

# NACRS Clinic Lite Data Element Table for Outpatient Rehab (OPR)



in collaboration with



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Data element name	Data element definition	Specifications
Reporting Facility's Province/Territory	The province or territory of the submitting facility.	Field type: Alpha Field length: 2 characters  Valid data: NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU
Reporting Facility's Ambulatory Care Number	A code assigned to a facility by the provincial/territorial ministry or department of health for NACRS reporting.	Field type: Alphanumeric Field length: 5 characters  Valid data: As assigned by the province/territory.  The first character identifies the reporting province/territory.  0 = Newfoundland and Labrador 1 = Prince Edward Island 2 = Nova Scotia 3 = New Brunswick 4 = Quebec 5 = Ontario 6 = Manitoba 7 = Saskatchewan 8 = Alberta 9 = British Columbia N = Northwest Territories Y = Yukon V = Nunavut
Submission Fiscal Year	The fiscal year (April 1 to March 31) in which the patient's visit occurred.	Field type: Numeric Field length: 4 characters  Valid data: Valid fiscal year (YYYY)

Submission Period	The date interval in which the patient's visit occurred.	Field type: Numeric Field length: 2 characters  Valid data: 01–13 for British Columbia and Quebec 01–12 for all other provinces/territories
Abstract Identification Number	A unique identification number assigned to each record submitted to CIHI.	Field type: Numeric Field length: 7 characters Justification: Right justified Zero fill  Valid data: 0–9
Chart Number	The patient's unique identification number (also known as medical record number), as assigned by the provider/delivery organization.	Field type: Alphanumeric Field length: 10 characters Justification: Right justified  Valid data: 0–9, A–Z
Submission Level Code	At the record level, a code that identifies the data submission level of the record.	Field type: Numeric Field length: 1 character  Valid data: 0

Health Care Number	The patient's unique health care coverage number, as assigned to the patient by the provincial/territorial or federal government.	<p>Field type: Alphanumeric  Field length: 12 characters  Justification: Left justified</p> <p>Valid data: Valid health care number, 0, 1 or 9</p> <p>0 = Insured resident of reporting province/territory but Health Care Number (HCN) is not available. Province/Territory Issuing HCN (data element 03) is the same as the province/territory of the reporting facility (data element 00A)</p> <p>1 = Health care number not applicable.  Includes:  – Out-of-province/territory resident with unavailable health care number  – Out-of-country, federal government coverage (penitentiary inmate, veteran) or no provincial/territorial health insurance coverage</p> <p>9 = Stillbirth  For use with stillborn abstracts only.  Applicable for provinces/territories that do not record a health care number for stillbirths.</p> <p>See NACRS Clinic Lite Data Content Standard Appendix D: Valid format of provincial health care numbers for further details on valid health care number formats for this field.</p>
Province/Territory Issuing Health Care Number	The province/territorial or federal government that issued the health care number.	<p>Field type: Alphanumeric  Field length: 2 characters</p> <p>Valid data: NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, 99, CA</p> <p>99 = Not applicable  CA = Canada (penitentiary inmates, Aboriginal Affairs and Northern Development Canada, Veterans Affairs Canada)</p>
Postal Code	A code assigned by Canada Post to identify the patient's place of residence.	<p>Field type: Alphanumeric  Field length: 6 characters  Justification: Right justified</p> <p>Valid data: Valid postal code (ANANAN) or 2-character mini-postal code</p> <p>See NACRS Clinic Lite Data Content Standard Appendix C: 2-character mini-postal code valid data legend for the full list of mini postal codes.</p>

Gender	The sex of the patient.	Field type: Alpha Field length: 1 character  Valid data: M, F, U or O  M = Male F = Female U = Undifferentiated (stillbirths only) O = Other (transsexual, hermaphrodite)
Birth Date	The date the person was born.	Field type: Numeric Field length: 8 characters  Valid data: Valid date (YYYYMMDD) or 99990901 (unknown)
Birth Date Is Estimated	A flag that indicates that the Birth Date (data element 08) has an unknown day/month or an estimated year of birth.	Field type: Alpha Field length: 1 character  Valid data: Y or blank
Mode of Visit/Contact	The method of contact between the provider and the patient.	Field type: Numeric Field length: 1 character  Valid data: 1–7  1 = Visit (face-to-face) with individual patient 2 = Visit (face-to-face) with a group of patients at a facility 3 = Telephone or email contact with patient 4 = Videoconference contact with patient 5 = Visit with patient off site in patient's home 6 = Visit with patient off site at outreach setting (i.e., community or satellite locations where health care organizations provide services to their clients, such as a satellite dialysis unit) 7 = Visit with patient in other setting (e.g., schools, places of employment, drop-in centres)
Date of Registration/Visit	The date on which the patient is officially registered for ambulatory care services.	Field type: Numeric Field length: 8 characters  Valid data: Valid date (YYYYMMDD)

Referral Source Prior to Ambulatory Care Visit	The person or agency that referred the patient for ambulatory care service in the reporting facility.	<p>Field type: Numeric Field length: 2 characters</p> <p>Valid data: 01–11, 98, 99 or blank</p> <p>01 = Self/family member, caretaker, guardian 02 = Inpatient service (reporting or other facility); includes intra- and inter-hospital referrals and transfers 03 = Ambulatory care service (reporting or other facility); includes intra- and inter-hospital referrals and transfers 04 = Private practice (e.g., physician, midwife, chiropractor) 05 = Drug dependency service (e.g., detoxification services) 06 = Community health service (e.g., public health, provincial/territorial telephone health services, poison control centre) 07 = Residential care facility (e.g., retirement home, nursing home, chronic care facility, rehabilitation facility, group home) 08 = Legal service (e.g., police, parole officer, court correctional facility, jail, jail or prison health care service/clinic) 09 = Education agency (e.g., school) 10 = Home care 11 = Mental health facility 98 = Other (e.g., place of employment) 99 = Unknown/unavailable</p>
Referral Date	The date on which the patient is referred to an ambulatory care service.	<p>Field type: Numeric Field length: 8 characters</p> <p>Valid data: Valid date (YYYYMMDD) or blank</p>
Other Problem Prefix	A code that provides additional information related to the ICD-10-CA code to which it is assigned.	<p>Field type: Alpha Field length: 1 character Up to 9 occurrences of Other Problem Prefix can be recorded per abstract.</p> <p>Valid data: See Other Problem Prefix tab — Any alpha character (except R) or blank</p> <p>CIHI has defined Problem Prefix values C, M and Q. These values are not to be used for another purpose.</p>
Main Problem	The diagnosis, condition, problem or circumstance that is deemed to be the clinically significant reason for the patient's visit and that requires evaluation and/or treatment or management.	<p>Field type: Alphanumeric Field length: 7 characters Justification: left justified</p> <p>Valid data: ICD-10-CA codes valid as main problem or blank</p>

Other Problem(s)	The diagnosis, condition, problem or circumstance for the patient's visit in addition to the Main Problem (data element 44).	<p>Field type: Alphanumeric  Field length: 7 characters  Justification: Left justified  Up to 9 occurrences of Other Problem(s) can be recorded per abstract.</p> <p>Valid data: ICD-10-CA codes valid or blank</p>
Visit Disposition	A code that identifies the patient's type of separation from the ambulatory care service after registration to that service.	<p>Field type: Numeric  Field length: 2 characters  Valid data: 01–15</p> <p>01 = Discharged home (private dwelling, not an institution; no support services)  02 = Patient left at his/her own risk following registration. Triage (if an ED visit), further assessment by a service provider and treatment did not occur.  03 = Patient left the emergency department at his/her own risk following registration and triage. Further assessment by a service provider and treatment did not occur. Note: Visit Disposition 03 is specific to ED visits; it is not applicable to NACRS Clinic Lite.  04 = Patient left at his/her own risk following registration and further assessment by a service provider. Treatment did not occur.  05 = Patient left at his/her own risk following registration, triage (if an ED visit), further assessment by a service provider and initiation of treatment  06 = Admitted into reporting facility as an inpatient to critical care unit or operating room directly from an ambulatory care visit functional centre  07 = Admitted into reporting facility as an inpatient to another unit of the reporting facility directly from the ambulatory care visit functional centre  08 = Transferred to another acute care facility directly from an ambulatory care visit functional centre. Includes transfers to another acute care facility with entry through the emergency department.  09 = Transferred to another non-acute care facility directly from an ambulatory care visit functional centre (e.g., stand-alone rehabilitation facility, stand-alone mental health facility)  10 = Death after arrival (DAA). Patient expires after initiation of the ambulatory care visit. Resuscitative measures (e.g., cardiopulmonary resuscitation, or CPR) may occur during the visit but are not successful.  11 = Death on arrival (DOA). Patient is dead on arrival to the ambulatory care service. There is no resuscitation (e.g., no CPR). Includes cases where the patient is brought in for pronouncement of death.  12 = Intra-facility transfer to day surgery  13 = Intra-facility transfer to the emergency department  14 = Intra-facility transfer to clinic  15 = Discharged to place of residence (institution [e.g., nursing or retirement home, or chronic care; private dwelling with home care, VON, Meals on Wheels] or jail)</p>

Visit MIS Functional Centre Account Code	The account number that represents the statistical and financial reporting related to the service provided.	<p>Field type: Numeric Field length: 9 characters</p> <p>Valid data: National MIS Standards Functional Centre Account Codes (MIS = Management Information System)</p> <p>Refer to NACRS Clinic Lite Data Content Standard Appendix B: National MIS Standards Functional Centre Accounts to ambulatory care group mapping table for the valid list of National MIS Standards Functional Centre Account Codes.</p>
Reason for discharge	The reason that the patient has been discharged from the ambulatory rehab.	<p>Field Status: Mandatory if applicable (see collection instructions) Field Length: 1 character</p> <p>Valid Data: 1-5, 9 (Unknown) 1 = Treatment Completed (i.e., goals achieved, plateau in rehab recovery, etc.) 2 = Treatment Incomplete: Change in Medical Status (includes admissions to inpatient program, death) 3 = Treatment Incomplete: Transferred to other Outpatient Program (includes other programs in existing organization, different organization, private program/clinics) 4 = Treatment Incomplete: Patient Choice (discontinued program for various reasons including patient who does not feel outpatient program is needed, lack of time, not interested, inconvenience, etc.) 5 = Treatment Incomplete: Unknown/Other (includes patient who failed to arrive for appointments after attending at least 1 visit) 9 = Unknown or Unavailable</p>
Service Duration - Registered Nurse	Field indicates the duration of services received by a Registered Nurse during this visit. Duration is expressed in minutes.	<p>Field Status: Mandatory, if applicable (see collection instructions) Field Length: 2 characters Justification: Left justified</p> <p>Valid Data: 01-99 minutes, 00 (100 minutes or greater), U (seen by health discipline but minutes spent are unknown), and blank (health discipline did not provide service during this visit)</p>
Service Duration - Registered Practical Nurse	Field indicates the duration of services received by a Registered Practical Nurse during this visit. Duration is expressed in minutes.	<p>Field Status: Mandatory, if applicable (see collection instructions) Field Length: 2 characters Justification: Left justified</p> <p>Valid Data: 01-99 minutes, 00 (100 minutes or greater), U (seen by health discipline but minutes spent are unknown), and blank (health discipline did not provide service during this visit)</p>
Service Duration - Occupational Therapist	Field indicates the duration of services received by a Occupational Therapist (OT) during this visit. Duration is expressed in minutes.	<p>Field Status: Mandatory, if applicable (see collection instructions) Field Length: 2 characters Justification: Left justified</p> <p>Valid Data: 01-99 minutes, 00 (100 minutes or greater), U (seen by health discipline but minutes spent are unknown), and blank (health discipline did not provide service during this visit)</p>

Service Duration - Occupational Therapy Assistant	Field indicates the duration of services received by a Occupational Therapy Assistant (OTA) during this visit. Duration is expressed in minutes.	Field Status: Mandatory, if applicable (see collection instructions) Field Length: 2 characters Justification: Left justified  Valid Data: 01-99 minutes, 00 (100 minutes or greater), U (seen by health discipline but minutes spent are unknown), and blank (health discipline did not provide service during this visit)
Service Duration - Physiotherapist	Field indicates the duration of services received by a Physiotherapist (PT) during this visit. Duration is expressed in minutes.	Field Status: Mandatory, if applicable (see collection instructions) Field Length: 2 characters Justification: Left justified  Valid Data: 01-99 minutes, 00 (100 minutes or greater), U (seen by health discipline but minutes spent are unknown), and blank (health discipline did not provide service during this visit)
Service Duration - Physiotherapy Assistant (PTA)	Field indicates the duration of services received by a Physiotherapy Assistant (PTA) during this visit. Duration is expressed in minutes.	Field Status: Mandatory, if applicable (see collection instructions) Field Length: 2 characters Justification: Left justified  Valid Data: 01-99 minutes, 00 (100 minutes or greater), U (seen by health discipline but minutes spent are unknown), and blank (health discipline did not provide service during this visit)
Service Duration - Speech-Language Pathologist (SLP)	Field indicates the duration of services received by a Speech-Language Pathologist (SLP) during this visit. Duration is expressed in minutes.	Field Status: Mandatory, if applicable (see collection instructions) Field Length: 2 characters Justification: Left justified  Valid Data: 01-99 minutes, 00 (100 minutes or greater), U (seen by health discipline but minutes spent are unknown), and blank (health discipline did not provide service during this visit)
Service Duration - Communication Disorders Assistant (CDA)	Field indicates the duration of services received by a Communication Disorders Assistant (CDA) during this visit. Duration is expressed in minutes.	Field Status: Mandatory, if applicable (see collection instructions) Field Length: 2 characters Justification: Left justified  Valid Data: 01-99 minutes, 00 (100 minutes or greater), U (seen by health discipline but minutes spent are unknown), and blank (health discipline did not provide service during this visit)
Service Duration - Social Worker (SW)	Field indicates the duration of services received by a Social Worker (SW) during this visit. Duration is expressed in minutes.	Field Status: Mandatory, if applicable (see collection instructions) Field Length: 2 characters Justification: Left justified  Valid Data: 01-99 minutes, 00 (100 minutes or greater), U (seen by health discipline but minutes spent are unknown), and blank (health discipline did not provide service during this visit)



Service Duration - Other	Field indicates the duration of services received by other health professional(s) during this visit. Duration is expressed in minutes.	Field Status: Mandatory, if applicable (see collection instructions) Field Length: 2 characters Justification: Left justified  Valid Data: 01-99 minutes, 00 (100 minutes or greater), U (seen by health discipline but minutes spent are unknown), and blank (health discipline did not provide service during this visit)
Surgical vs. Non-Surgical Status	Field indicates that for the corresponding problem for which the patient is seeking rehabilitative care treatment (see data element 45, Other Problem(s)), the patient either required surgery (S) or did not require surgery (N).	Field Status: Mandatory when applicable (see collection instructions) Field Length: 1 character  Valid Data: S, N, 9 S = Surgical N = Non-surgical 9 = Unknown
Traumatic vs. Non-Traumatic Status	Field indicates that for the corresponding problem for which the patient is seeking rehabilitative care treatment (see data element 45, Other Problem(s)), the patient sustained the problem through a traumatic (T) or non-traumatic (N) mechanism.	Field Status: Mandatory when applicable (see collection instructions) Field Length: 1 character  Valid Data: T, N, 9 T = Traumatic N = Non-traumatic 9 = Unknown
Extremity Involvement	Field indicates that for the corresponding problem for which the patient is seeking rehabilitative care treatment, (see data element 45, Other Problem(s)) the patient has Upper extremity (U), Lower extremity (L) or both Upper and Lower extremity involvement (B)	Field Status: Mandatory when applicable (see collection instructions) Field Length: 1 character  Valid Data: U, L, B, 9 U = Upper extremity L = Lower extremity B = Both upper and lower extremities 9 = Unknown

Hip Fracture Surgical Status	Field indicates that for the corresponding problem for which the patient is seeking rehabilitative care treatment, (see data element 45, Other Problem(s)) the surgical intervention was either Surgical - pin and plate (P), Surgical - total hip replacement (T), Surgical - open reduction internal fixation (F), Surgical - other (O).	Field Status: Mandatory when applicable (see collection instructions) Field Length: 1 character  Valid Data: N, P, T, F, O, 9 N = Non-surgical P = Surgical - pin and plate T = Surgical - total hip replacement (THR) F = Surgical - open reduction internal fixation (ORIF) O = Surgical - other 9 = Unknown
Knee or Hip Replacement - Primary vs. Revision	Field indicates that for the corresponding problem for which the patient is seeking rehabilitative care treatment (see data element 45, Other Problem(s)), the surgical intervention was either a primary joint replacement (P) or a revision (R)	Field Status: Mandatory when applicable (see collection instructions) Field Length: 1 character  Valid Data: P, R, 9 P = Primary R = Revision 9 = Unknown
Burns - Percent Total Body Surface Area	Field indicates that for the corresponding problem for which the patient is seeking rehabilitative care treatment (see data element 45, Other Problem(s)), the Percent Total Body Surface Area is either less than 10% (1), 10 - 20% (2) or 21% or greater (3)	Field Status: Mandatory when applicable (see collection instructions) Field Length: 1 character  Valid Data: 1, 2, 3, 9 1 = less than 10% 2 = 10 - 20% 3 = 21% or greater 9 = Unknown

Bilateral Upper Limb Amputation Levels	Field indicates that for the corresponding problem for which the patient is seeking rehabilitative care treatment (see data element 45, Other Problem(s)), the Bilateral Upper Limb Amputation was either both above elbow amputations (A), both below elbow amputations (B) or one above elbow and one below elbow amputation (M)	<p>Field Status: Mandatory when applicable (see collection instructions) Field Length: 1 character</p> <p>Valid Data: A, B, M, 9 A = both above elbow B = both below elbow M = one above elbow and one below elbow 9 = Unknown</p>
Bilateral Lower Limb Amputation Levels	Field indicates that for the corresponding problem for which the patient is seeking rehabilitative care treatment (see data element 45, Other Problem(s)), the Bilateral Lower Limb Amputation was either both above knee amputations (A), both below knee amputations (B) or one above knee and one below knee amputation (M)	<p>Field Status: Mandatory when applicable (see collection instructions) Field Length: 1 character</p> <p>Valid Data: A, B, M, 9 A = both above knee B = both below knee M = one above knee and one below knee 9 = Unknown</p>
Dementia in Neurological - Degenerative Disease	Field indicates that for the corresponding problem for which the patient is seeking rehabilitative care treatment (see data element 45, Other Problem(s)), the neurological degenerative disease is either a type of dementia (D) (e.g. Alzheimers or other dementia) or another neurological degenerative disease not listed elsewhere in the "Other Problem(s)" list that is not dementia (N)	<p>Field Status: Mandatory when applicable (see collection instructions) Field Length: 1 character</p> <p>Valid Data: D, N, 9 D = dementia N = no dementia 9 = Unknown</p>

<b>Problem Picklist</b>	
<b>ICD-10-CA code</b>	<b>Descriptors with synonyms</b>
Z509	Rehabilitation
I64	Stroke – Unable to determine
I619	Stroke – Intracerebral hemorrhage
I634	Stroke – Ischemic
G459	Stroke – TIA
G939	Acquired Brain Injury – Non-Traumatic
C719	Acquired Brain Injury – Malignant brain tumor
D332	Acquired Brain Injury – Benign brain tumor
S069	Acquired Brain Injury – Traumatic
S060	Acquired Brain Injury – Concussion
G35	Neurological - Multiple Sclerosis
G20	Neurological - Parkinson's
G629	Neurological – Polyneuropathies
G610	Neurological - Guillain-Barre
G809	Neurological - Cerebral Palsy
G589	Neurological - Mononeuropathies of Limb
G549	Neurological - Nerve Root and Plexus Disorders
G510	Neurological - Bell's Palsy
G1220	Neurological - Amyotrophic Lateral Sclerosis (ALS)
G710	Neurological - Duchene Muscular Dystrophy
M7929	Neurological – Neuralgia
G319	Neurological - Degenerative disease
G969	Neurological - Other
G82293	Spinal Cord Dysfunction – Paraplegia
G82591	Spinal Cord Dysfunction – Quadriplegia
D334	Spinal Cord Dysfunction - Benign tumor
C720	Spinal Cord Dysfunction - Malignant tumor
Z890	Amputation - Fingers/Thumb
Z891	Amputation - Hand/Wrist
Z892	Amputation - Upper Limb Above Wrist
Z893	Amputation - Bilateral Upper Limbs
Z894	Amputation - Foot/Ankle
Z896	Amputation - Lower Extremity Above the Knee
Z895	Amputation - Lower Extremity Below the Knee
Z897	Amputation - Bilateral Lower Limbs
Z898	Amputation - Upper and Lower Limbs
Z899	Amputation - Other Amputation
M069	Arthritis – Rheumatoid
M199	Arthritis – Osteoarthritis
M1399	Arthritis - Other
M542	Persistent Pain – Neck Pain
M549	Persistent Pain – Back Pain
M7969	Persistent Pain – Extremity Pain
M8902	Persistent Pain – Complex Regional Pain Syndrome

R529	Persistent Pain – Other
M797	Persistent Pain - Fibromyalgia
S72090	Ortho -Traumatic Hip Fracture
M8445	Ortho - Pathological/Non-Traumatic Hip Fracture
S32800	Ortho - Pelvis Fracture
T0290	Ortho - Major Multiple Fracture
Z9660	Ortho - Hip Replacement
Z9661	Ortho - Knee Replacement
M750	Ortho - Shoulder – Adhesive capsulitis of Shoulder
S43090	Ortho - Shoulder – Dislocated Shoulder
S42390	Ortho - Shoulder – Fracture of Humerus
S42090	Ortho - Shoulder – Fracture of Clavicle
M754	Ortho - Shoulder – Impingement Syndrome
S43402	Ortho - Shoulder – Other sprain/strain/tear
M751	Ortho - Shoulder – Rotator Cuff Syndrome/Tear
M758	Ortho - Shoulder – Tendinopathy
S5349	Ortho - Elbow – Sprain/Strain/Tear
M770	Ortho - Elbow – Epicondylitis – medial
M771	Ortho - Elbow – Epicondylitis – lateral
S42090	Ortho - Elbow - Fracture
G560	Ortho - Forearm/Wrist – Carpal Tunnel
S62800	Ortho - Forearm/Wrist - Fracture
S6359	Ortho - Forearm/Wrist – Strain/Sprain
S5498	Ortho - Forearm – Injury of Nerves
S5688	Ortho - Forearm – Injury of Muscle & Tendon
S599	Ortho - Forearm – Other Injuries
S62800	Ortho - Hand – Fracture – Finger/Hand
S6498	Ortho - Hand – Injury of Nerves
S699	Ortho - Hand – Other Injuries
S678	Ortho - Hand – Crushing Injuries
S6379	Ortho - Hand – Other Hand Sprain/Strain/Tear
M779	Ortho - Hip – Hamstring Tendonitis
S799	Ortho - Hip – Other Injuries
S7319	Ortho - Hip - Sprain/Strain/Tear
S336	Ortho - Hip – Sacro-Iliac Strain
S800	Ortho - Knee – Contusion
M229	Ortho - Knee – Disorders of Patella
S82400	Ortho - Knee – Fracture of Fibula
S82200	Ortho - Knee – Fracture of Tibia
M239	Ortho - Knee – Internal Derangement of Knee
S899	Ortho - Knee – Other Unspecified Injuries
S836	Ortho - Knee – Other Knee/Leg Sprain/Strain/Tear
S9349	Ortho - Ankle – Sprain/Strain/Tear
S999	Ortho - Ankle – Other Unspecified Injuries
S82890	Ortho - Ankle - Fracture
M773	Ortho - Foot – Calcaneal Spur
S92900	Ortho - Foot - Fracture

S9498	Ortho - Foot – Injury of Nerves
S9698	Ortho - Foot – Injury of Muscle & Tendon
S999	Ortho - Foot – Unspecified Injuries
M722	Ortho - Foot – Plantar Fasciitis
S1428	Ortho - Back – Cervical – Nerve Injury
M45	Ortho - Back – Mechanical (Arthritis & Mechanical)
S2428	Ortho - Back – Thoracic – Nerve Injury
S3428	Ortho - Back – Lumbar & Sacral – Nerve Injury
M6099	Ortho - Myositis
M9999	Ortho - Other – Musculoskeletal condition
M4199	Ortho - Postural Dysfunction - Scoliosis
M4059	Ortho - Postural Dysfunction - Lordosis
M6599	Ortho - Synovitis and Tenosynovitis
S034	Ortho - Temporomandibular Strain/Sprain
I509	Cardiac – Heart Failure
I409	Cardiac – Myocarditis
Z951	Cardiac - Surgical - CABG
Z9500	Cardiac - Surgical - Pacemaker
Z952	Cardiac - Surgical - Valve Replacement
Z955	Cardiac - Surgical - PCI/Coronary angioplasty
Q249	Cardiac - Adult Congenital Heart Disease (ACHD)
J449	Pulmonary – COPD
Z991	Pulmonary – Respiratory Ventilator
J4590	Pulmonary – Asthma
J989	Pulmonary – Other
T20	Burns - Head and Neck
T21	Burns - Trunk
T22	Burns - Arm and Shoulder
T23	Burns - Wrist and Hand
T24	Burns - Hip and Leg
T25	Burns - Ankle and Foot
T27	Burns - Respiratory Tract
T28	Burns - Other Internal Organs
T29	Burns - Multiple Body Regions
T35	Burns - Frostbite
Q059	Congenital Deformities – Spina Bifida
Q898	Congenital Deformities – Other
H819	Disorders of Vestibular Function
G259	Movement Disorder - Other
R53	Debility/Frailty – Deconditioned
C809	Neoplasm(s)
I890	Circulatory Disorder – Lymphedema
I739	Circulatory Disorder – Peripheral Vascular Disease
T889	Medical/Surgical Complications
Z941	Transplants – Heart
Z942	Transplants – Lung
Z944	Transplants – Liver

Z940	Transplants – Kidney
Z9480	Transplants – Bone Marrow
Z943	Transplants – Heart and lung
R69	Other - Term not on the list