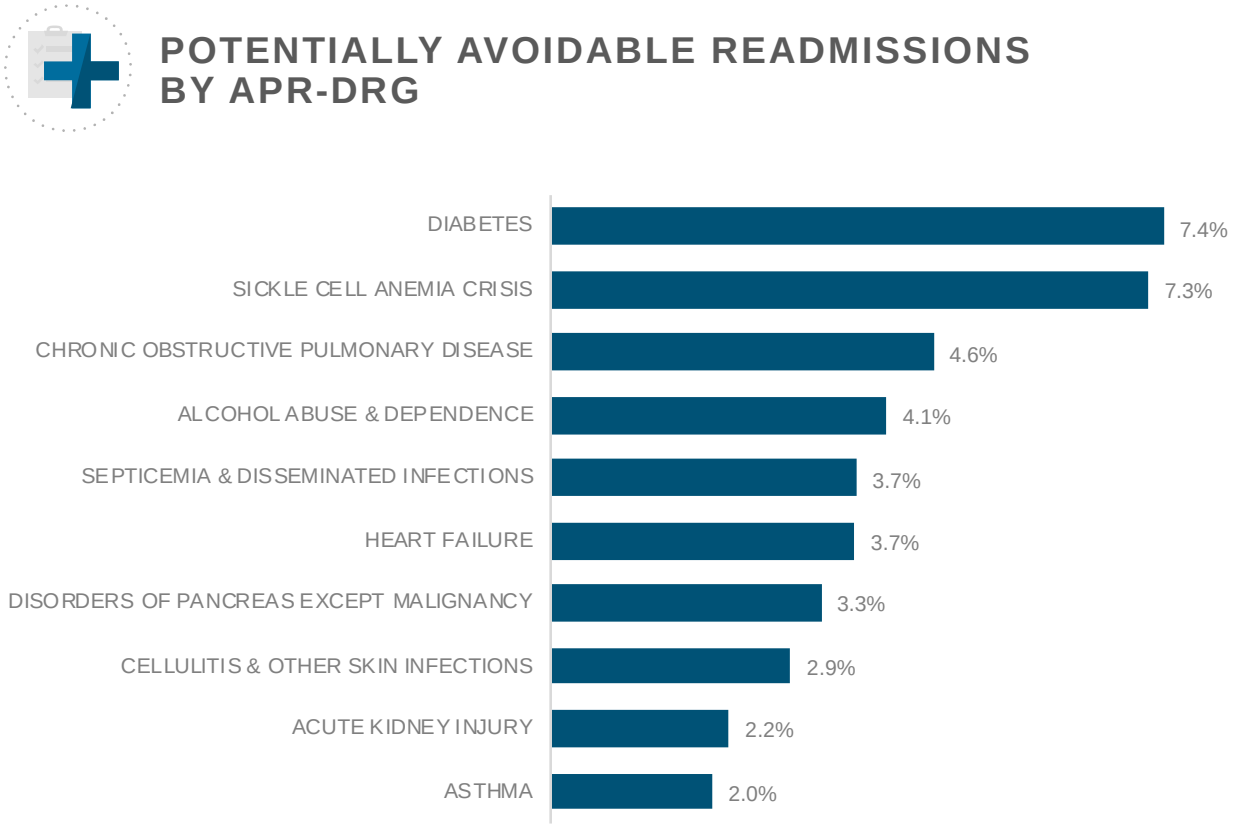


Diagnosis and Beneficiary Characteristics

The 10 most frequent diagnoses that result in PARs (by APR-DRGs) are displayed in Figure 7. The diagnosis/APR-DRG and the percent of admissions identified as PARs is also included (i.e., 7.4% of identified PAR was related to diabetes).

The top three diagnoses that resulted in a PAR are diabetes, sickle cell anemia crisis and COPD. On a statewide basis, these diagnoses represent the greatest opportunity for PAR improvement. However, each hospital should examine its individual data sources to determine whether there are unique attributes of its beneficiaries that would provide additional information regarding PAR efforts.

FIGURE 7 — PAR BY APR-DRG FOR MCO BENEFICIARIES

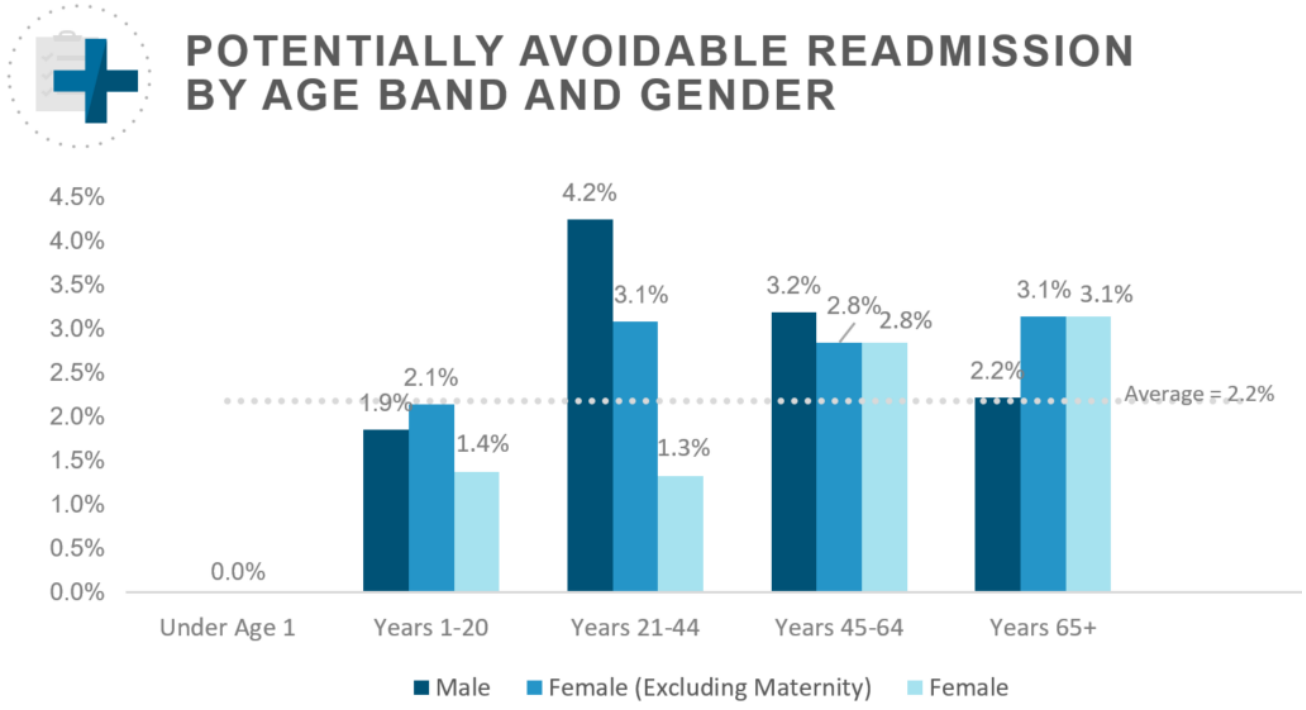


In Figure 8, the distribution of PARs is displayed by age band and gender. For the majority of beneficiaries between the ages of 21 years and 64 years, the percentage of PAR is significantly greater for males than females. This difference in PAR is due, in part, to the number of females that are admitted related to maternity delivery events. If admits associated with maternity delivery events (vaginal and C-section births) are removed and the values are recalculated, then the overall percent of PAR for males and females is fairly consistent. These values correspond with the maternity adjusted average PAR.

Males between the ages of 21 years and 44 years have a greater PAR than any other age group. Similar to the overall rate of PAR, diagnoses that contribute to an increased PAR for males in this age group include sickle cell anemia crisis, diabetes and alcohol abuse and dependence.

Beneficiaries age three years and under and those age 85 years and older are excluded from the readmission analysis; therefore, there are no beneficiaries in these age groups identified as PAR.

FIGURE 8 — PAR BY AGE BAND AND GENDER (ADJUSTED FOR MATERNITY DELIVERY EVENTS) FOR MCO BENEFICIARIES



Potentially Avoidable Complications

Diagnosis and Beneficiary Characteristics

The types of PACs that were identified are included in Table 10. There were 238 unique inpatient admissions identified in which a HCAC occurred within the PH HealthChoices managed care program data. Three admissions had more than one HCAC resulting in the 241 displayed in Table 10 below.

The most frequent HCAC noted in the data is vascular catheter-associated infection. The next most frequent HCAC is falls and trauma followed by stage III and stage IV pressure ulcers.

These identified events provide opportunities for improvement from a quality perspective. Hospitals should review their internal data sources to determine the number and types of HCACs that occur at their facilities. Hospitals in which HCACs have occurred should develop and evaluate strategies to eliminate HCACs from their facilities.

A vascular catheter-associated infection means a patient contracted a serious infection as a result of having a venous catheter. A venous catheter is a tube that is inserted into a vein to provide medications or fluids and is sometimes used to remove blood for medical tests.

TABLE 10 — COUNT OF HEALTH CARE ACQUIRED CONDITIONS FOR MCO BENEFICIARIES

HCAC #	HEALTH CARE ACQUIRED CONDITION	COUNT
HCAC 01	Foreign object retained after surgery	6
HCAC 02	Air embolism	1
HCAC 03	Blood incompatibility	1
HCAC 04	Stage III and IV pressure ulcers	31
HCAC 05	Falls and trauma	39
HCAC 06	Catheter associated urinary tract infection (UTI)	29
HCAC 07	Vascular catheter-associated infection	81
HCAC 08	Surgical site infection-mediastinitis after coronary bypass graft (CABG)	2
HCAC 09	Manifestations of poor glycemic control	18
HCAC 10	Deep vein thrombosis/Pulmonary embolism with total knee or hip replacement	6
HCAC 11	Surgical site infection — bariatric surgery	2
HCAC 12	Surgical site infection — certain orthopedic procedures of spine, shoulder and elbow	7
HCAC 13	Surgical site infection — cardiac implantable electronic device procedures	2
HCAC 14	Iatrogenic pneumothorax with venous catheterization	16
Total		**241**

Section B — Hospital Results for Fee-For-Service Beneficiaries

Table 11 displays the results of the number of PAEs and associated costs related to FFS beneficiaries.

TABLE 11 — HOSPITAL RESULTS FOR PAE AND COST FOR FFS BENEFICIARIES

DESCRIPTION OF PAEs	NUMBER OF PAEs	% OF ADMITS	COST ASSOCIATED WITH PAEs	% OF INPATIENT COST
Potentially avoidable readmissions	402	1.1%	$7,671,409	1.8%
Potentially avoidable complications	65	0.2%	$0	0.0%

Potentially Avoidable Readmissions

Hospital Results

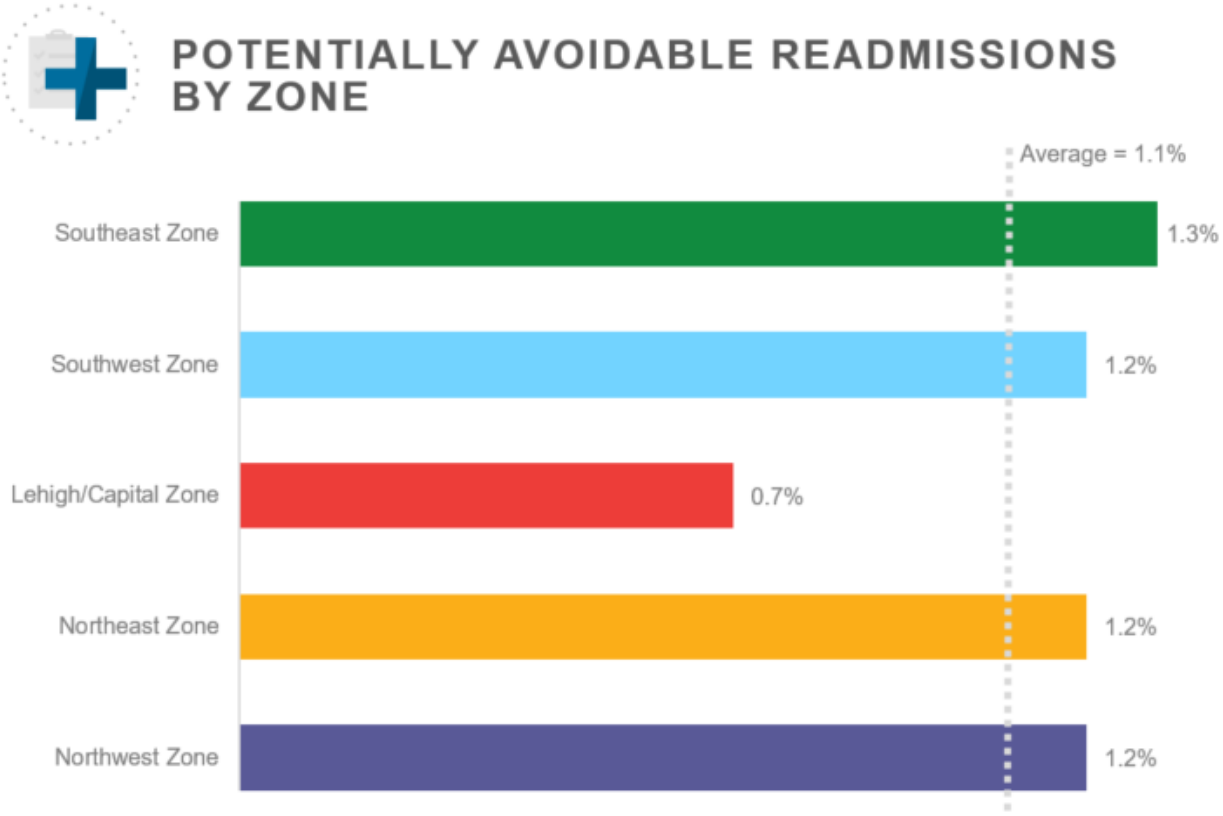
The average PAR as a percentage of all inpatient admissions statewide is 1.1%.

Some hospitals have a lower percent of PAR than the 1.1% statewide average, suggesting better performance regarding preventing PAR.

The number of readmissions for FFS beneficiaries determined to be potentially avoidable is 402, representing $7.7 million in potentially avoidable cost.

Some hospitals have a greater rate of PAR than the 1.1% statewide average, suggesting poorer performance. This result could be related to the clinical conditions of the population served by the hospital; or, it could represent an opportunity for improvement in care and treatment during the hospitalization, discharge planning or post hospitalization follow up.

FIGURE 9 — PAR BY ZONE FOR FFS BENEFICIARIES

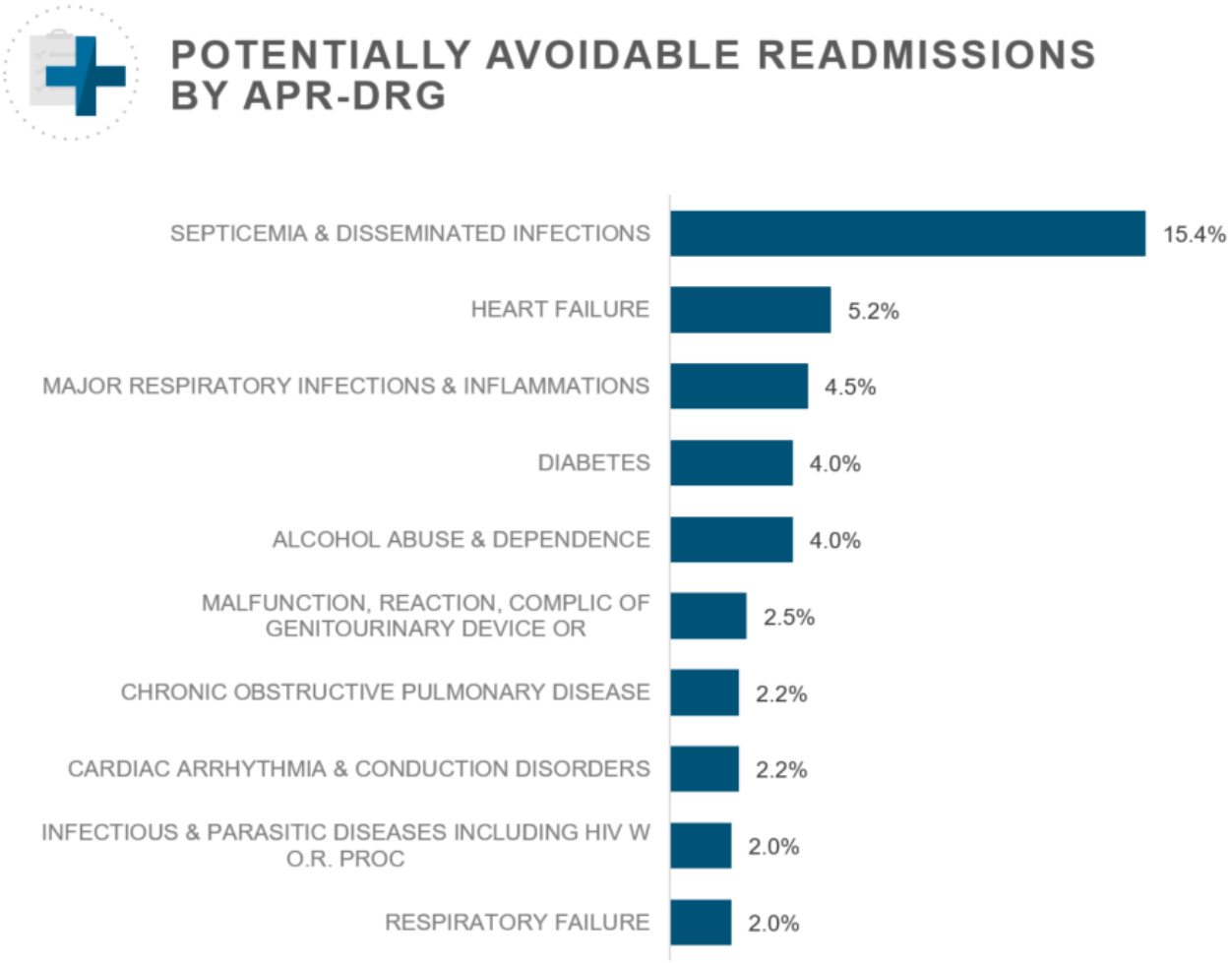


Diagnosis and Beneficiary Characteristics

The 10 most frequent diagnoses that result in PARs (by APR-DRGs) are displayed in Figure 10. The diagnosis/APR-DRG and the percent of admissions identified as PARs is also included (i.e., 15.4% of identified PAR was related to septicemia and disseminated infections).

The top three diagnoses that resulted in a PAR are septicemia and disseminated infections (i.e., blood poisoning), heart failure and major respiratory infections and inflammations. On a statewide basis, these diagnoses represent the greatest opportunity for PAR improvement. However, each hospital should examine its individual data sources to determine whether there are unique attributes of its beneficiaries that would provide additional information regarding PAR efforts.

FIGURE 10 — PAR BY APR-DRG FOR FFS BENEFICIARIES

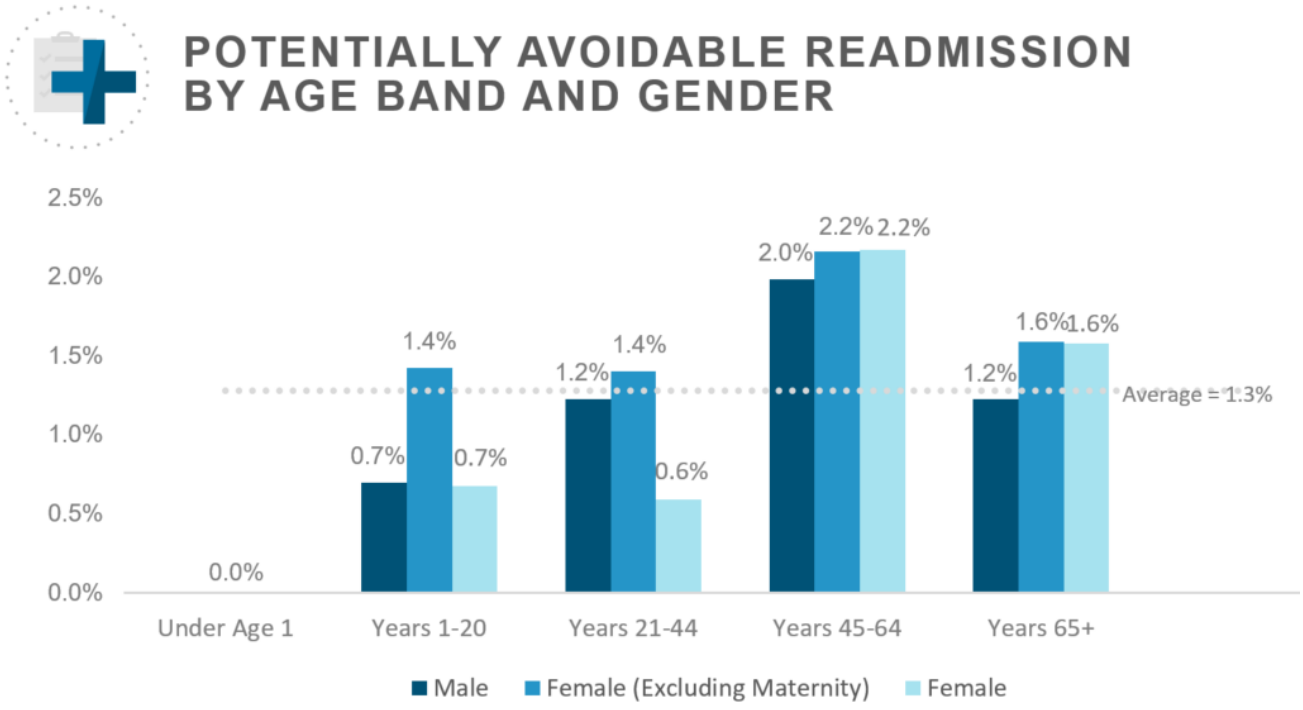


In Figure 11, the distribution of PARs is displayed by age band and gender. This is displayed for all females and for females excluding maternity delivery events (vaginal and C-section births).

Females between the ages of 45 years and 64 years have a greater PAR than any other age group. Diagnoses that contribute to an increased PAR for beneficiaries in this age group include septicemia and disseminated infections (i.e., blood poisoning), COPD and heart failure.

Beneficiaries age three years and under and those age 85 years and older are excluded from the readmission analysis; therefore, there are no beneficiaries in these age groups identified as PAR.

FIGURE 11 — PAR BY AGE BAND AND GENDER (ADJUSTED FOR MATERNITY DELIVERY EVENTS) FOR FFS BENEFICIARIES



Potentially Avoidable Complications

Diagnosis and Beneficiary Characteristics

The types of PACs that were identified are included in Table 12. There were 65 unique inpatient admissions identified in which a HCAC occurred within the FFS program data.

The most frequent HCAC noted in the data is vascular catheter-associated infection. The next most frequent HCAC is falls and trauma followed by stage III and stage IV pressure ulcers.

These identified events provide opportunities for improvement from a quality perspective. Hospitals should review their internal data sources to determine the number and types of HCACs that occur at their facilities. Hospitals in which HCACs have occurred should develop and evaluate strategies to eliminate HCACs from their facilities.

TABLE 12 — COUNT OF HEALTH CARE ACQUIRED CONDITIONS OBSERVED FOR FFS BENEFICIARIES

HCAC #	HEALTH CARE ACQUIRED CONDITION	COUNT
HCAC 01	Foreign object retained after surgery	1
HCAC 02	Air embolism	0
HCAC 03	Blood incompatibility	0
HCAC 04	Stage III and IV pressure ulcers	14
HCAC 05	Falls and trauma	15
HCAC 06	Catheter associated urinary tract infection (UTI)	9
HCAC 07	Vascular catheter-associated infection	16
HCAC 08	Surgical site infection-mediastinitis after coronary bypass graft (CABG)	0
HCAC 09	Manifestations of poor glycemic control	7
HCAC 10	Deep vein thrombosis/Pulmonary embolism with total knee or hip replacement	1
HCAC 11	Surgical site infection — bariatric surgery	0
HCAC 12	Surgical site infection — certain orthopedic procedures of spine, shoulder and elbow	0
HCAC 13	Surgical site infection — cardiac implantable electronic device procedures	0
HCAC 14	Iatrogenic pneumothorax with venous catheterization	2
Total		**65**

MANAGED CARE ORGANIZATION RESULTS

The following sections describe the MCO results of the analysis regarding beneficiaries enrolled in the PH HealthChoices program. The PAEs that are applicable to MCOs are PAR, PAA and PAV.

TABLE 13 — MCO RESULTS FOR PAE AND COST

DESCRIPTION OF PAEs	NUMBER OF PAEs	% OF EVENTS	COST ASSOCIATED WITH PAEs	% OF INPATIENT/ ED COST
Potentially avoidable readmissions	4,396	1.7%	$40,913,360	1.8%
Potentially avoidable admissions	14,726	5.8%	$98,938,985	4.3%
Potentially avoidable emergency visits	371,049	21.3%	$70,801,509	12.6%

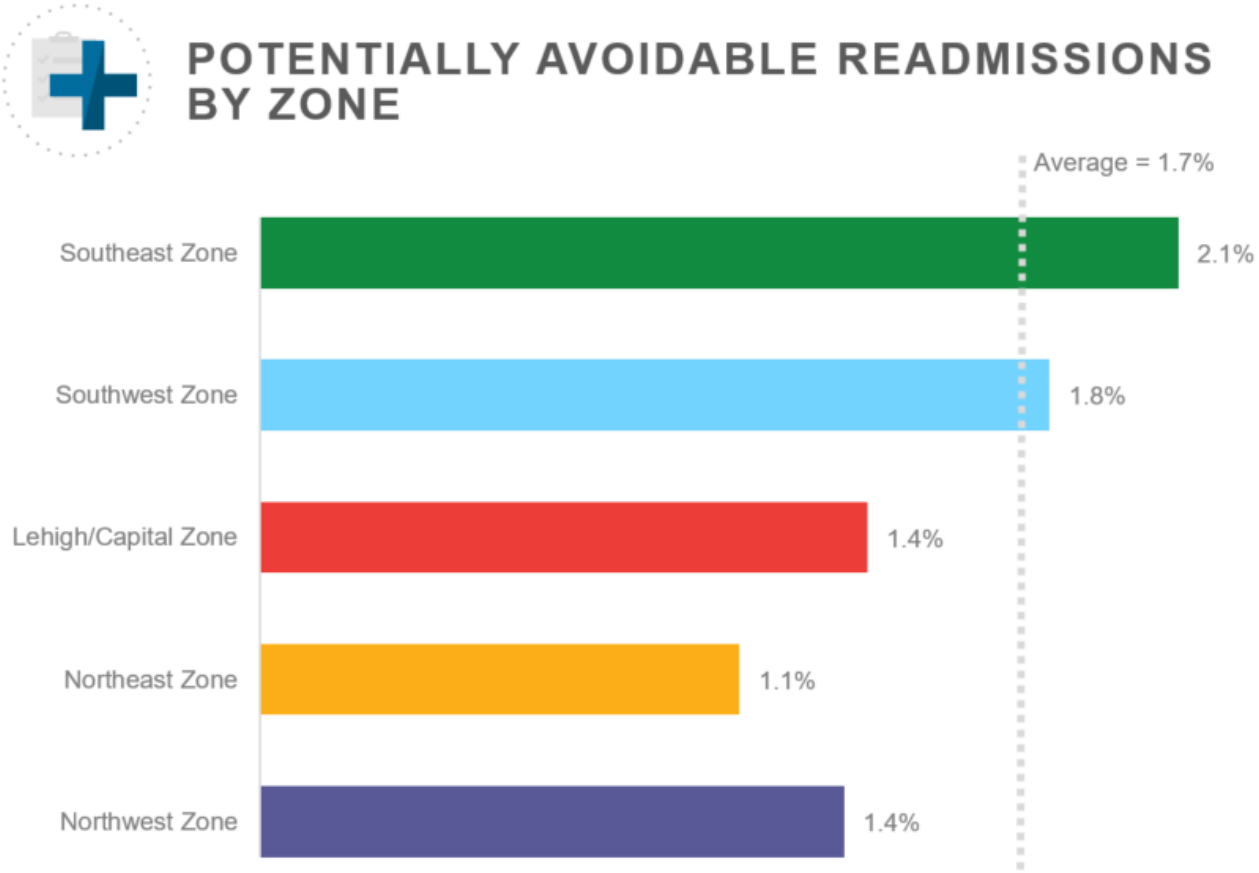
Potentially Avoidable Readmissions
The number of readmissions determined to be potentially avoidable is 4,396, which represents $40.9 million in potentially avoidable cost.

Hospitals and MCOs both have an important role in reducing avoidable readmissions; therefore, PAR is considered for both hospitals and MCOs.

Managed Care Organization Results

As displayed in Figure 12, the best performing zone in reference to PAR is the Northeast zone. The poorest performing zone in reference to PAR is the Southeast zone.

FIGURE 12 — PAR BY ZONE FOR MCO BENEFICIARIES



Diagnosis and Beneficiary Characteristics

As readmissions are provided for both the hospitals and the MCOs, please refer to the Hospital Results for diagnosis and beneficiary characteristics.

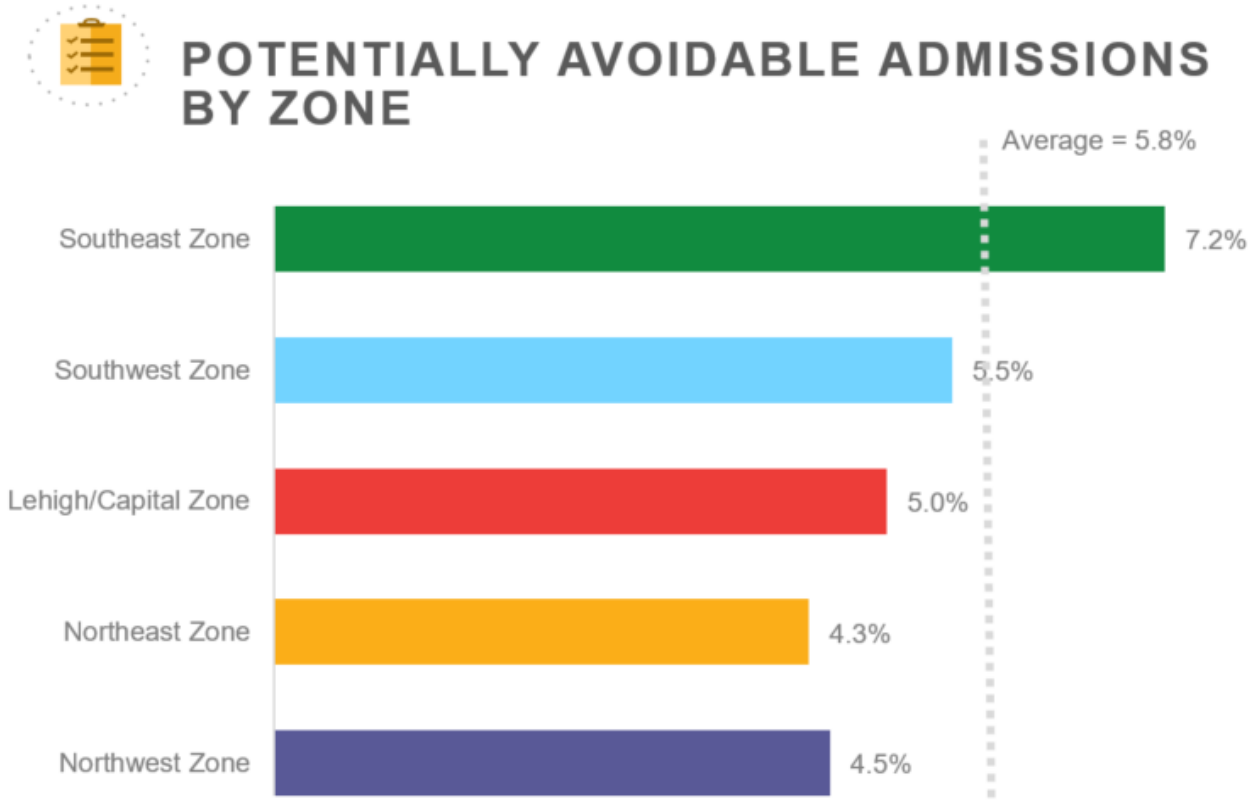
Potentially Avoidable Admissions
The PAA as a percentage of all inpatient admissions statewide is 5.8%.

The number of admissions for MCO beneficiaries determined to be potentially avoidable is 14,726, representing $98.9 million in potentially avoidable cost.

Managed Care Organization Results

As displayed in Figure 13, the best performing zone in reference to PAA is the Northeast zone. The poorest performing zone in reference to PAA is the Southeast zone.

FIGURE 13 — PAA BY ZONE FOR MCO BENEFICIARIES



Diagnosis and Beneficiary Characteristics

Figure 14 displays the 10 diagnoses/APR-DRGs that have the greatest frequency of PAA. The diagnosis that accounted for the greatest percent of PAA is asthma followed by COPD and diabetes.

FIGURE 14 — PAA BY APR-DRG FOR MCO BENEFICIARIES

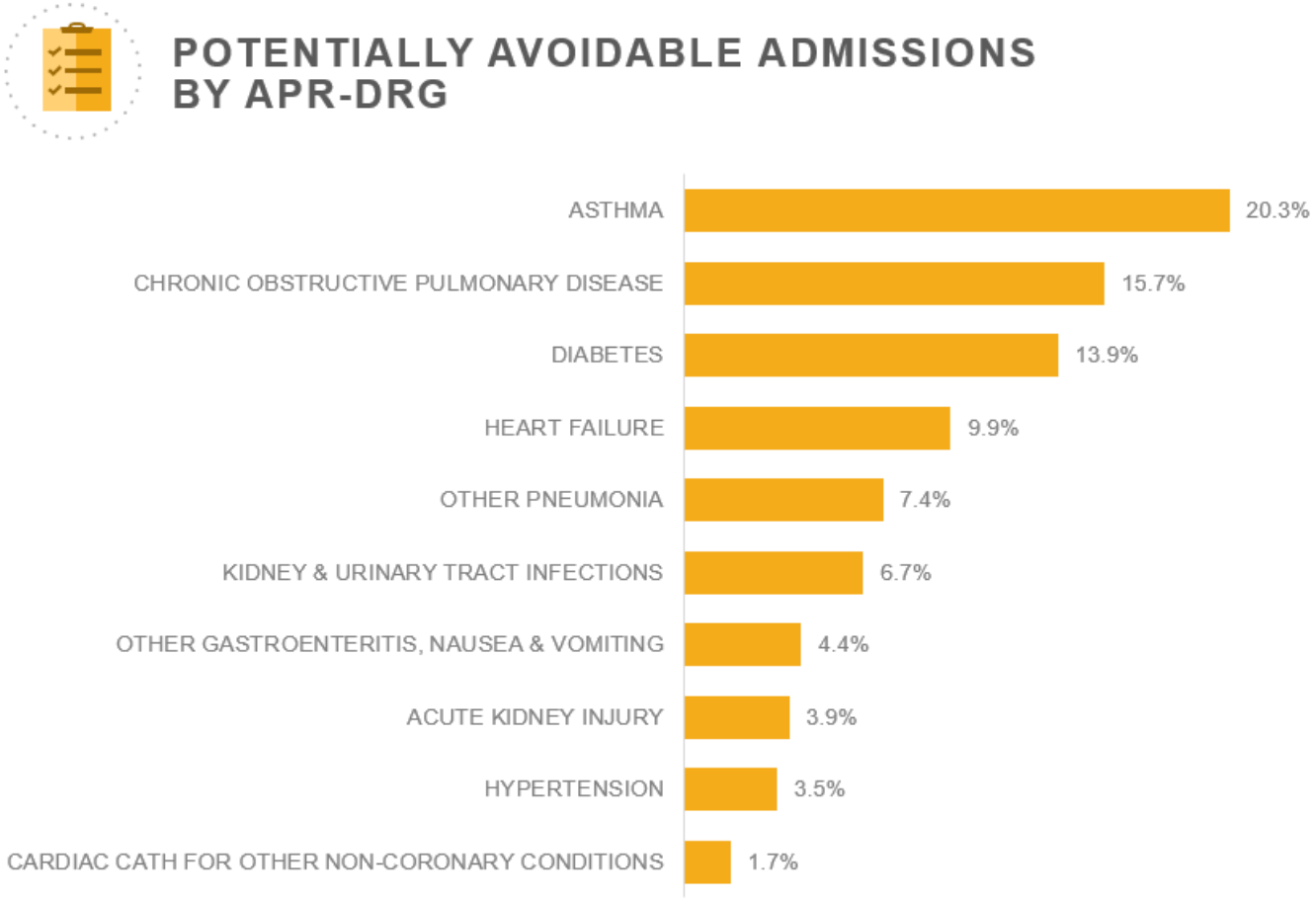
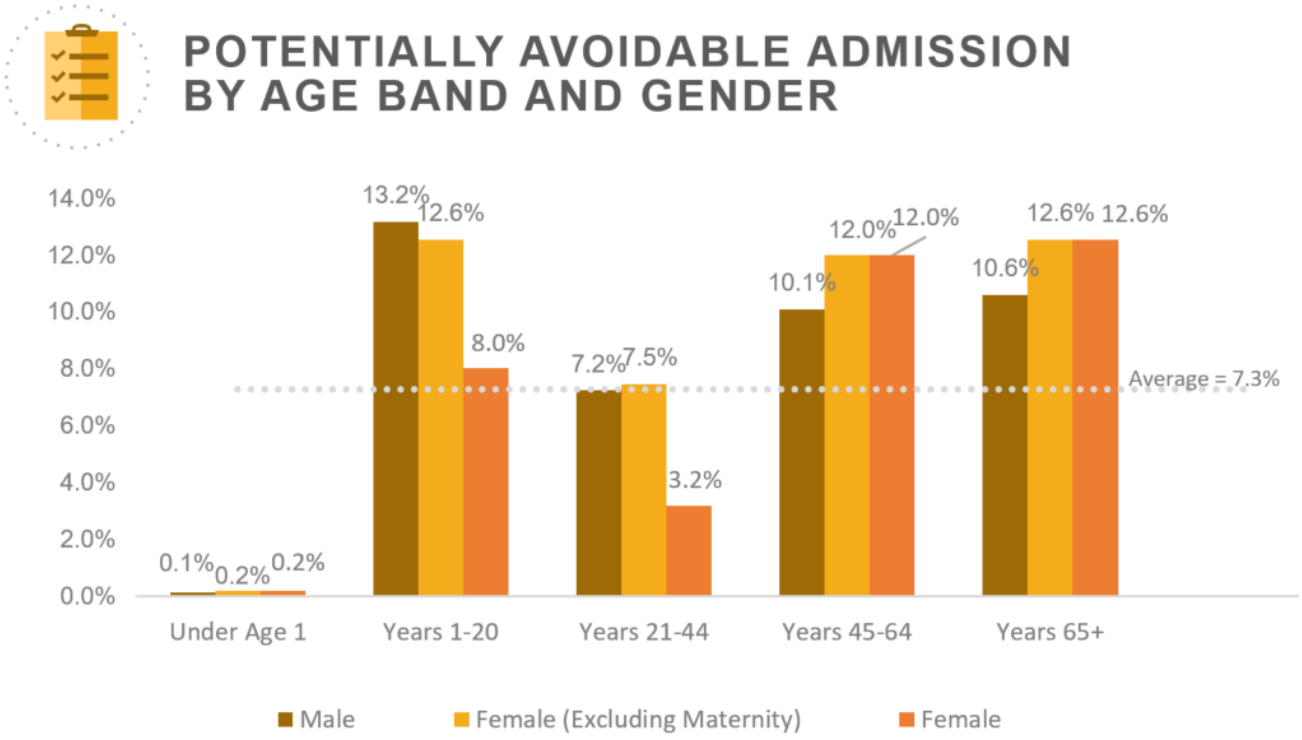


Figure 15 displays the percent of PAAs by age band and gender.

When the PAA values are adjusted for the impact of maternity delivery events, males between the ages of 1 year and 20 years have the highest PAA. Consistent with the overall population, the most frequent diagnosis/APR-DRG resulting in a PAA for males in this age group is asthma.

The results were adjusted to display impact net of maternity events.

FIGURE 15 — PAA BY AGE BAND AND GENDER (ADJUSTED FOR MATERNITY DELIVERY EVENTS) FOR MCO BENEFICIARIES



Potentially Avoidable Emergency Visits

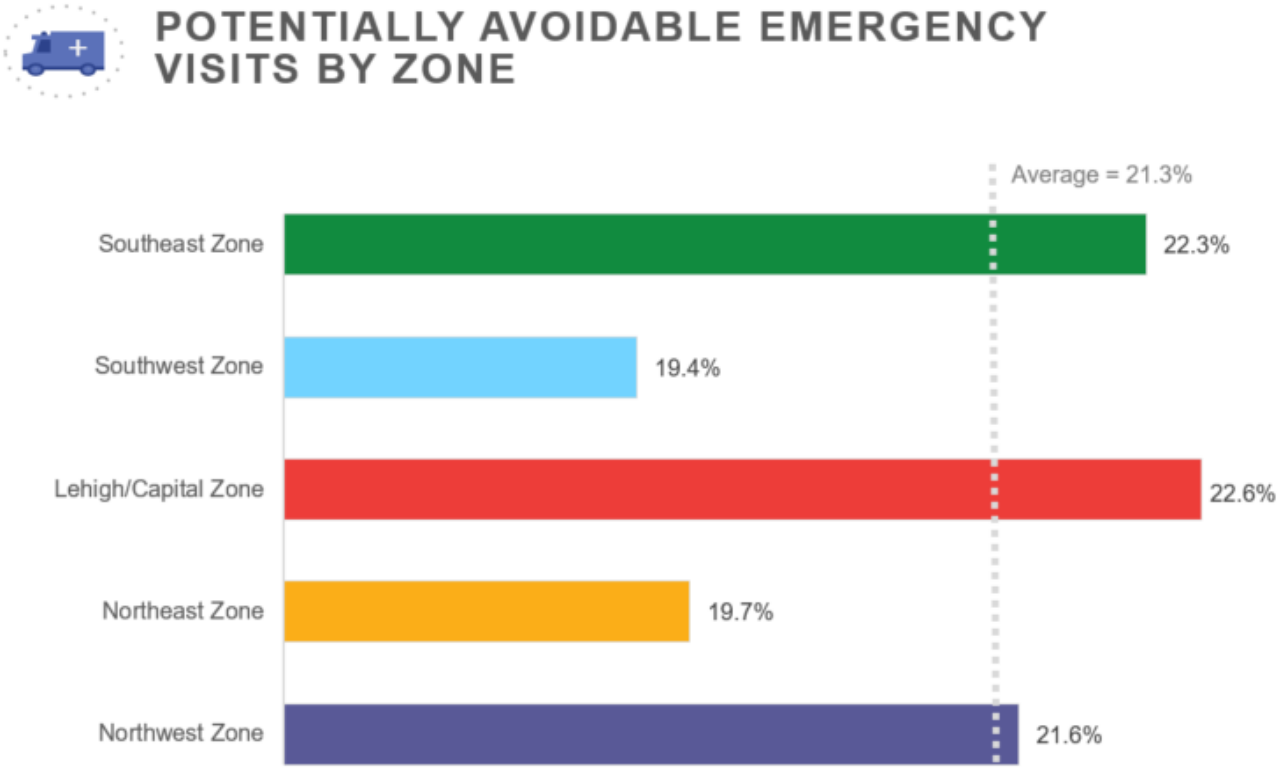
The number of ED visits determined to be potentially avoidable are 371,049, which represents $70.8 million in potentially avoidable cost.

Managed Care Organization Results

As displayed in Figure 16, the best performing zone in reference to PAV is the Southwest zone. The poorest performing zone in reference to PAV is the Lehigh/Capital zone.

Potentially avoidable emergency visits represent $70.8 million in potentially avoidable cost.

FIGURE 16 — PAV BY ZONE FOR MCO BENEFICIARIES



Diagnosis and Beneficiary Characteristics

The condition associated with both the greatest number of PAV and the highest statewide cost is acute upper respiratory infection. This is followed by acute pharyngitis and rash and other nonspecific skin eruptions.

FIGURE 17 — PAV BY PRIMARY DIAGNOSIS FOR MCO BENEFICIAIRES

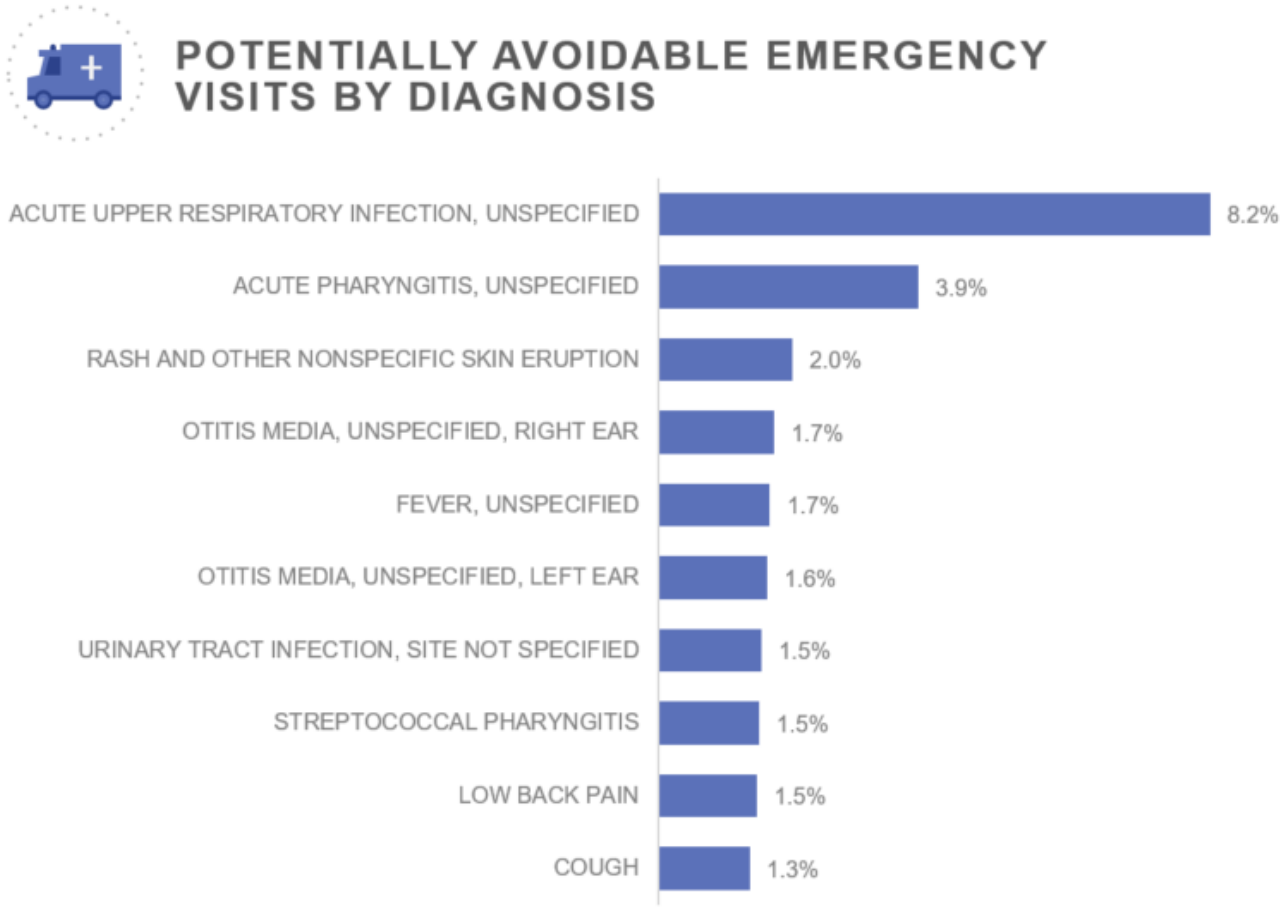
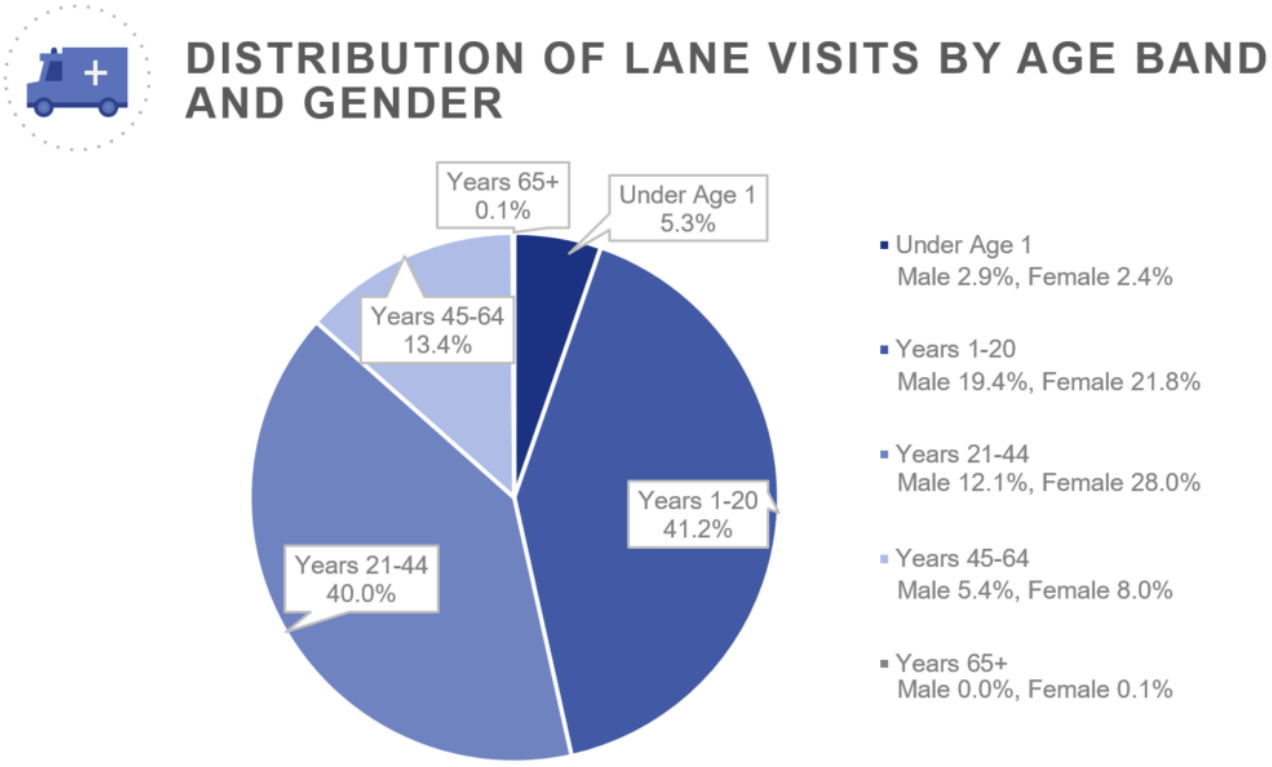


Figure 18 displays the distribution of LANE visits by gender and beneficiary age group. The distribution of LANE visits is approximately equal between children and adults, with those under age 20 years representing 46.5% of LANE visits and adults 21 years and older representing 53.5%.

FIGURE 18 — DISTRIBUTION OF LANE VISITS BY AGE BAND FOR MCO BENEFICIARIES



Note: The combined age band and gender values displayed in the legend may not tie to the aggregate age band percentages displayed as a result of rounding.

Section 5
RECOMMENDATIONS

The data displayed within this analysis allows for comparisons across zones and other demographics. Hospitals and MCOs will be provided with their specific results as part of the Hospital Outcomes Program report and MCO Outcomes Programs report. It is important to note that other factors can play a role in performance, such as variability due to regional differences, population demographics and hospital specialties. This initial report provides baseline data that can be used in subsequent years by hospitals and MCOs to compare their own year-over-year performance. Ongoing communication between entities will allow the sharing of best practices, particularly where the hospitals and/or MCOs have demonstrated positive outcomes.

HOSPITAL RECOMMENDATIONS

The information included in this report is intended to serve as a resource for hospitals working to identify best practices in reducing avoidable readmissions and avoidable complications. Although beneficiaries are generally readmitted to the same hospital from which they were discharged, this is not always the case. The logic utilized for purposes of this report considers PARs, regardless of the hospital to which a beneficiary is readmitted. Therefore, the information included in this analysis could be utilized by hospitals in Pennsylvania to enhance the information that is currently available to them; however, the information may vary from results that are produced using hospital internal data resources alone.

Potentially Avoidable Readmissions

In addition to reviewing the information included in this report and the results that will be provided as part of the Hospital Outcomes Program report, it is recommended that each hospital review its internal readmission metrics to identify the diagnoses and the populations that drive readmissions to its hospital. This level of detail serves as a basis for identifying the interventions to be put into place.

The four diagnoses that most frequently resulted in a PAR on a statewide basis include:

- Diabetes.

- Sickle cell anemia crisis.
- Septicemia and disseminated infections (i.e., blood poisoning).
- COPD.

It is understood that each hospital has its own blend of patients with unique characteristics. Therefore, it is important that each hospital review its internal sources of data to determine what factors are driving its readmissions. The hospital reports included in this analysis are designed to provide hospitals with information that allows comparison to other hospitals both on a statewide basis and within zones.

For hospitals that determine the need to improve their results related to PAR, there are many organizations that have published resources and tools that can be used by hospitals as they work to reduce potentially avoidable readmissions. Some resources that hospitals could choose to explore include:

- CMS's Readmission Resources.[14]
- AHRQ Resources for Preventing Readmissions.[15]
- Designing and Delivering Whole-Person Transition Care: The Hospital Guide to Reducing Medicaid Readmissions.[16]

Potentially Avoidable Complications

Driven by Medicare changes to reimbursement, hospitals have made steady progress in the reduction of hospital acquired complications nationwide. AHRQ reports a steady decrease in hospital acquired conditions since 2010. Between 2014 and 2017, hospital acquired conditions fell

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[14] CMS.Gov. (n.d.) Resources, Readmissions and Care Transitions. [online] Available at https://partnershipforpatients.cms.gov/p4p_resources/tsp-preventablereadmissions/toolpreventablereadmissions.html [accessed 06 Oct. 2019].

[15] Agency for Healthcare Research and Quality (2017). Preventing Avoidable Readmissions. [online] Available at https://www.ahrq.gov/patient-safety/resources/improve-discharge/index.html [Accessed 06 Oct 2019].

[16] Designing and Delivering Whole-Person Transitional Care: The Hospital Guide to Reducing Medicaid Readmissions. (Prepared by Collaborative Healthcare Strategies, Inc., and John Snow, Inc. under Contract No. HHSA 290201000034I). Rockville, MD: Agency for Healthcare Research and Quality; September 2016. AHRQ Publication No. 16-0047-EF. Available at: https://www.ahrq.gov/patient-safety/settings/hospital/resource/guide/index.html [Accessed 24 Sept. 2019].

13% representing a savings of $7.7 billion and 20,500 fewer deaths nationally.[17] Continued focus on strategies to prevent avoidable complications is needed to improve overall health care and decrease unnecessary cost.

Similar to recommendations for reducing readmissions, it is recommended that hospitals evaluate the data on the number and types of PAC. Tracking and trending of the data over time will guide interventions for the areas of opportunity and highlight the areas of success.

AHRQ provides a number of toolkits to reduce hospital complications.[18] It is recommended that each hospital review its individual data related to hospital complications in order to identify trends and areas for improvement.

Community HealthChoices Impact

In addition to the recommendations included above, the Department will need to monitor the statewide CHC implementation and how the implementation impacts FFS.

MANAGED CARE ORGANIZATION RECOMMENDATIONS

Potentially Avoidable Readmission, Potentially Avoidable Admissions and Potentially Avoidable Emergency Visits

In addition to reviewing the information included in this report, it is recommended that each MCO review its internal data sources regarding readmissions, admission and emergency visit metrics to identify the conditions and the populations that drive each of these areas. This level of detail serves as a basis for identifying the interventions to be put into place and can drive pay for performance arrangements between the MCO and its contracted providers. Ongoing reporting will identify areas of opportunity as well as highlight areas of success.

The MCOs should utilize various data elements available through demographics, claims, grievance and appeals, network access and availability, and information obtained through coordination with the HealthChoices Behavioral Health MCOs. Utilizing the data available, MCOs can identify beneficiaries that are at a higher risk for

Socioeconomic factors have a greater impact on population health than either access to health care or health behaviors.[19]

[17] Agency for Healthcare Research and Quality (2019) AHRQ National Scorecard on Hospital-Acquired Conditions. [online]. Available at https://www.ahrq.gov/hai/pfp/index.html [Accessed 06 Oct. 2019].

[18] Agency for Healthcare Research and Quality (2019) AHRQ Tools To Reduce Hospital-Acquired Conditions. [online] Available at https://www.ahrq.gov/hai/hac/tools.html [Accessed 06 Oct 2019].

[19] Institute for Clinical Systems Improvement (2014) Going Beyond Clinical Walls: Solving Complex Problems [online] Available at https://www.icsi.org/wp-content/uploads/2019/08/1.SolvingComplexProblems_BeyondClinicalWalls.pdf. [Accessed 07 Oct 2019].

preventable utilization based on complex conditions, including comorbidity and identified social determinants of health (SDOH.)

Preventable readmissions, admissions and emergency visits can largely be avoided by ensuring that services are provided in the most appropriate, least costly setting and that care is provided in a timely manner. MCOs are in the unique position to coordinate with the beneficiary and the provider to improve clinical outcomes and can develop programs based on internal experience with delivery service models.

Identifying and addressing SDOH has been shown to decrease hospital readmissions. One area that could be explored is identifying and addressing SDOH. MCOs and hospitals are encouraged to develop effective means for identifying patients that are at-risk for poor health outcomes impacted by SDOH and incorporate innovative means to address health inequities within a comprehensive treatment approach. For example, a study in Philadelphia found that a population of chronically ill patients had an overall decrease in health care costs for three consecutive months and experienced a downward trend in length of stay and number of hospital admissions after initiation of nutritional services.[20]

Other areas in which the MCOs may want to develop and enhance internal programs include:

- Partnering with providers through value-based initiatives to incentivize hospitals to improve outcomes related to PAEs.
- Assessing and coordinating with community resources to break down barriers to care.
- Expanding case management programs to include initiatives that work with beneficiaries in the communities where they live and receive services.

[20] Gurvey, J., Rand, K., Daugherty, S., Dinger, C., Schmeling, J. &, Laverty, N. (2013). Examining Health Care Costs Among MANNA Clients and a Comparison Group. *Journal of Primary Care & Community Health* 4(4) 311–317, Available at https://journals.sagepub.com/doi/pdf/10.1177/2150131913490737 [Accessed 05 Nov 2019].

Section 6
NEXT STEPS

The analyses included in this report address the initial requirements set forth in the Health Care Outcomes provisions. Specifically, the requirements in Subarticle A and B of Health Care Outcomes, which include the selection of a PAE methodology, completion of a statewide analysis and development of a report on the statewide analysis of the MA program specific to PAEs.

As described in Subarticle C, the Department must also develop a hospital level performance reporting system related to the Hospital Outcomes Program. This will include ongoing analysis of instances and costs associated with PAR and PAC and address the specific requirements regarding the information that must be included in reports that are provided to hospitals. The Department must also foster collaboration among hospitals in sharing best practices. Following implementation of the performance reporting system, the Department must evaluate value-based models that will support hospitals in reducing rates of PAR and PAC and, if necessary, amend agreements to incorporate the Hospital Outcomes Program.

The Department is in the process of developing a performance reporting system to provide each hospital with regular reports regarding the hospital's performance with respect to PAR and PAC. This analysis and hospital-level reporting is targeted to be completed and ready for distribution to each hospital in March 2020.

Following the distribution of the hospital-level report, the Department will work with the Hospital and Healthsystem Association of Pennsylvania and MCOs to develop opportunities to foster collaboration among hospitals in sharing best practices.

As described in Subarticle D, the Department must also develop a MCO-level performance reporting system related to the MCO Outcomes Program. This will include ongoing analysis of instances and cost associated with PAR, PAA and PAV. Following implementation of the performance reporting system, the Department must evaluate value-based models that will support MCOs in reducing

rates of PAR, PAA and PAV and if necessary, amend agreements to incorporate the MCO Outcomes Program.

The first requirement that will be addressed is the development of a performance reporting system to provide each MCO with regular performance reports regarding the MCO's performance with respect to PAR, PAA and PAV. This analysis and MCO-level reporting is targeted to be completed and ready for distribution to each MCO in March 2020.

Beginning in March 2021, and each year thereafter, a progress report will be completed that includes a year-over-year comparison of results for both the Hospital Outcomes Program and the MCO Outcomes Program.

On an ongoing basis, the Department will evaluate opportunities to utilize value-based models and if necessary, amend agreements in order to support both the Hospitals Outcomes Program and the MCO Outcomes Program in reducing rates of PAEs.

APPENDIX A

GLOSSARY

AHRQ	Agency for Healthcare Research and Quality. A federal agency focused on improving the safety and quality of America's health care system.
APR-DRGs	All Patient Refined Diagnosis Related Groups. A version of Diagnosis Related Groups that further subdivide the Diagnosis Related Groups into four severity-of-illness and four risk-of-mortality subclasses within each Diagnosis Related Group.
Beneficiary	A person eligible to receive services in the MA Program of the Commonwealth of Pennsylvania.
CHC	Community HealthChoices. A mandatory managed care program that uses MCOs to coordinate and pay for physical health care and long-term services and supports for beneficiaries who are dually eligible for Medicare and Medicaid and those who require a nursing facility level of care.
CMS	Centers for Medicare & Medicaid Services. The federal agency within the Department of Health and Human Services responsible for oversight of Medicaid Programs.
COPD	Chronic Obstructive Pulmonary Disease. Refers to a group of diseases that cause airflow blockage and breathing-related problems.
Department	The Department of Human Services of the Commonwealth of Pennsylvania.
Diagnostic Related Groups	A classification system that uses patient discharge information to classify patients into clinically meaningful groups.
ED	Emergency Department. The department of a hospital responsible for the provision of emergency services.
FFS	Fee-for-service. The delivery system in which the Department pays providers on a per-service basis for health care services provided to beneficiaries.
Gender	Gender identified within the Department's eligibility system.
HCAC	Health Care Acquired Condition. A condition occurring in any inpatient hospital setting, identified as a Hospital Acquired Condition by the Secretary of Health and Human Services for purposes of the Medicare program. This includes medical complications or conditions that were not present when the patient was admitted to the hospital.

Hospital	A public or private institution licensed as a hospital under the laws of the Commonwealth that participates in the MA program.
Hospital Outcomes Program	A program designed to provide a hospital with information to reduce potentially avoidable events and further increase efficiency in the delivery of MA hospital services.
LANE	Low-acuity non-emergent emergency visits. Emergency department visits that could have occurred in a lower acuity setting or been avoided through the provision of consistent, evidence-based, primary care, proactive care management and health education.
MA	Medical Assistance. The acronym by which the Commonwealth's Medicaid program, authorized under Article IV of the Public Welfare Code (62 P. S. §§ 401–488), is known.
MCO	Managed Care Organization. A licensed managed care organization with whom the Department has an agreement with to provide or arrange for services to a Medicaid beneficiary.
MCO Outcomes Program	A program designed to provide a Medicaid MCO with information to reduce potentially avoidable events and further increase efficiency in Medicaid managed care programs.
Medicaid program	The Commonwealth's Medical Assistance program authorized under Article IV of the Public Welfare Code (62 P. S. §§ 401–488) and is administered in conformity with Title XIX of the Social Security Act (42 U.S.C.A. §§ 1396–1396q) and regulations issued under it. This program is titled Medical Assistance (MA).
OMAP	Office of Medical Assistance Programs. One of several Department offices that administer Pennsylvania's Medicaid program.
OPPC	Other Provider Preventable Conditions. A condition occurring in any health care setting that meets the following criteria: • Is identified in the State plan. • Has been found by the State, based upon a review of medical literature by qualified professionals, to be reasonably preventable through the application of procedures supported by evidence-based guidelines. • Has a negative consequence for the beneficiary. • Is auditable. • Includes, at a minimum, the following: – Wrong surgical or other invasive procedure performed on a patient. – Surgical or other invasive procedures performed on the wrong body part. – Surgical or other invasive procedure performed on the wrong patient.

PAA	Potentially Avoidable Admission. An admission of an individual to a hospital or long-term care facility that may have reasonably been prevented with adequate access to ambulatory care or health care coordination.
PAC	Potentially Avoidable Complication. A harmful event or negative outcome with respect to an individual, including an infection or surgical complication, that: • Occurs after the person's admission to a hospital or long-term care facility. • May have resulted from the care, lack of care or treatment provided during the hospital or long-term care facility stay rather than from a natural progression of an underlying disease.
PAE	Potentially Avoidable Event. Any of the following: • A potentially avoidable admission. • A potentially avoidable complication. • A potentially avoidable emergency visit. • A potentially avoidable readmission. • A combination of the events listed under this definition.
PAR	Potentially Avoidable Readmission. A return hospitalization of an individual within a period specified by the Department that may have resulted from a deficiency in the care or treatment provided to the individual during a previous hospital stay or from a deficiency in post hospital discharge follow up. The term does not include a hospital readmission necessitated by the occurrence of unrelated events after the discharge. The term includes the readmission of an individual to a hospital for: • The same condition or procedure for which the individual was previously admitted. • An infection or other complication resulting from care previously provided. • A condition or procedure indicating that a surgical intervention performed during a previous admission was unsuccessful in achieving the anticipated outcome.
PAV	Potentially Avoidable Emergency Visit. Treatment of an individual in a hospital emergency room or freestanding emergency medical care facility for a condition that may not require emergency medical attention because the condition could be or could have been treated or prevented by a physician or other health care provider in a nonemergency setting.
PDI	Pediatric quality indicator. A set of measures that can be used with hospital inpatient discharge data to provide a perspective on the quality of pediatric health care.
PH HealthChoices	The mandatory managed care program that uses MA MCOs to coordinate and pay for physical health care services.

POA	Present on Admission. POA is a condition that is present at the time the order for inpatient admission occurs.
PPC	Provider Preventable Condition. A condition that meets the definition of a health care-acquired condition or other provider-preventable condition as defined in 42 C.F.R. § 447.26(b).
PQI	Prevention Quality Indicator. A set of measures that can be used with hospital inpatient discharge data to identify quality of care for ambulatory care sensitive conditions. These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.
PROMISe	Provider Reimbursement and Operations Management Information System. The Department's Medicaid Management Information System which is the CMS certified information system.
SDOH	Social Determinants of Health. The condition in which people are born, grow, live, work and age. They are factors mostly responsible for health inequities — the unfair and avoidable differences in health status seen within and between different geographic locations.

APPENDIX B

HOSPITAL LIST

HOSPITAL NAME	MEDICARE ID
ABINGTON MEMORIAL HOSPITAL	390231
ADVANCED SURGICAL HOSPITAL	N/A
ALBERT EINSTEIN MEDICAL CENTER	390142
ALLE KISKI MEDICAL CENTER	390032
AMERICAN ONCOLOGIC HOSPITAL	390196
ARIA HEALTH	390115
ARMSTRONG COUNTY MEMORIAL HOSPITAL	390163
AUMC CANONSBURG	390160
BARNES KASSON HOSPITAL	391309
BRADFORD REGIONAL MED CTR	390118
BRANDYWINE HOSPITAL	390076
BRYN MAWR HOSPITAL	390139
BUCKTAIL MEDICAL CENTER	391304
BUTLER MEMORIAL HOSPITAL	390168
CARLISLE REGIONAL MEDICAL CENTER	390058
CH HOSPITAL OF ALLENTOWN LLC	390321
CHARLES COLE MEMORIAL HOSPITAL	391313
CHESTER COUNTY HOSPITAL	390179
CHESTNUT HILL HOSPITAL	390026
CHILDRENS HOSPITAL OF PHILADELPHIA	393303
CHS BERWICK HOSPITAL CENTER	390072
CLARION HOSPITAL	390093
CONEMAUGH MEMORIAL MEDICAL CENTER	390110

CONEMAUGH MEYERSDALE MEDICAL CENTER	391302
CONEMAUGH MINERS MEDICAL CENTER	390130
CONEMAUGH NASON MEDICAL CENTER	390062
COORDINATED HEALTH ORTHOPEDIC HOSPITAL LLC	390314
CORRY MEMORIAL HOSPITAL	391308
CROZER-CHESTER MEDICAL CENTER	390180
CURAHEALTH HERITAGE VALLEY	N/A
CURAHEALTH PITTSBURGH	N/A
DELAWARE COUNTY MEMORIAL HOSPITAL	390081
DIVINE PROVIDENCE HOSPITAL	N/A
DOYLESTOWN HOSPITAL	390203
EASTON HOSPITAL	390162
EINSTEIN MEDICAL CENTER MONTGOMERY	390329
ELLWOOD CITY HOSPITAL	390008
ENDLESS MOUNTAINS HEALTH SYSTEMS	391306
EVANGELICAL COMMUNITY HOSPITAL	390013
FRICK HOSPITAL	390217
FULTON COUNTY MEDICAL CENTER	391303
GEISINGER COMMUNITY MEDICAL CENTER	390001
GEISINGER MEDICAL CENTER	390006
GEISINGER WYOMING VALLEY MEDICAL CENTER	390270
GEISINGER-BLOOMSBURG HOSPITAL	390003
GEISINGER-LEWISTOWN HOSPITAL	390048
GOOD SAMARITAN HOSPITAL	390066
GOOD SHEPHERD PENN PTNRS SPEC HOSP AT RITTENHOUSE	N/A
GOOD SHEPHERD SPECIALTY HOSPITAL	N/A
GRAND VIEW HOSPITAL	390057

GROVE CITY MEDICAL CENTER	390266
GUTHRIE TOWANDA MEMORIAL HOSPITAL	390236
HAHNEMANN UNIVERSITY HOSPITAL	390290
HEART LANCASTER REGIONAL MEDICAL CENTER	390068
HERITAGE VALLEY BEAVER	390036
HERITAGE VALLEY SEWICKLEY	390037
HIGHLANDS HOSPITAL	390184
HOLY REDEEMER HOSPITAL	390097
HOLY SPIRIT HOSPITAL	390004
INDIANA REGIONAL MEDICAL CENTER	390173
J C BLAIR HOSPITAL	390056
JEANES HOSPITAL	390080
JEFFERSON REGIONAL MEDICAL CENTER	390265
JENNERSVILLE HOSPITAL	390220
JENNERSVILLE REGIONAL HOSPITAL	390220
JERSEY SHORE HOSPITAL	391300
KANE COMMUNITY HOSPITAL	390104
KENSINGTON HOSPTAL	390025
KINDRED HOSPITAL OF PHILADELPHIA	392027
KINDRED HOSPITAL PHILADELPHIA SOUTH	392046
LANCASTER GENERAL HOSPITAL	390100
LANCASTER REGIONAL MEDICAL CENTER	390061
LANSDALE HOSPITAL CORPORATION	390012
LATROBE AREA HOSPITAL	390219
LEHIGH VALLEY HOSPITAL	390133
LEHIGH VALLEY HOSPITAL HAZLETON	390185
LEHIGH VALLEY HOSPITAL MUHLENBERG	390263

LEHIGH VALLEY HOSPITAL SCHUYLKILL	390030
LIFECARE HOSPITALS OF MECHANCISBURG	N/A
LIFECARE HOSPITALS OF PITSBURGH	N/A
LOCK HAVEN HOSPITAL	390071
MAIN LINE HOSPITAL LANKENAU	390195
MEADVILLE MEDICAL CENTER	390113
MEMORIAL HOSPITAL	390101
MERCY FITZGERALD HOSPITAL	390156A
MERCY PHILADELPHIA HOSPITAL	390156
MILLCREEK COMMUNITY HOSPITAL	390198
MONONGAHELA VALLEY HOSPITAL	390147
MOSES TAYLOR HOSPITAL	390119
MOUNT NITTANY MEDICAL CENTER	390268
MUNCY VALLEY HOSPITAL	391301
NAZARETH HOSPITAL	390204
NEW LIFECARE HOSPITALS OF CHESTER COUNTY LLC	N/A
OHIO VALLEY GENERAL HOSPITAL	390157
OSS ORTHOPAEDIC HOSPITAL	390325
PAM SPECIALTY HOSPITAL	N/A
PAOLI MEMORIAL HOSPITAL	390153
PENN HIGHLANDS BROOKVILLE	391312
PENN HIGHLANDS CLEARFIELD	390052
PENN HIGHLANDS DUBOIS	390086
PENN HIGHLANDS ELK	390154
PENN PRESBYTERIAN MEDICAL CENTER	390223
PENNSYLVANIA HOSPITAL/UPHS	390226
PHOENIXVILLE HOSPITAL	390127

PHYSICIANS CARE SURGICAL HOSPITAL	390324
PINNACLE HEALTH CARLISLE REGIONAL MEDICAL CENTER	390058
PINNACLE HEALTH HEART OF LANCASTER MEDICAL CENTER	390068
PINNACLE HEALTH HOSPITALS	390067
PINNACLE HEALTH LANCASTER REGIONAL MEDICAL CENTER	390061
PINNACLE HEALTH MEMORIAL HOSPITAL	390101
POCONO HOSPITAL	390201
POTTSTOWN HOSPITAL	390123
POTTSTOWN MEMORIAL MEDICAL CENTER	390123
PRIME HEALTHCARE SERVICES LOWER BUCKS LLC	390070
PUNXSUTAWNEY AREA HOSPITAL	390199
READING HOSPITAL	390044
REGIONAL HOSPITAL OF SCRANTON	390237
RIDDLE MEMORIAL HOSPITAL	390222
ROBERT PACKER HOSPITAL	390079
ROXBOROUGH MEMORIAL HOSPITAL	390304
SACRED HEART HOSPITAL	390197
SAINT VINCENT HEALTH CENTER	390009
SCHUYLKILL MEDICAL CENTER EAST NORWEGIAN STREET	390031
SELECT SPECIALTY HOSPITAL CENTRAL PA LP	N/A
SELECT SPECIALTY HOSPITAL DANVILLE INC	N/A
SELECT SPECIALTY HOSPITAL JOHNSTOWN	392031
SELECT SPECIALTY HOSPITAL LAUREL HIGHLANDS INC	N/A
SELECT SPECIALTY HOSPITAL MCKEESPORT INC	N/A
SELECT SPECIALTY HOSPITAL-ERIE	392037
SELECT SPECIALTY HOSPTIAL PITTSBURGH UPMC INC	N/A
SHARON REGIONAL HEALTH SYSTEM	390211

SHARON REGIONAL MEDICAL CENTER	390211
SHRINERS HOSPITALS FOR CHILDREN	393309
SOLDIERS AND SAILORS MEMORIAL HOSPITAL	390043
SOMERSET COMMUNITY HOSPITAL	390039
ST CHRISTOPHERS HOSPITAL FOR CHILDREN	393307
ST CLAIR MEMORIAL HOSPITAL	390228
ST JOSEPH REGIONAL HEALTH NETWORK	390096
ST LUKES HOSP OF BETHLEHEM	390049
ST LUKES HOSPITAL ANDERSON CAMPUS	390326
ST LUKES HOSPITAL MONROE CAMPUS	390330
ST LUKES HOSPITAL QUAKERTOWN	390035
ST LUKES HOSPITAL-GNADEN HUETTEN CAMPUS	390194
ST LUKES MINERS MEMORIAL HOSPITAL	390183
ST MARY MEDICAL CENTER	390258
SUBURBAN COMMUNITY HOSPITAL	390116
SUNBURY COMMUNITY HOSPITAL	390084
SURGERY CENTER AT EDGEWOOD PLACE	390307
SURGICAL INSTITUTE OF READING LLC	390316
TEMPLE UNIVERSITY HOSPITAL INC	390027
THE CHAMBERSBURG HOSPITAL	390151
THE MILTON S HERSHEY MEDICAL CENTER	390256
THOMAS JEFFERSON UNIVERSITY HOSPITAL	390174
TITUSVILLE HOSPITAL	390122
TROY COMMUNITY HOSPITAL	391305
TYLER MEMORIAL HOSPITAL	390192
TYRONE HOSPITAL	391307
UNIONTOWN HOSPITAL	390041

UNIVERSITY OF PENNSYLVANIA HOSPITAL	390111
UPMC ALTOONA	390073
UPMC CHILDRENS HOSPITAL OF PITTSBURGH	393302
UPMC EAST	390328
UPMC HAMOT	390063
UPMC HORIZON	390178
UPMC JAMESON	390016
UPMC MAGEE-WOMENS HOSPITAL	390114
UPMC MERCY	390028
UPMC NORTHWEST	390091
UPMC PASSAVANT HOSPITAL	390107
UPMC PINNACLE HANOVER	390233
UPMC PRESBYTERIAN SHADYSIDE	390164
UPMC-BEDFORD MEMORIAL	390117
UPMC-MCKEESPORT	390002
UPMC-ST MARGARET	390102
VALLEYFORGE MEDICAL CENTER & HOSPITAL	390272
WARREN GENERAL HOSPITAL	390146
WASHINGTON HEALTH SYSTEM GREENE	390150
WASHINGTON HOSPITAL	390042
WAYNE MEMORIAL HOSPITAL	390125
WAYNESBORO HOSPITAL	390138
WELLSPAN EPHRATA COMMUNITY HOSPITAL	390225
WELLSPAN GETTYSBURG HOSPITAL	390065
WELLSPAN SURGERY AND REHABILITATION HOSPITAL	390327
WEST PENN-ALLEGHENY GENERAL HOSPITAL	390050
WESTERN PENN HOSP-FORBES REGIONAL CAMPUS	390267

WESTERN PENN HOSPITAL	390090
WESTMORELAND REGHOSP	390145
WILKES BARRE GENERAL HOSPITAL	390137
WILLIAMSPORT HOSPITAL	390045
WINDBER HOSPITAL	390112
YORK HOSPITAL	390046

NOTES

This Hospital List was provided by the Department to Mercer and is limited to general acute care hospitals.

Medicare ID is populated as “N/A” for any hospital on the Hospital List in which Medicare ID was not provided by the Department.

APPENDIX C

CONDITIONS EXCLUDED AS CLINICAL GLOBAL EXCLUSIONS

CONDITIONS EXCLUDED AS CLINICAL GLOBAL EXCLUSIONS
Trauma
Burns
Metastatic Malignancies
HIV
Transplants
Ventricular Shunts
Obstetrics and Neonatal
Hospice

APPENDIX D

POTENTIALLY AVOIDABLE READMISSIONS EXHIBIT

Appendix D
Exhibit 1

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	MCO Zone
Measure:	Admits & Dollars
Risk Adjustment:	APR-DRG CMI

	Admits				Dollars				APR-DRG CMI	
MCO Zone	**Total**	**PAE**	**% of Total**	**Zone to Average**	**Total**	**PAE**	**% of Total**	**Zone to Average**	**Total**	**PAE**
A	B	C	D = C / B	E = D / D_{Total}	F	G	H = G / F	I = H / H_{Total}	J	K
SOUTHEAST	96,791	2,071	2.1%	22.9%	$ 948,570,781	$ 19,120,424	2.0%	12.7%	1.011	1.130
SOUTHWEST	53,638	987	1.8%	5.7%	$ 489,737,221	$ 9,364,434	1.9%	6.9%	1.094	1.217
LEHIGH/CAPITAL	52,542	744	1.4%	-18.7%	$ 447,903,606	$ 7,347,446	1.6%	-8.3%	0.987	1.304
NORTHEAST	32,734	366	1.1%	-35.8%	$ 265,371,619	$ 2,902,470	1.1%	-38.9%	0.987	1.310
NORTHWEST	16,752	228	1.4%	-21.8%	$ 135,845,196	$ 2,178,587	1.6%	-10.3%	1.024	1.231
TOTAL	***252,457***	***4,396***	***1.7%***	***0.0%***	***$ 2,287,428,422***	***$ 40,913,360***	***1.8%***	***0.0%***	***1.021***	***1.198***

Notes:

1. Admits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I" or "A".
3. PAR values displayed are post clinical global exclusions and clinical review. Targeted efficiency levels are not applied.
4. Replacement costs are not considered in this analysis.
5. Encounters with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAR.
6. Readmissions are defined as inpatient hospital admissions within 30 days of an admission for the same recipient with any DRG at any facility. Potentially avoidable readmissions include the following criteria:
   a. Mercer clinicians review readmissions (line by line) to determine if the readmission should be considered potentially avoidable.
   b. Excludes all encounters for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
   c. Excludes children 3 years of age and under as well as those 85 years of age and older.
   d. Excludes readmissions where a qualifying outpatient encounter was identified between admissions.
   e. Excludes discharges due to death or to hospice.
7. Beneficiaries eligible for Community HealthChoices are excluded from analysis.

Appendix D
Exhibit 2A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	Hospital Zone
Measure:	Admits & Dollars
Risk Adjustment:	APR-DRG CMI

		Admits				Dollars				APR-DRG CMI	
Hospital Zone	Zone Subtotal	Total	PAE	% of Total	Zone to Average	Total	PAE	% of Total	Zone to Average	Total	PAE
A	B	C	D	E = D / C	F = E / E_{Total}	G	H	I = H / G	J = I / I_{Total}	K	L
SOUTHEAST	SUBTOTAL	91,084	1,905	2.1%	20.1%	$ 926,609,494	$ 17,962,546	1.9%	8.4%	1.030	1.156
SOUTHWEST	SUBTOTAL	53,551	975	1.8%	4.6%	$ 518,049,621	$ 9,361,658	1.8%	1.0%	1.147	1.215
LEHIGH/CAPITAL	SUBTOTAL	50,945	683	1.3%	-23.0%	$ 415,359,720	$ 6,841,147	1.6%	-7.9%	0.978	1.304
NORTHEAST	SUBTOTAL	27,160	317	1.2%	-33.0%	$ 193,731,451	$ 2,529,413	1.3%	-27.0%	0.918	1.236
NORTHWEST	SUBTOTAL	13,466	161	1.2%	-31.3%	$ 74,988,295	$ 1,423,711	1.9%	6.1%	0.793	1.220
OTHER	SUBTOTAL	16,251	355	2.2%	25.5%	$ 158,689,841	$ 2,794,886	1.8%	-1.5%	1.056	1.119
STATEWIDE	***TOTAL***	***252,457***	***4,396***	***1.7%***	***0.0%***	***$ 2,287,428,422***	***$ 40,913,360***	***1.8%***	***0.0%***	***1.021***	***1.197***

Notes:
1. Admits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I" or "A".
3. PAR values displayed are post clinical global exclusions and clinical review. Targeted efficiency levels are not applied.
4. Replacement costs are not considered in this analysis.
5. Encounter data assigned to hospital and zone using the general acute care hospital list provided by the Department.
6. Encounters with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAR.
7. Readmissions are defined as inpatient hospital admissions within 30 days of an admission for the same recipient with any DRG at any facility. Potentially avoidable readmissions include the following criteria:
   a. Mercer clinicians review readmissions (line by line) to determine if the readmission should be considered potentially avoidable.
   b. Excludes all encounters for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
   c. Excludes children 3 years of age and under as well as those 85 years of age and older.
   d. Excludes readmissions where a qualifying outpatient encounter was identified between admissions.
   e. Excludes discharges due to death or to hospice.
8. Beneficiaries eligible for Community HealthChoices are excluded from analysis.
9. PAR assigned to hospital using the first admission within 30 days, referred to as anchor admission

Appendix D
Exhibit 2B

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Fee-for-Service
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	Hospital Zone
Measure:	Admits & Dollars
Risk Adjustment:	APR-DRG CMI

		Admits				Dollars				APR-DRG CMI	
Hospital Zone	Zone Subtotal	Total	PAE	% of Total	Zone to Average	Total	PAE	% of Total	Zone to Average	Total	PAE
A	B	C	D	E = D / C	F = E / ETotal	G	H	I = H / G	J = I / ITotal	K	L
SOUTHEAST	SUBTOTAL	15,210	192	1.3%	13.7%	$ 187,619,593	$ 3,325,492	1.8%	-0.6%	1.350	1.733
SOUTHWEST	SUBTOTAL	6,828	80	1.2%	5.5%	$ 89,794,542	$ 1,832,943	2.0%	14.5%	1.660	1.651
LEHIGH/CAPITAL	SUBTOTAL	8,648	64	0.7%	-33.3%	$ 101,366,358	$ 786,457	0.8%	-56.5%	1.411	1.555
NORTHEAST	SUBTOTAL	3,868	46	1.2%	7.1%	$ 37,185,374	$ 1,405,712	3.8%	112.1%	1.303	2.198
NORTHWEST	SUBTOTAL	1,652	20	1.2%	9.0%	$ 14,436,920	$ 320,804	2.2%	24.7%	1.263	1.927
STATEWIDE	***TOTAL***	***36,206***	***402***	***1.1%***	***0.0%***	***$ 430,402,787***	***$ 7,671,409***	***1.8%***	***0.0%***	***1.415***	***1.751***

Notes:

1. Admits and Dollars for CY 2017 service dates are based on FFS claims data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I".
3. PAR values displayed are post clinical global exclusions and clinical review. Targeted efficiency levels are not applied.
4. Replacement costs are not considered in this analysis.
5. Claims data assigned to hospital and zone using the general acute care hospital list provided by the Department.
6. Claims with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAR.
7. Readmissions are defined as inpatient hospital admissions within 30 days of an admission for the same recipient with any DRG at any facility. Potentially avoidable readmissions include the following criteria:
   a. Mercer clinicians review readmissions (line by line) to determine if the readmission should be considered potentially avoidable.
   b. Excludes all claims for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
   c. Excludes children 3 years of age and under as well as those 85 years of age and older.
   d. Excludes readmissions where a qualifying outpatient encounter was identified between admissions.
   e. Excludes discharges due to death or to hospice.
8. Beneficiaries eligible for Medicare Part D or Medicare Advantage are excluded from analysis.
9. PAR assigned to hospital using the first admission within 30 days, referred to as anchor admission

Appendix D
Exhibit 3A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	Age Band, Gender and Rate Cell
Measure:	Admits and Dollars
Risk Adjustment:	Not Applied

			Admits			Dollars		
Age Band	**Gender**	**Rate Cell**	**Total**	**PAE**	**% of Total**	**Total**	**PAE**	**% of Total**
A	B	C	D	E	F = E / D	G	H	I = H / G
	M		97,005	2,185	2.3%	$ 1,072,556,025	$ 20,314,144	1.9%
	F		155,452	2,211	1.4%	$ 1,214,872,397	$ 20,599,217	1.7%
TOTALS			***252,457***	***4,396***	***1.7%***	***$ 2,287,428,422***	***$ 40,913,360***	***1.8%***
Under Age 1			56,621	-	0.0%	$ 422,565,208	$ -	0.0%
Years 1-20			33,279	520	1.6%	$ 357,373,860	$ 6,088,653	1.7%
Years 21-44			95,780	1,865	1.9%	$ 697,131,523	$ 15,303,996	2.2%
Years 45-64			65,624	1,979	3.0%	$ 795,335,345	$ 19,231,009	2.4%
Years 65+			1,153	32	2.8%	$ 15,022,486	$ 289,703	1.9%
TOTALS			***252,457***	***4,396***	***1.7%***	***$ 2,287,428,422***	***$ 40,913,360***	***1.8%***
Under Age 1	M		29,541	-	0.0%	$ 232,671,804	$ -	0.0%
Under Age 1	F		27,080	-	0.0%	$ 189,893,404	$ -	0.0%
Years 1-20	M		13,437	249	1.9%	$ 177,856,888	$ 3,044,541	1.7%
Years 1-20	F		19,842	271	1.4%	$ 179,516,972	$ 3,044,112	1.7%
Years 21-44	M		20,623	875	4.2%	$ 235,824,551	$ 7,290,084	3.1%
Years 21-44	F		75,157	990	1.3%	$ 461,306,972	$ 8,013,912	1.7%
Years 45-64	M		32,952	1,051	3.2%	$ 419,860,393	$ 9,904,032	2.4%
Years 45-64	F		32,672	928	2.8%	$ 375,474,952	$ 9,326,977	2.5%
Years 65+	M		452	10	2.2%	$ 6,342,389	$ 75,487	1.2%
Years 65+	F		701	22	3.1%	$ 8,680,098	$ 214,216	2.5%
TOTALS			***252,457***	***4,396***	***1.7%***	***$ 2,287,428,422***	***$ 40,913,360***	***1.8%***
		Under Age 1	56,621	-	0.0%	$ 422,565,208	$ -	0.0%
		TANF-MAGI Ages 1-20	20,853	203	1.0%	$ 175,679,399	$ 2,645,020	1.5%
		TANF-MAGI Ages 21+	50,392	364	0.7%	$ 282,650,032	$ 3,188,690	1.1%
		Disabled-BCC Ages 1+	56,651	1,994	3.5%	$ 708,968,224	$ 19,588,985	2.8%
		Newly Eligible Ages 19 to 44	37,450	967	2.6%	$ 330,591,843	$ 7,171,061	2.2%
		Newly Eligible Ages 45 to 64	30,490	868	2.8%	$ 366,973,717	$ 8,319,604	2.3%
TOTALS			***252,457***	***4,396***	***1.7%***	***$ 2,287,428,422***	***$ 40,913,360***	***1.8%***

Notes:

1. Admits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I" or "A".
3. PAR values displayed are post clinical global exclusions and clinical review. Targeted efficiency levels are not applied.
4. Replacement costs are not considered in this analysis.
5. Age and gender assigned using PROMISe eligibility.
6. Encounters with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAR.
7. Readmissions are defined as inpatient hospital admissions within 30 days of an admission for the same recipient with any DRG at any facility. Potentially avoidable readmissions include the following criteria:
   a. Mercer clinicians review readmissions (line by line) to determine if the readmission should be considered potentially avoidable.
   b. Excludes all encounters for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
   c. Excludes children 3 years of age and under as well as those 85 years of age and older.
   d. Excludes readmissions where a qualifying outpatient encounter was identified between admissions.
   e. Excludes discharges due to death or to hospice.
8. Beneficiaries eligible for Community HealthChoices are excluded from analysis.

Appendix D
Exhibit 3B

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Fee-for-Service
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	Age Band and Gender
Measure:	Admits and Dollars
Risk Adjustment:	Not Applied

			Admits			Dollars		
Age Band	**Gender**	**Rate Cell**	**Total**	**PAE**	**% of Total**	**Total**	**PAE**	**% of Total**
A	B	C	D	E	F = E / D	G	H	I = H / G
	M		18,724	238	1.3%	$ 267,094,886	$ 4,696,798	1.8%
	F		17,482	164	0.9%	$ 163,307,901	$ 2,974,611	1.8%
TOTALS			***36,206***	***402***	***1.1%***	***$ 430,402,787***	***$ 7,671,409***	***1.8%***
Under Age 1			7,401	-	0.0%	$ 58,239,184	$ -	0.0%
Years 1-20			1,614	11	0.7%	$ 14,588,336	$ 78,338	0.5%
Years 21-44			13,020	113	0.9%	$ 135,495,843	$ 2,101,206	1.6%
Years 45-64			12,177	250	2.1%	$ 190,820,620	$ 4,878,146	2.6%
Years 65+			1,994	28	1.4%	$ 31,258,803	$ 613,719	2.0%
TOTALS			***36,206***	***402***	***1.1%***	***$ 430,402,787***	***$ 7,671,409***	***1.8%***
Under Age 1	M		3,806	-	0.0%	$ 32,208,250	$ -	0.0%
Under Age 1	F		3,595	-	0.0%	$ 26,030,933	$ -	0.0%
Years 1-20	M		575	4	0.7%	$ 8,184,778	$ 20,915	0.3%
Years 1-20	F		1,039	7	0.7%	$ 6,403,558	$ 57,423	0.9%
Years 21-44	M		5,704	70	1.2%	$ 86,830,136	$ 1,612,013	1.9%
Years 21-44	F		7,316	43	0.6%	$ 48,665,708	$ 489,193	1.0%
Years 45-64	M		7,658	152	2.0%	$ 123,732,508	$ 2,887,360	2.3%
Years 45-64	F		4,519	98	2.2%	$ 67,088,112	$ 1,990,786	3.0%
Years 65+	M		981	12	1.2%	$ 16,139,213	$ 176,510	1.1%
Years 65+	F		1,013	16	1.6%	$ 15,119,589	$ 437,209	2.9%
TOTALS			***36,206***	***402***	***1.1%***	***$ 430,402,787***	***$ 7,671,409***	***1.8%***

Notes:

1. Admits and Dollars for CY 2017 service dates are based on FFS claims data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I".
3. PAR values displayed are post clinical global exclusions and clinical review. Targeted efficiency levels are not applied.
4. Replacement costs are not considered in this analysis.
5. Age and gender assigned using PROMISe eligibility.
6. Claims with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAR.
7. Readmissions are defined as inpatient hospital admissions within 30 days of an admission for the same recipient with any DRG at any facility. Potentially avoidable readmissions include the following criteria:
   a. Mercer clinicians review readmissions (line by line) to determine if the readmission should be considered potentially avoidable.
   b. Excludes all claims for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
   c. Excludes children 3 years of age and under as well as those 85 years of age and older.
   d. Excludes readmissions where a qualifying outpatient encounter was identified between admissions.
   e. Excludes discharges due to death or to hospice.
8. Beneficiaries eligible for Medicare Part D or Medicare Advantage are excluded from analysis.

Appendix D
Exhibit 4A

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	APR-DRG
Measure:	Admits and Dollars
Risk Adjustment:	Not Applied

			Admits		Dollars	
Rank	APR-DRG	APR-DRG Description	PAE	% of Total	PAE	% of Total
A	B	C	D	E = D / D_{Total}	F	G = F / F_{Total}
1	0420	DIABETES	327	7.4%	$ 1,954,514	4.8%
2	0662	SICKLE CELL ANEMIA CRISIS	319	7.3%	$ 2,104,270	5.1%
3	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	204	4.6%	$ 1,554,694	3.8%
4	0775	ALCOHOL ABUSE & DEPENDENCE	179	4.1%	$ 806,994	2.0%
5	0720	SEPTICEMIA & DISSEMINATED INFECTIONS	163	3.7%	$ 2,320,159	5.7%
6	0194	HEART FAILURE	162	3.7%	$ 1,948,076	4.8%
7	0282	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	144	3.3%	$ 1,029,319	2.5%
8	0383	CELLULITIS & OTHER SKIN INFECTIONS	128	2.9%	$ 929,670	2.3%
9	0469	ACUTE KIDNEY INJURY	95	2.2%	$ 1,023,679	2.5%
10	0141	ASTHMA	86	2.0%	$ 475,205	1.2%
11	0280	ALCOHOLIC LIVER DISEASE	69	1.6%	$ 761,028	1.9%
12	0053	SEIZURE	67	1.5%	$ 387,280	0.9%
13	0139	OTHER PNEUMONIA	64	1.5%	$ 668,655	1.6%
14		NO APR-DRG ASSIGNED	61	1.4%	$ 627,623	1.5%
15	0249	OTHER GASTROENTERITIS, NAUSEA & VOMITING	55	1.3%	$ 373,897	0.9%
16	0201	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	55	1.3%	$ 357,868	0.9%
17	0133	RESPIRATORY FAILURE	52	1.2%	$ 760,848	1.9%
18	0812	POISONING OF MEDICINAL AGENTS	52	1.2%	$ 321,511	0.8%
19	0425	ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	48	1.1%	$ 469,591	1.1%
20	0247	INTESTINAL OBSTRUCTION	48	1.1%	$ 445,747	1.1%
21	0254	OTHER DIGESTIVE SYSTEM DIAGNOSES	47	1.1%	$ 419,819	1.0%
22	0221	MAJOR SMALL & LARGE BOWEL PROCEDURES	46	1.0%	$ 373,977	0.9%
23	0816	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	44	1.0%	$ 352,094	0.9%
24	0241	PEPTIC ULCER & GASTRITIS	41	0.9%	$ 261,798	0.6%
25	0245	INFLAMMATORY BOWEL DISEASE	40	0.9%	$ 279,340	0.7%
26	0710	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROC	39	0.9%	$ 743,699	1.8%
27	0403	PROCEDURES FOR OBESITY	39	0.9%	$ 684,886	1.7%
28	0279	HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	38	0.9%	$ 363,716	0.9%
29	0199	HYPERTENSION	37	0.8%	$ 264,340	0.6%
30	0190	ACUTE MYOCARDIAL INFARCTION	37	0.8%	$ 420,750	1.0%
31	0263	LAPAROSCOPIC CHOLECYSTECTOMY	36	0.8%	$ 268,154	0.7%
32	0463	KIDNEY & URINARY TRACT INFECTIONS	35	0.8%	$ 222,637	0.5%
33	0773	OPIOID ABUSE & DEPENDENCE	35	0.8%	$ 163,481	0.4%
34	0197	PERIPHERAL & OTHER VASCULAR DISORDERS	31	0.7%	$ 309,746	0.8%
35	0045	CVA & PRECEREBRAL OCCLUSION W INFARCT	31	0.7%	$ 520,876	1.3%
36	0344	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL I	28	0.6%	$ 278,409	0.7%
37	0181	LOWER EXTREMITY ARTERIAL PROCEDURES	26	0.6%	$ 236,185	0.6%
38	0048	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	25	0.6%	$ 166,141	0.4%
39	0175	PERCUTANEOUS CORONARY INTERVENTION W/O AMI	25	0.6%	$ 165,038	0.4%
40	0198	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	25	0.6%	$ 204,023	0.5%
41	0134	PULMONARY EMBOLISM	25	0.6%	$ 221,260	0.5%
42	0248	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	24	0.5%	$ 184,100	0.4%
43	0364	OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	24	0.5%	$ 186,314	0.5%
44	0227	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	24	0.5%	$ 274,622	0.7%
45	0721	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	24	0.5%	$ 287,788	0.7%
46	0113	INFECTIONS OF UPPER RESPIRATORY TRACT	22	0.5%	$ 221,158	0.5%
47	0192	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	21	0.5%	$ 292,647	0.7%
48	0244	DIVERTICULITIS & DIVERTICULOSIS	21	0.5%	$ 346,810	0.8%
49	0174	PERCUTANEOUS CORONARY INTERVENTION W AMI	21	0.5%	$ 262,224	0.6%
50	0058	OTHER DISORDERS OF NERVOUS SYSTEM	21	0.5%	$ 238,830	0.6%
	TOP 50 TOTAL		**3,310**	**75.3%**	**$ 28,535,495**	**69.7%**
	TOTAL		**4,396**	**100.0%**	**$ 40,913,360**	**100.0%**

Notes:

1. Admits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I" or "A".
3. PAR values displayed are post clinical global exclusions and clinical review. Targeted efficiency levels are not applied.
4. Replacement costs are not considered in this analysis.
5. APR-DRGs assigned by PROMISe system and represent a mix of APR-DRG versions 34 and 35 depending on discharge date.
6. Encounters with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAR.
7. Readmissions are defined as inpatient hospital admissions within 30 days of an admission for the same recipient with any DRG at any facility. Potentially avoidable readmissions include the following criteria:
   a. Mercer clinicians review readmissions (line by line) to determine if the readmission should be considered potentially avoidable.
   b. Excludes all encounters for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
   c. Excludes children 3 years of age and under as well as those 85 years of age and older.
   d. Excludes readmissions where a qualifying outpatient encounter was identified between admissions.
   e. Excludes discharges due to death or to hospice.
8. Beneficiaries eligible for Community HealthChoices are excluded from analysis.
9. PAR APR-DRG assigned using the first admission within 30 days, referred to as anchor admission

Appendix D
Exhibit 4B

PAE Analysis:	Potentially Avoidable Readmissions
Program Type:	Fee-for-Service
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	APR-DRG
Measure:	Admits and Dollars
Risk Adjustment:	Not Applied

			Admits		Dollars	
Rank	APR-DRG	APR-DRG Description	PAE	% of Total	PAE	% of Total
A	B	C	D	E = D / D_{Total}	F	G = F / F_{Total}
1	0720	SEPTICEMIA & DISSEMINATED INFECTIONS	62	15.4%	$ 1,001,806	13.1%
2	0194	HEART FAILURE	21	5.2%	$ 180,247	2.3%
3	0137	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	18	4.5%	$ 247,113	3.2%
4	0420	DIABETES	16	4.0%	$ 123,328	1.6%
5	0775	ALCOHOL ABUSE & DEPENDENCE	16	4.0%	$ 56,235	0.7%
6	0466	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR	10	2.5%	$ 134,033	1.7%
7	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	9	2.2%	$ 116,965	1.5%
8	0201	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	9	2.2%	$ 48,871	0.6%
9	0710	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROC	8	2.0%	$ 758,809	9.9%
10	0133	RESPIRATORY FAILURE	8	2.0%	$ 126,714	1.7%
11	0463	KIDNEY & URINARY TRACT INFECTIONS	8	2.0%	$ 54,447	0.7%
12	0280	ALCOHOLIC LIVER DISEASE	8	2.0%	$ 80,634	1.1%
13	0245	INFLAMMATORY BOWEL DISEASE	8	2.0%	$ 62,307	0.8%
14	0383	CELLULITIS & OTHER SKIN INFECTIONS	7	1.7%	$ 34,248	0.4%
15	0469	ACUTE KIDNEY INJURY	7	1.7%	$ 63,317	0.8%
16	0175	PERCUTANEOUS CORONARY INTERVENTION W/O AMI	7	1.7%	$ 176,639	2.3%
17	0282	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	6	1.5%	$ 41,480	0.5%
18	0253	OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	6	1.5%	$ 45,764	0.6%
19	0662	SICKLE CELL ANEMIA CRISIS	6	1.5%	$ 43,321	0.6%
20	0141	ASTHMA	5	1.2%	$ 27,714	0.4%
21	0199	HYPERTENSION	5	1.2%	$ 31,705	0.4%
22	0241	PEPTIC ULCER & GASTRITIS	5	1.2%	$ 60,426	0.8%
23	0197	PERIPHERAL & OTHER VASCULAR DISORDERS	5	1.2%	$ 35,188	0.5%
24	0425	ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	5	1.2%	$ 52,012	0.7%
25	0045	CVA & PRECEREBRAL OCCLUSION W INFARCT	4	1.0%	$ 36,550	0.5%
26	0139	OTHER PNEUMONIA	4	1.0%	$ 34,185	0.4%
27	0254	OTHER DIGESTIVE SYSTEM DIAGNOSES	4	1.0%	$ 24,707	0.3%
28	0244	DIVERTICULITIS & DIVERTICULOSIS	4	1.0%	$ 24,262	0.3%
29	0305	AMPUTATION OF LOWER LIMB EXCEPT TOES	4	1.0%	$ 101,832	1.3%
30	0721	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	4	1.0%	$ 57,938	0.8%
31	0130	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOU	4	1.0%	$ 182,758	2.4%
32	0192	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	3	0.7%	$ 75,190	1.0%
33	0053	SEIZURE	3	0.7%	$ 19,469	0.3%
34	0816	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	3	0.7%	$ 19,863	0.3%
35	0190	ACUTE MYOCARDIAL INFARCTION	3	0.7%	$ 24,160	0.3%
36	0247	INTESTINAL OBSTRUCTION	3	0.7%	$ 15,600	0.2%
37	0952	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3	0.7%	$ 77,199	1.0%
38	0048	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	3	0.7%	$ 24,878	0.3%
39	0229	OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	3	0.7%	$ 115,550	1.5%
40	0468	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	3	0.7%	$ 23,635	0.3%
41	0380	SKIN ULCERS	3	0.7%	$ 23,003	0.3%
42	0263	LAPAROSCOPIC CHOLECYSTECTOMY	2	0.5%	$ 19,534	0.3%
43	0134	PULMONARY EMBOLISM	2	0.5%	$ 21,225	0.3%
44	0951	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIA	2	0.5%	$ 79,834	1.0%
45	0314	FOOT & TOE PROCEDURES	2	0.5%	$ 29,671	0.4%
46	0264	OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2	0.5%	$ 71,174	0.9%
47	0344	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL I	2	0.5%	$ 28,390	0.4%
48	0284	DISORDERS OF GALLBLADDER & BILIARY TRACT	2	0.5%	$ 20,506	0.3%
49	0161	CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	2	0.5%	$ 141,989	1.9%
50	0770	DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL	2	0.5%	$ 5,924	0.1%
	TOP 50 TOTAL		**341**	**84.8%**	**$ 4,902,351**	**63.9%**
	TOTAL		**402**	**100.0%**	**$ 7,671,409**	**100.0%**

Notes:

1. Admits and Dollars for CY 2017 service dates are based on FFS claims data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I".
3. PAR values displayed are post clinical global exclusions and clinical review. Targeted efficiency levels are not applied.
4. Replacement costs are not considered in this analysis.
5. APR-DRGs assigned by PROMISe system and represent a mix of APR-DRG versions 34 and 35 depending on discharge date.
6. Claims with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAR.
7. Readmissions are defined as inpatient hospital admissions within 30 days of an admission for the same recipient with any DRG at any facility. Potentially avoidable readmissions include the following criteria:
   a. Mercer clinicians review readmissions (line by line) to determine if the readmission should be considered potentially avoidable.
   b. Excludes all claims for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
   c. Excludes children 3 years of age and under as well as those 85 years of age and older.
   d. Excludes readmissions where a qualifying outpatient encounter was identified between admissions.
   e. Excludes discharges due to death or to hospice.
8. Beneficiaries eligible for Medicare Part D or Medicare Advantage are excluded from analysis.
9. PAR APR-DRG assigned using the first admission within 30 days, referred to as anchor admission

APPENDIX E

POTENTIALLY AVOIDABLE ADMISSIONS EXHIBIT

Appendix E
Exhibit 1

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	MCO Zone
Measure:	Admits & Dollars
Risk Adjustment:	APR-DRG CMI

	Admits				Dollars				APR-DRG CMI	
MCO Zone	**Total**	**PAE**	**% of Total**	**Zone to Average**	**Total**	**PAE**	**% of Total**	**Zone to Average**	**Total**	**PAE**
A	B	C	D = C / B	E = D / D_{Total}	F	G	H = G / F	I = H / H_{Total}	J	K
SOUTHEAST	96,791	6,992	7.2%	23.8%	$ 948,570,781	$ 48,724,778	5.1%	18.8%	1.011	0.833
SOUTHWEST	53,638	2,948	5.5%	-5.8%	$ 489,737,221	$ 19,066,186	3.9%	-10.0%	1.094	0.905
LEHIGH/CAPITAL	52,542	2,611	5.0%	-14.8%	$ 447,903,606	$ 16,481,098	3.7%	-14.9%	0.987	0.911
NORTHEAST	32,734	1,420	4.3%	-25.6%	$ 265,371,619	$ 9,656,968	3.6%	-15.9%	0.987	0.933
NORTHWEST	16,752	755	4.5%	-22.7%	$ 135,845,196	$ 5,009,955	3.7%	-14.7%	1.024	0.944
TOTAL	***252,457***	***14,726***	***5.8%***	***0.0%***	***$ 2,287,428,422***	***$ 98,938,985***	***4.3%***	***0.0%***	***1.021***	***0.877***

Notes:

1. Admits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I" or "A".
3. Version 7.0 AHRQ logic was used for PDIs and PQIs.
4. PAA values displayed are post clinical global exclusions, enrollment duration, and PAR overlap. Targeted efficiency levels are not applied.
5. PQIs include recipients 18 years of age or older, and PDIs include recipients through 17 years of age.
6. Replacement costs are not considered in this analysis.
7. Encounters with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAA.
8. Excludes all encounters for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
9. Additional clinical exclusions applied in addition to the specific to AHRQ's PQIs/PDIs exclusionary criteria (for example, transfers from other facilities).
10. Beneficiaries eligible for Community HealthChoices are excluded from analysis.

Appendix E
Exhibit 2

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	Age Band, Gender and Rate Cell
Measure:	Admits and Dollars
Risk Adjustment:	Not Applied

			Admits			Dollars		
Age Band	**Gender**	**Rate Cell**	**Total**	**PAE**	**% of Total**	**Total**	**PAE**	**% of Total**
A	B	C	D	E	F = E / D	G	H	I = H / G
	M		97,005	6,681	6.9%	$ 1,072,556,025	$ 48,049,757	4.5%
	F		155,452	8,045	5.2%	$ 1,214,872,397	$ 50,889,228	4.2%
TOTALS			***252,457***	***14,726***	***5.8%***	***$ 2,287,428,422***	***$ 98,938,985***	***4.3%***
Under Age 1			56,621	88	0.2%	$ 422,565,208	$ 399,192	0.1%
Years 1-20			33,279	3,362	10.1%	$ 357,373,860	$ 17,985,843	5.0%
Years 21-44			95,780	3,888	4.1%	$ 697,131,523	$ 23,192,914	3.3%
Years 45-64			65,624	7,252	11.1%	$ 795,335,345	$ 56,241,552	7.1%
Years 65+			1,153	136	11.8%	$ 15,022,486	$ 1,119,484	7.5%
TOTALS			***252,457***	***14,726***	***5.8%***	***$ 2,287,428,422***	***$ 98,938,985***	***4.3%***
Under Age 1	M		29,541	38	0.1%	$ 232,671,804	$ 203,377	0.1%
Under Age 1	F		27,080	50	0.2%	$ 189,893,404	$ 195,814	0.1%
Years 1-20	M		13,437	1,770	13.2%	$ 177,856,888	$ 9,585,005	5.4%
Years 1-20	F		19,842	1,592	8.0%	$ 179,516,972	$ 8,400,839	4.7%
Years 21-44	M		20,623	1,494	7.2%	$ 235,824,551	$ 9,870,451	4.2%
Years 21-44	F		75,157	2,394	3.2%	$ 461,306,972	$ 13,322,464	2.9%
Years 45-64	M		32,952	3,331	10.1%	$ 419,860,393	$ 27,950,965	6.7%
Years 45-64	F		32,672	3,921	12.0%	$ 375,474,952	$ 28,290,587	7.5%
Years 65+	M		452	48	10.6%	$ 6,342,389	$ 439,960	6.9%
Years 65+	F		701	88	12.6%	$ 8,680,098	$ 679,524	7.8%
TOTALS			***252,457***	***14,726***	***5.8%***	***$ 2,287,428,422***	***$ 98,938,985***	***4.3%***
		Under Age 1	56,621	88	0.2%	$ 422,565,208	$ 399,192	0.1%
		TANF-MAGI Ages 1-20	20,853	2,255	10.8%	$ 175,679,399	$ 11,735,769	6.7%
		TANF-MAGI Ages 21+	50,392	1,219	2.4%	$ 282,650,032	$ 6,638,777	2.3%
		Disabled-BCC Ages 1+	56,651	6,449	11.4%	$ 708,968,224	$ 49,009,020	6.9%
		Newly Eligible Ages 19 to 44	37,450	2,118	5.7%	$ 330,591,843	$ 11,954,843	3.6%
		Newly Eligible Ages 45 to 64	30,490	2,597	8.5%	$ 366,973,717	$ 19,201,384	5.2%
TOTALS			***252,457***	***14,726***	***5.8%***	***$ 2,287,428,422***	***$ 98,938,985***	***4.3%***

Notes:

1. Admits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I" or "A".
3. Version 7.0 AHRQ logic was used for PDIs and PQIs.
4. PAA values displayed are post clinical global exclusions, enrollment duration, and PAR overlap. Targeted efficiency levels are not applied.
5. PQIs include recipients 18 years of age or older, and PDIs include recipients through 17 years of age.
6. Replacement costs are not considered in this analysis.
7. Encounters with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAA.
8. Excludes all encounters for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
9. Additional clinical exclusions applied in addition to the specific to AHRQ's PQIs/PDIs exclusionary criteria (for example, transfers from other facilities).
10. Beneficiaries eligible for Community HealthChoices are excluded from analysis.
11. Age and gender assigned using PROMISe eligibility.

Appendix E
Exhibit 3

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	Diagnosis Related Group
Measure:	Admits and Dollars
Risk Adjustment:	Not Applied

			Admits		Dollars	
Rank	APR-DRG	APR-DRG Description	PAE	% of Total	PAE	% of Total
A	B	C	D	E = D / D_{Total}	F	G = F / F_{Total}
1	0141	ASTHMA	2,989	20.3%	$ 13,655,256	13.8%
2	0140	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2,307	15.7%	$ 14,410,363	14.6%
3	0420	DIABETES	2,051	13.9%	$ 10,148,929	10.3%
4	0194	HEART FAILURE	1,465	9.9%	$ 11,059,808	11.2%
5	0139	OTHER PNEUMONIA	1,091	7.4%	$ 6,373,980	6.4%
6	0463	KIDNEY & URINARY TRACT INFECTIONS	986	6.7%	$ 4,631,277	4.7%
7	0249	OTHER GASTROENTERITIS, NAUSEA & VOMITING	643	4.4%	$ 2,786,267	2.8%
8	0469	ACUTE KIDNEY INJURY	578	3.9%	$ 3,926,530	4.0%
9	0199	HYPERTENSION	512	3.5%	$ 2,603,259	2.6%
10	0192	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	257	1.7%	$ 4,056,928	4.1%
11	0314	FOOT & TOE PROCEDURES	205	1.4%	$ 2,763,805	2.8%
12	0225	APPENDECTOMY	202	1.4%	$ 1,996,166	2.0%
13	0048	PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	200	1.4%	$ 1,279,818	1.3%
14	0380	SKIN ULCERS	127	0.9%	$ 757,852	0.8%
15	0305	AMPUTATION OF LOWER LIMB EXCEPT TOES	115	0.8%	$ 2,367,282	2.4%
16	0422	HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	106	0.7%	$ 442,103	0.4%
17		NO APR-DRG ASSIGNED	101	0.7%	$ 714,657	0.7%
18	0344	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL I	91	0.6%	$ 881,425	0.9%
19	0710	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROC	77	0.5%	$ 2,138,313	2.2%
20	0233	APPENDECTOMY WITH COMPLEX PRINCIPAL DIAGNOSIS	71	0.5%	$ 695,090	0.7%
21	0951	MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIA	66	0.4%	$ 1,343,081	1.4%
22	0248	MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	59	0.4%	$ 479,692	0.5%
23	0181	LOWER EXTREMITY ARTERIAL PROCEDURES	47	0.3%	$ 1,462,328	1.5%
24	0952	NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	29	0.2%	$ 535,680	0.5%
25	0468	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	27	0.2%	$ 195,120	0.2%
	TOP 25 TOTAL		**14,402**	**97.8%**	**$ 91,705,009**	**92.7%**
	TOTAL		**14,726**	**100.0%**	**$ 98,938,985**	**100.0%**

Notes:

1. Admits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I" or "A".
3. Version 7.0 AHRQ logic was used for PDIs and PQIs.
4. PAA values displayed are post clinical global exclusions, enrollment duration, and PAR overlap. Targeted efficiency levels are not applied.
5. PQIs include recipients 18 years of age or older, and PDIs include recipients through 17 years of age.
6. Replacement costs are not considered in this analysis.
7. APR-DRGs assigned by PROMISe system and represent a mix of APR-DRG versions 34 and 35 depending on discharge date.
8. Encounters with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAA.
9. Excludes all encounters for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
10. Additional clinical exclusions applied in addition to the specific to AHRQ's PQIs/PDIs exclusionary criteria (for example, transfers from other facilities).
11. Beneficiaries eligible for Community HealthChoices are excluded from analysis.
12. Results are sorted in descending order based on percentage of total events identified as potentially avoidable.

Appendix E
Exhibit 4

PAE Analysis:	Potentially Avoidable Admissions
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	PQI and PDI
Measure:	Admits and Dollars
Risk Adjustment:	Not Applied

		Admits			Dollars		
PDI #	PDI Description (Pediatric)	Total	PAE	% of Total	Total	PAE	% of Total
A	B	C	D	E = D / C	F	G	H = G / F
14	Asthma Admission Rate	81,905	1,901	2.3%	$ 730,789,400	$ 8,795,958	1.2%
15	Diabetes Short-term Complications Admission Rate	81,905	243	0.3%	$ 730,789,400	$ 1,589,874	0.2%
16	Gastroenteritis Admission Rate	81,905	426	0.5%	$ 730,789,400	$ 1,890,933	0.3%
17	Perforated Appendix Admission Rate	81,905	162	0.2%	$ 730,789,400	$ 2,049,215	0.3%
18	Urinary Tract Infection Admission Rate	81,905	221	0.3%	$ 730,789,400	$ 1,343,669	0.2%
TOTAL - PDI		**81,905**	**2,953**	**3.6%**	**$ 730,789,400**	**$ 15,669,649**	**2.1%**

		Admits			Dollars		
PQI #	PQI Description (Adult)	Total	PAE	% of Total	Total	PAE	% of Total
A	B	C	D	E = D / C	F	G	H = G / F
1	Diabetes Short-term Complications Admissions Rate	170,552	1,259	0.7%	$ 1,556,639,022	$ 7,108,581	0.5%
2	Perforated Appendix Admission Rate	170,552	245	0.1%	$ 1,556,639,022	$ 2,489,119	0.2%
3	Diabetes Long-term Complications Admission Rate	170,552	894	0.5%	$ 1,556,639,022	$ 9,432,164	0.6%
5	COPD or Asthma in Older Adults Admission Rate	170,552	2,892	1.7%	$ 1,556,639,022	$ 18,369,507	1.2%
7	Hypertension Admission Rate	170,552	584	0.3%	$ 1,556,639,022	$ 3,512,521	0.2%
8	Heart Failure Admission Rate	170,552	1,746	1.0%	$ 1,556,639,022	$ 16,310,477	1.0%
10	Dehydration Admission Rate	170,552	921	0.5%	$ 1,556,639,022	$ 5,560,017	0.4%
11	Bacterial Pneumonia Admission Rate	170,552	1,147	0.7%	$ 1,556,639,022	$ 7,359,940	0.5%
12	Urinary Tract Infection Admission Rate	170,552	788	0.5%	$ 1,556,639,022	$ 3,568,643	0.2%
14	Uncontrolled Diabetes Admission Rate	170,552	538	0.3%	$ 1,556,639,022	$ 2,085,563	0.1%
15	Asthma in Younger Adults Admission Rate	170,552	579	0.3%	$ 1,556,639,022	$ 2,763,471	0.2%
16	Rate of Lower-Extremity Amputation Diabetes	170,552	180	0.1%	$ 1,556,639,022	$ 4,709,333	0.3%
TOTAL - PQI		**170,552**	**11,773**	**6.9%**	**$ 1,556,639,022**	**$ 83,269,336**	**5.3%**

GRAND TOTAL		**252,457**	**14,726**	**5.8%**	**$ 2,287,428,422**	**$ 98,938,985**	**4.3%**

Notes:

1. Admits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Inpatient is defined as admits with a claim type of "I" or "A".
3. Version 7.0 AHRQ logic was used for PDIs and PQIs.
4. PAA values displayed are post clinical global exclusions, enrollment duration, and PAR overlap. Targeted efficiency levels are not applied.
5. PQIs include recipients 18 years of age or older, and PDIs include recipients through 17 years of age.
6. Total admits and dollars include ages 19+ for PQI and ages 0-18 for PDI based on PROMISe eligibility.
7. Replacement costs are not considered in this analysis.
8. Encounters with revenue code 0762 and no room and board code, indicating an observation stay, were excluded from PAA.
9. Excludes all encounters for beneficiaries with a qualifying clinical global exclusion diagnosis (examples include trauma and malignancies).
10. Additional clinical exclusions applied in addition to the specific to AHRQ's PQIs/PDIs exclusionary criteria (for example, transfers from other facilities).
11. Beneficiaries eligible for Community HealthChoices are excluded from analysis.

APPENDIX F

POTENTIALLY AVOIDABLE VISITS EXHIBIT

Appendix F
Exhibit 1

PAE Analysis:	Potentially Avoidable Emergency Visits
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	MCO Zone
Measure:	Visits & Dollars
Risk Adjustment:	99281-99285 Weight

	Visits				Dollars				99281-99285 Weight	
MCO Zone	**Total**	**PAE**	**% of Total**	**Zone to Average**	**Total**	**PAE**	**% of Total**	**Zone to Average**	**Total**	**PAE**
A	B	C	D = C / B	E = D / D_{Total}	F	G	H = G / F	I = H / H_{Total}	J	K
SOUTHEAST	600,070	133,566	22.3%	4.4%	$ 252,402,042	$ 41,026,570	16.3%	29.0%	0.979	0.834
SOUTHWEST	376,422	73,204	19.4%	-8.8%	$ 115,958,575	$ 10,076,111	8.7%	-31.1%	1.037	0.884
LEHIGH/CAPITAL	382,043	86,215	22.6%	5.9%	$ 101,324,260	$ 11,053,517	10.9%	-13.4%	0.981	0.853
NORTHEAST	236,187	46,622	19.7%	-7.4%	$ 54,281,192	$ 4,912,194	9.0%	-28.2%	1.038	0.901
NORTHWEST	145,864	31,441	21.6%	1.1%	$ 37,763,641	$ 3,733,117	9.9%	-21.6%	0.982	0.849
TOTAL	***1,740,586***	***371,049***	***21.3%***	***0.0%***	***$ 561,729,711***	***$ 70,801,509***	***12.6%***	***0.0%***	***1.000***	***0.859***

Notes:

1. Visits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Emergency Department is defined as visits containing a 99281-99285 procedure code or a 450 revenue code.
3. Outpatient facility and professional encounters are combined to form an Emergency Department visit for the purposes of this analysis.
4. LANE visits are identified using a list of low acuity diagnosis codes identified through health services research and physician input.
5. Each LANE diagnosis code was reviewed by practicing ED physicians, DHS and Mercer clinical staff and assigned a targeted utilization percentage that represents the portion of visits that a highly efficient managed care program could potentially prevent; visits with a procedure code of 99284 or 99285 are not adjusted.
6. A low cost visit cutoff of $56.63 was applied to LANE utilization to reflect appropriate and cost-effective treatment in an Emergency Department setting.
7. Replacement costs and targeted efficiency levels are not considered in this analysis.
8. Encounters with revenue code 0762, indicating an observation stay, were excluded from PAV.
9. Beneficiaries eligible for Community HealthChoices are excluded from analysis.

Appendix F
Exhibit 2

PAE Analysis:	Potentially Avoidable Emergency Visits
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	Age Band, Gender and Rate Cell
Measure:	Visits and Dollars
Risk Adjustment:	Not Applied

			Visits			Dollars		
Age Band	Gender	Rate Cell	Total	PAE	% of Total	Total	PAE	% of Total
A	B	C	D	E	F = E / D	G	H	I = H / G
	M		710,196	353,382	49.8%	$ 229,079,768	$ 85,672,369	37.4%
	F		1,030,390	534,846	51.9%	$ 332,649,943	$ 135,191,810	40.6%
TOTALS			***1,740,586***	***888,228***	***51.0%***	***$ 561,729,711***	***$ 220,864,179***	***39.3%***
Under Age 1			79,449	47,170	59.4%	$ 23,977,350	$ 11,516,544	48.0%
Years 1-20			622,682	366,032	58.8%	$ 172,589,758	$ 87,264,940	50.6%
Years 21-44			739,893	355,570	48.1%	$ 237,450,193	$ 90,644,464	38.2%
Years 45-64			295,899	118,592	40.1%	$ 126,233,799	$ 31,180,740	24.7%
Years 65+			2,663	864	32.4%	$ 1,478,611	$ 257,490	17.4%
TOTALS			***1,740,586***	***888,228***	***51.0%***	***$ 561,729,711***	***$ 220,864,179***	***39.3%***
Under Age 1	M		42,962	25,579	59.5%	$ 13,136,516	$ 6,291,024	47.9%
Under Age 1	F		36,487	21,591	59.2%	$ 10,840,834	$ 5,225,520	48.2%
Years 1-20	M		296,678	172,505	58.1%	$ 82,480,893	$ 40,818,848	49.5%
Years 1-20	F		326,004	193,527	59.4%	$ 90,108,865	$ 46,446,093	51.5%
Years 21-44	M		237,926	107,207	45.1%	$ 75,438,059	$ 26,073,400	34.6%
Years 21-44	F		501,967	248,363	49.5%	$ 162,012,134	$ 64,571,064	39.9%
Years 45-64	M		131,616	47,759	36.3%	$ 57,458,373	$ 12,390,491	21.6%
Years 45-64	F		164,283	70,833	43.1%	$ 68,775,426	$ 18,790,249	27.3%
Years 65+	M		1,014	332	32.7%	$ 565,927	$ 98,606	17.4%
Years 65+	F		1,649	532	32.3%	$ 912,684	$ 158,884	17.4%
TOTALS			***1,740,586***	***888,228***	***51.0%***	***$ 561,729,711***	***$ 220,864,179***	***39.3%***
		Under Age 1	79,449	47,170	59.4%	$ 23,977,350	$ 11,516,544	48.0%
		TANF-MAGI Ages 1-20	497,811	301,576	60.6%	$ 134,560,910	$ 71,144,566	52.9%
		TANF-MAGI Ages 21+	253,379	123,098	48.6%	$ 82,208,294	$ 31,875,734	38.8%
		Disabled-BCC Ages 1+	324,348	142,320	43.9%	$ 121,967,067	$ 36,395,300	29.8%
		Newly Eligible Ages 19 to 44	439,199	214,256	48.8%	$ 138,073,105	$ 54,168,854	39.2%
		Newly Eligible Ages 45 to 64	146,400	59,808	40.9%	$ 60,942,985	$ 15,763,181	25.9%
TOTALS			***1,740,586***	***888,228***	***51.0%***	***$ 561,729,711***	***$ 220,864,179***	***39.3%***

Notes:

1. Visits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Emergency Department is defined as visits containing a 99281-99285 procedure code or a 450 revenue code.
3. Outpatient facility and professional encounters are combined to form an Emergency Department visit for the purposes of this analysis.
4. LANE visits are identified using a list of low acuity diagnosis codes identified through health services research and physician input.
5. Each LANE diagnosis code was reviewed by practicing ED physicians, DHS and Mercer clinical staff and assigned a targeted utilization percentage that represents the portion of visits that a highly efficient managed care program could potentially prevent; visits with a procedure code of 99284 or 99285 are not adjusted.
6. A low cost visit cutoff of $56.63 was applied to LANE utilization to reflect appropriate and cost-effective treatment in an Emergency Department setting.
7. Replacement costs and targeted efficiency levels are not considered in this analysis.
8. Age and birth data is displayed prior to preventable percentages as preventable percentages are not applied at the claim level.
9. Age and gender assigned using PROMISe eligibility.
10. Encounters with revenue code 0762, indicating an observation stay, were excluded from PAV.
11. Beneficiaries eligible for Community HealthChoices are excluded from analysis.

Appendix F
Exhibit 3

PAE Analysis:	Potentially Avoidable Emergency Visits
Program Type:	Physical Health HealthChoices
Service Dates:	January 1, 2017 - December 31, 2017
Aggregation Type:	Primary Diagnosis
Measure:	Visits and Dollars
Risk Adjustment:	Not Applied

			Visits		Dollars	
Rank	ICD-10	ICD-10 Description	PAE	% of Total	PAE	% of Total
A	B	C	D	E = D / D_{Total}	F	G = F / F_{Total}
1	J06.9	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	30,446	8.2%	$ 5,884,896	8.3%
2	J02.9	ACUTE PHARYNGITIS, UNSPECIFIED	14,335	3.9%	$ 2,452,752	3.5%
3	R21	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	7,365	2.0%	$ 1,284,569	1.8%
4	H66.91	OTITIS MEDIA, UNSPECIFIED, RIGHT EAR	6,358	1.7%	$ 990,619	1.4%
5	R50.9	FEVER, UNSPECIFIED	6,135	1.7%	$ 1,095,801	1.5%
6	H66.92	OTITIS MEDIA, UNSPECIFIED, LEFT EAR	5,968	1.6%	$ 918,691	1.3%
7	N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED	5,664	1.5%	$ 1,113,202	1.6%
8	J02.0	STREPTOCOCCAL PHARYNGITIS	5,543	1.5%	$ 895,524	1.3%
9	M54.5	LOW BACK PAIN	5,405	1.5%	$ 1,027,930	1.5%
10	R05	COUGH	5,003	1.3%	$ 898,445	1.3%
11	R51	HEADACHE	4,800	1.3%	$ 999,069	1.4%
12	S93.401A	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER	4,357	1.2%	$ 909,710	1.3%
13	H10.9	UNSPECIFIED CONJUNCTIVITIS	4,257	1.1%	$ 762,631	1.1%
14	S93.402A	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER	3,839	1.0%	$ 801,046	1.1%
15	R10.9	UNSPECIFIED ABDOMINAL PAIN	3,815	1.0%	$ 792,244	1.1%
16	R11.2	NAUSEA WITH VOMITING, UNSPECIFIED	3,767	1.0%	$ 673,574	1.0%
17	K59.00	CONSTIPATION, UNSPECIFIED	3,580	1.0%	$ 797,564	1.1%
18	K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED	3,355	0.9%	$ 809,820	1.1%
19	K02.9	DENTAL CARIES, UNSPECIFIED	3,176	0.9%	$ 464,974	0.7%
20	S01.81XA	LACERATION WITHOUT FOREIGN BODY OF OTHER PART OF HEAD, INITIAL ENCOUNTER	3,170	0.9%	$ 786,042	1.1%
21	H66.93	OTITIS MEDIA, UNSPECIFIED, BILATERAL	3,167	0.9%	$ 484,723	0.7%
22	R11.10	VOMITING, UNSPECIFIED	2,950	0.8%	$ 549,034	0.8%
23	R19.7	DIARRHEA, UNSPECIFIED	2,859	0.8%	$ 524,624	0.7%
24	L50.9	URTICARIA, UNSPECIFIED	2,835	0.8%	$ 559,240	0.8%
25	L25.9	UNSPECIFIED CONTACT DERMATITIS, UNSPECIFIED CAUSE	2,745	0.7%	$ 477,007	0.7%
26	L30.9	DERMATITIS, UNSPECIFIED	2,728	0.7%	$ 418,189	0.6%
27	J20.9	ACUTE BRONCHITIS, UNSPECIFIED	2,526	0.7%	$ 344,274	0.5%
28	Z76.0	ENCOUNTER FOR ISSUE OF REPEAT PRESCRIPTION	2,526	0.7%	$ 381,253	0.5%
29	M25.561	PAIN IN RIGHT KNEE	2,425	0.7%	$ 489,742	0.7%
30	S39.012A	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER	2,389	0.6%	$ 433,197	0.6%
31	M25.562	PAIN IN LEFT KNEE	2,305	0.6%	$ 470,066	0.7%
32	J01.90	ACUTE SINUSITIS, UNSPECIFIED	2,122	0.6%	$ 291,806	0.4%
33	F41.9	ANXIETY DISORDER, UNSPECIFIED	2,097	0.6%	$ 346,906	0.5%
34	T78.40XA	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER	2,069	0.6%	$ 370,668	0.5%
35	S00.83XA	CONTUSION OF OTHER PART OF HEAD, INITIAL ENCOUNTER	2,034	0.5%	$ 415,690	0.6%
36	B86	SCABIES	1,947	0.5%	$ 329,262	0.5%
37	S01.01XA	LACERATION WITHOUT FOREIGN BODY OF SCALP, INITIAL ENCOUNTER	1,876	0.5%	$ 427,888	0.6%
38	S60.221A	CONTUSION OF RIGHT HAND, INITIAL ENCOUNTER	1,830	0.5%	$ 354,646	0.5%
39	M54.9	DORSALGIA, UNSPECIFIED	1,817	0.5%	$ 355,683	0.5%
40	R04.0	EPISTAXIS	1,804	0.5%	$ 350,661	0.5%
41	K04.7	PERIAPICAL ABSCESS WITHOUT SINUS	1,740	0.5%	$ 268,786	0.4%
42	J45.901	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION	1,704	0.5%	$ 442,986	0.6%
43	J05.0	ACUTE OBSTRUCTIVE LARYNGITIS [CROUP]	1,602	0.4%	$ 373,173	0.5%
44	S16.1XXA	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INITIAL ENCOUNTER	1,582	0.4%	$ 343,313	0.5%
45	J40	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	1,556	0.4%	$ 241,981	0.3%
46	J03.90	ACUTE TONSILLITIS, UNSPECIFIED	1,538	0.4%	$ 255,253	0.4%
47	J32.9	CHRONIC SINUSITIS, UNSPECIFIED	1,492	0.4%	$ 231,094	0.3%
48	Z48.02	ENCOUNTER FOR REMOVAL OF SUTURES	1,471	0.4%	$ 288,592	0.4%
49	M54.2	CERVICALGIA	1,421	0.4%	$ 278,293	0.4%
50	G89.29	OTHER CHRONIC PAIN	1,412	0.4%	$ 249,065	0.4%
	TOP 50 TOTAL		**192,906**	**52.0%**	**$ 35,706,197**	**50.4%**
	TOTAL		**371,049**	**100.0%**	**$ 70,801,509**	**100.0%**

Notes:

1. Visits and Dollars for CY 2017 service dates are based on PH-MCO encounter data submitted through September 30, 2018.
2. Emergency Department is defined as visits containing a 99281-99285 procedure code or a 450 revenue code.
3. Outpatient facility and professional encounters are combined to form an Emergency Department visit for the purposes of this analysis.
4. LANE visits are identified using a list of low acuity diagnosis codes identified through health services research and physician input.
5. Each LANE diagnosis code was reviewed by practicing ED physicians, DHS and Mercer clinical staff and assigned a targeted utilization percentage that represents the portion of visits that a highly efficient managed care program could potentially prevent; visits with a procedure code of 99284 or 99285 are not adjusted.
6. A low cost visit cutoff of $56.63 was applied to LANE utilization to reflect appropriate and cost-effective treatment in an Emergency Department setting.
7. Replacement costs and targeted efficiency levels are not considered in this analysis.
8. Results are sorted in descending order based on the number of PAE identified as potentially avoidable.
9. Encounters with revenue code 0762, indicating an observation stay, were excluded from PAV.
10. Beneficiaries eligible for Community HealthChoices are excluded from analysis.

APPENDIX G

LOW ACUITY NON-EMERGENT ICD-10 DIAGNOSIS CODE LIST

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
A05.9	BACTERIAL FOODBORNE INTOXICATION, UNSPECIFIED
A09	INFECTIOUS GASTROENTERITIS AND COLITIS, UNSPECIFIED
A54.00	GONOCOCCAL INFECTION OF LOWER GENITOURINARY TRACT, UNSPECIFIED
A54.02	GONOCOCCAL VULVOVAGINITIS, UNSPECIFIED
A54.09	OTHER GONOCOCCAL INFECTION OF LOWER GENITOURINARY TRACT
A54.1	GONOCOCCAL INFECTION OF LOWER GENITOURINARY TRACT WITH PERIURETHRAL AND ACCESSORY GLAND ABSCESS
A56.11	CHLAMYDIAL FEMALE PELVIC INFLAMMATORY DISEASE
A59.01	TRICHOMONAL VULVOVAGINITIS
A60.00	HERPESVIRAL INFECTION OF UROGENITAL SYSTEM, UNSPECIFIED
A60.04	HERPESVIRAL VULVOVAGINITIS
A60.9	ANOGENITAL HERPESVIRAL INFECTION, UNSPECIFIED
A64	UNSPECIFIED SEXUALLY TRANSMITTED DISEASE
B00.2	HERPESVIRAL GINGIVOSTOMATITIS AND PHARYNGOTONSILLITIS
B00.9	HERPESVIRAL INFECTION, UNSPECIFIED
B01.9	VARICELLA WITHOUT COMPLICATION
B02.9	ZOSTER WITHOUT COMPLICATIONS
B07.0	PLANTAR WART
B07.9	VIRAL WART, UNSPECIFIED
B08.1	MOLLUSCUM CONTAGIOSUM
B08.4	ENTEROVIRAL VESICULAR STOMATITIS WITH EXANTHEM
B08.5	ENTEROVIRAL VESICULAR PHARYNGITIS
B09	UNSPECIFIED VIRAL INFECTION CHARACTERIZED BY SKIN AND MUCOUS MEMBRANE LESIONS
B27.80	OTHER INFECTIOUS MONONUCLEOSIS WITHOUT COMPLICATION
B27.81	OTHER INFECTIOUS MONONUCLEOSIS WITH POLYNEUROPATHY
B27.89	OTHER INFECTIOUS MONONUCLEOSIS WITH OTHER COMPLICATION
B27.90	INFECTIOUS MONONUCLEOSIS, UNSPECIFIED WITHOUT COMPLICATION
B27.91	INFECTIOUS MONONUCLEOSIS, UNSPECIFIED WITH POLYNEUROPATHY
B27.99	INFECTIOUS MONONUCLEOSIS, UNSPECIFIED WITH OTHER COMPLICATION
B33.24	VIRAL CARDIOMYOPATHY
B33.8	OTHER SPECIFIED VIRAL DISEASES
B35.0	TINEA BARBAE AND TINEA CAPITIS
B35.4	TINEA CORPORIS
B35.5	TINEA IMBRICATA
B37.0	CANDIDAL STOMATITIS
B37.3	CANDIDIASIS OF VULVA AND VAGINA
B37.83	CANDIDAL CHEILITIS
B37.9	CANDIDIASIS, UNSPECIFIED
B86	SCABIES
B97.10	UNSPECIFIED ENTEROVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE
B97.11	COXSACKIEVIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE
B97.4	RESPIRATORY SYNCYTIAL VIRUS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE
B97.89	OTHER VIRAL AGENTS AS THE CAUSE OF DISEASES CLASSIFIED ELSEWHERE
E08.638	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER ORAL COMPLICATIONS
E09.638	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E10.10	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E10.311	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10.319	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10.321	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10.329	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10.331	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10.339	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10.341	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10.349	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10.351	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10.359	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10.36	TYPE 1 DIABETES MELLITUS WITH DIABETIC CATARACT
E10.39	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E10.51	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E10.52	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E10.59	TYPE 1 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E10.618	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E10.620	TYPE 1 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E10.621	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER
E10.622	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN ULCER
E10.628	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E10.630	TYPE 1 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E10.638	TYPE 1 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E10.649	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E10.65	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA
E10.69	TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E10.8	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E10.9	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
E11.311	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11.319	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11.321	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11.329	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11.331	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11.339	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11.341	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11.349	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11.351	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11.359	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11.36	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT
E11.39	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E11.51	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E11.52	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E11.59	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E11.618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E11.620	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E11.621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11.622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11.628	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E11.630	TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E11.638	TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E11.649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E11.69	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E11.8	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
E13.10	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E13.311	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13.319	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13.321	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13.329	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13.331	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13.339	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13.341	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13.349	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13.351	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13.359	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13.36	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CATARACT
E13.39	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E13.51	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E13.52	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E13.59	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E13.618	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E13.620	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC DERMATITIS
E13.621	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER
E13.622	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN ULCER
E13.628	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E13.630	OTHER SPECIFIED DIABETES MELLITUS WITH PERIODONTAL DISEASE
E13.638	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E13.649	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E13.65	OTHER SPECIFIED DIABETES MELLITUS WITH HYPERGLYCEMIA
E13.69	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E13.8	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E13.9	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS
E16.2	HYPOGLYCEMIA, UNSPECIFIED
E86.0	DEHYDRATION
E87.6	HYPOKALEMIA
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED
F41.0	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY] WITHOUT AGORAPHOBIA
F41.9	ANXIETY DISORDER, UNSPECIFIED
F43.20	ADJUSTMENT DISORDER, UNSPECIFIED
F43.9	REACTION TO SEVERE STRESS, UNSPECIFIED
F45.41	PAIN DISORDER EXCLUSIVELY RELATED TO PSYCHOLOGICAL FACTORS
F45.42	PAIN DISORDER WITH RELATED PSYCHOLOGICAL FACTORS
F50.00	ANOREXIA NERVOSA, UNSPECIFIED
F50.01	ANOREXIA NERVOSA, RESTRICTING TYPE
F50.02	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE
F50.2	BULIMIA NERVOSA
F50.8	OTHER EATING DISORDERS
F50.9	EATING DISORDER, UNSPECIFIED
F51.01	PRIMARY INSOMNIA

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
F51.02	ADJUSTMENT INSOMNIA
F51.03	PARADOXICAL INSOMNIA
F51.09	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F51.19	OTHER HYPERSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F51.3	SLEEPWALKING [SOMNAMBULISM]
F51.4	SLEEP TERRORS [NIGHT TERRORS]
F51.5	NIGHTMARE DISORDER
F51.8	OTHER SLEEP DISORDERS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F51.9	SLEEP DISORDER NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION, UNSPECIFIED
F95.2	TOURETTE'S DISORDER
F95.8	OTHER TIC DISORDERS
F95.9	TIC DISORDER, UNSPECIFIED
F98.29	OTHER FEEDING DISORDERS OF INFANCY AND EARLY CHILDHOOD
F98.3	PICA OF INFANCY AND CHILDHOOD
F98.5	ADULT ONSET FLUENCY DISORDER
G43.009	MIGRAINE WITHOUT AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.109	MIGRAINE WITH AURA, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.119	MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.809	OTHER MIGRAINE, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.909	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.919	MIGRAINE, UNSPECIFIED, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.A0	CYCLICAL VOMITING, NOT INTRACTABLE
G43.B0	OPHTHALMOPLEGIC MIGRAINE, NOT INTRACTABLE
G43.C0	PERIODIC HEADACHE SYNDROMES IN CHILD OR ADULT, NOT INTRACTABLE
G43.D0	ABDOMINAL MIGRAINE, NOT INTRACTABLE
G44.1	VASCULAR HEADACHE, NOT ELSEWHERE CLASSIFIED
G44.209	TENSION-TYPE HEADACHE, UNSPECIFIED, NOT INTRACTABLE
G51.0	BELL'S PALSY
G56.00	CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB
G56.01	CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB
G56.02	CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB
G56.20	LESION OF ULNAR NERVE, UNSPECIFIED UPPER LIMB
G56.21	LESION OF ULNAR NERVE, RIGHT UPPER LIMB
G56.22	LESION OF ULNAR NERVE, LEFT UPPER LIMB
G56.30	LESION OF RADIAL NERVE, UNSPECIFIED UPPER LIMB
G56.31	LESION OF RADIAL NERVE, RIGHT UPPER LIMB
G56.32	LESION OF RADIAL NERVE, LEFT UPPER LIMB
G56.40	CAUSALGIA OF UNSPECIFIED UPPER LIMB
G56.41	CAUSALGIA OF RIGHT UPPER LIMB
G56.42	CAUSALGIA OF LEFT UPPER LIMB
G56.90	UNSPECIFIED MONONEUROPATHY OF UNSPECIFIED UPPER LIMB
G56.91	UNSPECIFIED MONONEUROPATHY OF RIGHT UPPER LIMB
G56.92	UNSPECIFIED MONONEUROPATHY OF LEFT UPPER LIMB
G60.9	HEREDITARY AND IDIOPATHIC NEUROPATHY, UNSPECIFIED
G89.18	OTHER ACUTE POSTPROCEDURAL PAIN
G89.29	OTHER CHRONIC PAIN
G93.3	POSTVIRAL FATIGUE SYNDROME
H00.011	HORDEOLUM EXTERNUM RIGHT UPPER EYELID
H00.012	HORDEOLUM EXTERNUM RIGHT LOWER EYELID
H00.013	HORDEOLUM EXTERNUM RIGHT EYE, UNSPECIFIED EYELID
H00.014	HORDEOLUM EXTERNUM LEFT UPPER EYELID
H00.015	HORDEOLUM EXTERNUM LEFT LOWER EYELID
H00.016	HORDEOLUM EXTERNUM LEFT EYE, UNSPECIFIED EYELID
H00.019	HORDEOLUM EXTERNUM UNSPECIFIED EYE, UNSPECIFIED EYELID
H00.031	ABSCESS OF RIGHT UPPER EYELID
H00.032	ABSCESS OF RIGHT LOWER EYELID
H00.033	ABSCESS OF EYELID RIGHT EYE, UNSPECIFIED EYELID
H00.034	ABSCESS OF LEFT UPPER EYELID
H00.035	ABSCESS OF LEFT LOWER EYELID
H00.036	ABSCESS OF EYELID LEFT EYE, UNSPECIFIED EYELID
H00.039	ABSCESS OF EYELID UNSPECIFIED EYE, UNSPECIFIED EYELID
H00.11	CHALAZION RIGHT UPPER EYELID
H00.12	CHALAZION RIGHT LOWER EYELID
H00.13	CHALAZION RIGHT EYE, UNSPECIFIED EYELID
H00.14	CHALAZION LEFT UPPER EYELID
H00.15	CHALAZION LEFT LOWER EYELID
H00.16	CHALAZION LEFT EYE, UNSPECIFIED EYELID
H00.19	CHALAZION UNSPECIFIED EYE, UNSPECIFIED EYELID
H01.001	UNSPECIFIED BLEPHARITIS RIGHT UPPER EYELID
H01.002	UNSPECIFIED BLEPHARITIS RIGHT LOWER EYELID
H01.003	UNSPECIFIED BLEPHARITIS RIGHT EYE, UNSPECIFIED EYELID
H01.004	UNSPECIFIED BLEPHARITIS LEFT UPPER EYELID

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
H01.005	UNSPECIFIED BLEPHARITIS LEFT LOWER EYELID
H01.006	UNSPECIFIED BLEPHARITIS LEFT EYE, UNSPECIFIED EYELID
H01.009	UNSPECIFIED BLEPHARITIS UNSPECIFIED EYE, UNSPECIFIED EYELID
H10.011	ACUTE FOLLICULAR CONJUNCTIVITIS, RIGHT EYE
H10.012	ACUTE FOLLICULAR CONJUNCTIVITIS, LEFT EYE
H10.013	ACUTE FOLLICULAR CONJUNCTIVITIS, BILATERAL
H10.019	ACUTE FOLLICULAR CONJUNCTIVITIS, UNSPECIFIED EYE
H10.021	OTHER MUCOPURULENT CONJUNCTIVITIS, RIGHT EYE
H10.022	OTHER MUCOPURULENT CONJUNCTIVITIS, LEFT EYE
H10.023	OTHER MUCOPURULENT CONJUNCTIVITIS, BILATERAL
H10.029	OTHER MUCOPURULENT CONJUNCTIVITIS, UNSPECIFIED EYE
H10.10	ACUTE ATOPIC CONJUNCTIVITIS, UNSPECIFIED EYE
H10.11	ACUTE ATOPIC CONJUNCTIVITIS, RIGHT EYE
H10.12	ACUTE ATOPIC CONJUNCTIVITIS, LEFT EYE
H10.13	ACUTE ATOPIC CONJUNCTIVITIS, BILATERAL
H10.231	SEROUS CONJUNCTIVITIS, EXCEPT VIRAL, RIGHT EYE
H10.232	SEROUS CONJUNCTIVITIS, EXCEPT VIRAL, LEFT EYE
H10.233	SEROUS CONJUNCTIVITIS, EXCEPT VIRAL, BILATERAL
H10.239	SEROUS CONJUNCTIVITIS, EXCEPT VIRAL, UNSPECIFIED EYE
H10.30	UNSPECIFIED ACUTE CONJUNCTIVITIS, UNSPECIFIED EYE
H10.31	UNSPECIFIED ACUTE CONJUNCTIVITIS, RIGHT EYE
H10.32	UNSPECIFIED ACUTE CONJUNCTIVITIS, LEFT EYE
H10.33	UNSPECIFIED ACUTE CONJUNCTIVITIS, BILATERAL
H10.401	UNSPECIFIED CHRONIC CONJUNCTIVITIS, RIGHT EYE
H10.402	UNSPECIFIED CHRONIC CONJUNCTIVITIS, LEFT EYE
H10.403	UNSPECIFIED CHRONIC CONJUNCTIVITIS, BILATERAL
H10.409	UNSPECIFIED CHRONIC CONJUNCTIVITIS, UNSPECIFIED EYE
H10.411	CHRONIC GIANT PAPILLARY CONJUNCTIVITIS, RIGHT EYE
H10.412	CHRONIC GIANT PAPILLARY CONJUNCTIVITIS, LEFT EYE
H10.413	CHRONIC GIANT PAPILLARY CONJUNCTIVITIS, BILATERAL
H10.419	CHRONIC GIANT PAPILLARY CONJUNCTIVITIS, UNSPECIFIED EYE
H10.45	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS
H10.501	UNSPECIFIED BLEPHAROCONJUNCTIVITIS, RIGHT EYE
H10.502	UNSPECIFIED BLEPHAROCONJUNCTIVITIS, LEFT EYE
H10.503	UNSPECIFIED BLEPHAROCONJUNCTIVITIS, BILATERAL
H10.509	UNSPECIFIED BLEPHAROCONJUNCTIVITIS, UNSPECIFIED EYE
H10.511	LIGNEOUS CONJUNCTIVITIS, RIGHT EYE
H10.512	LIGNEOUS CONJUNCTIVITIS, LEFT EYE
H10.513	LIGNEOUS CONJUNCTIVITIS, BILATERAL
H10.519	LIGNEOUS CONJUNCTIVITIS, UNSPECIFIED EYE
H10.89	OTHER CONJUNCTIVITIS
H10.9	UNSPECIFIED CONJUNCTIVITIS
H11.001	UNSPECIFIED PTERYGIUM OF RIGHT EYE
H11.002	UNSPECIFIED PTERYGIUM OF LEFT EYE
H11.003	UNSPECIFIED PTERYGIUM OF EYE, BILATERAL
H11.009	UNSPECIFIED PTERYGIUM OF UNSPECIFIED EYE
H11.011	AMYLOID PTERYGIUM OF RIGHT EYE
H11.012	AMYLOID PTERYGIUM OF LEFT EYE
H11.013	AMYLOID PTERYGIUM OF EYE, BILATERAL
H11.019	AMYLOID PTERYGIUM OF UNSPECIFIED EYE
H11.041	PERIPHERAL PTERYGIUM, STATIONARY, RIGHT EYE
H11.042	PERIPHERAL PTERYGIUM, STATIONARY, LEFT EYE
H11.043	PERIPHERAL PTERYGIUM, STATIONARY, BILATERAL
H11.049	PERIPHERAL PTERYGIUM, STATIONARY, UNSPECIFIED EYE
H11.10	UNSPECIFIED CONJUNCTIVAL DEGENERATIONS
H11.151	PINGUECULA, RIGHT EYE
H11.152	PINGUECULA, LEFT EYE
H11.153	PINGUECULA, BILATERAL
H11.159	PINGUECULA, UNSPECIFIED EYE
H11.221	CONJUNCTIVAL GRANULOMA, RIGHT EYE
H11.222	CONJUNCTIVAL GRANULOMA, LEFT EYE
H11.223	CONJUNCTIVAL GRANULOMA, BILATERAL
H11.229	CONJUNCTIVAL GRANULOMA, UNSPECIFIED
H11.30	CONJUNCTIVAL HEMORRHAGE, UNSPECIFIED EYE
H11.31	CONJUNCTIVAL HEMORRHAGE, RIGHT EYE
H11.32	CONJUNCTIVAL HEMORRHAGE, LEFT EYE
H11.33	CONJUNCTIVAL HEMORRHAGE, BILATERAL
H11.411	VASCULAR ABNORMALITIES OF CONJUNCTIVA, RIGHT EYE
H11.412	VASCULAR ABNORMALITIES OF CONJUNCTIVA, LEFT EYE
H11.413	VASCULAR ABNORMALITIES OF CONJUNCTIVA, BILATERAL
H11.419	VASCULAR ABNORMALITIES OF CONJUNCTIVA, UNSPECIFIED EYE
H11.421	CONJUNCTIVAL EDEMA, RIGHT EYE

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
H11.422	CONJUNCTIVAL EDEMA, LEFT EYE
H11.423	CONJUNCTIVAL EDEMA, BILATERAL
H11.429	CONJUNCTIVAL EDEMA, UNSPECIFIED EYE
H11.431	CONJUNCTIVAL HYPEREMIA, RIGHT EYE
H11.432	CONJUNCTIVAL HYPEREMIA, LEFT EYE
H11.433	CONJUNCTIVAL HYPEREMIA, BILATERAL
H11.439	CONJUNCTIVAL HYPEREMIA, UNSPECIFIED EYE
H11.89	OTHER SPECIFIED DISORDERS OF CONJUNCTIVA
H11.9	UNSPECIFIED DISORDER OF CONJUNCTIVA
H57.10	OCULAR PAIN, UNSPECIFIED EYE
H57.11	OCULAR PAIN, RIGHT EYE
H57.12	OCULAR PAIN, LEFT EYE
H57.13	OCULAR PAIN, BILATERAL
H57.8	OTHER SPECIFIED DISORDERS OF EYE AND ADNEXA
H60.00	ABSCESS OF EXTERNAL EAR, UNSPECIFIED EAR
H60.01	ABSCESS OF RIGHT EXTERNAL EAR
H60.02	ABSCESS OF LEFT EXTERNAL EAR
H60.03	ABSCESS OF EXTERNAL EAR, BILATERAL
H60.10	CELLULITIS OF EXTERNAL EAR, UNSPECIFIED EAR
H60.11	CELLULITIS OF RIGHT EXTERNAL EAR
H60.12	CELLULITIS OF LEFT EXTERNAL EAR
H60.13	CELLULITIS OF EXTERNAL EAR, BILATERAL
H60.20	MALIGNANT OTITIS EXTERNA, UNSPECIFIED EAR
H60.21	MALIGNANT OTITIS EXTERNA, RIGHT EAR
H60.22	MALIGNANT OTITIS EXTERNA, LEFT EAR
H60.23	MALIGNANT OTITIS EXTERNA, BILATERAL
H60.311	DIFFUSE OTITIS EXTERNA, RIGHT EAR
H60.312	DIFFUSE OTITIS EXTERNA, LEFT EAR
H60.313	DIFFUSE OTITIS EXTERNA, BILATERAL
H60.319	DIFFUSE OTITIS EXTERNA, UNSPECIFIED EAR
H60.321	HEMORRHAGIC OTITIS EXTERNA, RIGHT EAR
H60.322	HEMORRHAGIC OTITIS EXTERNA, LEFT EAR
H60.323	HEMORRHAGIC OTITIS EXTERNA, BILATERAL
H60.329	HEMORRHAGIC OTITIS EXTERNA, UNSPECIFIED EAR
H60.331	SWIMMER'S EAR, RIGHT EAR
H60.332	SWIMMER'S EAR, LEFT EAR
H60.333	SWIMMER'S EAR, BILATERAL
H60.339	SWIMMER'S EAR, UNSPECIFIED EAR
H60.391	OTHER INFECTIVE OTITIS EXTERNA, RIGHT EAR
H60.392	OTHER INFECTIVE OTITIS EXTERNA, LEFT EAR
H60.393	OTHER INFECTIVE OTITIS EXTERNA, BILATERAL
H60.399	OTHER INFECTIVE OTITIS EXTERNA, UNSPECIFIED EAR
H60.501	UNSPECIFIED ACUTE NONINFECTIVE OTITIS EXTERNA, RIGHT EAR
H60.502	UNSPECIFIED ACUTE NONINFECTIVE OTITIS EXTERNA, LEFT EAR
H60.503	UNSPECIFIED ACUTE NONINFECTIVE OTITIS EXTERNA, BILATERAL
H60.509	UNSPECIFIED ACUTE NONINFECTIVE OTITIS EXTERNA, UNSPECIFIED EAR
H60.511	ACUTE ACTINIC OTITIS EXTERNA, RIGHT EAR
H60.512	ACUTE ACTINIC OTITIS EXTERNA, LEFT EAR
H60.513	ACUTE ACTINIC OTITIS EXTERNA, BILATERAL
H60.519	ACUTE ACTINIC OTITIS EXTERNA, UNSPECIFIED EAR
H60.521	ACUTE CHEMICAL OTITIS EXTERNA, RIGHT EAR
H60.522	ACUTE CHEMICAL OTITIS EXTERNA, LEFT EAR
H60.523	ACUTE CHEMICAL OTITIS EXTERNA, BILATERAL
H60.529	ACUTE CHEMICAL OTITIS EXTERNA, UNSPECIFIED EAR
H60.531	ACUTE CONTACT OTITIS EXTERNA, RIGHT EAR
H60.532	ACUTE CONTACT OTITIS EXTERNA, LEFT EAR
H60.533	ACUTE CONTACT OTITIS EXTERNA, BILATERAL
H60.539	ACUTE CONTACT OTITIS EXTERNA, UNSPECIFIED EAR
H60.541	ACUTE ECZEMATOID OTITIS EXTERNA, RIGHT EAR
H60.542	ACUTE ECZEMATOID OTITIS EXTERNA, LEFT EAR
H60.543	ACUTE ECZEMATOID OTITIS EXTERNA, BILATERAL
H60.549	ACUTE ECZEMATOID OTITIS EXTERNA, UNSPECIFIED EAR
H60.551	ACUTE REACTIVE OTITIS EXTERNA, RIGHT EAR
H60.552	ACUTE REACTIVE OTITIS EXTERNA, LEFT EAR
H60.553	ACUTE REACTIVE OTITIS EXTERNA, BILATERAL
H60.559	ACUTE REACTIVE OTITIS EXTERNA, UNSPECIFIED EAR
H60.591	OTHER NONINFECTIVE ACUTE OTITIS EXTERNA, RIGHT EAR
H60.592	OTHER NONINFECTIVE ACUTE OTITIS EXTERNA, LEFT EAR
H60.593	OTHER NONINFECTIVE ACUTE OTITIS EXTERNA, BILATERAL
H60.599	OTHER NONINFECTIVE ACUTE OTITIS EXTERNA, UNSPECIFIED EAR
H60.60	UNSPECIFIED CHRONIC OTITIS EXTERNA, UNSPECIFIED EAR
H60.61	UNSPECIFIED CHRONIC OTITIS EXTERNA, RIGHT EAR

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
H60.62	UNSPECIFIED CHRONIC OTITIS EXTERNA, LEFT EAR
H60.63	UNSPECIFIED CHRONIC OTITIS EXTERNA, BILATERAL
H60.8X1	OTHER OTITIS EXTERNA, RIGHT EAR
H60.8X2	OTHER OTITIS EXTERNA, LEFT EAR
H60.8X3	OTHER OTITIS EXTERNA, BILATERAL
H60.8X9	OTHER OTITIS EXTERNA, UNSPECIFIED EAR
H60.90	UNSPECIFIED OTITIS EXTERNA, UNSPECIFIED EAR
H60.91	UNSPECIFIED OTITIS EXTERNA, RIGHT EAR
H60.92	UNSPECIFIED OTITIS EXTERNA, LEFT EAR
H60.93	UNSPECIFIED OTITIS EXTERNA, BILATERAL
H61.001	UNSPECIFIED PERICHONDRITIS OF RIGHT EXTERNAL EAR
H61.002	UNSPECIFIED PERICHONDRITIS OF LEFT EXTERNAL EAR
H61.003	UNSPECIFIED PERICHONDRITIS OF EXTERNAL EAR, BILATERAL
H61.009	UNSPECIFIED PERICHONDRITIS OF EXTERNAL EAR, UNSPECIFIED EAR
H61.011	ACUTE PERICHONDRITIS OF RIGHT EXTERNAL EAR
H61.012	ACUTE PERICHONDRITIS OF LEFT EXTERNAL EAR
H61.013	ACUTE PERICHONDRITIS OF EXTERNAL EAR, BILATERAL
H61.019	ACUTE PERICHONDRITIS OF EXTERNAL EAR, UNSPECIFIED EAR
H61.021	CHRONIC PERICHONDRITIS OF RIGHT EXTERNAL EAR
H61.022	CHRONIC PERICHONDRITIS OF LEFT EXTERNAL EAR
H61.023	CHRONIC PERICHONDRITIS OF EXTERNAL EAR, BILATERAL
H61.029	CHRONIC PERICHONDRITIS OF EXTERNAL EAR, UNSPECIFIED EAR
H61.101	UNSPECIFIED NONINFECTIVE DISORDERS OF PINNA, RIGHT EAR
H61.102	UNSPECIFIED NONINFECTIVE DISORDERS OF PINNA, LEFT EAR
H61.103	UNSPECIFIED NONINFECTIVE DISORDERS OF PINNA, BILATERAL
H61.109	UNSPECIFIED NONINFECTIVE DISORDERS OF PINNA, UNSPECIFIED EAR
H61.191	NONINFECTIVE DISORDERS OF PINNA, RIGHT EAR
H61.192	NONINFECTIVE DISORDERS OF PINNA, LEFT EAR
H61.193	NONINFECTIVE DISORDERS OF PINNA, BILATERAL
H61.199	NONINFECTIVE DISORDERS OF PINNA, UNSPECIFIED EAR
H61.20	IMPACTED CERUMEN, UNSPECIFIED EAR
H61.21	IMPACTED CERUMEN, RIGHT EAR
H61.22	IMPACTED CERUMEN, LEFT EAR
H61.23	IMPACTED CERUMEN, BILATERAL
H61.891	OTHER SPECIFIED DISORDERS OF RIGHT EXTERNAL EAR
H61.892	OTHER SPECIFIED DISORDERS OF LEFT EXTERNAL EAR
H61.893	OTHER SPECIFIED DISORDERS OF EXTERNAL EAR, BILATERAL
H61.899	OTHER SPECIFIED DISORDERS OF EXTERNAL EAR, UNSPECIFIED EAR
H61.90	DISORDER OF EXTERNAL EAR, UNSPECIFIED, UNSPECIFIED EAR
H61.91	DISORDER OF RIGHT EXTERNAL EAR, UNSPECIFIED
H61.92	DISORDER OF LEFT EXTERNAL EAR, UNSPECIFIED
H61.93	DISORDER OF EXTERNAL EAR, UNSPECIFIED, BILATERAL
H62.40	OTITIS EXTERNA IN OTHER DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED EAR
H62.41	OTITIS EXTERNA IN OTHER DISEASES CLASSIFIED ELSEWHERE, RIGHT EAR
H62.42	OTITIS EXTERNA IN OTHER DISEASES CLASSIFIED ELSEWHERE, LEFT EAR
H62.43	OTITIS EXTERNA IN OTHER DISEASES CLASSIFIED ELSEWHERE, BILATERAL
H62.8X1	OTHER DISORDERS OF RIGHT EXTERNAL EAR IN DISEASES CLASSIFIED ELSEWHERE
H62.8X2	OTHER DISORDERS OF LEFT EXTERNAL EAR IN DISEASES CLASSIFIED ELSEWHERE
H62.8X3	OTHER DISORDERS OF EXTERNAL EAR IN DISEASES CLASSIFIED ELSEWHERE, BILATERAL
H62.8X9	OTHER DISORDERS OF EXTERNAL EAR IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED EAR
H65.00	ACUTE SEROUS OTITIS MEDIA, UNSPECIFIED EAR
H65.01	ACUTE SEROUS OTITIS MEDIA, RIGHT EAR
H65.02	ACUTE SEROUS OTITIS MEDIA, LEFT EAR
H65.03	ACUTE SEROUS OTITIS MEDIA, BILATERAL
H65.04	ACUTE SEROUS OTITIS MEDIA, RECURRENT, RIGHT EAR
H65.05	ACUTE SEROUS OTITIS MEDIA, RECURRENT, LEFT EAR
H65.06	ACUTE SEROUS OTITIS MEDIA, RECURRENT, BILATERAL
H65.07	ACUTE SEROUS OTITIS MEDIA, RECURRENT, UNSPECIFIED EAR
H65.111	ACUTE AND SUBACUTE ALLERGIC OTITIS MEDIA (MUCOID) (SANGUINOUS) (SEROUS), RIGHT EAR
H65.112	ACUTE AND SUBACUTE ALLERGIC OTITIS MEDIA (MUCOID) (SANGUINOUS) (SEROUS), LEFT EAR
H65.113	ACUTE AND SUBACUTE ALLERGIC OTITIS MEDIA (MUCOID) (SANGUINOUS) (SEROUS), BILATERAL
H65.114	ACUTE AND SUBACUTE ALLERGIC OTITIS MEDIA (MUCOID) (SANGUINOUS) (SEROUS), RECURRENT, RIGHT EAR
H65.115	ACUTE AND SUBACUTE ALLERGIC OTITIS MEDIA (MUCOID) (SANGUINOUS) (SEROUS), RECURRENT, LEFT EAR
H65.116	ACUTE AND SUBACUTE ALLERGIC OTITIS MEDIA (MUCOID) (SANGUINOUS) (SEROUS), RECURRENT, BILATERAL
H65.117	ACUTE AND SUBACUTE ALLERGIC OTITIS MEDIA (MUCOID) (SANGUINOUS) (SEROUS), RECURRENT, UNSPECIFIED EAR
H65.119	ACUTE AND SUBACUTE ALLERGIC OTITIS MEDIA (MUCOID) (SANGUINOUS) (SEROUS), UNSPECIFIED EAR
H65.191	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA, RIGHT EAR
H65.192	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA, LEFT EAR
H65.193	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA, BILATERAL
H65.194	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA, RECURRENT, RIGHT EAR
H65.195	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA, RECURRENT, LEFT EAR
H65.196	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA, RECURRENT, BILATERAL

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
H65.197	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA RECURRENT, UNSPECIFIED EAR
H65.199	OTHER ACUTE NONSUPPURATIVE OTITIS MEDIA, UNSPECIFIED EAR
H65.20	CHRONIC SEROUS OTITIS MEDIA, UNSPECIFIED EAR
H65.21	CHRONIC SEROUS OTITIS MEDIA, RIGHT EAR
H65.22	CHRONIC SEROUS OTITIS MEDIA, LEFT EAR
H65.23	CHRONIC SEROUS OTITIS MEDIA, BILATERAL
H65.411	CHRONIC ALLERGIC OTITIS MEDIA, RIGHT EAR
H65.412	CHRONIC ALLERGIC OTITIS MEDIA, LEFT EAR
H65.413	CHRONIC ALLERGIC OTITIS MEDIA, BILATERAL
H65.419	CHRONIC ALLERGIC OTITIS MEDIA, UNSPECIFIED EAR
H65.491	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, RIGHT EAR
H65.492	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, LEFT EAR
H65.493	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, BILATERAL
H65.499	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA, UNSPECIFIED EAR
H65.90	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA, UNSPECIFIED EAR
H65.91	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA, RIGHT EAR
H65.92	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA, LEFT EAR
H65.93	UNSPECIFIED NONSUPPURATIVE OTITIS MEDIA, BILATERAL
H66.001	ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF EAR DRUM, RIGHT EAR
H66.002	ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF EAR DRUM, LEFT EAR
H66.003	ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF EAR DRUM, BILATERAL
H66.004	ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF EAR DRUM, RECURRENT, RIGHT EAR
H66.005	ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF EAR DRUM, RECURRENT, LEFT EAR
H66.006	ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF EAR DRUM, RECURRENT, BILATERAL
H66.007	ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF EAR DRUM, RECURRENT, UNSPECIFIED EAR
H66.009	ACUTE SUPPURATIVE OTITIS MEDIA WITHOUT SPONTANEOUS RUPTURE OF EAR DRUM, UNSPECIFIED EAR
H66.011	ACUTE SUPPURATIVE OTITIS MEDIA WITH SPONTANEOUS RUPTURE OF EAR DRUM, RIGHT EAR
H66.012	ACUTE SUPPURATIVE OTITIS MEDIA WITH SPONTANEOUS RUPTURE OF EAR DRUM, LEFT EAR
H66.013	ACUTE SUPPURATIVE OTITIS MEDIA WITH SPONTANEOUS RUPTURE OF EAR DRUM, BILATERAL
H66.014	ACUTE SUPPURATIVE OTITIS MEDIA WITH SPONTANEOUS RUPTURE OF EAR DRUM, RECURRENT, RIGHT EAR
H66.015	ACUTE SUPPURATIVE OTITIS MEDIA WITH SPONTANEOUS RUPTURE OF EAR DRUM, RECURRENT, LEFT EAR
H66.016	ACUTE SUPPURATIVE OTITIS MEDIA WITH SPONTANEOUS RUPTURE OF EAR DRUM, RECURRENT, BILATERAL
H66.017	ACUTE SUPPURATIVE OTITIS MEDIA WITH SPONTANEOUS RUPTURE OF EAR DRUM, RECURRENT, UNSPECIFIED EAR
H66.019	ACUTE SUPPURATIVE OTITIS MEDIA WITH SPONTANEOUS RUPTURE OF EAR DRUM, UNSPECIFIED EAR
H66.10	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA, UNSPECIFIED
H66.11	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA, RIGHT EAR
H66.12	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA, LEFT EAR
H66.13	CHRONIC TUBOTYMPANIC SUPPURATIVE OTITIS MEDIA, BILATERAL
H66.20	CHRONIC ATTICOANTRAL SUPPURATIVE OTITIS MEDIA, UNSPECIFIED EAR
H66.21	CHRONIC ATTICOANTRAL SUPPURATIVE OTITIS MEDIA, RIGHT EAR
H66.22	CHRONIC ATTICOANTRAL SUPPURATIVE OTITIS MEDIA, LEFT EAR
H66.23	CHRONIC ATTICOANTRAL SUPPURATIVE OTITIS MEDIA, BILATERAL
H66.3X1	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA, RIGHT EAR
H66.3X2	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA, LEFT EAR
H66.3X3	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA, BILATERAL
H66.3X9	OTHER CHRONIC SUPPURATIVE OTITIS MEDIA, UNSPECIFIED EAR
H66.40	SUPPURATIVE OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR
H66.41	SUPPURATIVE OTITIS MEDIA, UNSPECIFIED, RIGHT EAR
H66.42	SUPPURATIVE OTITIS MEDIA, UNSPECIFIED, LEFT EAR
H66.43	SUPPURATIVE OTITIS MEDIA, UNSPECIFIED, BILATERAL
H66.90	OTITIS MEDIA, UNSPECIFIED, UNSPECIFIED EAR
H66.91	OTITIS MEDIA, UNSPECIFIED, RIGHT EAR
H66.92	OTITIS MEDIA, UNSPECIFIED, LEFT EAR
H66.93	OTITIS MEDIA, UNSPECIFIED, BILATERAL
H68.101	UNSPECIFIED OBSTRUCTION OF EUSTACHIAN TUBE, RIGHT EAR
H68.102	UNSPECIFIED OBSTRUCTION OF EUSTACHIAN TUBE, LEFT EAR
H68.103	UNSPECIFIED OBSTRUCTION OF EUSTACHIAN TUBE, BILATERAL
H68.109	UNSPECIFIED OBSTRUCTION OF EUSTACHIAN TUBE, UNSPECIFIED EAR
H69.80	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, UNSPECIFIED EAR
H69.81	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, RIGHT EAR
H69.82	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, LEFT EAR
H69.83	OTHER SPECIFIED DISORDERS OF EUSTACHIAN TUBE, BILATERAL
H72.90	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, UNSPECIFIED EAR
H72.91	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, RIGHT EAR
H72.92	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, LEFT EAR
H72.93	UNSPECIFIED PERFORATION OF TYMPANIC MEMBRANE, BILATERAL
H83.3X1	NOISE EFFECTS ON RIGHT INNER EAR
H83.3X2	NOISE EFFECTS ON LEFT INNER EAR
H83.3X3	NOISE EFFECTS ON INNER EAR, BILATERAL
H83.3X9	NOISE EFFECTS ON INNER EAR, UNSPECIFIED EAR
H91.20	SUDDEN IDIOPATHIC HEARING LOSS, UNSPECIFIED EAR
H91.21	SUDDEN IDIOPATHIC HEARING LOSS, RIGHT EAR

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
H91.22	SUDDEN IDIOPATHIC HEARING LOSS, LEFT EAR
H91.23	SUDDEN IDIOPATHIC HEARING LOSS, BILATERAL
H92.01	OTALGIA, RIGHT EAR
H92.02	OTALGIA, LEFT EAR
H92.03	OTALGIA, BILATERAL
H92.09	OTALGIA, UNSPECIFIED EAR
H92.10	OTORRHEA, UNSPECIFIED EAR
H92.11	OTORRHEA, RIGHT EAR
H92.12	OTORRHEA, LEFT EAR
H92.13	OTORRHEA, BILATERAL
H92.20	OTORRHAGIA, UNSPECIFIED EAR
H92.21	OTORRHAGIA, RIGHT EAR
H92.22	OTORRHAGIA, LEFT EAR
H92.23	OTORRHAGIA, BILATERAL
H93.11	TINNITUS, RIGHT EAR
H93.12	TINNITUS, LEFT EAR
H93.13	TINNITUS, BILATERAL
H93.19	TINNITUS, UNSPECIFIED EAR
H93.291	OTHER ABNORMAL AUDITORY PERCEPTIONS, RIGHT EAR
H93.292	OTHER ABNORMAL AUDITORY PERCEPTIONS, LEFT EAR
H93.293	OTHER ABNORMAL AUDITORY PERCEPTIONS, BILATERAL
H93.299	OTHER ABNORMAL AUDITORY PERCEPTIONS, UNSPECIFIED EAR
H93.3X1	DISORDERS OF RIGHT ACOUSTIC NERVE
H93.3X2	DISORDERS OF LEFT ACOUSTIC NERVE
H93.3X3	DISORDERS OF BILATERAL ACOUSTIC NERVES
H93.3X9	DISORDERS OF UNSPECIFIED ACOUSTIC NERVE
H93.8X1	OTHER SPECIFIED DISORDERS OF RIGHT EAR
H93.8X2	OTHER SPECIFIED DISORDERS OF LEFT EAR
H93.8X3	OTHER SPECIFIED DISORDERS OF EAR, BILATERAL
H93.8X9	OTHER SPECIFIED DISORDERS OF EAR, UNSPECIFIED EAR
H93.90	UNSPECIFIED DISORDER OF EAR, UNSPECIFIED EAR
H93.91	UNSPECIFIED DISORDER OF RIGHT EAR
H93.92	UNSPECIFIED DISORDER OF LEFT EAR
H93.93	UNSPECIFIED DISORDER OF EAR, BILATERAL
H94.80	OTHER SPECIFIED DISORDERS OF EAR IN DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED EAR
H94.81	OTHER SPECIFIED DISORDERS OF RIGHT EAR IN DISEASES CLASSIFIED ELSEWHERE
H94.82	OTHER SPECIFIED DISORDERS OF LEFT EAR IN DISEASES CLASSIFIED ELSEWHERE
H94.83	OTHER SPECIFIED DISORDERS OF EAR IN DISEASES CLASSIFIED ELSEWHERE, BILATERAL
I09.81	RHEUMATIC HEART FAILURE
I10	ESSENTIAL (PRIMARY) HYPERTENSION
I11.0	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
I49.8	OTHER SPECIFIED CARDIAC ARRHYTHMIAS
I50.1	LEFT VENTRICULAR FAILURE
I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.21	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.32	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.41	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.42	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.43	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.9	HEART FAILURE, UNSPECIFIED
J00	ACUTE NASOPHARYNGITIS [COMMON COLD]
J01.00	ACUTE MAXILLARY SINUSITIS, UNSPECIFIED
J01.01	ACUTE RECURRENT MAXILLARY SINUSITIS
J01.10	ACUTE FRONTAL SINUSITIS, UNSPECIFIED
J01.11	ACUTE RECURRENT FRONTAL SINUSITIS
J01.20	ACUTE ETHMOIDAL SINUSITIS, UNSPECIFIED
J01.21	ACUTE RECURRENT ETHMOIDAL SINUSITIS
J01.30	ACUTE SPHENOIDAL SINUSITIS, UNSPECIFIED
J01.31	ACUTE RECURRENT SPHENOIDAL SINUSITIS
J01.40	ACUTE PANSINUSITIS, UNSPECIFIED
J01.41	ACUTE RECURRENT PANSINUSITIS
J01.80	OTHER ACUTE SINUSITIS
J01.81	OTHER ACUTE RECURRENT SINUSITIS
J01.90	ACUTE SINUSITIS, UNSPECIFIED
J01.91	ACUTE RECURRENT SINUSITIS, UNSPECIFIED
J02.0	STREPTOCOCCAL PHARYNGITIS
J02.8	ACUTE PHARYNGITIS DUE TO OTHER SPECIFIED ORGANISMS
J02.9	ACUTE PHARYNGITIS, UNSPECIFIED
J03.00	ACUTE STREPTOCOCCAL TONSILLITIS, UNSPECIFIED
J03.01	ACUTE RECURRENT STREPTOCOCCAL TONSILLITIS
J03.80	ACUTE TONSILLITIS DUE TO OTHER SPECIFIED ORGANISMS

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
J03.81	ACUTE RECURRENT TONSILLITIS DUE TO OTHER SPECIFIED ORGANISMS
J03.90	ACUTE TONSILLITIS, UNSPECIFIED
J03.91	ACUTE RECURRENT TONSILLITIS, UNSPECIFIED
J04.0	ACUTE LARYNGITIS
J04.10	ACUTE TRACHEITIS WITHOUT OBSTRUCTION
J04.2	ACUTE LARYNGOTRACHEITIS
J05.0	ACUTE OBSTRUCTIVE LARYNGITIS [CROUP]
J06.0	ACUTE LARYNGOPHARYNGITIS
J06.9	ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED
J14	PNEUMONIA DUE TO HEMOPHILUS INFLUENZAE
J15.3	PNEUMONIA DUE TO STREPTOCOCCUS, GROUP B
J15.4	PNEUMONIA DUE TO OTHER STREPTOCOCCI
J15.7	PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE
J15.9	UNSPECIFIED BACTERIAL PNEUMONIA
J16.0	CHLAMYDIAL PNEUMONIA
J16.8	PNEUMONIA DUE TO OTHER SPECIFIED INFECTIOUS ORGANISMS
J18.0	BRONCHOPNEUMONIA, UNSPECIFIED ORGANISM
J18.1	LOBAR PNEUMONIA, UNSPECIFIED ORGANISM
J18.8	OTHER PNEUMONIA, UNSPECIFIED ORGANISM
J18.9	PNEUMONIA, UNSPECIFIED ORGANISM
J20.3	ACUTE BRONCHITIS DUE TO COXSACKIEVIRUS
J20.5	ACUTE BRONCHITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS
J20.8	ACUTE BRONCHITIS DUE TO OTHER SPECIFIED ORGANISMS
J20.9	ACUTE BRONCHITIS, UNSPECIFIED
J21.0	ACUTE BRONCHIOLITIS DUE TO RESPIRATORY SYNCYTIAL VIRUS
J21.8	ACUTE BRONCHIOLITIS DUE TO OTHER SPECIFIED ORGANISMS
J21.9	ACUTE BRONCHIOLITIS, UNSPECIFIED
J30.0	VASOMOTOR RHINITIS
J30.1	ALLERGIC RHINITIS DUE TO POLLEN
J30.2	OTHER SEASONAL ALLERGIC RHINITIS
J30.5	ALLERGIC RHINITIS DUE TO FOOD
J30.81	ALLERGIC RHINITIS DUE TO ANIMAL (CAT) (DOG) HAIR AND DANDER
J30.89	OTHER ALLERGIC RHINITIS
J30.9	ALLERGIC RHINITIS, UNSPECIFIED
J31.0	CHRONIC RHINITIS
J32.0	CHRONIC MAXILLARY SINUSITIS
J32.1	CHRONIC FRONTAL SINUSITIS
J32.2	CHRONIC ETHMOIDAL SINUSITIS
J32.3	CHRONIC SPHENOIDAL SINUSITIS
J32.4	CHRONIC PANSINUSITIS
J32.8	OTHER CHRONIC SINUSITIS
J32.9	CHRONIC SINUSITIS, UNSPECIFIED
J34.0	ABSCESS, FURUNCLE AND CARBUNCLE OF NOSE
J34.1	CYST AND MUCOCELE OF NOSE AND NASAL SINUS
J34.89	OTHER SPECIFIED DISORDERS OF NOSE AND NASAL SINUSES
J34.9	UNSPECIFIED DISORDER OF NOSE AND NASAL SINUSES
J40	BRONCHITIS, NOT SPECIFIED AS ACUTE OR CHRONIC
J41.0	SIMPLE CHRONIC BRONCHITIS
J41.1	MUCOPURULENT CHRONIC BRONCHITIS
J41.8	MIXED SIMPLE AND MUCOPURULENT CHRONIC BRONCHITIS
J42	UNSPECIFIED CHRONIC BRONCHITIS
J43.0	UNILATERAL PULMONARY EMPHYSEMA [MACLEOD'S SYNDROME]
J43.1	PANLOBULAR EMPHYSEMA
J43.2	CENTRILOBULAR EMPHYSEMA
J43.8	OTHER EMPHYSEMA
J43.9	EMPHYSEMA, UNSPECIFIED
J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED
J45.20	MILD INTERMITTENT ASTHMA, UNCOMPLICATED
J45.21	MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION
J45.30	MILD PERSISTENT ASTHMA, UNCOMPLICATED
J45.31	MILD PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION
J45.40	MODERATE PERSISTENT ASTHMA, UNCOMPLICATED
J45.41	MODERATE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION
J45.50	SEVERE PERSISTENT ASTHMA, UNCOMPLICATED
J45.51	SEVERE PERSISTENT ASTHMA WITH (ACUTE) EXACERBATION
J45.901	UNSPECIFIED ASTHMA WITH (ACUTE) EXACERBATION
J45.909	UNSPECIFIED ASTHMA, UNCOMPLICATED
J45.990	EXERCISE INDUCED BRONCHOSPASM
J45.991	COUGH VARIANT ASTHMA
J45.998	OTHER ASTHMA
J47.9	BRONCHIECTASIS, UNCOMPLICATED
J98.01	ACUTE BRONCHOSPASM

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
K00.5	HEREDITARY DISTURBANCES IN TOOTH STRUCTURE, NOT ELSEWHERE CLASSIFIED
K00.6	DISTURBANCES IN TOOTH ERUPTION
K00.7	TEETHING SYNDROME
K00.9	DISORDER OF TOOTH DEVELOPMENT, UNSPECIFIED
K01.0	EMBEDDED TEETH
K01.1	IMPACTED TEETH
K02.9	DENTAL CARIES, UNSPECIFIED
K04.4	ACUTE APICAL PERIODONTITIS OF PULPAL ORIGIN
K04.7	PERIAPICAL ABSCESS WITHOUT SINUS
K05.10	CHRONIC GINGIVITIS, PLAQUE INDUCED
K08.8	OTHER SPECIFIED DISORDERS OF TEETH AND SUPPORTING STRUCTURES
K08.9	DISORDER OF TEETH AND SUPPORTING STRUCTURES, UNSPECIFIED
K11.20	SIALOADENITIS, UNSPECIFIED
K11.21	ACUTE SIALOADENITIS
K11.22	ACUTE RECURRENT SIALOADENITIS
K11.23	CHRONIC SIALOADENITIS
K12.0	RECURRENT ORAL APHTHAE
K12.2	CELLULITIS AND ABSCESS OF MOUTH
K12.30	ORAL MUCOSITIS (ULCERATIVE), UNSPECIFIED
K13.1	CHEEK AND LIP BITING
K13.4	GRANULOMA AND GRANULOMA-LIKE LESIONS OF ORAL MUCOSA
K13.6	IRRITATIVE HYPERPLASIA OF ORAL MUCOSA
K13.70	UNSPECIFIED LESIONS OF ORAL MUCOSA
K13.79	OTHER LESIONS OF ORAL MUCOSA
K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS
K40.90	UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT
K42.9	UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE
K50.00	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS
K50.011	CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING
K50.012	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION
K50.013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA
K50.014	CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS
K50.018	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION
K50.019	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED COMPLICATIONS
K50.10	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS
K50.111	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING
K50.112	CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL OBSTRUCTION
K50.113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA
K50.114	CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS
K50.118	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION
K50.119	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS
K50.80	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS
K50.811	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH RECTAL BLEEDING
K50.812	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION
K50.813	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA
K50.814	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH ABSCESS
K50.818	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION
K50.819	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS
K50.90	CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS
K50.911	CROHN'S DISEASE, UNSPECIFIED, WITH RECTAL BLEEDING
K50.912	CROHN'S DISEASE, UNSPECIFIED, WITH INTESTINAL OBSTRUCTION
K50.913	CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA
K50.914	CROHN'S DISEASE, UNSPECIFIED, WITH ABSCESS
K50.918	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION
K50.919	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS
K51.00	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS
K51.011	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING
K51.012	ULCERATIVE (CHRONIC) PANCOLITIS WITH INTESTINAL OBSTRUCTION
K51.013	ULCERATIVE (CHRONIC) PANCOLITIS WITH FISTULA
K51.014	ULCERATIVE (CHRONIC) PANCOLITIS WITH ABSCESS
K51.018	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION
K51.019	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS
K51.80	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS
K51.811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING
K51.812	OTHER ULCERATIVE COLITIS WITH INTESTINAL OBSTRUCTION
K51.813	OTHER ULCERATIVE COLITIS WITH FISTULA
K51.814	OTHER ULCERATIVE COLITIS WITH ABSCESS
K51.818	OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION
K51.819	OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS
K51.90	ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS
K51.911	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING
K51.912	ULCERATIVE COLITIS, UNSPECIFIED WITH INTESTINAL OBSTRUCTION

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
K51.913	ULCERATIVE COLITIS, UNSPECIFIED WITH FISTULA
K51.914	ULCERATIVE COLITIS, UNSPECIFIED WITH ABSCESS
K51.918	ULCERATIVE COLITIS, UNSPECIFIED WITH OTHER COMPLICATION
K51.919	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS
K52.2	ALLERGIC AND DIETETIC GASTROENTERITIS AND COLITIS
K52.89	OTHER SPECIFIED NONINFECTIVE GASTROENTERITIS AND COLITIS
K52.9	NONINFECTIVE GASTROENTERITIS AND COLITIS, UNSPECIFIED
K57.20	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING
K57.32	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K57.40	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING
K57.52	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K57.80	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITHOUT BLEEDING
K57.92	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K58.0	IRRITABLE BOWEL SYNDROME WITH DIARRHEA
K58.9	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA
K59.00	CONSTIPATION, UNSPECIFIED
K59.01	SLOW TRANSIT CONSTIPATION
K59.09	OTHER CONSTIPATION
K59.1	FUNCTIONAL DIARRHEA
K59.8	OTHER SPECIFIED FUNCTIONAL INTESTINAL DISORDERS
K59.9	FUNCTIONAL INTESTINAL DISORDER, UNSPECIFIED
K60.0	ACUTE ANAL FISSURE
K60.1	CHRONIC ANAL FISSURE
K60.2	ANAL FISSURE, UNSPECIFIED
K64.0	FIRST DEGREE HEMORRHOIDS
K64.1	SECOND DEGREE HEMORRHOIDS
K64.2	THIRD DEGREE HEMORRHOIDS
K64.3	FOURTH DEGREE HEMORRHOIDS
K64.4	RESIDUAL HEMORRHOIDAL SKIN TAGS
K64.9	UNSPECIFIED HEMORRHOIDS
K68.11	POSTPROCEDURAL RETROPERITONEAL ABSCESS
K80.20	CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION
K80.80	OTHER CHOLELITHIASIS WITHOUT OBSTRUCTION
K91.1	POSTGASTRIC SURGERY SYNDROMES
L01.00	IMPETIGO, UNSPECIFIED
L01.01	NON-BULLOUS IMPETIGO
L01.02	BOCKHART'S IMPETIGO
L01.03	BULLOUS IMPETIGO
L01.09	OTHER IMPETIGO
L01.1	IMPETIGINIZATION OF OTHER DERMATOSES
L02.01	CUTANEOUS ABSCESS OF FACE
L02.211	CUTANEOUS ABSCESS OF ABDOMINAL WALL
L02.212	CUTANEOUS ABSCESS OF BACK [ANY PART, EXCEPT BUTTOCK]
L02.213	CUTANEOUS ABSCESS OF CHEST WALL
L02.214	CUTANEOUS ABSCESS OF GROIN
L02.215	CUTANEOUS ABSCESS OF PERINEUM
L02.216	CUTANEOUS ABSCESS OF UMBILICUS
L02.219	CUTANEOUS ABSCESS OF TRUNK, UNSPECIFIED
L02.31	CUTANEOUS ABSCESS OF BUTTOCK
L02.411	CUTANEOUS ABSCESS OF RIGHT AXILLA
L02.412	CUTANEOUS ABSCESS OF LEFT AXILLA
L02.413	CUTANEOUS ABSCESS OF RIGHT UPPER LIMB
L02.414	CUTANEOUS ABSCESS OF LEFT UPPER LIMB
L02.415	CUTANEOUS ABSCESS OF RIGHT LOWER LIMB
L02.416	CUTANEOUS ABSCESS OF LEFT LOWER LIMB
L02.419	CUTANEOUS ABSCESS OF LIMB, UNSPECIFIED
L02.511	CUTANEOUS ABSCESS OF RIGHT HAND
L02.512	CUTANEOUS ABSCESS OF LEFT HAND
L02.519	CUTANEOUS ABSCESS OF UNSPECIFIED HAND
L02.611	CUTANEOUS ABSCESS OF RIGHT FOOT
L02.612	CUTANEOUS ABSCESS OF LEFT FOOT
L02.619	CUTANEOUS ABSCESS OF UNSPECIFIED FOOT
L02.811	CUTANEOUS ABSCESS OF HEAD [ANY PART, EXCEPT FACE]
L02.818	CUTANEOUS ABSCESS OF OTHER SITES
L02.91	CUTANEOUS ABSCESS, UNSPECIFIED
L02.92	FURUNCLE, UNSPECIFIED
L02.93	CARBUNCLE, UNSPECIFIED
L03.011	CELLULITIS OF RIGHT FINGER
L03.012	CELLULITIS OF LEFT FINGER
L03.019	CELLULITIS OF UNSPECIFIED FINGER
L03.021	ACUTE LYMPHANGITIS OF RIGHT FINGER
L03.022	ACUTE LYMPHANGITIS OF LEFT FINGER

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
L03.029	ACUTE LYMPHANGITIS OF UNSPECIFIED FINGER
L03.031	CELLULITIS OF RIGHT TOE
L03.032	CELLULITIS OF LEFT TOE
L03.039	CELLULITIS OF UNSPECIFIED TOE
L03.041	ACUTE LYMPHANGITIS OF RIGHT TOE
L03.042	ACUTE LYMPHANGITIS OF LEFT TOE
L03.049	ACUTE LYMPHANGITIS OF UNSPECIFIED TOE
L03.111	CELLULITIS OF RIGHT AXILLA
L03.112	CELLULITIS OF LEFT AXILLA
L03.113	CELLULITIS OF RIGHT UPPER LIMB
L03.114	CELLULITIS OF LEFT UPPER LIMB
L03.115	CELLULITIS OF RIGHT LOWER LIMB
L03.116	CELLULITIS OF LEFT LOWER LIMB
L03.119	CELLULITIS OF UNSPECIFIED PART OF LIMB
L03.121	ACUTE LYMPHANGITIS OF RIGHT AXILLA
L03.122	ACUTE LYMPHANGITIS OF LEFT AXILLA
L03.123	ACUTE LYMPHANGITIS OF RIGHT UPPER LIMB
L03.124	ACUTE LYMPHANGITIS OF LEFT UPPER LIMB
L03.125	ACUTE LYMPHANGITIS OF RIGHT LOWER LIMB
L03.126	ACUTE LYMPHANGITIS OF LEFT LOWER LIMB
L03.129	ACUTE LYMPHANGITIS OF UNSPECIFIED PART OF LIMB
L03.211	CELLULITIS OF FACE
L03.212	ACUTE LYMPHANGITIS OF FACE
L03.311	CELLULITIS OF ABDOMINAL WALL
L03.312	CELLULITIS OF BACK [ANY PART EXCEPT BUTTOCK]
L03.313	CELLULITIS OF CHEST WALL
L03.314	CELLULITIS OF GROIN
L03.315	CELLULITIS OF PERINEUM
L03.316	CELLULITIS OF UMBILICUS
L03.317	CELLULITIS OF BUTTOCK
L03.319	CELLULITIS OF TRUNK, UNSPECIFIED
L03.321	ACUTE LYMPHANGITIS OF ABDOMINAL WALL
L03.322	ACUTE LYMPHANGITIS OF BACK [ANY PART EXCEPT BUTTOCK]
L03.323	ACUTE LYMPHANGITIS OF CHEST WALL
L03.324	ACUTE LYMPHANGITIS OF GROIN
L03.325	ACUTE LYMPHANGITIS OF PERINEUM
L03.326	ACUTE LYMPHANGITIS OF UMBILICUS
L03.327	ACUTE LYMPHANGITIS OF BUTTOCK
L03.329	ACUTE LYMPHANGITIS OF TRUNK, UNSPECIFIED
L03.811	CELLULITIS OF HEAD [ANY PART, EXCEPT FACE]
L03.818	CELLULITIS OF OTHER SITES
L03.891	ACUTE LYMPHANGITIS OF HEAD [ANY PART, EXCEPT FACE]
L03.898	ACUTE LYMPHANGITIS OF OTHER SITES
L03.90	CELLULITIS, UNSPECIFIED
L03.91	ACUTE LYMPHANGITIS, UNSPECIFIED
L05.01	PILONIDAL CYST WITH ABSCESS
L05.02	PILONIDAL SINUS WITH ABSCESS
L05.91	PILONIDAL CYST WITHOUT ABSCESS
L05.92	PILONIDAL SINUS WITHOUT ABSCESS
L08.9	LOCAL INFECTION OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED
L20.0	BESNIER'S PRURIGO
L20.81	ATOPIC NEURODERMATITIS
L20.82	FLEXURAL ECZEMA
L20.83	INFANTILE (ACUTE) (CHRONIC) ECZEMA
L20.84	INTRINSIC (ALLERGIC) ECZEMA
L20.89	OTHER ATOPIC DERMATITIS
L20.9	ATOPIC DERMATITIS, UNSPECIFIED
L21.0	SEBORRHEA CAPITIS
L21.1	SEBORRHEIC INFANTILE DERMATITIS
L21.8	OTHER SEBORRHEIC DERMATITIS
L21.9	SEBORRHEIC DERMATITIS, UNSPECIFIED
L22	DIAPER DERMATITIS
L23.0	ALLERGIC CONTACT DERMATITIS DUE TO METALS
L23.1	ALLERGIC CONTACT DERMATITIS DUE TO ADHESIVES
L23.2	ALLERGIC CONTACT DERMATITIS DUE TO COSMETICS
L23.3	ALLERGIC CONTACT DERMATITIS DUE TO DRUGS IN CONTACT WITH SKIN
L23.4	ALLERGIC CONTACT DERMATITIS DUE TO DYES
L23.5	ALLERGIC CONTACT DERMATITIS DUE TO OTHER CHEMICAL PRODUCTS
L23.6	ALLERGIC CONTACT DERMATITIS DUE TO FOOD IN CONTACT WITH THE SKIN
L23.7	ALLERGIC CONTACT DERMATITIS DUE TO PLANTS, EXCEPT FOOD
L23.81	ALLERGIC CONTACT DERMATITIS DUE TO ANIMAL (CAT) (DOG) DANDER
L23.89	ALLERGIC CONTACT DERMATITIS DUE TO OTHER AGENTS

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
L23.9	ALLERGIC CONTACT DERMATITIS, UNSPECIFIED CAUSE
L24.0	IRRITANT CONTACT DERMATITIS DUE TO DETERGENTS
L24.1	IRRITANT CONTACT DERMATITIS DUE TO OILS AND GREASES
L24.2	IRRITANT CONTACT DERMATITIS DUE TO SOLVENTS
L24.3	IRRITANT CONTACT DERMATITIS DUE TO COSMETICS
L24.4	IRRITANT CONTACT DERMATITIS DUE TO DRUGS IN CONTACT WITH SKIN
L24.5	IRRITANT CONTACT DERMATITIS DUE TO OTHER CHEMICAL PRODUCTS
L24.6	IRRITANT CONTACT DERMATITIS DUE TO FOOD IN CONTACT WITH SKIN
L24.7	IRRITANT CONTACT DERMATITIS DUE TO PLANTS, EXCEPT FOOD
L24.81	IRRITANT CONTACT DERMATITIS DUE TO METALS
L24.89	IRRITANT CONTACT DERMATITIS DUE TO OTHER AGENTS
L24.9	IRRITANT CONTACT DERMATITIS, UNSPECIFIED CAUSE
L25.0	UNSPECIFIED CONTACT DERMATITIS DUE TO COSMETICS
L25.1	UNSPECIFIED CONTACT DERMATITIS DUE TO DRUGS IN CONTACT WITH SKIN
L25.2	UNSPECIFIED CONTACT DERMATITIS DUE TO DYES
L25.3	UNSPECIFIED CONTACT DERMATITIS DUE TO OTHER CHEMICAL PRODUCTS
L25.4	UNSPECIFIED CONTACT DERMATITIS DUE TO FOOD IN CONTACT WITH SKIN
L25.5	UNSPECIFIED CONTACT DERMATITIS DUE TO PLANTS, EXCEPT FOOD
L25.8	UNSPECIFIED CONTACT DERMATITIS DUE TO OTHER AGENTS
L25.9	UNSPECIFIED CONTACT DERMATITIS, UNSPECIFIED CAUSE
L27.0	GENERALIZED SKIN ERUPTION DUE TO DRUGS AND MEDICAMENTS TAKEN INTERNALLY
L27.1	LOCALIZED SKIN ERUPTION DUE TO DRUGS AND MEDICAMENTS TAKEN INTERNALLY
L27.2	DERMATITIS DUE TO INGESTED FOOD
L27.9	DERMATITIS DUE TO UNSPECIFIED SUBSTANCE TAKEN INTERNALLY
L29.9	PRURITUS, UNSPECIFIED
L30.0	NUMMULAR DERMATITIS
L30.1	DYSHIDROSIS [POMPHOLYX]
L30.2	CUTANEOUS AUTOSENSITIZATION
L30.8	OTHER SPECIFIED DERMATITIS
L30.9	DERMATITIS, UNSPECIFIED
L42	PITYRIASIS ROSEA
L50.0	ALLERGIC URTICARIA
L50.9	URTICARIA, UNSPECIFIED
L55.0	SUNBURN OF FIRST DEGREE
L55.1	SUNBURN OF SECOND DEGREE
L55.9	SUNBURN, UNSPECIFIED
L56.0	DRUG PHOTOTOXIC RESPONSE
L56.1	DRUG PHOTOALLERGIC RESPONSE
L56.2	PHOTOCONTACT DERMATITIS [BERLOQUE DERMATITIS]
L56.3	SOLAR URTICARIA
L56.4	POLYMORPHOUS LIGHT ERUPTION
L56.5	DISSEMINATED SUPERFICIAL ACTINIC POROKERATOSIS (DSAP)
L56.8	OTHER SPECIFIED ACUTE SKIN CHANGES DUE TO ULTRAVIOLET RADIATION
L56.9	ACUTE SKIN CHANGE DUE TO ULTRAVIOLET RADIATION, UNSPECIFIED
L57.1	ACTINIC RETICULOID
L57.5	ACTINIC GRANULOMA
L57.8	OTHER SKIN CHANGES DUE TO CHRONIC EXPOSURE TO NONIONIZING RADIATION
L57.9	SKIN CHANGES DUE TO CHRONIC EXPOSURE TO NONIONIZING RADIATION, UNSPECIFIED
L58.0	ACUTE RADIODERMATITIS
L58.1	CHRONIC RADIODERMATITIS
L58.9	RADIODERMATITIS, UNSPECIFIED
L59.0	ERYTHEMA AB IGNE [DERMATITIS AB IGNE]
L59.8	OTHER SPECIFIED DISORDERS OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION
L59.9	DISORDER OF THE SKIN AND SUBCUTANEOUS TISSUE RELATED TO RADIATION, UNSPECIFIED
L60.0	INGROWING NAIL
L60.1	ONYCHOLYSIS
L60.2	ONYCHOGRYPHOSIS
L60.3	NAIL DYSTROPHY
L60.4	BEAU'S LINES
L60.5	YELLOW NAIL SYNDROME
L60.8	OTHER NAIL DISORDERS
L60.9	NAIL DISORDER, UNSPECIFIED
L62	NAIL DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
L63.0	ALOPECIA (CAPITIS) TOTALIS
L63.1	ALOPECIA UNIVERSALIS
L63.2	OPHIASIS
L63.8	OTHER ALOPECIA AREATA
L63.9	ALOPECIA AREATA, UNSPECIFIED
L64.0	DRUG-INDUCED ANDROGENIC ALOPECIA
L64.8	OTHER ANDROGENIC ALOPECIA
L64.9	ANDROGENIC ALOPECIA, UNSPECIFIED
L65.1	ANAGEN EFFLUVIUM

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
L65.2	ALOPECIA MUCINOSA
L65.8	OTHER SPECIFIED NONSCARRING HAIR LOSS
L65.9	NONSCARRING HAIR LOSS, UNSPECIFIED
L66.0	PSEUDOPELADE
L66.2	FOLLICULITIS DECALVANS
L66.3	PERIFOLLICULITIS CAPITIS ABSCEDENS
L66.8	OTHER CICATRICIAL ALOPECIA
L66.9	CICATRICIAL ALOPECIA, UNSPECIFIED
L70.0	ACNE VULGARIS
L70.1	ACNE CONGLOBATA
L70.3	ACNE TROPICA
L70.4	INFANTILE ACNE
L70.5	ACNE EXCORIEE DES JEUNES FILLES
L70.8	OTHER ACNE
L70.9	ACNE, UNSPECIFIED
L72.0	EPIDERMAL CYST
L72.2	STEATOCYSTOMA MULTIPLEX
L72.3	SEBACEOUS CYST
L72.8	OTHER FOLLICULAR CYSTS OF THE SKIN AND SUBCUTANEOUS TISSUE
L72.9	FOLLICULAR CYST OF THE SKIN AND SUBCUTANEOUS TISSUE, UNSPECIFIED
L73.0	ACNE KELOID
L73.1	PSEUDOFOLLICULITIS BARBAE
L73.2	HIDRADENITIS SUPPURATIVA
L73.8	OTHER SPECIFIED FOLLICULAR DISORDERS
L73.9	FOLLICULAR DISORDER, UNSPECIFIED
L74.0	MILIARIA RUBRA
L74.1	MILIARIA CRYSTALLINA
L74.2	MILIARIA PROFUNDA
L74.3	MILIARIA, UNSPECIFIED
L74.4	ANHIDROSIS
L74.510	PRIMARY FOCAL HYPERHIDROSIS, AXILLA
L74.511	PRIMARY FOCAL HYPERHIDROSIS, FACE
L74.512	PRIMARY FOCAL HYPERHIDROSIS, PALMS
L74.513	PRIMARY FOCAL HYPERHIDROSIS, SOLES
L74.519	PRIMARY FOCAL HYPERHIDROSIS, UNSPECIFIED
L74.52	SECONDARY FOCAL HYPERHIDROSIS
L74.8	OTHER ECCRINE SWEAT DISORDERS
L74.9	ECCRINE SWEAT DISORDER, UNSPECIFIED
L75.0	BROMHIDROSIS
L75.1	CHROMHIDROSIS
L75.2	APOCRINE MILIARIA
L75.8	OTHER APOCRINE SWEAT DISORDERS
L75.9	APOCRINE SWEAT DISORDER, UNSPECIFIED
L84	CORNS AND CALLOSITIES
L85.3	XEROSIS CUTIS
L98.3	EOSINOPHILIC CELLULITIS [WELLS]
M10.9	GOUT, UNSPECIFIED
M12.9	ARTHROPATHY, UNSPECIFIED
M22.90	UNSPECIFIED DISORDER OF PATELLA, UNSPECIFIED KNEE
M22.91	UNSPECIFIED DISORDER OF PATELLA, RIGHT KNEE
M22.92	UNSPECIFIED DISORDER OF PATELLA, LEFT KNEE
M23.90	UNSPECIFIED INTERNAL DERANGEMENT OF UNSPECIFIED KNEE
M23.91	UNSPECIFIED INTERNAL DERANGEMENT OF RIGHT KNEE
M23.92	UNSPECIFIED INTERNAL DERANGEMENT OF LEFT KNEE
M25.461	EFFUSION, RIGHT KNEE
M25.462	EFFUSION, LEFT KNEE
M25.469	EFFUSION, UNSPECIFIED KNEE
M25.50	PAIN IN UNSPECIFIED JOINT
M25.511	PAIN IN RIGHT SHOULDER
M25.512	PAIN IN LEFT SHOULDER
M25.519	PAIN IN UNSPECIFIED SHOULDER
M25.521	PAIN IN RIGHT ELBOW
M25.522	PAIN IN LEFT ELBOW
M25.529	PAIN IN UNSPECIFIED ELBOW
M25.531	PAIN IN RIGHT WRIST
M25.532	PAIN IN LEFT WRIST
M25.539	PAIN IN UNSPECIFIED WRIST
M25.561	PAIN IN RIGHT KNEE
M25.562	PAIN IN LEFT KNEE
M25.569	PAIN IN UNSPECIFIED KNEE
M25.571	PAIN IN RIGHT ANKLE AND JOINTS OF RIGHT FOOT
M25.572	PAIN IN LEFT ANKLE AND JOINTS OF LEFT FOOT

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
M25.579	PAIN IN UNSPECIFIED ANKLE AND JOINTS OF UNSPECIFIED FOOT
M25.70	OSTEOPHYTE, UNSPECIFIED JOINT
M25.711	OSTEOPHYTE, RIGHT SHOULDER
M25.712	OSTEOPHYTE, LEFT SHOULDER
M25.719	OSTEOPHYTE, UNSPECIFIED SHOULDER
M25.721	OSTEOPHYTE, RIGHT ELBOW
M25.722	OSTEOPHYTE, LEFT ELBOW
M25.729	OSTEOPHYTE, UNSPECIFIED ELBOW
M25.731	OSTEOPHYTE, RIGHT WRIST
M25.732	OSTEOPHYTE, LEFT WRIST
M25.739	OSTEOPHYTE, UNSPECIFIED WRIST
M25.741	OSTEOPHYTE, RIGHT HAND
M25.742	OSTEOPHYTE, LEFT HAND
M25.749	OSTEOPHYTE, UNSPECIFIED HAND
M25.751	OSTEOPHYTE, RIGHT HIP
M25.752	OSTEOPHYTE, LEFT HIP
M25.759	OSTEOPHYTE, UNSPECIFIED HIP
M25.761	OSTEOPHYTE, RIGHT KNEE
M25.762	OSTEOPHYTE, LEFT KNEE
M25.769	OSTEOPHYTE, UNSPECIFIED KNEE
M25.771	OSTEOPHYTE, RIGHT ANKLE
M25.772	OSTEOPHYTE, LEFT ANKLE
M25.773	OSTEOPHYTE, UNSPECIFIED ANKLE
M25.774	OSTEOPHYTE, RIGHT FOOT
M25.775	OSTEOPHYTE, LEFT FOOT
M25.776	OSTEOPHYTE, UNSPECIFIED FOOT
M26.60	TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED
M26.69	OTHER SPECIFIED DISORDERS OF TEMPOROMANDIBULAR JOINT
M26.79	OTHER SPECIFIED ALVEOLAR ANOMALIES
M43.20	FUSION OF SPINE, SITE UNSPECIFIED
M43.21	FUSION OF SPINE, OCCIPITO-ATLANTO-AXIAL REGION
M43.22	FUSION OF SPINE, CERVICAL REGION
M43.23	FUSION OF SPINE, CERVICOTHORACIC REGION
M43.24	FUSION OF SPINE, THORACIC REGION
M43.25	FUSION OF SPINE, THORACOLUMBAR REGION
M43.26	FUSION OF SPINE, LUMBAR REGION
M43.27	FUSION OF SPINE, LUMBOSACRAL REGION
M43.28	FUSION OF SPINE, SACRAL AND SACROCOCCYGEAL REGION
M43.8X9	OTHER SPECIFIED DEFORMING DORSOPATHIES, SITE UNSPECIFIED
M48.00	SPINAL STENOSIS, SITE UNSPECIFIED
M48.04	SPINAL STENOSIS, THORACIC REGION
M48.05	SPINAL STENOSIS, THORACOLUMBAR REGION
M48.06	SPINAL STENOSIS, LUMBAR REGION
M48.07	SPINAL STENOSIS, LUMBOSACRAL REGION
M51.14	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACIC REGION
M51.15	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, THORACOLUMBAR REGION
M51.16	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBAR REGION
M51.17	INTERVERTEBRAL DISC DISORDERS WITH RADICULOPATHY, LUMBOSACRAL REGION
M53.2X7	SPINAL INSTABILITIES, LUMBOSACRAL REGION
M53.2X8	SPINAL INSTABILITIES, SACRAL AND SACROCOCCYGEAL REGION
M53.3	SACROCOCCYGEAL DISORDERS, NOT ELSEWHERE CLASSIFIED
M53.80	OTHER SPECIFIED DORSOPATHIES, SITE UNSPECIFIED
M53.84	OTHER SPECIFIED DORSOPATHIES, THORACIC REGION
M53.85	OTHER SPECIFIED DORSOPATHIES, THORACOLUMBAR REGION
M53.86	OTHER SPECIFIED DORSOPATHIES, LUMBAR REGION
M53.87	OTHER SPECIFIED DORSOPATHIES, LUMBOSACRAL REGION
M53.88	OTHER SPECIFIED DORSOPATHIES, SACRAL AND SACROCOCCYGEAL REGION
M53.9	DORSOPATHY, UNSPECIFIED
M54.03	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, CERVICOTHORACIC REGION
M54.04	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACIC REGION
M54.05	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, THORACOLUMBAR REGION
M54.06	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBAR REGION
M54.07	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, LUMBOSACRAL REGION
M54.08	PANNICULITIS AFFECTING REGIONS OF NECK AND BACK, SACRAL AND SACROCOCCYGEAL REGION
M54.09	PANNICULITIS AFFECTING REGIONS, NECK AND BACK, MULTIPLE SITES IN SPINE
M54.10	RADICULOPATHY, SITE UNSPECIFIED
M54.14	RADICULOPATHY, THORACIC REGION
M54.15	RADICULOPATHY, THORACOLUMBAR REGION
M54.16	RADICULOPATHY, LUMBAR REGION
M54.17	RADICULOPATHY, LUMBOSACRAL REGION
M54.18	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION
M54.2	CERVICALGIA

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
M54.30	SCIATICA, UNSPECIFIED SIDE
M54.31	SCIATICA, RIGHT SIDE
M54.32	SCIATICA, LEFT SIDE
M54.40	LUMBAGO WITH SCIATICA, UNSPECIFIED SIDE
M54.41	LUMBAGO WITH SCIATICA, RIGHT SIDE
M54.42	LUMBAGO WITH SCIATICA, LEFT SIDE
M54.5	LOW BACK PAIN
M54.6	PAIN IN THORACIC SPINE
M54.89	OTHER DORSALGIA
M54.9	DORSALGIA, UNSPECIFIED
M60.80	OTHER MYOSITIS, UNSPECIFIED SITE
M60.811	OTHER MYOSITIS, RIGHT SHOULDER
M60.812	OTHER MYOSITIS, LEFT SHOULDER
M60.819	OTHER MYOSITIS, UNSPECIFIED SHOULDER
M60.821	OTHER MYOSITIS, RIGHT UPPER ARM
M60.822	OTHER MYOSITIS, LEFT UPPER ARM
M60.829	OTHER MYOSITIS, UNSPECIFIED UPPER ARM
M60.831	OTHER MYOSITIS, RIGHT FOREARM
M60.832	OTHER MYOSITIS, LEFT FOREARM
M60.839	OTHER MYOSITIS, UNSPECIFIED FOREARM
M60.841	OTHER MYOSITIS, RIGHT HAND
M60.842	OTHER MYOSITIS, LEFT HAND
M60.849	OTHER MYOSITIS, UNSPECIFIED HAND
M60.851	OTHER MYOSITIS, RIGHT THIGH
M60.852	OTHER MYOSITIS, LEFT THIGH
M60.859	OTHER MYOSITIS, UNSPECIFIED THIGH
M60.861	OTHER MYOSITIS, RIGHT LOWER LEG
M60.862	OTHER MYOSITIS, LEFT LOWER LEG
M60.869	OTHER MYOSITIS, UNSPECIFIED LOWER LEG
M60.871	OTHER MYOSITIS, RIGHT ANKLE AND FOOT
M60.872	OTHER MYOSITIS, LEFT ANKLE AND FOOT
M60.879	OTHER MYOSITIS, UNSPECIFIED ANKLE AND FOOT
M60.88	OTHER MYOSITIS, OTHER SITE
M60.89	OTHER MYOSITIS, MULTIPLE SITES
M60.9	MYOSITIS, UNSPECIFIED
M62.40	CONTRACTURE OF MUSCLE, UNSPECIFIED SITE
M62.411	CONTRACTURE OF MUSCLE, RIGHT SHOULDER
M62.412	CONTRACTURE OF MUSCLE, LEFT SHOULDER
M62.419	CONTRACTURE OF MUSCLE, UNSPECIFIED SHOULDER
M62.421	CONTRACTURE OF MUSCLE, RIGHT UPPER ARM
M62.422	CONTRACTURE OF MUSCLE, LEFT UPPER ARM
M62.429	CONTRACTURE OF MUSCLE, UNSPECIFIED UPPER ARM
M62.431	CONTRACTURE OF MUSCLE, RIGHT FOREARM
M62.432	CONTRACTURE OF MUSCLE, LEFT FOREARM
M62.439	CONTRACTURE OF MUSCLE, UNSPECIFIED FOREARM
M62.441	CONTRACTURE OF MUSCLE, RIGHT HAND
M62.442	CONTRACTURE OF MUSCLE, LEFT HAND
M62.449	CONTRACTURE OF MUSCLE, UNSPECIFIED HAND
M62.451	CONTRACTURE OF MUSCLE, RIGHT THIGH
M62.452	CONTRACTURE OF MUSCLE, LEFT THIGH
M62.459	CONTRACTURE OF MUSCLE, UNSPECIFIED THIGH
M62.461	CONTRACTURE OF MUSCLE, RIGHT LOWER LEG
M62.462	CONTRACTURE OF MUSCLE, LEFT LOWER LEG
M62.469	CONTRACTURE OF MUSCLE, UNSPECIFIED LOWER LEG
M62.471	CONTRACTURE OF MUSCLE, RIGHT ANKLE AND FOOT
M62.472	CONTRACTURE OF MUSCLE, LEFT ANKLE AND FOOT
M62.479	CONTRACTURE OF MUSCLE, UNSPECIFIED ANKLE AND FOOT
M62.48	CONTRACTURE OF MUSCLE, OTHER SITE
M62.49	CONTRACTURE OF MUSCLE, MULTIPLE SITES
M62.830	MUSCLE SPASM OF BACK
M62.831	MUSCLE SPASM OF CALF
M62.838	OTHER MUSCLE SPASM
M65.10	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED SITE
M65.111	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT SHOULDER
M65.112	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT SHOULDER
M65.119	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED SHOULDER
M65.121	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT ELBOW
M65.122	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT ELBOW
M65.129	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED ELBOW
M65.131	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT WRIST
M65.132	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT WRIST
M65.139	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED WRIST

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
M65.141	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT HAND
M65.142	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT HAND
M65.149	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED HAND
M65.151	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT HIP
M65.152	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT HIP
M65.159	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED HIP
M65.161	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT KNEE
M65.162	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT KNEE
M65.169	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED KNEE
M65.171	OTHER INFECTIVE (TENO)SYNOVITIS, RIGHT ANKLE AND FOOT
M65.172	OTHER INFECTIVE (TENO)SYNOVITIS, LEFT ANKLE AND FOOT
M65.179	OTHER INFECTIVE (TENO)SYNOVITIS, UNSPECIFIED ANKLE AND FOOT
M65.18	OTHER INFECTIVE (TENO)SYNOVITIS, OTHER SITE
M65.19	OTHER INFECTIVE (TENO)SYNOVITIS, MULTIPLE SITES
M65.80	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED SITE
M65.811	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT SHOULDER
M65.812	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT SHOULDER
M65.819	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED SHOULDER
M65.821	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT UPPER ARM
M65.822	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT UPPER ARM
M65.829	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED UPPER ARM
M65.831	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT FOREARM
M65.832	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT FOREARM
M65.839	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED FOREARM
M65.841	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT HAND
M65.842	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT HAND
M65.849	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED HAND
M65.851	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT THIGH
M65.852	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT THIGH
M65.859	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED THIGH
M65.861	OTHER SYNOVITIS AND TENOSYNOVITIS, RIGHT LOWER LEG
M65.862	OTHER SYNOVITIS AND TENOSYNOVITIS, LEFT LOWER LEG
M65.869	OTHER SYNOVITIS AND TENOSYNOVITIS, UNSPECIFIED LOWER LEG
M65.88	OTHER SYNOVITIS AND TENOSYNOVITIS, OTHER SITE
M65.89	OTHER SYNOVITIS AND TENOSYNOVITIS, MULTIPLE SITES
M66.211	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, RIGHT SHOULDER
M66.212	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, LEFT SHOULDER
M66.219	SPONTANEOUS RUPTURE OF EXTENSOR TENDONS, UNSPECIFIED SHOULDER
M66.811	SPONTANEOUS RUPTURE OF OTHER TENDONS, RIGHT SHOULDER
M66.812	SPONTANEOUS RUPTURE OF OTHER TENDONS, LEFT SHOULDER
M66.819	SPONTANEOUS RUPTURE OF OTHER TENDONS, UNSPECIFIED SHOULDER
M67.30	TRANSIENT SYNOVITIS, UNSPECIFIED SITE
M67.311	TRANSIENT SYNOVITIS, RIGHT SHOULDER
M67.312	TRANSIENT SYNOVITIS, LEFT SHOULDER
M67.319	TRANSIENT SYNOVITIS, UNSPECIFIED SHOULDER
M67.321	TRANSIENT SYNOVITIS, RIGHT ELBOW
M67.322	TRANSIENT SYNOVITIS, LEFT ELBOW
M67.329	TRANSIENT SYNOVITIS, UNSPECIFIED ELBOW
M67.331	TRANSIENT SYNOVITIS, RIGHT WRIST
M67.332	TRANSIENT SYNOVITIS, LEFT WRIST
M67.339	TRANSIENT SYNOVITIS, UNSPECIFIED WRIST
M67.341	TRANSIENT SYNOVITIS, RIGHT HAND
M67.342	TRANSIENT SYNOVITIS, LEFT HAND
M67.349	TRANSIENT SYNOVITIS, UNSPECIFIED HAND
M67.351	TRANSIENT SYNOVITIS, RIGHT HIP
M67.352	TRANSIENT SYNOVITIS, LEFT HIP
M67.359	TRANSIENT SYNOVITIS, UNSPECIFIED HIP
M67.361	TRANSIENT SYNOVITIS, RIGHT KNEE
M67.362	TRANSIENT SYNOVITIS, LEFT KNEE
M67.369	TRANSIENT SYNOVITIS, UNSPECIFIED KNEE
M67.371	TRANSIENT SYNOVITIS, RIGHT ANKLE AND FOOT
M67.372	TRANSIENT SYNOVITIS, LEFT ANKLE AND FOOT
M67.379	TRANSIENT SYNOVITIS, UNSPECIFIED ANKLE AND FOOT
M67.38	TRANSIENT SYNOVITIS, OTHER SITE
M67.39	TRANSIENT SYNOVITIS, MULTIPLE SITES
M70.10	BURSITIS, UNSPECIFIED HAND
M70.11	BURSITIS, RIGHT HAND
M70.12	BURSITIS, LEFT HAND
M70.20	OLECRANON BURSITIS, UNSPECIFIED ELBOW
M70.21	OLECRANON BURSITIS, RIGHT ELBOW
M70.22	OLECRANON BURSITIS, LEFT ELBOW
M70.40	PREPATELLAR BURSITIS, UNSPECIFIED KNEE

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
M70.41	PREPATELLAR BURSITIS, RIGHT KNEE
M70.42	PREPATELLAR BURSITIS, LEFT KNEE
M70.50	OTHER BURSITIS OF KNEE, UNSPECIFIED KNEE
M70.51	OTHER BURSITIS OF KNEE, RIGHT KNEE
M70.52	OTHER BURSITIS OF KNEE, LEFT KNEE
M70.60	TROCHANTERIC BURSITIS, UNSPECIFIED HIP
M70.61	TROCHANTERIC BURSITIS, RIGHT HIP
M70.62	TROCHANTERIC BURSITIS, LEFT HIP
M70.70	OTHER BURSITIS OF HIP, UNSPECIFIED HIP
M70.71	OTHER BURSITIS OF HIP, RIGHT HIP
M70.72	OTHER BURSITIS OF HIP, LEFT HIP
M72.2	PLANTAR FASCIAL FIBROMATOSIS
M75.00	ADHESIVE CAPSULITIS OF UNSPECIFIED SHOULDER
M75.01	ADHESIVE CAPSULITIS OF RIGHT SHOULDER
M75.02	ADHESIVE CAPSULITIS OF LEFT SHOULDER
M75.100	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF UNSPECIFIED SHOULDER, NOT SPECIFIED AS TRAUMATIC
M75.101	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC
M75.102	UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC
M75.20	BICIPITAL TENDINITIS, UNSPECIFIED SHOULDER
M75.21	BICIPITAL TENDINITIS, RIGHT SHOULDER
M75.22	BICIPITAL TENDINITIS, LEFT SHOULDER
M75.30	CALCIFIC TENDINITIS OF UNSPECIFIED SHOULDER
M75.31	CALCIFIC TENDINITIS OF RIGHT SHOULDER
M75.32	CALCIFIC TENDINITIS OF LEFT SHOULDER
M75.40	IMPINGEMENT SYNDROME OF UNSPECIFIED SHOULDER
M75.41	IMPINGEMENT SYNDROME OF RIGHT SHOULDER
M75.42	IMPINGEMENT SYNDROME OF LEFT SHOULDER
M75.50	BURSITIS OF UNSPECIFIED SHOULDER
M75.51	BURSITIS OF RIGHT SHOULDER
M75.52	BURSITIS OF LEFT SHOULDER
M75.80	OTHER SHOULDER LESIONS, UNSPECIFIED SHOULDER
M75.81	OTHER SHOULDER LESIONS, RIGHT SHOULDER
M75.82	OTHER SHOULDER LESIONS, LEFT SHOULDER
M75.90	SHOULDER LESION, UNSPECIFIED, UNSPECIFIED SHOULDER
M75.91	SHOULDER LESION, UNSPECIFIED, RIGHT SHOULDER
M75.92	SHOULDER LESION, UNSPECIFIED, LEFT SHOULDER
M76.00	GLUTEAL TENDINITIS, UNSPECIFIED HIP
M76.01	GLUTEAL TENDINITIS, RIGHT HIP
M76.02	GLUTEAL TENDINITIS, LEFT HIP
M76.10	PSOAS TENDINITIS, UNSPECIFIED HIP
M76.11	PSOAS TENDINITIS, RIGHT HIP
M76.12	PSOAS TENDINITIS, LEFT HIP
M76.20	ILIAC CREST SPUR, UNSPECIFIED HIP
M76.21	ILIAC CREST SPUR, RIGHT HIP
M76.22	ILIAC CREST SPUR, LEFT HIP
M76.30	ILIOTIBIAL BAND SYNDROME, UNSPECIFIED LEG
M76.31	ILIOTIBIAL BAND SYNDROME, RIGHT LEG
M76.32	ILIOTIBIAL BAND SYNDROME, LEFT LEG
M76.50	PATELLAR TENDINITIS, UNSPECIFIED KNEE
M76.51	PATELLAR TENDINITIS, RIGHT KNEE
M76.52	PATELLAR TENDINITIS, LEFT KNEE
M76.60	ACHILLES TENDINITIS, UNSPECIFIED LEG
M76.61	ACHILLES TENDINITIS, RIGHT LEG
M76.62	ACHILLES TENDINITIS, LEFT LEG
M76.70	PERONEAL TENDINITIS, UNSPECIFIED LEG
M76.71	PERONEAL TENDINITIS, RIGHT LEG
M76.72	PERONEAL TENDINITIS, LEFT LEG
M76.891	OTHER SPECIFIED ENTHESOPATHIES OF RIGHT LOWER LIMB, EXCLUDING FOOT
M76.892	OTHER SPECIFIED ENTHESOPATHIES OF LEFT LOWER LIMB, EXCLUDING FOOT
M76.899	OTHER SPECIFIED ENTHESOPATHIES OF UNSPECIFIED LOWER LIMB, EXCLUDING FOOT
M76.9	UNSPECIFIED ENTHESOPATHY, LOWER LIMB, EXCLUDING FOOT
M77.00	MEDIAL EPICONDYLITIS, UNSPECIFIED ELBOW
M77.01	MEDIAL EPICONDYLITIS, RIGHT ELBOW
M77.02	MEDIAL EPICONDYLITIS, LEFT ELBOW
M77.10	LATERAL EPICONDYLITIS, UNSPECIFIED ELBOW
M77.11	LATERAL EPICONDYLITIS, RIGHT ELBOW
M77.12	LATERAL EPICONDYLITIS, LEFT ELBOW
M77.20	PERIARTHRITIS, UNSPECIFIED WRIST
M77.21	PERIARTHRITIS, RIGHT WRIST
M77.22	PERIARTHRITIS, LEFT WRIST
M77.30	CALCANEAL SPUR, UNSPECIFIED FOOT
M77.31	CALCANEAL SPUR, RIGHT FOOT

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
M77.32	CALCANEAL SPUR, LEFT FOOT
M77.40	METATARSALGIA, UNSPECIFIED FOOT
M77.41	METATARSALGIA, RIGHT FOOT
M77.42	METATARSALGIA, LEFT FOOT
M77.50	OTHER ENTHESOPATHY OF UNSPECIFIED FOOT
M77.51	OTHER ENTHESOPATHY OF RIGHT FOOT
M77.52	OTHER ENTHESOPATHY OF LEFT FOOT
M77.8	OTHER ENTHESOPATHIES, NOT ELSEWHERE CLASSIFIED
M77.9	ENTHESOPATHY, UNSPECIFIED
M79.0	RHEUMATISM, UNSPECIFIED
M79.1	MYALGIA
M79.2	NEURALGIA AND NEURITIS, UNSPECIFIED
M79.601	PAIN IN RIGHT ARM
M79.602	PAIN IN LEFT ARM
M79.603	PAIN IN ARM, UNSPECIFIED
M79.604	PAIN IN RIGHT LEG
M79.605	PAIN IN LEFT LEG
M79.606	PAIN IN LEG, UNSPECIFIED
M79.609	PAIN IN UNSPECIFIED LIMB
M79.621	PAIN IN RIGHT UPPER ARM
M79.622	PAIN IN LEFT UPPER ARM
M79.629	PAIN IN UNSPECIFIED UPPER ARM
M79.631	PAIN IN RIGHT FOREARM
M79.632	PAIN IN LEFT FOREARM
M79.639	PAIN IN UNSPECIFIED FOREARM
M79.641	PAIN IN RIGHT HAND
M79.642	PAIN IN LEFT HAND
M79.643	PAIN IN UNSPECIFIED HAND
M79.644	PAIN IN RIGHT FINGER(S)
M79.645	PAIN IN LEFT FINGER(S)
M79.646	PAIN IN UNSPECIFIED FINGER(S)
M79.651	PAIN IN RIGHT THIGH
M79.652	PAIN IN LEFT THIGH
M79.659	PAIN IN UNSPECIFIED THIGH
M79.661	PAIN IN RIGHT LOWER LEG
M79.662	PAIN IN LEFT LOWER LEG
M79.669	PAIN IN UNSPECIFIED LOWER LEG
M79.671	PAIN IN RIGHT FOOT
M79.672	PAIN IN LEFT FOOT
M79.673	PAIN IN UNSPECIFIED FOOT
M79.674	PAIN IN RIGHT TOE(S)
M79.675	PAIN IN LEFT TOE(S)
M79.676	PAIN IN UNSPECIFIED TOE(S)
M79.7	FIBROMYALGIA
M79.89	OTHER SPECIFIED SOFT TISSUE DISORDERS
M94.0	CHONDROCOSTAL JUNCTION SYNDROME [TIETZE]
M99.22	SUBLUXATION STENOSIS OF NEURAL CANAL OF THORACIC REGION
M99.23	SUBLUXATION STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M99.32	OSSEOUS STENOSIS OF NEURAL CANAL OF THORACIC REGION
M99.33	OSSEOUS STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M99.42	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF THORACIC REGION
M99.43	CONNECTIVE TISSUE STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M99.52	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF THORACIC REGION
M99.53	INTERVERTEBRAL DISC STENOSIS OF NEURAL CANAL OF LUMBAR REGION
M99.62	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF THORACIC REGION
M99.63	OSSEOUS AND SUBLUXATION STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION
M99.72	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF THORACIC REGION
M99.73	CONNECTIVE TISSUE AND DISC STENOSIS OF INTERVERTEBRAL FORAMINA OF LUMBAR REGION
N10	ACUTE TUBULO-INTERSTITIAL NEPHRITIS
N11.9	CHRONIC TUBULO-INTERSTITIAL NEPHRITIS, UNSPECIFIED
N12	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC
N13.6	PYONEPHROSIS
N20.0	CALCULUS OF KIDNEY
N20.2	CALCULUS OF KIDNEY WITH CALCULUS OF URETER
N23	UNSPECIFIED RENAL COLIC
N30.00	ACUTE CYSTITIS WITHOUT HEMATURIA
N30.01	ACUTE CYSTITIS WITH HEMATURIA
N30.10	INTERSTITIAL CYSTITIS (CHRONIC) WITHOUT HEMATURIA
N30.11	INTERSTITIAL CYSTITIS (CHRONIC) WITH HEMATURIA
N30.40	IRRADIATION CYSTITIS WITHOUT HEMATURIA
N30.41	IRRADIATION CYSTITIS WITH HEMATURIA
N30.80	OTHER CYSTITIS WITHOUT HEMATURIA

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
N30.81	OTHER CYSTITIS WITH HEMATURIA
N30.90	CYSTITIS, UNSPECIFIED WITHOUT HEMATURIA
N30.91	CYSTITIS, UNSPECIFIED WITH HEMATURIA
N34.1	NONSPECIFIC URETHRITIS
N34.2	OTHER URETHRITIS
N36.8	OTHER SPECIFIED DISORDERS OF URETHRA
N36.9	URETHRAL DISORDER, UNSPECIFIED
N39.0	URINARY TRACT INFECTION, SITE NOT SPECIFIED
N39.3	STRESS INCONTINENCE (FEMALE) (MALE)
N39.41	URGE INCONTINENCE
N39.42	INCONTINENCE WITHOUT SENSORY AWARENESS
N39.44	NOCTURNAL ENURESIS
N39.45	CONTINUOUS LEAKAGE
N39.46	MIXED INCONTINENCE
N39.490	OVERFLOW INCONTINENCE
N39.8	OTHER SPECIFIED DISORDERS OF URINARY SYSTEM
N39.9	DISORDER OF URINARY SYSTEM, UNSPECIFIED
N45.1	EPIDIDYMITIS
N45.2	ORCHITIS
N45.3	EPIDIDYMO-ORCHITIS
N47.6	BALANOPOSTHITIS
N48.1	BALANITIS
N50.9	DISORDER OF MALE GENITAL ORGANS, UNSPECIFIED
N63	UNSPECIFIED LUMP IN BREAST
N64.4	MASTODYNIA
N72	INFLAMMATORY DISEASE OF CERVIX UTERI
N73.5	FEMALE PELVIC PERITONITIS, UNSPECIFIED
N73.9	FEMALE PELVIC INFLAMMATORY DISEASE, UNSPECIFIED
N76.0	ACUTE VAGINITIS
N76.1	SUBACUTE AND CHRONIC VAGINITIS
N76.2	ACUTE VULVITIS
N76.3	SUBACUTE AND CHRONIC VULVITIS
N76.4	ABSCESS OF VULVA
N83.20	UNSPECIFIED OVARIAN CYSTS
N83.29	OTHER OVARIAN CYSTS
N89.7	HEMATOCOLPOS
N89.8	OTHER SPECIFIED NONINFLAMMATORY DISORDERS OF VAGINA
N92.0	EXCESSIVE AND FREQUENT MENSTRUATION WITH REGULAR CYCLE
N92.5	OTHER SPECIFIED IRREGULAR MENSTRUATION
N92.6	IRREGULAR MENSTRUATION, UNSPECIFIED
N93.8	OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING
N93.9	ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED
N94.4	PRIMARY DYSMENORRHEA
N94.5	SECONDARY DYSMENORRHEA
N94.6	DYSMENORRHEA, UNSPECIFIED
N94.89	OTHER SPECIFIED CONDITIONS ASSOCIATED WITH FEMALE GENITAL ORGANS AND MENSTRUAL CYCLE
O21.0	MILD HYPEREMESIS GRAVIDARUM
O25.11	MALNUTRITION IN PREGNANCY, FIRST TRIMESTER
O25.12	MALNUTRITION IN PREGNANCY, SECOND TRIMESTER
O25.13	MALNUTRITION IN PREGNANCY, THIRD TRIMESTER
O99.281	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, FIRST TRIMESTER
O99.282	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, SECOND TRIMESTER
O99.283	ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES COMPLICATING PREGNANCY, THIRD TRIMESTER
O99.511	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, FIRST TRIMESTER
O99.512	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, SECOND TRIMESTER
O99.513	DISEASES OF THE RESPIRATORY SYSTEM COMPLICATING PREGNANCY, THIRD TRIMESTER
O99.611	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, FIRST TRIMESTER
O99.612	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, SECOND TRIMESTER
O99.613	DISEASES OF THE DIGESTIVE SYSTEM COMPLICATING PREGNANCY, THIRD TRIMESTER
O99.711	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, FIRST TRIMESTER
O99.712	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, SECOND TRIMESTER
O99.713	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE COMPLICATING PREGNANCY, THIRD TRIMESTER
O99.820	STREPTOCOCCUS B CARRIER STATE COMPLICATING PREGNANCY
O9A.111	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A.112	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A.113	MALIGNANT NEOPLASM COMPLICATING PREGNANCY, THIRD TRIMESTER
O9A.211	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, FIRST TRIMESTER
O9A.212	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, SECOND TRIMESTER
O9A.213	INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES COMPLICATING PREGNANCY, THIRD TRIMESTER
R00.1	BRADYCARDIA, UNSPECIFIED
R00.2	PALPITATIONS

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Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
R04.0	EPISTAXIS
R05	COUGH
R06.2	WHEEZING
R06.4	HYPERVENTILATION
R06.6	HICCOUGH
R06.89	OTHER ABNORMALITIES OF BREATHING
R07.0	PAIN IN THROAT
R09.3	ABNORMAL SPUTUM
R09.81	NASAL CONGESTION
R10.0	ACUTE ABDOMEN
R10.10	UPPER ABDOMINAL PAIN, UNSPECIFIED
R10.11	RIGHT UPPER QUADRANT PAIN
R10.12	LEFT UPPER QUADRANT PAIN
R10.13	EPIGASTRIC PAIN
R10.2	PELVIC AND PERINEAL PAIN
R10.30	LOWER ABDOMINAL PAIN, UNSPECIFIED
R10.31	RIGHT LOWER QUADRANT PAIN
R10.32	LEFT LOWER QUADRANT PAIN
R10.33	PERIUMBILICAL PAIN
R10.811	RIGHT UPPER QUADRANT ABDOMINAL TENDERNESS
R10.812	LEFT UPPER QUADRANT ABDOMINAL TENDERNESS
R10.813	RIGHT LOWER QUADRANT ABDOMINAL TENDERNESS
R10.815	PERIUMBILIC ABDOMINAL TENDERNESS
R10.816	EPIGASTRIC ABDOMINAL TENDERNESS
R10.819	ABDOMINAL TENDERNESS, UNSPECIFIED SITE
R10.821	RIGHT UPPER QUADRANT REBOUND ABDOMINAL TENDERNESS
R10.822	LEFT UPPER QUADRANT REBOUND ABDOMINAL TENDERNESS
R10.823	RIGHT LOWER QUADRANT REBOUND ABDOMINAL TENDERNESS
R10.825	PERIUMBILIC REBOUND ABDOMINAL TENDERNESS
R10.826	EPIGASTRIC REBOUND ABDOMINAL TENDERNESS
R10.829	REBOUND ABDOMINAL TENDERNESS, UNSPECIFIED SITE
R10.84	GENERALIZED ABDOMINAL PAIN
R10.9	UNSPECIFIED ABDOMINAL PAIN
R11.0	NAUSEA
R11.10	VOMITING, UNSPECIFIED
R11.11	VOMITING WITHOUT NAUSEA
R11.12	PROJECTILE VOMITING
R11.2	NAUSEA WITH VOMITING, UNSPECIFIED
R14.0	ABDOMINAL DISTENSION (GASEOUS)
R14.1	GAS PAIN
R14.2	ERUCTATION
R14.3	FLATULENCE
R16.0	HEPATOMEGALY, NOT ELSEWHERE CLASSIFIED
R16.1	SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED
R16.2	HEPATOMEGALY WITH SPLENOMEGALY, NOT ELSEWHERE CLASSIFIED
R17	UNSPECIFIED JAUNDICE
R19.00	INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP, UNSPECIFIED SITE
R19.01	RIGHT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP
R19.02	LEFT UPPER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP
R19.03	RIGHT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP
R19.04	LEFT LOWER QUADRANT ABDOMINAL SWELLING, MASS AND LUMP
R19.05	PERIUMBILIC SWELLING, MASS OR LUMP
R19.06	EPIGASTRIC SWELLING, MASS OR LUMP
R19.07	GENERALIZED INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP
R19.09	OTHER INTRA-ABDOMINAL AND PELVIC SWELLING, MASS AND LUMP
R19.2	VISIBLE PERISTALSIS
R19.4	CHANGE IN BOWEL HABIT
R19.5	OTHER FECAL ABNORMALITIES
R19.7	DIARRHEA, UNSPECIFIED
R19.8	OTHER SPECIFIED SYMPTOMS AND SIGNS INVOLVING THE DIGESTIVE SYSTEM AND ABDOMEN
R21	RASH AND OTHER NONSPECIFIC SKIN ERUPTION
R22.0	LOCALIZED SWELLING, MASS AND LUMP, HEAD
R22.1	LOCALIZED SWELLING, MASS AND LUMP, NECK
R22.2	LOCALIZED SWELLING, MASS AND LUMP, TRUNK
R22.30	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED UPPER LIMB
R22.31	LOCALIZED SWELLING, MASS AND LUMP, RIGHT UPPER LIMB
R22.32	LOCALIZED SWELLING, MASS AND LUMP, LEFT UPPER LIMB
R22.33	LOCALIZED SWELLING, MASS AND LUMP, UPPER LIMB, BILATERAL
R22.40	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED LOWER LIMB
R22.41	LOCALIZED SWELLING, MASS AND LUMP, RIGHT LOWER LIMB
R22.42	LOCALIZED SWELLING, MASS AND LUMP, LEFT LOWER LIMB
R22.43	LOCALIZED SWELLING, MASS AND LUMP, LOWER LIMB, BILATERAL

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
R22.9	LOCALIZED SWELLING, MASS AND LUMP, UNSPECIFIED
R23.2	FLUSHING
R23.3	SPONTANEOUS ECCHYMOSES
R23.4	CHANGES IN SKIN TEXTURE
R23.8	OTHER SKIN CHANGES
R23.9	UNSPECIFIED SKIN CHANGES
R25.2	CRAMP AND SPASM
R30.0	DYSURIA
R30.9	PAINFUL MICTURITION, UNSPECIFIED
R31.9	HEMATURIA, UNSPECIFIED
R33.0	DRUG INDUCED RETENTION OF URINE
R33.8	OTHER RETENTION OF URINE
R33.9	RETENTION OF URINE, UNSPECIFIED
R35.0	FREQUENCY OF MICTURITION
R35.1	NOCTURIA
R35.8	OTHER POLYURIA
R36.0	URETHRAL DISCHARGE WITHOUT BLOOD
R36.9	URETHRAL DISCHARGE, UNSPECIFIED
R39.11	HESITANCY OF MICTURITION
R39.12	POOR URINARY STREAM
R39.13	SPLITTING OF URINARY STREAM
R39.14	FEELING OF INCOMPLETE BLADDER EMPTYING
R39.15	URGENCY OF URINATION
R39.16	STRAINING TO VOID
R39.19	OTHER DIFFICULTIES WITH MICTURITION
R42	DIZZINESS AND GIDDINESS
R49.8	OTHER VOICE AND RESONANCE DISORDERS
R50.2	DRUG INDUCED FEVER
R50.9	FEVER, UNSPECIFIED
R51	HEADACHE
R52	PAIN, UNSPECIFIED
R53.0	NEOPLASTIC (MALIGNANT) RELATED FATIGUE
R53.1	WEAKNESS
R53.81	OTHER MALAISE
R53.83	OTHER FATIGUE
R59.0	LOCALIZED ENLARGED LYMPH NODES
R59.1	GENERALIZED ENLARGED LYMPH NODES
R59.9	ENLARGED LYMPH NODES, UNSPECIFIED
R60.0	LOCALIZED EDEMA
R60.1	GENERALIZED EDEMA
R60.9	EDEMA, UNSPECIFIED
R61	GENERALIZED HYPERHIDROSIS
R64	CACHEXIA
R90.0	INTRACRANIAL SPACE-OCCUPYING LESION FOUND ON DIAGNOSTIC IMAGING OF CENTRAL NERVOUS SYSTEM
S00.01XA	ABRASION OF SCALP, INITIAL ENCOUNTER
S00.03XA	CONTUSION OF SCALP, INITIAL ENCOUNTER
S00.06XA	INSECT BITE (NONVENOMOUS) OF SCALP, INITIAL ENCOUNTER
S00.31XA	ABRASION OF NOSE, INITIAL ENCOUNTER
S00.33XA	CONTUSION OF NOSE, INITIAL ENCOUNTER
S00.36XA	INSECT BITE (NONVENOMOUS) OF NOSE, INITIAL ENCOUNTER
S00.411A	ABRASION OF RIGHT EAR, INITIAL ENCOUNTER
S00.412A	ABRASION OF LEFT EAR, INITIAL ENCOUNTER
S00.419A	ABRASION OF UNSPECIFIED EAR, INITIAL ENCOUNTER
S00.431A	CONTUSION OF RIGHT EAR, INITIAL ENCOUNTER
S00.432A	CONTUSION OF LEFT EAR, INITIAL ENCOUNTER
S00.439A	CONTUSION OF UNSPECIFIED EAR, INITIAL ENCOUNTER
S00.461A	INSECT BITE (NONVENOMOUS) OF RIGHT EAR, INITIAL ENCOUNTER
S00.462A	INSECT BITE (NONVENOMOUS) OF LEFT EAR, INITIAL ENCOUNTER
S00.469A	INSECT BITE (NONVENOMOUS) OF UNSPECIFIED EAR, INITIAL ENCOUNTER
S00.511A	ABRASION OF LIP, INITIAL ENCOUNTER
S00.512A	ABRASION OF ORAL CAVITY, INITIAL ENCOUNTER
S00.531A	CONTUSION OF LIP, INITIAL ENCOUNTER
S00.532A	CONTUSION OF ORAL CAVITY, INITIAL ENCOUNTER
S00.561A	INSECT BITE (NONVENOMOUS) OF LIP, INITIAL ENCOUNTER
S00.562A	INSECT BITE (NONVENOMOUS) OF ORAL CAVITY, INITIAL ENCOUNTER
S00.81XA	ABRASION OF OTHER PART OF HEAD, INITIAL ENCOUNTER
S00.83XA	CONTUSION OF OTHER PART OF HEAD, INITIAL ENCOUNTER
S00.86XA	INSECT BITE (NONVENOMOUS) OF OTHER PART OF HEAD, INITIAL ENCOUNTER
S00.91XA	ABRASION OF UNSPECIFIED PART OF HEAD, INITIAL ENCOUNTER
S00.93XA	CONTUSION OF UNSPECIFIED PART OF HEAD, INITIAL ENCOUNTER
S00.96XA	INSECT BITE (NONVENOMOUS) OF UNSPECIFIED PART OF HEAD, INITIAL ENCOUNTER
S01.00XA	UNSPECIFIED OPEN WOUND OF SCALP, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S01.01XA	LACERATION WITHOUT FOREIGN BODY OF SCALP, INITIAL ENCOUNTER
S01.03XA	PUNCTURE WOUND WITHOUT FOREIGN BODY OF SCALP, INITIAL ENCOUNTER
S01.05XA	OPEN BITE OF SCALP, INITIAL ENCOUNTER
S01.401A	UNSPECIFIED OPEN WOUND OF RIGHT CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.402A	UNSPECIFIED OPEN WOUND OF LEFT CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.409A	UNSPECIFIED OPEN WOUND OF UNSPECIFIED CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.411A	LACERATION WITHOUT FOREIGN BODY OF RIGHT CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.412A	LACERATION WITHOUT FOREIGN BODY OF LEFT CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.419A	LACERATION WITHOUT FOREIGN BODY OF UNSPECIFIED CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.431A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.432A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.439A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF UNSPECIFIED CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.451A	OPEN BITE OF RIGHT CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.452A	OPEN BITE OF LEFT CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.459A	OPEN BITE OF UNSPECIFIED CHEEK AND TEMPOROMANDIBULAR AREA, INITIAL ENCOUNTER
S01.501A	UNSPECIFIED OPEN WOUND OF LIP, INITIAL ENCOUNTER
S01.511A	LACERATION WITHOUT FOREIGN BODY OF LIP, INITIAL ENCOUNTER
S01.531A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LIP, INITIAL ENCOUNTER
S01.551A	OPEN BITE OF LIP, INITIAL ENCOUNTER
S01.80XA	UNSPECIFIED OPEN WOUND OF OTHER PART OF HEAD, INITIAL ENCOUNTER
S01.81XA	LACERATION WITHOUT FOREIGN BODY OF OTHER PART OF HEAD, INITIAL ENCOUNTER
S01.83XA	PUNCTURE WOUND WITHOUT FOREIGN BODY OF OTHER PART OF HEAD, INITIAL ENCOUNTER
S01.85XA	OPEN BITE OF OTHER PART OF HEAD, INITIAL ENCOUNTER
S02.2XXA	FRACTURE OF NASAL BONES, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S02.5XXA	FRACTURE OF TOOTH (TRAUMATIC), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S02.5XXB	FRACTURE OF TOOTH (TRAUMATIC), INITIAL ENCOUNTER FOR OPEN FRACTURE
S03.2XXA	DISLOCATION OF TOOTH, INITIAL ENCOUNTER
S03.8XXA	SPRAIN OF JOINTS AND LIGAMENTS OF OTHER PARTS OF HEAD, INITIAL ENCOUNTER
S03.9XXA	SPRAIN OF JOINTS AND LIGAMENTS OF UNSPECIFIED PARTS OF HEAD, INITIAL ENCOUNTER
S05.00XA	INJURY OF CONJUNCTIVA AND CORNEAL ABRASION WITHOUT FOREIGN BODY, UNSPECIFIED EYE, INITIAL ENCOUNTER
S05.01XA	INJURY OF CONJUNCTIVA AND CORNEAL ABRASION WITHOUT FOREIGN BODY, RIGHT EYE, INITIAL ENCOUNTER
S05.02XA	INJURY OF CONJUNCTIVA AND CORNEAL ABRASION WITHOUT FOREIGN BODY, LEFT EYE, INITIAL ENCOUNTER
S08.0XXA	AVULSION OF SCALP, INITIAL ENCOUNTER
S09.92XA	UNSPECIFIED INJURY OF NOSE, INITIAL ENCOUNTER
S09.93XA	UNSPECIFIED INJURY OF FACE, INITIAL ENCOUNTER
S10.0XXA	CONTUSION OF THROAT, INITIAL ENCOUNTER
S10.11XA	ABRASION OF THROAT, INITIAL ENCOUNTER
S10.16XA	INSECT BITE (NONVENOMOUS) OF THROAT, INITIAL ENCOUNTER
S10.81XA	ABRASION OF OTHER SPECIFIED PART OF NECK, INITIAL ENCOUNTER
S10.83XA	CONTUSION OF OTHER SPECIFIED PART OF NECK, INITIAL ENCOUNTER
S10.86XA	INSECT BITE OF OTHER SPECIFIED PART OF NECK, INITIAL ENCOUNTER
S10.91XA	ABRASION OF UNSPECIFIED PART OF NECK, INITIAL ENCOUNTER
S10.93XA	CONTUSION OF UNSPECIFIED PART OF NECK, INITIAL ENCOUNTER
S10.96XA	INSECT BITE OF UNSPECIFIED PART OF NECK, INITIAL ENCOUNTER
S13.4XXA	SPRAIN OF LIGAMENTS OF CERVICAL SPINE, INITIAL ENCOUNTER
S13.8XXA	SPRAIN OF JOINTS AND LIGAMENTS OF OTHER PARTS OF NECK, INITIAL ENCOUNTER
S13.9XXA	SPRAIN OF JOINTS AND LIGAMENTS OF UNSPECIFIED PARTS OF NECK, INITIAL ENCOUNTER
S16.1XXA	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INITIAL ENCOUNTER
S16.8XXA	OTHER SPECIFIED INJURY OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INITIAL ENCOUNTER
S16.9XXA	UNSPECIFIED INJURY OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INITIAL ENCOUNTER
S19.80XA	OTHER SPECIFIED INJURIES OF UNSPECIFIED PART OF NECK, INITIAL ENCOUNTER
S19.81XA	OTHER SPECIFIED INJURIES OF LARYNX, INITIAL ENCOUNTER
S19.82XA	OTHER SPECIFIED INJURIES OF CERVICAL TRACHEA, INITIAL ENCOUNTER
S19.83XA	OTHER SPECIFIED INJURIES OF VOCAL CORD, INITIAL ENCOUNTER
S19.84XA	OTHER SPECIFIED INJURIES OF THYROID GLAND, INITIAL ENCOUNTER
S19.85XA	OTHER SPECIFIED INJURIES OF PHARYNX AND CERVICAL ESOPHAGUS, INITIAL ENCOUNTER
S19.89XA	OTHER SPECIFIED INJURIES OF OTHER SPECIFIED PART OF NECK, INITIAL ENCOUNTER
S19.9XXA	UNSPECIFIED INJURY OF NECK, INITIAL ENCOUNTER
S20.111A	ABRASION OF BREAST, RIGHT BREAST, INITIAL ENCOUNTER
S20.112A	ABRASION OF BREAST, LEFT BREAST, INITIAL ENCOUNTER
S20.119A	ABRASION OF BREAST, UNSPECIFIED BREAST, INITIAL ENCOUNTER
S20.161A	INSECT BITE (NONVENOMOUS) OF BREAST, RIGHT BREAST, INITIAL ENCOUNTER
S20.162A	INSECT BITE (NONVENOMOUS) OF BREAST, LEFT BREAST, INITIAL ENCOUNTER
S20.169A	INSECT BITE (NONVENOMOUS) OF BREAST, UNSPECIFIED BREAST, INITIAL ENCOUNTER
S20.211A	CONTUSION OF RIGHT FRONT WALL OF THORAX, INITIAL ENCOUNTER
S20.212A	CONTUSION OF LEFT FRONT WALL OF THORAX, INITIAL ENCOUNTER
S20.219A	CONTUSION OF UNSPECIFIED FRONT WALL OF THORAX, INITIAL ENCOUNTER
S20.311A	ABRASION OF RIGHT FRONT WALL OF THORAX, INITIAL ENCOUNTER
S20.312A	ABRASION OF LEFT FRONT WALL OF THORAX, INITIAL ENCOUNTER
S20.319A	ABRASION OF UNSPECIFIED FRONT WALL OF THORAX, INITIAL ENCOUNTER
S20.361A	INSECT BITE (NONVENOMOUS) OF RIGHT FRONT WALL OF THORAX, INITIAL ENCOUNTER
S20.362A	INSECT BITE (NONVENOMOUS) OF LEFT FRONT WALL OF THORAX, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S20.369A	INSECT BITE (NONVENOMOUS) OF UNSPECIFIED FRONT WALL OF THORAX, INITIAL ENCOUNTER
S20.411A	ABRASION OF RIGHT BACK WALL OF THORAX, INITIAL ENCOUNTER
S20.412A	ABRASION OF LEFT BACK WALL OF THORAX, INITIAL ENCOUNTER
S20.419A	ABRASION OF UNSPECIFIED BACK WALL OF THORAX, INITIAL ENCOUNTER
S20.461A	INSECT BITE (NONVENOMOUS) OF RIGHT BACK WALL OF THORAX, INITIAL ENCOUNTER
S20.462A	INSECT BITE (NONVENOMOUS) OF LEFT BACK WALL OF THORAX, INITIAL ENCOUNTER
S20.469A	INSECT BITE (NONVENOMOUS) OF UNSPECIFIED BACK WALL OF THORAX, INITIAL ENCOUNTER
S20.91XA	ABRASION OF UNSPECIFIED PARTS OF THORAX, INITIAL ENCOUNTER
S20.96XA	INSECT BITE (NONVENOMOUS) OF UNSPECIFIED PARTS OF THORAX, INITIAL ENCOUNTER
S22.31XA	FRACTURE OF ONE RIB, RIGHT SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S22.32XA	FRACTURE OF ONE RIB, LEFT SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S22.39XA	FRACTURE OF ONE RIB, UNSPECIFIED SIDE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S23.41XA	SPRAIN OF RIBS, INITIAL ENCOUNTER
S23.9XXA	SPRAIN OF UNSPECIFIED PARTS OF THORAX, INITIAL ENCOUNTER
S29.011A	STRAIN OF MUSCLE AND TENDON OF FRONT WALL OF THORAX, INITIAL ENCOUNTER
S29.012A	STRAIN OF MUSCLE AND TENDON OF BACK WALL OF THORAX, INITIAL ENCOUNTER
S29.019A	STRAIN OF MUSCLE AND TENDON OF UNSPECIFIED WALL OF THORAX, INITIAL ENCOUNTER
S30.0XXA	CONTUSION OF LOWER BACK AND PELVIS, INITIAL ENCOUNTER
S30.810A	ABRASION OF LOWER BACK AND PELVIS, INITIAL ENCOUNTER
S30.811A	ABRASION OF ABDOMINAL WALL, INITIAL ENCOUNTER
S30.812A	ABRASION OF PENIS, INITIAL ENCOUNTER
S30.813A	ABRASION OF SCROTUM AND TESTES, INITIAL ENCOUNTER
S30.814A	ABRASION OF VAGINA AND VULVA, INITIAL ENCOUNTER
S30.815A	ABRASION OF UNSPECIFIED EXTERNAL GENITAL ORGANS, MALE, INITIAL ENCOUNTER
S30.816A	ABRASION OF UNSPECIFIED EXTERNAL GENITAL ORGANS, FEMALE, INITIAL ENCOUNTER
S30.817A	ABRASION OF ANUS, INITIAL ENCOUNTER
S30.860A	INSECT BITE (NONVENOMOUS) OF LOWER BACK AND PELVIS, INITIAL ENCOUNTER
S30.861A	INSECT BITE (NONVENOMOUS) OF ABDOMINAL WALL, INITIAL ENCOUNTER
S30.862A	INSECT BITE (NONVENOMOUS) OF PENIS, INITIAL ENCOUNTER
S30.863A	INSECT BITE (NONVENOMOUS) OF SCROTUM AND TESTES, INITIAL ENCOUNTER
S30.864A	INSECT BITE (NONVENOMOUS) OF VAGINA AND VULVA, INITIAL ENCOUNTER
S30.865A	INSECT BITE (NONVENOMOUS) OF UNSPECIFIED EXTERNAL GENITAL ORGANS, MALE, INITIAL ENCOUNTER
S30.866A	INSECT BITE (NONVENOMOUS) OF UNSPECIFIED EXTERNAL GENITAL ORGANS, FEMALE, INITIAL ENCOUNTER
S30.867A	INSECT BITE (NONVENOMOUS) OF ANUS, INITIAL ENCOUNTER
S33.5XXA	SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER
S33.8XXA	SPRAIN OF OTHER PARTS OF LUMBAR SPINE AND PELVIS, INITIAL ENCOUNTER
S33.9XXA	SPRAIN OF UNSPECIFIED PARTS OF LUMBAR SPINE AND PELVIS, INITIAL ENCOUNTER
S39.011A	STRAIN OF MUSCLE, FASCIA AND TENDON OF ABDOMEN, INITIAL ENCOUNTER
S39.012A	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER
S39.013A	STRAIN OF MUSCLE, FASCIA AND TENDON OF PELVIS, INITIAL ENCOUNTER
S42.001A	FRACTURE OF UNSPECIFIED PART OF RIGHT CLAVICLE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S42.002A	FRACTURE OF UNSPECIFIED PART OF LEFT CLAVICLE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S42.009A	FRACTURE OF UNSPECIFIED PART OF UNSPECIFIED CLAVICLE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S42.021A	DISPLACED FRACTURE OF SHAFT OF RIGHT CLAVICLE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S42.022A	DISPLACED FRACTURE OF SHAFT OF LEFT CLAVICLE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S42.023A	DISPLACED FRACTURE OF SHAFT OF UNSPECIFIED CLAVICLE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S42.024A	NONDISPLACED FRACTURE OF SHAFT OF RIGHT CLAVICLE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S42.025A	NONDISPLACED FRACTURE OF SHAFT OF LEFT CLAVICLE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S42.026A	NONDISPLACED FRACTURE OF SHAFT OF UNSPECIFIED CLAVICLE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S43.401A	UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, INITIAL ENCOUNTER
S43.402A	UNSPECIFIED SPRAIN OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER
S43.409A	UNSPECIFIED SPRAIN OF UNSPECIFIED SHOULDER JOINT, INITIAL ENCOUNTER
S43.491A	OTHER SPRAIN OF RIGHT SHOULDER JOINT, INITIAL ENCOUNTER
S43.492A	OTHER SPRAIN OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER
S43.499A	OTHER SPRAIN OF UNSPECIFIED SHOULDER JOINT, INITIAL ENCOUNTER
S43.60XA	SPRAIN OF UNSPECIFIED STERNOCLAVICULAR JOINT, INITIAL ENCOUNTER
S43.61XA	SPRAIN OF RIGHT STERNOCLAVICULAR JOINT, INITIAL ENCOUNTER
S43.62XA	SPRAIN OF LEFT STERNOCLAVICULAR JOINT, INITIAL ENCOUNTER
S43.90XA	SPRAIN OF UNSPECIFIED PARTS OF UNSPECIFIED SHOULDER GIRDLE, INITIAL ENCOUNTER
S43.91XA	SPRAIN OF UNSPECIFIED PARTS OF RIGHT SHOULDER GIRDLE, INITIAL ENCOUNTER
S43.92XA	SPRAIN OF UNSPECIFIED PARTS OF LEFT SHOULDER GIRDLE, INITIAL ENCOUNTER
S46.011A	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, INITIAL ENCOUNTER
S46.012A	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF LEFT SHOULDER, INITIAL ENCOUNTER
S46.019A	STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF UNSPECIFIED SHOULDER, INITIAL ENCOUNTER
S46.111A	STRAIN OF MUSCLE, FASCIA AND TENDON OF LONG HEAD OF BICEPS, RIGHT ARM, INITIAL ENCOUNTER
S46.112A	STRAIN OF MUSCLE, FASCIA AND TENDON OF LONG HEAD OF BICEPS, LEFT ARM, INITIAL ENCOUNTER
S46.119A	STRAIN OF MUSCLE, FASCIA AND TENDON OF LONG HEAD OF BICEPS, UNSPECIFIED ARM, INITIAL ENCOUNTER
S46.211A	STRAIN OF MUSCLE, FASCIA AND TENDON OF OTHER PARTS OF BICEPS, RIGHT ARM, INITIAL ENCOUNTER
S46.212A	STRAIN OF MUSCLE, FASCIA AND TENDON OF OTHER PARTS OF BICEPS, LEFT ARM, INITIAL ENCOUNTER
S46.219A	STRAIN OF MUSCLE, FASCIA AND TENDON OF OTHER PARTS OF BICEPS, UNSPECIFIED ARM, INITIAL ENCOUNTER
S46.311A	STRAIN OF MUSCLE, FASCIA AND TENDON OF TRICEPS, RIGHT ARM, INITIAL ENCOUNTER
S46.312A	STRAIN OF MUSCLE, FASCIA AND TENDON OF TRICEPS, LEFT ARM, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
S46.319A	STRAIN OF MUSCLE, FASCIA AND TENDON OF TRICEPS, UNSPECIFIED ARM, INITIAL ENCOUNTER
S46.811A	STRAIN OF OTHER MUSCLES, FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER
S46.812A	STRAIN OF OTHER MUSCLES, FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL, LEFT ARM, INITIAL ENCOUNTER
S46.819A	STRAIN OF OTHER MUSCLES, FASCIA AND TENDONS AT SHOULDER AND UPPER ARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER
S46.911A	STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT SHOULDER AND UPPER ARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER
S46.912A	STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT SHOULDER AND UPPER ARM LEVEL, LEFT ARM, INITIAL ENCOUNTER
S46.919A	STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT SHOULDER AND UPPER ARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER
S50.311A	ABRASION OF RIGHT ELBOW, INITIAL ENCOUNTER
S50.312A	ABRASION OF LEFT ELBOW, INITIAL ENCOUNTER
S50.319A	ABRASION OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER
S50.361A	INSECT BITE (NONVENOMOUS) OF RIGHT ELBOW, INITIAL ENCOUNTER
S50.362A	INSECT BITE (NONVENOMOUS) OF LEFT ELBOW, INITIAL ENCOUNTER
S50.369A	INSECT BITE (NONVENOMOUS) OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER
S50.811A	ABRASION OF RIGHT FOREARM, INITIAL ENCOUNTER
S50.812A	ABRASION OF LEFT FOREARM, INITIAL ENCOUNTER
S50.819A	ABRASION OF UNSPECIFIED FOREARM, INITIAL ENCOUNTER
S50.861A	INSECT BITE (NONVENOMOUS) OF RIGHT FOREARM, INITIAL ENCOUNTER
S50.862A	INSECT BITE (NONVENOMOUS) OF LEFT FOREARM, INITIAL ENCOUNTER
S50.869A	INSECT BITE (NONVENOMOUS) OF UNSPECIFIED FOREARM, INITIAL ENCOUNTER
S51.001A	UNSPECIFIED OPEN WOUND OF RIGHT ELBOW, INITIAL ENCOUNTER
S51.002A	UNSPECIFIED OPEN WOUND OF LEFT ELBOW, INITIAL ENCOUNTER
S51.009A	UNSPECIFIED OPEN WOUND OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER
S51.011A	LACERATION WITHOUT FOREIGN BODY OF RIGHT ELBOW, INITIAL ENCOUNTER
S51.012A	LACERATION WITHOUT FOREIGN BODY OF LEFT ELBOW, INITIAL ENCOUNTER
S51.019A	LACERATION WITHOUT FOREIGN BODY OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER
S51.031A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT ELBOW, INITIAL ENCOUNTER
S51.032A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT ELBOW, INITIAL ENCOUNTER
S51.039A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER
S51.051A	OPEN BITE, RIGHT ELBOW, INITIAL ENCOUNTER
S51.052A	OPEN BITE, LEFT ELBOW, INITIAL ENCOUNTER
S51.059A	OPEN BITE, UNSPECIFIED ELBOW, INITIAL ENCOUNTER
S51.801A	UNSPECIFIED OPEN WOUND OF RIGHT FOREARM, INITIAL ENCOUNTER
S51.802A	UNSPECIFIED OPEN WOUND OF LEFT FOREARM, INITIAL ENCOUNTER
S51.809A	UNSPECIFIED OPEN WOUND OF UNSPECIFIED FOREARM, INITIAL ENCOUNTER
S51.811A	LACERATION WITHOUT FOREIGN BODY OF RIGHT FOREARM, INITIAL ENCOUNTER
S51.812A	LACERATION WITHOUT FOREIGN BODY OF LEFT FOREARM, INITIAL ENCOUNTER
S51.819A	LACERATION WITHOUT FOREIGN BODY OF UNSPECIFIED FOREARM, INITIAL ENCOUNTER
S51.831A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT FOREARM, INITIAL ENCOUNTER
S51.832A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT FOREARM, INITIAL ENCOUNTER
S51.839A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF UNSPECIFIED FOREARM, INITIAL ENCOUNTER
S51.851A	OPEN BITE OF RIGHT FOREARM, INITIAL ENCOUNTER
S51.852A	OPEN BITE OF LEFT FOREARM, INITIAL ENCOUNTER
S51.859A	OPEN BITE OF UNSPECIFIED FOREARM, INITIAL ENCOUNTER
S52.121A	DISPLACED FRACTURE OF HEAD OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.122A	DISPLACED FRACTURE OF HEAD OF LEFT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.123A	DISPLACED FRACTURE OF HEAD OF UNSPECIFIED RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.124A	NONDISPLACED FRACTURE OF HEAD OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.125A	NONDISPLACED FRACTURE OF HEAD OF LEFT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.126A	NONDISPLACED FRACTURE OF HEAD OF UNSPECIFIED RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.501A	UNSPECIFIED FRACTURE OF THE LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.502A	UNSPECIFIED FRACTURE OF THE LOWER END OF LEFT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.509A	UNSPECIFIED FRACTURE OF THE LOWER END OF UNSPECIFIED RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.511A	DISPLACED FRACTURE OF RIGHT RADIAL STYLOID PROCESS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.512A	DISPLACED FRACTURE OF LEFT RADIAL STYLOID PROCESS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.513A	DISPLACED FRACTURE OF UNSPECIFIED RADIAL STYLOID PROCESS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.514A	NONDISPLACED FRACTURE OF RIGHT RADIAL STYLOID PROCESS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.515A	NONDISPLACED FRACTURE OF LEFT RADIAL STYLOID PROCESS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.516A	NONDISPLACED FRACTURE OF UNSPECIFIED RADIAL STYLOID PROCESS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.531A	COLLES' FRACTURE OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.532A	COLLES' FRACTURE OF LEFT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.539A	COLLES' FRACTURE OF UNSPECIFIED RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.541A	SMITH'S FRACTURE OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.542A	SMITH'S FRACTURE OF LEFT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.549A	SMITH'S FRACTURE OF UNSPECIFIED RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.551A	OTHER EXTRAARTICULAR FRACTURE OF LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.552A	OTHER EXTRAARTICULAR FRACTURE OF LOWER END OF LEFT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.559A	OTHER EXTRAARTICULAR FRACTURE OF LOWER END OF UNSPECIFIED RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.561A	BARTON'S FRACTURE OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.562A	BARTON'S FRACTURE OF LEFT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.569A	BARTON'S FRACTURE OF UNSPECIFIED RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.571A	OTHER INTRAARTICULAR FRACTURE OF LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
S52.572A	OTHER INTRAARTICULAR FRACTURE OF LOWER END OF LEFT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.579A	OTHER INTRAARTICULAR FRACTURE OF LOWER END OF UNSPECIFIED RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.591A	OTHER FRACTURES OF LOWER END OF RIGHT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.592A	OTHER FRACTURES OF LOWER END OF LEFT RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.599A	OTHER FRACTURES OF LOWER END OF UNSPECIFIED RADIUS, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S52.609A	UNSPECIFIED FRACTURE OF LOWER END OF UNSPECIFIED ULNA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S53.031A	NURSEMAID'S ELBOW, RIGHT ELBOW, INITIAL ENCOUNTER
S53.032A	NURSEMAID'S ELBOW, LEFT ELBOW, INITIAL ENCOUNTER
S53.033A	NURSEMAID'S ELBOW, UNSPECIFIED ELBOW, INITIAL ENCOUNTER
S56.001A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.002A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.009A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.091A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.092A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.099A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.101A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.102A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.103A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.104A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.105A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.106A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.107A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.108A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.109A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.191A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.192A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.193A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.194A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.195A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.196A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.197A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.198A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.199A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.201A	UNSPECIFIED INJURY OF OTHER FLEXOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER
S56.202A	UNSPECIFIED INJURY OF OTHER FLEXOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, LEFT ARM, INITIAL ENCOUNTER
S56.209A	UNSPECIFIED INJURY OF OTHER FLEXOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER
S56.291A	OTHER INJURY OF OTHER FLEXOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER
S56.292A	OTHER INJURY OF OTHER FLEXOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, LEFT ARM, INITIAL ENCOUNTER
S56.299A	OTHER INJURY OF OTHER FLEXOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER
S56.301A	UNSPECIFIED INJURY OF EXTENSOR OR ABDUCTOR MUSCLES, FASCIA AND TENDONS OF RIGHT THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.302A	UNSPECIFIED INJURY OF EXTENSOR OR ABDUCTOR MUSCLES, FASCIA AND TENDONS OF LEFT THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.309A	UNSPECIFIED INJURY OF EXTENSOR OR ABDUCTOR MUSCLES, FASCIA AND TENDONS OF UNSPECIFIED THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.391A	OTHER INJURY OF EXTENSOR OR ABDUCTOR MUSCLES, FASCIA AND TENDONS OF RIGHT THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.392A	OTHER INJURY OF EXTENSOR OR ABDUCTOR MUSCLES, FASCIA AND TENDONS OF LEFT THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.399A	OTHER INJURY OF EXTENSOR OR ABDUCTOR MUSCLES, FASCIA AND TENDONS OF UNSPECIFIED THUMB AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.401A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.402A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.403A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.404A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.405A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.406A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.407A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.408A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.409A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.491A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.492A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.493A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.494A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.495A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.496A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.497A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.498A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
S56.499A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT FOREARM LEVEL, INITIAL ENCOUNTER
S56.501A	UNSPECIFIED INJURY OF OTHER EXTENSOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER
S56.502A	UNSPECIFIED INJURY OF OTHER EXTENSOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, LEFT ARM, INITIAL ENCOUNTER
S56.509A	UNSPECIFIED INJURY OF OTHER EXTENSOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER
S56.591A	OTHER INJURY OF OTHER EXTENSOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER
S56.592A	OTHER INJURY OF OTHER EXTENSOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, LEFT ARM, INITIAL ENCOUNTER
S56.599A	OTHER INJURY OF OTHER EXTENSOR MUSCLE, FASCIA AND TENDON AT FOREARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER
S56.801A	UNSPECIFIED INJURY OF OTHER MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER
S56.802A	UNSPECIFIED INJURY OF OTHER MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, LEFT ARM, INITIAL ENCOUNTER
S56.809A	UNSPECIFIED INJURY OF OTHER MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER
S56.891A	OTHER INJURY OF OTHER MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER
S56.892A	OTHER INJURY OF OTHER MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, LEFT ARM, INITIAL ENCOUNTER
S56.899A	OTHER INJURY OF OTHER MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER
S56.901A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER
S56.902A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, LEFT ARM, INITIAL ENCOUNTER
S56.909A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER
S56.991A	OTHER INJURY OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, RIGHT ARM, INITIAL ENCOUNTER
S56.992A	OTHER INJURY OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, LEFT ARM, INITIAL ENCOUNTER
S56.999A	OTHER INJURY OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT FOREARM LEVEL, UNSPECIFIED ARM, INITIAL ENCOUNTER
S59.201A	UNSPECIFIED PHYSEAL FRACTURE OF LOWER END OF RADIUS, RIGHT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.202A	UNSPECIFIED PHYSEAL FRACTURE OF LOWER END OF RADIUS, LEFT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.209A	UNSPECIFIED PHYSEAL FRACTURE OF LOWER END OF RADIUS, UNSPECIFIED ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.211A	SALTER-HARRIS TYPE I PHYSEAL FRACTURE OF LOWER END OF RADIUS, RIGHT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.212A	SALTER-HARRIS TYPE I PHYSEAL FRACTURE OF LOWER END OF RADIUS, LEFT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.219A	SALTER-HARRIS TYPE I PHYSEAL FRACTURE OF LOWER END OF RADIUS, UNSPECIFIED ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.221A	SALTER-HARRIS TYPE II PHYSEAL FRACTURE OF LOWER END OF RADIUS, RIGHT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.222A	SALTER-HARRIS TYPE II PHYSEAL FRACTURE OF LOWER END OF RADIUS, LEFT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.229A	SALTER-HARRIS TYPE II PHYSEAL FRACTURE OF LOWER END OF RADIUS, UNSPECIFIED ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.231A	SALTER-HARRIS TYPE III PHYSEAL FRACTURE OF LOWER END OF RADIUS, RIGHT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.232A	SALTER-HARRIS TYPE III PHYSEAL FRACTURE OF LOWER END OF RADIUS, LEFT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.239A	SALTER-HARRIS TYPE III PHYSEAL FRACTURE OF LOWER END OF RADIUS, UNSPECIFIED ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.241A	SALTER-HARRIS TYPE IV PHYSEAL FRACTURE OF LOWER END OF RADIUS, RIGHT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.242A	SALTER-HARRIS TYPE IV PHYSEAL FRACTURE OF LOWER END OF RADIUS, LEFT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.249A	SALTER-HARRIS TYPE IV PHYSEAL FRACTURE OF LOWER END OF RADIUS, UNSPECIFIED ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.291A	OTHER PHYSEAL FRACTURE OF LOWER END OF RADIUS, RIGHT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.292A	OTHER PHYSEAL FRACTURE OF LOWER END OF RADIUS, LEFT ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.299A	OTHER PHYSEAL FRACTURE OF LOWER END OF RADIUS, UNSPECIFIED ARM, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S59.801A	OTHER SPECIFIED INJURIES OF RIGHT ELBOW, INITIAL ENCOUNTER
S59.802A	OTHER SPECIFIED INJURIES OF LEFT ELBOW, INITIAL ENCOUNTER
S59.809A	OTHER SPECIFIED INJURIES OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER
S59.811A	OTHER SPECIFIED INJURIES RIGHT FOREARM, INITIAL ENCOUNTER
S59.812A	OTHER SPECIFIED INJURIES LEFT FOREARM, INITIAL ENCOUNTER
S59.819A	OTHER SPECIFIED INJURIES UNSPECIFIED FOREARM, INITIAL ENCOUNTER
S59.901A	UNSPECIFIED INJURY OF RIGHT ELBOW, INITIAL ENCOUNTER
S59.902A	UNSPECIFIED INJURY OF LEFT ELBOW, INITIAL ENCOUNTER
S59.909A	UNSPECIFIED INJURY OF UNSPECIFIED ELBOW, INITIAL ENCOUNTER
S59.911A	UNSPECIFIED INJURY OF RIGHT FOREARM, INITIAL ENCOUNTER
S59.912A	UNSPECIFIED INJURY OF LEFT FOREARM, INITIAL ENCOUNTER
S59.919A	UNSPECIFIED INJURY OF UNSPECIFIED FOREARM, INITIAL ENCOUNTER
S60.00XA	CONTUSION OF UNSPECIFIED FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.011A	CONTUSION OF RIGHT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.012A	CONTUSION OF LEFT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.019A	CONTUSION OF UNSPECIFIED THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.021A	CONTUSION OF RIGHT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.022A	CONTUSION OF LEFT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.029A	CONTUSION OF UNSPECIFIED INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.031A	CONTUSION OF RIGHT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.032A	CONTUSION OF LEFT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.039A	CONTUSION OF UNSPECIFIED MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.041A	CONTUSION OF RIGHT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.042A	CONTUSION OF LEFT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.049A	CONTUSION OF UNSPECIFIED RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.051A	CONTUSION OF RIGHT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.052A	CONTUSION OF LEFT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.059A	CONTUSION OF UNSPECIFIED LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.10XA	CONTUSION OF UNSPECIFIED FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.111A	CONTUSION OF RIGHT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.112A	CONTUSION OF LEFT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S60.119A	CONTUSION OF UNSPECIFIED THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.121A	CONTUSION OF RIGHT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.122A	CONTUSION OF LEFT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.129A	CONTUSION OF UNSPECIFIED INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.131A	CONTUSION OF RIGHT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.132A	CONTUSION OF LEFT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.139A	CONTUSION OF UNSPECIFIED MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.141A	CONTUSION OF RIGHT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.142A	CONTUSION OF LEFT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.149A	CONTUSION OF UNSPECIFIED RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.151A	CONTUSION OF RIGHT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.152A	CONTUSION OF LEFT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.159A	CONTUSION OF UNSPECIFIED LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S60.221A	CONTUSION OF RIGHT HAND, INITIAL ENCOUNTER
S60.222A	CONTUSION OF LEFT HAND, INITIAL ENCOUNTER
S60.229A	CONTUSION OF UNSPECIFIED HAND, INITIAL ENCOUNTER
S60.311A	ABRASION OF RIGHT THUMB, INITIAL ENCOUNTER
S60.312A	ABRASION OF LEFT THUMB, INITIAL ENCOUNTER
S60.319A	ABRASION OF UNSPECIFIED THUMB, INITIAL ENCOUNTER
S60.410A	ABRASION OF RIGHT INDEX FINGER, INITIAL ENCOUNTER
S60.411A	ABRASION OF LEFT INDEX FINGER, INITIAL ENCOUNTER
S60.412A	ABRASION OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER
S60.413A	ABRASION OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER
S60.414A	ABRASION OF RIGHT RING FINGER, INITIAL ENCOUNTER
S60.415A	ABRASION OF LEFT RING FINGER, INITIAL ENCOUNTER
S60.416A	ABRASION OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER
S60.417A	ABRASION OF LEFT LITTLE FINGER, INITIAL ENCOUNTER
S60.418A	ABRASION OF OTHER FINGER, INITIAL ENCOUNTER
S60.419A	ABRASION OF UNSPECIFIED FINGER, INITIAL ENCOUNTER
S60.511A	ABRASION OF RIGHT HAND, INITIAL ENCOUNTER
S60.512A	ABRASION OF LEFT HAND, INITIAL ENCOUNTER
S60.519A	ABRASION OF UNSPECIFIED HAND, INITIAL ENCOUNTER
S60.811A	ABRASION OF RIGHT WRIST, INITIAL ENCOUNTER
S60.812A	ABRASION OF LEFT WRIST, INITIAL ENCOUNTER
S60.819A	ABRASION OF UNSPECIFIED WRIST, INITIAL ENCOUNTER
S60.861A	INSECT BITE (NONVENOMOUS) OF RIGHT WRIST, INITIAL ENCOUNTER
S60.862A	INSECT BITE (NONVENOMOUS) OF LEFT WRIST, INITIAL ENCOUNTER
S60.869A	INSECT BITE (NONVENOMOUS) OF UNSPECIFIED WRIST, INITIAL ENCOUNTER
S61.001A	UNSPECIFIED OPEN WOUND OF RIGHT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.002A	UNSPECIFIED OPEN WOUND OF LEFT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.009A	UNSPECIFIED OPEN WOUND OF UNSPECIFIED THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.011A	LACERATION WITHOUT FOREIGN BODY OF RIGHT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.012A	LACERATION WITHOUT FOREIGN BODY OF LEFT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.019A	LACERATION WITHOUT FOREIGN BODY OF UNSPECIFIED THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.021A	LACERATION WITH FOREIGN BODY OF RIGHT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.022A	LACERATION WITH FOREIGN BODY OF LEFT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.029A	LACERATION WITH FOREIGN BODY OF UNSPECIFIED THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.031A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.032A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.039A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF UNSPECIFIED THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.041A	PUNCTURE WOUND WITH FOREIGN BODY OF RIGHT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.042A	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.049A	PUNCTURE WOUND WITH FOREIGN BODY OF UNSPECIFIED THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.051A	OPEN BITE OF RIGHT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.052A	OPEN BITE OF LEFT THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.059A	OPEN BITE OF UNSPECIFIED THUMB WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.101A	UNSPECIFIED OPEN WOUND OF RIGHT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.102A	UNSPECIFIED OPEN WOUND OF LEFT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.109A	UNSPECIFIED OPEN WOUND OF UNSPECIFIED THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.111A	LACERATION WITHOUT FOREIGN BODY OF RIGHT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.112A	LACERATION WITHOUT FOREIGN BODY OF LEFT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.119A	LACERATION WITHOUT FOREIGN BODY OF UNSPECIFIED THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.121A	LACERATION WITH FOREIGN BODY OF RIGHT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.122A	LACERATION WITH FOREIGN BODY OF LEFT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.129A	LACERATION WITH FOREIGN BODY OF UNSPECIFIED THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.131A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.132A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.139A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF UNSPECIFIED THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.141A	PUNCTURE WOUND WITH FOREIGN BODY OF RIGHT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.142A	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.149A	PUNCTURE WOUND WITH FOREIGN BODY OF UNSPECIFIED THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.151A	OPEN BITE OF RIGHT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S61.152A	OPEN BITE OF LEFT THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.159A	OPEN BITE OF UNSPECIFIED THUMB WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.200A	UNSPECIFIED OPEN WOUND OF RIGHT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.201A	UNSPECIFIED OPEN WOUND OF LEFT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.202A	UNSPECIFIED OPEN WOUND OF RIGHT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.203A	UNSPECIFIED OPEN WOUND OF LEFT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.204A	UNSPECIFIED OPEN WOUND OF RIGHT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.205A	UNSPECIFIED OPEN WOUND OF LEFT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.206A	UNSPECIFIED OPEN WOUND OF RIGHT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.207A	UNSPECIFIED OPEN WOUND OF LEFT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.208A	UNSPECIFIED OPEN WOUND OF OTHER FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.209A	UNSPECIFIED OPEN WOUND OF UNSPECIFIED FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.210A	LACERATION WITHOUT FOREIGN BODY OF RIGHT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.211A	LACERATION WITHOUT FOREIGN BODY OF LEFT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.212A	LACERATION WITHOUT FOREIGN BODY OF RIGHT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.213A	LACERATION WITHOUT FOREIGN BODY OF LEFT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.214A	LACERATION WITHOUT FOREIGN BODY OF RIGHT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.215A	LACERATION WITHOUT FOREIGN BODY OF LEFT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.216A	LACERATION WITHOUT FOREIGN BODY OF RIGHT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.217A	LACERATION WITHOUT FOREIGN BODY OF LEFT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.218A	LACERATION WITHOUT FOREIGN BODY OF OTHER FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.219A	LACERATION WITHOUT FOREIGN BODY OF UNSPECIFIED FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.220A	LACERATION WITH FOREIGN BODY OF RIGHT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.221A	LACERATION WITH FOREIGN BODY OF LEFT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.222A	LACERATION WITH FOREIGN BODY OF RIGHT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.223A	LACERATION WITH FOREIGN BODY OF LEFT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.224A	LACERATION WITH FOREIGN BODY OF RIGHT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.225A	LACERATION WITH FOREIGN BODY OF LEFT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.226A	LACERATION WITH FOREIGN BODY OF RIGHT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.227A	LACERATION WITH FOREIGN BODY OF LEFT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.228A	LACERATION WITH FOREIGN BODY OF OTHER FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.229A	LACERATION WITH FOREIGN BODY OF UNSPECIFIED FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.230A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.231A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.232A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.233A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.234A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.235A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.236A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.237A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.238A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF OTHER FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.239A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF UNSPECIFIED FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.240A	PUNCTURE WOUND WITH FOREIGN BODY OF RIGHT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.241A	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.242A	PUNCTURE WOUND WITH FOREIGN BODY OF RIGHT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.243A	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.244A	PUNCTURE WOUND WITH FOREIGN BODY OF RIGHT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.245A	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.246A	PUNCTURE WOUND WITH FOREIGN BODY OF RIGHT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.247A	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.248A	PUNCTURE WOUND WITH FOREIGN BODY OF OTHER FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.249A	PUNCTURE WOUND WITH FOREIGN BODY OF UNSPECIFIED FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.250A	OPEN BITE OF RIGHT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.251A	OPEN BITE OF LEFT INDEX FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.252A	OPEN BITE OF RIGHT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.253A	OPEN BITE OF LEFT MIDDLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.254A	OPEN BITE OF RIGHT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.255A	OPEN BITE OF LEFT RING FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.256A	OPEN BITE OF RIGHT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.257A	OPEN BITE OF LEFT LITTLE FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.258A	OPEN BITE OF OTHER FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.259A	OPEN BITE OF UNSPECIFIED FINGER WITHOUT DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.300A	UNSPECIFIED OPEN WOUND OF RIGHT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.301A	UNSPECIFIED OPEN WOUND OF LEFT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.302A	UNSPECIFIED OPEN WOUND OF RIGHT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.303A	UNSPECIFIED OPEN WOUND OF LEFT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.304A	UNSPECIFIED OPEN WOUND OF RIGHT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.305A	UNSPECIFIED OPEN WOUND OF LEFT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.306A	UNSPECIFIED OPEN WOUND OF RIGHT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.307A	UNSPECIFIED OPEN WOUND OF LEFT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.308A	UNSPECIFIED OPEN WOUND OF OTHER FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.309A	UNSPECIFIED OPEN WOUND OF UNSPECIFIED FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S61.310A	LACERATION WITHOUT FOREIGN BODY OF RIGHT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.311A	LACERATION WITHOUT FOREIGN BODY OF LEFT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.312A	LACERATION WITHOUT FOREIGN BODY OF RIGHT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.313A	LACERATION WITHOUT FOREIGN BODY OF LEFT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.314A	LACERATION WITHOUT FOREIGN BODY OF RIGHT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.315A	LACERATION WITHOUT FOREIGN BODY OF LEFT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.316A	LACERATION WITHOUT FOREIGN BODY OF RIGHT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.317A	LACERATION WITHOUT FOREIGN BODY OF LEFT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.318A	LACERATION WITHOUT FOREIGN BODY OF OTHER FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.319A	LACERATION WITHOUT FOREIGN BODY OF UNSPECIFIED FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.320A	LACERATION WITH FOREIGN BODY OF RIGHT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.321A	LACERATION WITH FOREIGN BODY OF LEFT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.322A	LACERATION WITH FOREIGN BODY OF RIGHT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.323A	LACERATION WITH FOREIGN BODY OF LEFT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.324A	LACERATION WITH FOREIGN BODY OF RIGHT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.325A	LACERATION WITH FOREIGN BODY OF LEFT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.326A	LACERATION WITH FOREIGN BODY OF RIGHT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.327A	LACERATION WITH FOREIGN BODY OF LEFT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.328A	LACERATION WITH FOREIGN BODY OF OTHER FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.329A	LACERATION WITH FOREIGN BODY OF UNSPECIFIED FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.330A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.331A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.332A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.333A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.334A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.335A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.336A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.337A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.338A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF OTHER FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.339A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF UNSPECIFIED FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.340A	PUNCTURE WOUND WITH FOREIGN BODY OF RIGHT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.341A	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.342A	PUNCTURE WOUND WITH FOREIGN BODY OF RIGHT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.343A	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.344A	PUNCTURE WOUND WITH FOREIGN BODY OF RIGHT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.345A	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.346A	PUNCTURE WOUND WITH FOREIGN BODY OF RIGHT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.347A	PUNCTURE WOUND WITH FOREIGN BODY OF LEFT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.348A	PUNCTURE WOUND WITH FOREIGN BODY OF OTHER FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.349A	PUNCTURE WOUND WITH FOREIGN BODY OF UNSPECIFIED FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.350A	OPEN BITE OF RIGHT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.351A	OPEN BITE OF LEFT INDEX FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.352A	OPEN BITE OF RIGHT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.353A	OPEN BITE OF LEFT MIDDLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.354A	OPEN BITE OF RIGHT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.355A	OPEN BITE OF LEFT RING FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.356A	OPEN BITE OF RIGHT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.357A	OPEN BITE OF LEFT LITTLE FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.358A	OPEN BITE OF OTHER FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.359A	OPEN BITE OF UNSPECIFIED FINGER WITH DAMAGE TO NAIL, INITIAL ENCOUNTER
S61.401A	UNSPECIFIED OPEN WOUND OF RIGHT HAND, INITIAL ENCOUNTER
S61.402A	UNSPECIFIED OPEN WOUND OF LEFT HAND, INITIAL ENCOUNTER
S61.409A	UNSPECIFIED OPEN WOUND OF UNSPECIFIED HAND, INITIAL ENCOUNTER
S61.411A	LACERATION WITHOUT FOREIGN BODY OF RIGHT HAND, INITIAL ENCOUNTER
S61.412A	LACERATION WITHOUT FOREIGN BODY OF LEFT HAND, INITIAL ENCOUNTER
S61.419A	LACERATION WITHOUT FOREIGN BODY OF UNSPECIFIED HAND, INITIAL ENCOUNTER
S61.431A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT HAND, INITIAL ENCOUNTER
S61.432A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT HAND, INITIAL ENCOUNTER
S61.439A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF UNSPECIFIED HAND, INITIAL ENCOUNTER
S61.451A	OPEN BITE OF RIGHT HAND, INITIAL ENCOUNTER
S61.452A	OPEN BITE OF LEFT HAND, INITIAL ENCOUNTER
S61.459A	OPEN BITE OF UNSPECIFIED HAND, INITIAL ENCOUNTER
S61.501A	UNSPECIFIED OPEN WOUND OF RIGHT WRIST, INITIAL ENCOUNTER
S61.502A	UNSPECIFIED OPEN WOUND OF LEFT WRIST, INITIAL ENCOUNTER
S61.509A	UNSPECIFIED OPEN WOUND OF UNSPECIFIED WRIST, INITIAL ENCOUNTER
S61.511A	LACERATION WITHOUT FOREIGN BODY OF RIGHT WRIST, INITIAL ENCOUNTER
S61.512A	LACERATION WITHOUT FOREIGN BODY OF LEFT WRIST, INITIAL ENCOUNTER
S61.519A	LACERATION WITHOUT FOREIGN BODY OF UNSPECIFIED WRIST, INITIAL ENCOUNTER
S61.531A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF RIGHT WRIST, INITIAL ENCOUNTER
S61.532A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF LEFT WRIST, INITIAL ENCOUNTER
S61.539A	PUNCTURE WOUND WITHOUT FOREIGN BODY OF UNSPECIFIED WRIST, INITIAL ENCOUNTER
S61.551A	OPEN BITE OF RIGHT WRIST, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S61.552A	OPEN BITE OF LEFT WRIST, INITIAL ENCOUNTER
S61.559A	OPEN BITE OF UNSPECIFIED WRIST, INITIAL ENCOUNTER
S62.309A	UNSPECIFIED FRACTURE OF UNSPECIFIED METACARPAL BONE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.319A	DISPLACED FRACTURE OF BASE OF UNSPECIFIED METACARPAL BONE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.329A	DISPLACED FRACTURE OF SHAFT OF UNSPECIFIED METACARPAL BONE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.339A	DISPLACED FRACTURE OF NECK OF UNSPECIFIED METACARPAL BONE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.349A	NONDISPLACED FRACTURE OF BASE OF UNSPECIFIED METACARPAL BONE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.359A	NONDISPLACED FRACTURE OF SHAFT OF UNSPECIFIED METACARPAL BONE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.369A	NONDISPLACED FRACTURE OF NECK OF UNSPECIFIED METACARPAL BONE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.399A	OTHER FRACTURE OF UNSPECIFIED METACARPAL BONE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.501A	FRACTURE OF UNSPECIFIED PHALANX OF RIGHT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.502A	FRACTURE OF UNSPECIFIED PHALANX OF LEFT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.509A	FRACTURE OF UNSPECIFIED PHALANX OF UNSPECIFIED THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.511A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.512A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.513A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF UNSPECIFIED THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.514A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.515A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.516A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF UNSPECIFIED THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.521A	DISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.522A	DISPLACED FRACTURE OF DISTAL PHALANX OF LEFT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.523A	DISPLACED FRACTURE OF DISTAL PHALANX OF UNSPECIFIED THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.524A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.525A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF LEFT THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.526A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF UNSPECIFIED THUMB, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.600A	FRACTURE OF UNSPECIFIED PHALANX OF RIGHT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.601A	FRACTURE OF UNSPECIFIED PHALANX OF LEFT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.602A	FRACTURE OF UNSPECIFIED PHALANX OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.603A	FRACTURE OF UNSPECIFIED PHALANX OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.604A	FRACTURE OF UNSPECIFIED PHALANX OF RIGHT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.605A	FRACTURE OF UNSPECIFIED PHALANX OF LEFT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.606A	FRACTURE OF UNSPECIFIED PHALANX OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.607A	FRACTURE OF UNSPECIFIED PHALANX OF LEFT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.608A	FRACTURE OF UNSPECIFIED PHALANX OF OTHER FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.609A	FRACTURE OF UNSPECIFIED PHALANX OF UNSPECIFIED FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.610A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.611A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.612A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.613A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.614A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.615A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.616A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.617A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.618A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF OTHER FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.619A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF UNSPECIFIED FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.620A	DISPLACED FRACTURE OF MEDIAL PHALANX OF RIGHT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.621A	DISPLACED FRACTURE OF MEDIAL PHALANX OF LEFT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.622A	DISPLACED FRACTURE OF MEDIAL PHALANX OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.623A	DISPLACED FRACTURE OF MEDIAL PHALANX OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.624A	DISPLACED FRACTURE OF MEDIAL PHALANX OF RIGHT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.625A	DISPLACED FRACTURE OF MEDIAL PHALANX OF LEFT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.626A	DISPLACED FRACTURE OF MEDIAL PHALANX OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.627A	DISPLACED FRACTURE OF MEDIAL PHALANX OF LEFT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.628A	DISPLACED FRACTURE OF MEDIAL PHALANX OF OTHER FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.629A	DISPLACED FRACTURE OF MEDIAL PHALANX OF UNSPECIFIED FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.630A	DISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.631A	DISPLACED FRACTURE OF DISTAL PHALANX OF LEFT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.632A	DISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.633A	DISPLACED FRACTURE OF DISTAL PHALANX OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.634A	DISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.635A	DISPLACED FRACTURE OF DISTAL PHALANX OF LEFT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.636A	DISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.637A	DISPLACED FRACTURE OF DISTAL PHALANX OF LEFT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.638A	DISPLACED FRACTURE OF DISTAL PHALANX OF OTHER FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.639A	DISPLACED FRACTURE OF DISTAL PHALANX OF UNSPECIFIED FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.640A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.641A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.642A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.643A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.644A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.645A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.646A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S62.647A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.648A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF OTHER FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.649A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF UNSPECIFIED FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.650A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF RIGHT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.651A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF LEFT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.652A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.653A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.654A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF RIGHT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.655A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF LEFT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.656A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.657A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF LEFT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.658A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF OTHER FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.659A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF UNSPECIFIED FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.660A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.661A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF LEFT INDEX FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.662A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.663A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.664A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.665A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF LEFT RING FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.666A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.667A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF LEFT LITTLE FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.668A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF OTHER FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S62.669A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF UNSPECIFIED FINGER, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S63.400A	TRAUMATIC RUPTURE OF UNSPECIFIED LIGAMENT OF RIGHT INDEX FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.401A	TRAUMATIC RUPTURE OF UNSPECIFIED LIGAMENT OF LEFT INDEX FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.402A	TRAUMATIC RUPTURE OF UNSPECIFIED LIGAMENT OF RIGHT MIDDLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.403A	TRAUMATIC RUPTURE OF UNSPECIFIED LIGAMENT OF LEFT MIDDLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.404A	TRAUMATIC RUPTURE OF UNSPECIFIED LIGAMENT OF RIGHT RING FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.405A	TRAUMATIC RUPTURE OF UNSPECIFIED LIGAMENT OF LEFT RING FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.406A	TRAUMATIC RUPTURE OF UNSPECIFIED LIGAMENT OF RIGHT LITTLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.407A	TRAUMATIC RUPTURE OF UNSPECIFIED LIGAMENT OF LEFT LITTLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.408A	TRAUMATIC RUPTURE OF UNSPECIFIED LIGAMENT OF OTHER FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.409A	TRAUMATIC RUPTURE OF UNSPECIFIED LIGAMENT OF UNSPECIFIED FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.410A	TRAUMATIC RUPTURE OF COLLATERAL LIGAMENT OF RIGHT INDEX FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.411A	TRAUMATIC RUPTURE OF COLLATERAL LIGAMENT OF LEFT INDEX FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.412A	TRAUMATIC RUPTURE OF COLLATERAL LIGAMENT OF RIGHT MIDDLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.413A	TRAUMATIC RUPTURE OF COLLATERAL LIGAMENT OF LEFT MIDDLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.414A	TRAUMATIC RUPTURE OF COLLATERAL LIGAMENT OF RIGHT RING FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.415A	TRAUMATIC RUPTURE OF COLLATERAL LIGAMENT OF LEFT RING FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.416A	TRAUMATIC RUPTURE OF COLLATERAL LIGAMENT OF RIGHT LITTLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.417A	TRAUMATIC RUPTURE OF COLLATERAL LIGAMENT OF LEFT LITTLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.418A	TRAUMATIC RUPTURE OF COLLATERAL LIGAMENT OF OTHER FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.419A	TRAUMATIC RUPTURE OF COLLATERAL LIGAMENT OF UNSPECIFIED FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.420A	TRAUMATIC RUPTURE OF PALMAR LIGAMENT OF RIGHT INDEX FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.421A	TRAUMATIC RUPTURE OF PALMAR LIGAMENT OF LEFT INDEX FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.422A	TRAUMATIC RUPTURE OF PALMAR LIGAMENT OF RIGHT MIDDLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.423A	TRAUMATIC RUPTURE OF PALMAR LIGAMENT OF LEFT MIDDLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.424A	TRAUMATIC RUPTURE OF PALMAR LIGAMENT OF RIGHT RING FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.425A	TRAUMATIC RUPTURE OF PALMAR LIGAMENT OF LEFT RING FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S63.426A	TRAUMATIC RUPTURE OF PALMAR LIGAMENT OF RIGHT LITTLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.427A	TRAUMATIC RUPTURE OF PALMAR LIGAMENT OF LEFT LITTLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.428A	TRAUMATIC RUPTURE OF PALMAR LIGAMENT OF OTHER FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.429A	TRAUMATIC RUPTURE OF PALMAR LIGAMENT OF UNSPECIFIED FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.430A	TRAUMATIC RUPTURE OF VOLAR PLATE OF RIGHT INDEX FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.431A	TRAUMATIC RUPTURE OF VOLAR PLATE OF LEFT INDEX FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.432A	TRAUMATIC RUPTURE OF VOLAR PLATE OF RIGHT MIDDLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.433A	TRAUMATIC RUPTURE OF VOLAR PLATE OF LEFT MIDDLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.434A	TRAUMATIC RUPTURE OF VOLAR PLATE OF RIGHT RING FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.435A	TRAUMATIC RUPTURE OF VOLAR PLATE OF LEFT RING FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.436A	TRAUMATIC RUPTURE OF VOLAR PLATE OF RIGHT LITTLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.437A	TRAUMATIC RUPTURE OF VOLAR PLATE OF LEFT LITTLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.438A	TRAUMATIC RUPTURE OF VOLAR PLATE OF OTHER FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.439A	TRAUMATIC RUPTURE OF VOLAR PLATE OF UNSPECIFIED FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.490A	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF RIGHT INDEX FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.491A	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF LEFT INDEX FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.492A	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF RIGHT MIDDLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.493A	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF LEFT MIDDLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.494A	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF RIGHT RING FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.495A	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF LEFT RING FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.496A	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF RIGHT LITTLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.497A	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF LEFT LITTLE FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.498A	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF OTHER FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.499A	TRAUMATIC RUPTURE OF OTHER LIGAMENT OF UNSPECIFIED FINGER AT METACARPOPHALANGEAL AND INTERPHALANGEAL JOINT, INITIAL ENCOUNTER
S63.501A	UNSPECIFIED SPRAIN OF RIGHT WRIST, INITIAL ENCOUNTER
S63.502A	UNSPECIFIED SPRAIN OF LEFT WRIST, INITIAL ENCOUNTER
S63.509A	UNSPECIFIED SPRAIN OF UNSPECIFIED WRIST, INITIAL ENCOUNTER
S63.601A	UNSPECIFIED SPRAIN OF RIGHT THUMB, INITIAL ENCOUNTER
S63.602A	UNSPECIFIED SPRAIN OF LEFT THUMB, INITIAL ENCOUNTER
S63.609A	UNSPECIFIED SPRAIN OF UNSPECIFIED THUMB, INITIAL ENCOUNTER
S63.610A	UNSPECIFIED SPRAIN OF RIGHT INDEX FINGER, INITIAL ENCOUNTER
S63.611A	UNSPECIFIED SPRAIN OF LEFT INDEX FINGER, INITIAL ENCOUNTER
S63.612A	UNSPECIFIED SPRAIN OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER
S63.613A	UNSPECIFIED SPRAIN OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER
S63.614A	UNSPECIFIED SPRAIN OF RIGHT RING FINGER, INITIAL ENCOUNTER
S63.615A	UNSPECIFIED SPRAIN OF LEFT RING FINGER, INITIAL ENCOUNTER
S63.616A	UNSPECIFIED SPRAIN OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER
S63.617A	UNSPECIFIED SPRAIN OF LEFT LITTLE FINGER, INITIAL ENCOUNTER
S63.618A	UNSPECIFIED SPRAIN OF OTHER FINGER, INITIAL ENCOUNTER
S63.619A	UNSPECIFIED SPRAIN OF UNSPECIFIED FINGER, INITIAL ENCOUNTER
S63.621A	SPRAIN OF INTERPHALANGEAL JOINT OF RIGHT THUMB, INITIAL ENCOUNTER
S63.622A	SPRAIN OF INTERPHALANGEAL JOINT OF LEFT THUMB, INITIAL ENCOUNTER
S63.629A	SPRAIN OF INTERPHALANGEAL JOINT OF UNSPECIFIED THUMB, INITIAL ENCOUNTER
S63.630A	SPRAIN OF INTERPHALANGEAL JOINT OF RIGHT INDEX FINGER, INITIAL ENCOUNTER
S63.631A	SPRAIN OF INTERPHALANGEAL JOINT OF LEFT INDEX FINGER, INITIAL ENCOUNTER
S63.632A	SPRAIN OF INTERPHALANGEAL JOINT OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER
S63.633A	SPRAIN OF INTERPHALANGEAL JOINT OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER
S63.634A	SPRAIN OF INTERPHALANGEAL JOINT OF RIGHT RING FINGER, INITIAL ENCOUNTER
S63.635A	SPRAIN OF INTERPHALANGEAL JOINT OF LEFT RING FINGER, INITIAL ENCOUNTER
S63.636A	SPRAIN OF INTERPHALANGEAL JOINT OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER
S63.637A	SPRAIN OF INTERPHALANGEAL JOINT OF LEFT LITTLE FINGER, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
S63.638A	SPRAIN OF INTERPHALANGEAL JOINT OF OTHER FINGER, INITIAL ENCOUNTER
S63.639A	SPRAIN OF INTERPHALANGEAL JOINT OF UNSPECIFIED FINGER, INITIAL ENCOUNTER
S63.681A	OTHER SPRAIN OF RIGHT THUMB, INITIAL ENCOUNTER
S63.682A	OTHER SPRAIN OF LEFT THUMB, INITIAL ENCOUNTER
S63.689A	OTHER SPRAIN OF UNSPECIFIED THUMB, INITIAL ENCOUNTER
S63.690A	OTHER SPRAIN OF RIGHT INDEX FINGER, INITIAL ENCOUNTER
S63.691A	OTHER SPRAIN OF LEFT INDEX FINGER, INITIAL ENCOUNTER
S63.692A	OTHER SPRAIN OF RIGHT MIDDLE FINGER, INITIAL ENCOUNTER
S63.693A	OTHER SPRAIN OF LEFT MIDDLE FINGER, INITIAL ENCOUNTER
S63.694A	OTHER SPRAIN OF RIGHT RING FINGER, INITIAL ENCOUNTER
S63.695A	OTHER SPRAIN OF LEFT RING FINGER, INITIAL ENCOUNTER
S63.696A	OTHER SPRAIN OF RIGHT LITTLE FINGER, INITIAL ENCOUNTER
S63.697A	OTHER SPRAIN OF LEFT LITTLE FINGER, INITIAL ENCOUNTER
S63.698A	OTHER SPRAIN OF OTHER FINGER, INITIAL ENCOUNTER
S63.699A	OTHER SPRAIN OF UNSPECIFIED FINGER, INITIAL ENCOUNTER
S63.8X1A	SPRAIN OF OTHER PART OF RIGHT WRIST AND HAND, INITIAL ENCOUNTER
S63.8X2A	SPRAIN OF OTHER PART OF LEFT WRIST AND HAND, INITIAL ENCOUNTER
S63.8X9A	SPRAIN OF OTHER PART OF UNSPECIFIED WRIST AND HAND, INITIAL ENCOUNTER
S63.90XA	SPRAIN OF UNSPECIFIED PART OF UNSPECIFIED WRIST AND HAND, INITIAL ENCOUNTER
S63.91XA	SPRAIN OF UNSPECIFIED PART OF RIGHT WRIST AND HAND, INITIAL ENCOUNTER
S63.92XA	SPRAIN OF UNSPECIFIED PART OF LEFT WRIST AND HAND, INITIAL ENCOUNTER
S66.001A	UNSPECIFIED INJURY OF LONG FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.002A	UNSPECIFIED INJURY OF LONG FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.009A	UNSPECIFIED INJURY OF LONG FLEXOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.011A	STRAIN OF LONG FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.012A	STRAIN OF LONG FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.019A	STRAIN OF LONG FLEXOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.091A	OTHER SPECIFIED INJURY OF LONG FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.092A	OTHER SPECIFIED INJURY OF LONG FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.099A	OTHER SPECIFIED INJURY OF LONG FLEXOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.100A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.101A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.102A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.103A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.104A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.105A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.106A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.107A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.108A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF OTHER FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.109A	UNSPECIFIED INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.110A	STRAIN OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.111A	STRAIN OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.112A	STRAIN OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.113A	STRAIN OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.114A	STRAIN OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.115A	STRAIN OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.116A	STRAIN OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.117A	STRAIN OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.118A	STRAIN OF FLEXOR MUSCLE, FASCIA AND TENDON OF OTHER FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.119A	STRAIN OF FLEXOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.190A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.191A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.192A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.193A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.194A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.195A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.196A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.197A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.198A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF OTHER FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S66.199A	OTHER INJURY OF FLEXOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.201A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.202A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.211A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.212A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.219A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.291A	OTHER SPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.292A	OTHER SPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.299A	OTHER SPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.300A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.301A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.302A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.303A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.304A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.305A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.306A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.307A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.308A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF OTHER FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.309A	UNSPECIFIED INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.310A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.311A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.312A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.313A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.314A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.315A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.316A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.317A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.318A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF OTHER FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.319A	STRAIN OF EXTENSOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.390A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.391A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.392A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.393A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.394A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.395A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.396A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.397A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.398A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF OTHER FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.399A	OTHER INJURY OF EXTENSOR MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.401A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.402A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.409A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.411A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.412A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.419A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.491A	OTHER SPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.492A	OTHER SPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.499A	OTHER SPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF UNSPECIFIED THUMB AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S66.500A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.501A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.502A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.503A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.504A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.505A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.506A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.507A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.508A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF OTHER FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.509A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.510A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.511A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.512A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.513A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.514A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.515A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.516A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.517A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.518A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF OTHER FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.519A	STRAIN OF INTRINSIC MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.529A	LACERATION OF INTRINSIC MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.590A	OTHER INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.591A	OTHER INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT INDEX FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.592A	OTHER INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.593A	OTHER INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT MIDDLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.594A	OTHER INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.595A	OTHER INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT RING FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.596A	OTHER INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF RIGHT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.597A	OTHER INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF LEFT LITTLE FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.598A	OTHER INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF OTHER FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.599A	OTHER INJURY OF INTRINSIC MUSCLE, FASCIA AND TENDON OF UNSPECIFIED FINGER AT WRIST AND HAND LEVEL, INITIAL ENCOUNTER
S66.801A	UNSPECIFIED INJURY OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, RIGHT HAND, INITIAL ENCOUNTER
S66.802A	UNSPECIFIED INJURY OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, LEFT HAND, INITIAL ENCOUNTER
S66.809A	UNSPECIFIED INJURY OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, UNSPECIFIED HAND, INITIAL ENCOUNTER
S66.811A	STRAIN OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, RIGHT HAND, INITIAL ENCOUNTER
S66.812A	STRAIN OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, LEFT HAND, INITIAL ENCOUNTER
S66.819A	STRAIN OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, UNSPECIFIED HAND, INITIAL ENCOUNTER
S66.891A	OTHER INJURY OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, RIGHT HAND, INITIAL ENCOUNTER
S66.892A	OTHER INJURY OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, LEFT HAND, INITIAL ENCOUNTER
S66.899A	OTHER INJURY OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT WRIST AND HAND LEVEL, UNSPECIFIED HAND, INITIAL ENCOUNTER
S66.901A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, RIGHT HAND, INITIAL ENCOUNTER
S66.902A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, LEFT HAND, INITIAL ENCOUNTER
S66.909A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, UNSPECIFIED HAND, INITIAL ENCOUNTER
S66.911A	STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, RIGHT HAND, INITIAL ENCOUNTER
S66.912A	STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, LEFT HAND, INITIAL ENCOUNTER
S66.919A	STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, UNSPECIFIED HAND, INITIAL ENCOUNTER
S66.991A	OTHER INJURY OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, RIGHT HAND, INITIAL ENCOUNTER
S66.992A	OTHER INJURY OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, LEFT HAND, INITIAL ENCOUNTER
S66.999A	OTHER INJURY OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT WRIST AND HAND LEVEL, UNSPECIFIED HAND, INITIAL ENCOUNTER
S69.80XA	OTHER SPECIFIED INJURIES OF UNSPECIFIED WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER
S69.81XA	OTHER SPECIFIED INJURIES OF RIGHT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER
S69.82XA	OTHER SPECIFIED INJURIES OF LEFT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER
S69.90XA	UNSPECIFIED INJURY OF UNSPECIFIED WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER
S69.91XA	UNSPECIFIED INJURY OF RIGHT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER
S69.92XA	UNSPECIFIED INJURY OF LEFT WRIST, HAND AND FINGER(S), INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S70.10XA	CONTUSION OF UNSPECIFIED THIGH, INITIAL ENCOUNTER
S70.211A	ABRASION, RIGHT HIP, INITIAL ENCOUNTER
S70.212A	ABRASION, LEFT HIP, INITIAL ENCOUNTER
S70.219A	ABRASION, UNSPECIFIED HIP, INITIAL ENCOUNTER
S70.261A	INSECT BITE (NONVENOMOUS), RIGHT HIP, INITIAL ENCOUNTER
S70.262A	INSECT BITE (NONVENOMOUS), LEFT HIP, INITIAL ENCOUNTER
S70.269A	INSECT BITE (NONVENOMOUS), UNSPECIFIED HIP, INITIAL ENCOUNTER
S70.311A	ABRASION, RIGHT THIGH, INITIAL ENCOUNTER
S70.312A	ABRASION, LEFT THIGH, INITIAL ENCOUNTER
S70.319A	ABRASION, UNSPECIFIED THIGH, INITIAL ENCOUNTER
S70.361A	INSECT BITE (NONVENOMOUS), RIGHT THIGH, INITIAL ENCOUNTER
S70.362A	INSECT BITE (NONVENOMOUS), LEFT THIGH, INITIAL ENCOUNTER
S70.369A	INSECT BITE (NONVENOMOUS), UNSPECIFIED THIGH, INITIAL ENCOUNTER
S73.101A	UNSPECIFIED SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER
S73.102A	UNSPECIFIED SPRAIN OF LEFT HIP, INITIAL ENCOUNTER
S73.109A	UNSPECIFIED SPRAIN OF UNSPECIFIED HIP, INITIAL ENCOUNTER
S76.911A	STRAIN OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, RIGHT THIGH, INITIAL ENCOUNTER
S76.912A	STRAIN OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, LEFT THIGH, INITIAL ENCOUNTER
S76.919A	STRAIN OF UNSPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, UNSPECIFIED THIGH, INITIAL ENCOUNTER
S80.00XA	CONTUSION OF UNSPECIFIED KNEE, INITIAL ENCOUNTER
S80.01XA	CONTUSION OF RIGHT KNEE, INITIAL ENCOUNTER
S80.02XA	CONTUSION OF LEFT KNEE, INITIAL ENCOUNTER
S80.10XA	CONTUSION OF UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER
S80.11XA	CONTUSION OF RIGHT LOWER LEG, INITIAL ENCOUNTER
S80.12XA	CONTUSION OF LEFT LOWER LEG, INITIAL ENCOUNTER
S80.211A	ABRASION, RIGHT KNEE, INITIAL ENCOUNTER
S80.212A	ABRASION, LEFT KNEE, INITIAL ENCOUNTER
S80.219A	ABRASION, UNSPECIFIED KNEE, INITIAL ENCOUNTER
S80.261A	INSECT BITE (NONVENOMOUS), RIGHT KNEE, INITIAL ENCOUNTER
S80.262A	INSECT BITE (NONVENOMOUS), LEFT KNEE, INITIAL ENCOUNTER
S80.269A	INSECT BITE (NONVENOMOUS), UNSPECIFIED KNEE, INITIAL ENCOUNTER
S80.811A	ABRASION, RIGHT LOWER LEG, INITIAL ENCOUNTER
S80.812A	ABRASION, LEFT LOWER LEG, INITIAL ENCOUNTER
S80.819A	ABRASION, UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER
S80.861A	INSECT BITE (NONVENOMOUS), RIGHT LOWER LEG, INITIAL ENCOUNTER
S80.862A	INSECT BITE (NONVENOMOUS), LEFT LOWER LEG, INITIAL ENCOUNTER
S80.869A	INSECT BITE (NONVENOMOUS), UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER
S81.001A	UNSPECIFIED OPEN WOUND, RIGHT KNEE, INITIAL ENCOUNTER
S81.002A	UNSPECIFIED OPEN WOUND, LEFT KNEE, INITIAL ENCOUNTER
S81.009A	UNSPECIFIED OPEN WOUND, UNSPECIFIED KNEE, INITIAL ENCOUNTER
S81.011A	LACERATION WITHOUT FOREIGN BODY, RIGHT KNEE, INITIAL ENCOUNTER
S81.012A	LACERATION WITHOUT FOREIGN BODY, LEFT KNEE, INITIAL ENCOUNTER
S81.019A	LACERATION WITHOUT FOREIGN BODY, UNSPECIFIED KNEE, INITIAL ENCOUNTER
S81.031A	PUNCTURE WOUND WITHOUT FOREIGN BODY, RIGHT KNEE, INITIAL ENCOUNTER
S81.032A	PUNCTURE WOUND WITHOUT FOREIGN BODY, LEFT KNEE, INITIAL ENCOUNTER
S81.039A	PUNCTURE WOUND WITHOUT FOREIGN BODY, UNSPECIFIED KNEE, INITIAL ENCOUNTER
S81.051A	OPEN BITE, RIGHT KNEE, INITIAL ENCOUNTER
S81.052A	OPEN BITE, LEFT KNEE, INITIAL ENCOUNTER
S81.059A	OPEN BITE, UNSPECIFIED KNEE, INITIAL ENCOUNTER
S81.801A	UNSPECIFIED OPEN WOUND, RIGHT LOWER LEG, INITIAL ENCOUNTER
S81.802A	UNSPECIFIED OPEN WOUND, LEFT LOWER LEG, INITIAL ENCOUNTER
S81.809A	UNSPECIFIED OPEN WOUND, UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER
S81.811A	LACERATION WITHOUT FOREIGN BODY, RIGHT LOWER LEG, INITIAL ENCOUNTER
S81.812A	LACERATION WITHOUT FOREIGN BODY, LEFT LOWER LEG, INITIAL ENCOUNTER
S81.819A	LACERATION WITHOUT FOREIGN BODY, UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER
S81.831A	PUNCTURE WOUND WITHOUT FOREIGN BODY, RIGHT LOWER LEG, INITIAL ENCOUNTER
S81.832A	PUNCTURE WOUND WITHOUT FOREIGN BODY, LEFT LOWER LEG, INITIAL ENCOUNTER
S81.839A	PUNCTURE WOUND WITHOUT FOREIGN BODY, UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER
S81.851A	OPEN BITE, RIGHT LOWER LEG, INITIAL ENCOUNTER
S81.852A	OPEN BITE, LEFT LOWER LEG, INITIAL ENCOUNTER
S81.859A	OPEN BITE, UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER
S82.301A	UNSPECIFIED FRACTURE OF LOWER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S82.302A	UNSPECIFIED FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S82.309A	UNSPECIFIED FRACTURE OF LOWER END OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S82.391A	OTHER FRACTURE OF LOWER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S82.392A	OTHER FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S82.399A	OTHER FRACTURE OF LOWER END OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S82.891A	OTHER FRACTURE OF RIGHT LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S82.892A	OTHER FRACTURE OF LEFT LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S82.899A	OTHER FRACTURE OF UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S83.90XA	SPRAIN OF UNSPECIFIED SITE OF UNSPECIFIED KNEE, INITIAL ENCOUNTER
S83.91XA	SPRAIN OF UNSPECIFIED SITE OF RIGHT KNEE, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
S83.92XA	SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL ENCOUNTER
S86.001A	UNSPECIFIED INJURY OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER
S86.002A	UNSPECIFIED INJURY OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER
S86.009A	UNSPECIFIED INJURY OF UNSPECIFIED ACHILLES TENDON, INITIAL ENCOUNTER
S86.011A	STRAIN OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER
S86.012A	STRAIN OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER
S86.019A	STRAIN OF UNSPECIFIED ACHILLES TENDON, INITIAL ENCOUNTER
S86.091A	OTHER SPECIFIED INJURY OF RIGHT ACHILLES TENDON, INITIAL ENCOUNTER
S86.092A	OTHER SPECIFIED INJURY OF LEFT ACHILLES TENDON, INITIAL ENCOUNTER
S86.099A	OTHER SPECIFIED INJURY OF UNSPECIFIED ACHILLES TENDON, INITIAL ENCOUNTER
S86.101A	UNSPECIFIED INJURY OF OTHER MUSCLE(S) AND TENDON(S) OF POSTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.102A	UNSPECIFIED INJURY OF OTHER MUSCLE(S) AND TENDON(S) OF POSTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.109A	UNSPECIFIED INJURY OF OTHER MUSCLE(S) AND TENDON(S) OF POSTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S86.191A	OTHER INJURY OF OTHER MUSCLE(S) AND TENDON(S) OF POSTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.192A	OTHER INJURY OF OTHER MUSCLE(S) AND TENDON(S) OF POSTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.199A	OTHER INJURY OF OTHER MUSCLE(S) AND TENDON(S) OF POSTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S86.201A	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF ANTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.202A	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF ANTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.209A	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF ANTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S86.291A	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF ANTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.292A	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF ANTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.299A	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF ANTERIOR MUSCLE GROUP AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S86.301A	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.302A	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.309A	UNSPECIFIED INJURY OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S86.391A	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.392A	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.399A	OTHER INJURY OF MUSCLE(S) AND TENDON(S) OF PERONEAL MUSCLE GROUP AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S86.801A	UNSPECIFIED INJURY OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.802A	UNSPECIFIED INJURY OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.809A	UNSPECIFIED INJURY OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S86.891A	OTHER INJURY OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.892A	OTHER INJURY OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.899A	OTHER INJURY OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S86.901A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.902A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.909A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S86.911A	STRAIN OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.912A	STRAIN OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.919A	STRAIN OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S86.991A	OTHER INJURY OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, RIGHT LEG, INITIAL ENCOUNTER
S86.992A	OTHER INJURY OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, LEFT LEG, INITIAL ENCOUNTER
S86.999A	OTHER INJURY OF UNSPECIFIED MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, UNSPECIFIED LEG, INITIAL ENCOUNTER
S89.101A	UNSPECIFIED PHYSEAL FRACTURE OF LOWER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.102A	UNSPECIFIED PHYSEAL FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.109A	UNSPECIFIED PHYSEAL FRACTURE OF LOWER END OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.111A	SALTER-HARRIS TYPE I PHYSEAL FRACTURE OF LOWER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.112A	SALTER-HARRIS TYPE I PHYSEAL FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.119A	SALTER-HARRIS TYPE I PHYSEAL FRACTURE OF LOWER END OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.121A	SALTER-HARRIS TYPE II PHYSEAL FRACTURE OF LOWER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.122A	SALTER-HARRIS TYPE II PHYSEAL FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.129A	SALTER-HARRIS TYPE II PHYSEAL FRACTURE OF LOWER END OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.131A	SALTER-HARRIS TYPE III PHYSEAL FRACTURE OF LOWER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.132A	SALTER-HARRIS TYPE III PHYSEAL FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.139A	SALTER-HARRIS TYPE III PHYSEAL FRACTURE OF LOWER END OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.141A	SALTER-HARRIS TYPE IV PHYSEAL FRACTURE OF LOWER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.142A	SALTER-HARRIS TYPE IV PHYSEAL FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.149A	SALTER-HARRIS TYPE IV PHYSEAL FRACTURE OF LOWER END OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S89.191A	OTHER PHYSEAL FRACTURE OF LOWER END OF RIGHT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.192A	OTHER PHYSEAL FRACTURE OF LOWER END OF LEFT TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.199A	OTHER PHYSEAL FRACTURE OF LOWER END OF UNSPECIFIED TIBIA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.301A	UNSPECIFIED PHYSEAL FRACTURE OF LOWER END OF RIGHT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.302A	UNSPECIFIED PHYSEAL FRACTURE OF LOWER END OF LEFT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.309A	UNSPECIFIED PHYSEAL FRACTURE OF LOWER END OF UNSPECIFIED FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.311A	SALTER-HARRIS TYPE I PHYSEAL FRACTURE OF LOWER END OF RIGHT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.312A	SALTER-HARRIS TYPE I PHYSEAL FRACTURE OF LOWER END OF LEFT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.319A	SALTER-HARRIS TYPE I PHYSEAL FRACTURE OF LOWER END OF UNSPECIFIED FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.321A	SALTER-HARRIS TYPE II PHYSEAL FRACTURE OF LOWER END OF RIGHT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.322A	SALTER-HARRIS TYPE II PHYSEAL FRACTURE OF LOWER END OF LEFT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.329A	SALTER-HARRIS TYPE II PHYSEAL FRACTURE OF LOWER END OF UNSPECIFIED FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.391A	OTHER PHYSEAL FRACTURE OF LOWER END OF RIGHT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.392A	OTHER PHYSEAL FRACTURE OF LOWER END OF LEFT FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.399A	OTHER PHYSEAL FRACTURE OF LOWER END OF UNSPECIFIED FIBULA, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S89.80XA	OTHER SPECIFIED INJURIES OF UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER
S89.81XA	OTHER SPECIFIED INJURIES OF RIGHT LOWER LEG, INITIAL ENCOUNTER
S89.82XA	OTHER SPECIFIED INJURIES OF LEFT LOWER LEG, INITIAL ENCOUNTER
S89.90XA	UNSPECIFIED INJURY OF UNSPECIFIED LOWER LEG, INITIAL ENCOUNTER
S89.91XA	UNSPECIFIED INJURY OF RIGHT LOWER LEG, INITIAL ENCOUNTER
S89.92XA	UNSPECIFIED INJURY OF LEFT LOWER LEG, INITIAL ENCOUNTER
S90.30XA	CONTUSION OF UNSPECIFIED FOOT, INITIAL ENCOUNTER
S90.31XA	CONTUSION OF RIGHT FOOT, INITIAL ENCOUNTER
S90.32XA	CONTUSION OF LEFT FOOT, INITIAL ENCOUNTER
S90.511A	ABRASION, RIGHT ANKLE, INITIAL ENCOUNTER
S90.512A	ABRASION, LEFT ANKLE, INITIAL ENCOUNTER
S90.519A	ABRASION, UNSPECIFIED ANKLE, INITIAL ENCOUNTER
S90.561A	INSECT BITE (NONVENOMOUS), RIGHT ANKLE, INITIAL ENCOUNTER
S90.562A	INSECT BITE (NONVENOMOUS), LEFT ANKLE, INITIAL ENCOUNTER
S90.569A	INSECT BITE (NONVENOMOUS), UNSPECIFIED ANKLE, INITIAL ENCOUNTER
S91.001A	UNSPECIFIED OPEN WOUND, RIGHT ANKLE, INITIAL ENCOUNTER
S91.002A	UNSPECIFIED OPEN WOUND, LEFT ANKLE, INITIAL ENCOUNTER
S91.009A	UNSPECIFIED OPEN WOUND, UNSPECIFIED ANKLE, INITIAL ENCOUNTER
S91.011A	LACERATION WITHOUT FOREIGN BODY, RIGHT ANKLE, INITIAL ENCOUNTER
S91.012A	LACERATION WITHOUT FOREIGN BODY, LEFT ANKLE, INITIAL ENCOUNTER
S91.019A	LACERATION WITHOUT FOREIGN BODY, UNSPECIFIED ANKLE, INITIAL ENCOUNTER
S91.031A	PUNCTURE WOUND WITHOUT FOREIGN BODY, RIGHT ANKLE, INITIAL ENCOUNTER
S91.032A	PUNCTURE WOUND WITHOUT FOREIGN BODY, LEFT ANKLE, INITIAL ENCOUNTER
S91.039A	PUNCTURE WOUND WITHOUT FOREIGN BODY, UNSPECIFIED ANKLE, INITIAL ENCOUNTER
S91.051A	OPEN BITE, RIGHT ANKLE, INITIAL ENCOUNTER
S91.052A	OPEN BITE, LEFT ANKLE, INITIAL ENCOUNTER
S91.059A	OPEN BITE, UNSPECIFIED ANKLE, INITIAL ENCOUNTER
S91.301A	UNSPECIFIED OPEN WOUND, RIGHT FOOT, INITIAL ENCOUNTER
S91.302A	UNSPECIFIED OPEN WOUND, LEFT FOOT, INITIAL ENCOUNTER
S91.309A	UNSPECIFIED OPEN WOUND, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S91.311A	LACERATION WITHOUT FOREIGN BODY, RIGHT FOOT, INITIAL ENCOUNTER
S91.312A	LACERATION WITHOUT FOREIGN BODY, LEFT FOOT, INITIAL ENCOUNTER
S91.319A	LACERATION WITHOUT FOREIGN BODY, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S91.331A	PUNCTURE WOUND WITHOUT FOREIGN BODY, RIGHT FOOT, INITIAL ENCOUNTER
S91.332A	PUNCTURE WOUND WITHOUT FOREIGN BODY, LEFT FOOT, INITIAL ENCOUNTER
S91.339A	PUNCTURE WOUND WITHOUT FOREIGN BODY, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S91.351A	OPEN BITE, RIGHT FOOT, INITIAL ENCOUNTER
S91.352A	OPEN BITE, LEFT FOOT, INITIAL ENCOUNTER
S91.359A	OPEN BITE, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S92.301A	FRACTURE OF UNSPECIFIED METATARSAL BONE(S), RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.302A	FRACTURE OF UNSPECIFIED METATARSAL BONE(S), LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.309A	FRACTURE OF UNSPECIFIED METATARSAL BONE(S), UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.311A	DISPLACED FRACTURE OF FIRST METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.312A	DISPLACED FRACTURE OF FIRST METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.313A	DISPLACED FRACTURE OF FIRST METATARSAL BONE, UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.314A	NONDISPLACED FRACTURE OF FIRST METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.315A	NONDISPLACED FRACTURE OF FIRST METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.316A	NONDISPLACED FRACTURE OF FIRST METATARSAL BONE, UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.321A	DISPLACED FRACTURE OF SECOND METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.322A	DISPLACED FRACTURE OF SECOND METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.323A	DISPLACED FRACTURE OF SECOND METATARSAL BONE, UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.324A	NONDISPLACED FRACTURE OF SECOND METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.325A	NONDISPLACED FRACTURE OF SECOND METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.326A	NONDISPLACED FRACTURE OF SECOND METATARSAL BONE, UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.331A	DISPLACED FRACTURE OF THIRD METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.332A	DISPLACED FRACTURE OF THIRD METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.333A	DISPLACED FRACTURE OF THIRD METATARSAL BONE, UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S92.334A	NONDISPLACED FRACTURE OF THIRD METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.335A	NONDISPLACED FRACTURE OF THIRD METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.336A	NONDISPLACED FRACTURE OF THIRD METATARSAL BONE, UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.341A	DISPLACED FRACTURE OF FOURTH METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.342A	DISPLACED FRACTURE OF FOURTH METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.343A	DISPLACED FRACTURE OF FOURTH METATARSAL BONE, UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.344A	NONDISPLACED FRACTURE OF FOURTH METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.345A	NONDISPLACED FRACTURE OF FOURTH METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.346A	NONDISPLACED FRACTURE OF FOURTH METATARSAL BONE, UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.351A	DISPLACED FRACTURE OF FIFTH METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.352A	DISPLACED FRACTURE OF FIFTH METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.353A	DISPLACED FRACTURE OF FIFTH METATARSAL BONE, UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.354A	NONDISPLACED FRACTURE OF FIFTH METATARSAL BONE, RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.355A	NONDISPLACED FRACTURE OF FIFTH METATARSAL BONE, LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.356A	NONDISPLACED FRACTURE OF FIFTH METATARSAL BONE, UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.401A	DISPLACED UNSPECIFIED FRACTURE OF RIGHT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.402A	DISPLACED UNSPECIFIED FRACTURE OF LEFT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.403A	DISPLACED UNSPECIFIED FRACTURE OF UNSPECIFIED GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.404A	NONDISPLACED UNSPECIFIED FRACTURE OF RIGHT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.405A	NONDISPLACED UNSPECIFIED FRACTURE OF LEFT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.406A	NONDISPLACED UNSPECIFIED FRACTURE OF UNSPECIFIED GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.411A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.412A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.413A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF UNSPECIFIED GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.414A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.415A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.416A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF UNSPECIFIED GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.421A	DISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.422A	DISPLACED FRACTURE OF DISTAL PHALANX OF LEFT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.423A	DISPLACED FRACTURE OF DISTAL PHALANX OF UNSPECIFIED GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.424A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.425A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF LEFT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.426A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF UNSPECIFIED GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.491A	OTHER FRACTURE OF RIGHT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.492A	OTHER FRACTURE OF LEFT GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.499A	OTHER FRACTURE OF UNSPECIFIED GREAT TOE, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.501A	DISPLACED UNSPECIFIED FRACTURE OF RIGHT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.502A	DISPLACED UNSPECIFIED FRACTURE OF LEFT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.503A	DISPLACED UNSPECIFIED FRACTURE OF UNSPECIFIED LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.504A	NONDISPLACED UNSPECIFIED FRACTURE OF RIGHT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.505A	NONDISPLACED UNSPECIFIED FRACTURE OF LEFT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.506A	NONDISPLACED UNSPECIFIED FRACTURE OF UNSPECIFIED LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.511A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.512A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.513A	DISPLACED FRACTURE OF PROXIMAL PHALANX OF UNSPECIFIED LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.514A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF RIGHT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.515A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF LEFT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.516A	NONDISPLACED FRACTURE OF PROXIMAL PHALANX OF UNSPECIFIED LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.521A	DISPLACED FRACTURE OF MEDIAL PHALANX OF RIGHT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.522A	DISPLACED FRACTURE OF MEDIAL PHALANX OF LEFT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.523A	DISPLACED FRACTURE OF MEDIAL PHALANX OF UNSPECIFIED LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.524A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF RIGHT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.525A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF LEFT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.526A	NONDISPLACED FRACTURE OF MEDIAL PHALANX OF UNSPECIFIED LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.531A	DISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.532A	DISPLACED FRACTURE OF DISTAL PHALANX OF LEFT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.533A	DISPLACED FRACTURE OF DISTAL PHALANX OF UNSPECIFIED LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.534A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF RIGHT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.535A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF LEFT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.536A	NONDISPLACED FRACTURE OF DISTAL PHALANX OF UNSPECIFIED LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.591A	OTHER FRACTURE OF RIGHT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.592A	OTHER FRACTURE OF LEFT LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.599A	OTHER FRACTURE OF UNSPECIFIED LESSER TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.901A	UNSPECIFIED FRACTURE OF RIGHT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.902A	UNSPECIFIED FRACTURE OF LEFT FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.909A	UNSPECIFIED FRACTURE OF UNSPECIFIED FOOT, INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.911A	UNSPECIFIED FRACTURE OF RIGHT TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.912A	UNSPECIFIED FRACTURE OF LEFT TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S92.919A	UNSPECIFIED FRACTURE OF UNSPECIFIED TOE(S), INITIAL ENCOUNTER FOR CLOSED FRACTURE
S93.401A	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER
S93.402A	SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER
S93.409A	SPRAIN OF UNSPECIFIED LIGAMENT OF UNSPECIFIED ANKLE, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	Description
S93.491A	SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE, INITIAL ENCOUNTER
S93.492A	SPRAIN OF OTHER LIGAMENT OF LEFT ANKLE, INITIAL ENCOUNTER
S93.499A	SPRAIN OF OTHER LIGAMENT OF UNSPECIFIED ANKLE, INITIAL ENCOUNTER
S93.601A	UNSPECIFIED SPRAIN OF RIGHT FOOT, INITIAL ENCOUNTER
S93.602A	UNSPECIFIED SPRAIN OF LEFT FOOT, INITIAL ENCOUNTER
S93.609A	UNSPECIFIED SPRAIN OF UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.001A	UNSPECIFIED INJURY OF MUSCLE AND TENDON OF LONG FLEXOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.002A	UNSPECIFIED INJURY OF MUSCLE AND TENDON OF LONG FLEXOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.009A	UNSPECIFIED INJURY OF MUSCLE AND TENDON OF LONG FLEXOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.011A	STRAIN OF MUSCLE AND TENDON OF LONG FLEXOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.012A	STRAIN OF MUSCLE AND TENDON OF LONG FLEXOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.019A	STRAIN OF MUSCLE AND TENDON OF LONG FLEXOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.091A	OTHER INJURY OF MUSCLE AND TENDON OF LONG FLEXOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.092A	OTHER INJURY OF MUSCLE AND TENDON OF LONG FLEXOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.099A	OTHER INJURY OF MUSCLE AND TENDON OF LONG FLEXOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.101A	UNSPECIFIED INJURY OF MUSCLE AND TENDON OF LONG EXTENSOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.102A	UNSPECIFIED INJURY OF MUSCLE AND TENDON OF LONG EXTENSOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.109A	UNSPECIFIED INJURY OF MUSCLE AND TENDON OF LONG EXTENSOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.111A	STRAIN OF MUSCLE AND TENDON OF LONG EXTENSOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.112A	STRAIN OF MUSCLE AND TENDON OF LONG EXTENSOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.119A	STRAIN OF MUSCLE AND TENDON OF LONG EXTENSOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.191A	OTHER SPECIFIED INJURY OF MUSCLE AND TENDON OF LONG EXTENSOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.192A	OTHER SPECIFIED INJURY OF MUSCLE AND TENDON OF LONG EXTENSOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.199A	OTHER SPECIFIED INJURY OF MUSCLE AND TENDON OF LONG EXTENSOR MUSCLE OF TOE AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.201A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.202A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.209A	UNSPECIFIED INJURY OF INTRINSIC MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.211A	STRAIN OF INTRINSIC MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.212A	STRAIN OF INTRINSIC MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.219A	STRAIN OF INTRINSIC MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.291A	OTHER SPECIFIED INJURY OF INTRINSIC MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.292A	OTHER SPECIFIED INJURY OF INTRINSIC MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.299A	OTHER SPECIFIED INJURY OF INTRINSIC MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.801A	UNSPECIFIED INJURY OF OTHER SPECIFIED MUSCLES AND TENDONS AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.802A	UNSPECIFIED INJURY OF OTHER SPECIFIED MUSCLES AND TENDONS AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.809A	UNSPECIFIED INJURY OF OTHER SPECIFIED MUSCLES AND TENDONS AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.811A	STRAIN OF OTHER SPECIFIED MUSCLES AND TENDONS AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.812A	STRAIN OF OTHER SPECIFIED MUSCLES AND TENDONS AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.819A	STRAIN OF OTHER SPECIFIED MUSCLES AND TENDONS AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.891A	OTHER SPECIFIED INJURY OF OTHER SPECIFIED MUSCLES AND TENDONS AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.892A	OTHER SPECIFIED INJURY OF OTHER SPECIFIED MUSCLES AND TENDONS AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.899A	OTHER SPECIFIED INJURY OF OTHER SPECIFIED MUSCLES AND TENDONS AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.901A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.902A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.909A	UNSPECIFIED INJURY OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.911A	STRAIN OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.912A	STRAIN OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.919A	STRAIN OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S96.991A	OTHER SPECIFIED INJURY OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, RIGHT FOOT, INITIAL ENCOUNTER
S96.992A	OTHER SPECIFIED INJURY OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, LEFT FOOT, INITIAL ENCOUNTER
S96.999A	OTHER SPECIFIED INJURY OF UNSPECIFIED MUSCLE AND TENDON AT ANKLE AND FOOT LEVEL, UNSPECIFIED FOOT, INITIAL ENCOUNTER
S99.811A	OTHER SPECIFIED INJURIES OF RIGHT ANKLE, INITIAL ENCOUNTER
S99.812A	OTHER SPECIFIED INJURIES OF LEFT ANKLE, INITIAL ENCOUNTER

Appendix G

Low Acuity Non-Emergent (LANE) ICD-10 Diagnosis Code List	
ICD-10 Code	**Description**
S99.819A	OTHER SPECIFIED INJURIES OF UNSPECIFIED ANKLE, INITIAL ENCOUNTER
S99.821A	OTHER SPECIFIED INJURIES OF RIGHT FOOT, INITIAL ENCOUNTER
S99.822A	OTHER SPECIFIED INJURIES OF LEFT FOOT, INITIAL ENCOUNTER
S99.829A	OTHER SPECIFIED INJURIES OF UNSPECIFIED FOOT, INITIAL ENCOUNTER
S99.911A	UNSPECIFIED INJURY OF RIGHT ANKLE, INITIAL ENCOUNTER
S99.912A	UNSPECIFIED INJURY OF LEFT ANKLE, INITIAL ENCOUNTER
S99.919A	UNSPECIFIED INJURY OF UNSPECIFIED ANKLE, INITIAL ENCOUNTER
S99.921A	UNSPECIFIED INJURY OF RIGHT FOOT, INITIAL ENCOUNTER
S99.922A	UNSPECIFIED INJURY OF LEFT FOOT, INITIAL ENCOUNTER
S99.929A	UNSPECIFIED INJURY OF UNSPECIFIED FOOT, INITIAL ENCOUNTER
T07	UNSPECIFIED MULTIPLE INJURIES
T14.8	OTHER INJURY OF UNSPECIFIED BODY REGION
T14.90	INJURY, UNSPECIFIED
T14.91	SUICIDE ATTEMPT
T16.1XXA	FOREIGN BODY IN RIGHT EAR, INITIAL ENCOUNTER
T16.2XXA	FOREIGN BODY IN LEFT EAR, INITIAL ENCOUNTER
T16.9XXA	FOREIGN BODY IN EAR, UNSPECIFIED EAR, INITIAL ENCOUNTER
T17.0XXA	FOREIGN BODY IN NASAL SINUS, INITIAL ENCOUNTER
T17.1XXA	FOREIGN BODY IN NOSTRIL, INITIAL ENCOUNTER
T78.40XA	ALLERGY, UNSPECIFIED, INITIAL ENCOUNTER
T78.49XA	OTHER ALLERGY, INITIAL ENCOUNTER
T81.4XXA	INFECTION FOLLOWING A PROCEDURE, INITIAL ENCOUNTER
Z00.121	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITH ABNORMAL FINDINGS
Z00.129	ENCOUNTER FOR ROUTINE CHILD HEALTH EXAMINATION WITHOUT ABNORMAL FINDINGS
Z08	ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR MALIGNANT NEOPLASM
Z09	ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR CONDITIONS OTHER THAN MALIGNANT NEOPLASM
Z20.2	CONTACT WITH AND (SUSPECTED) EXPOSURE TO INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION
Z33.1	PREGNANT STATE, INCIDENTAL
Z34.80	ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, UNSPECIFIED TRIMESTER
Z34.81	ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, FIRST TRIMESTER
Z34.82	ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, SECOND TRIMESTER
Z34.83	ENCOUNTER FOR SUPERVISION OF OTHER NORMAL PREGNANCY, THIRD TRIMESTER
Z34.90	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, UNSPECIFIED TRIMESTER
Z34.91	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, FIRST TRIMESTER
Z34.92	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, SECOND TRIMESTER
Z34.93	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY, UNSPECIFIED, THIRD TRIMESTER
Z48.00	ENCOUNTER FOR CHANGE OR REMOVAL OF NONSURGICAL WOUND DRESSING
Z48.01	ENCOUNTER FOR CHANGE OR REMOVAL OF SURGICAL WOUND DRESSING
Z48.02	ENCOUNTER FOR REMOVAL OF SUTURES
Z76.0	ENCOUNTER FOR ISSUE OF REPEAT PRESCRIPTION

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