

VILLAGE OF GERMANTOWN
N112 W17001 MEQUON ROAD
GERMANTOWN, WI 53022

MEETING: **SPECIAL GENERAL GOVERNMENT & FINANCE COMMITTEE**

DATE AND TIME: **Monday, November 19, 2018 6:40 P.M.**

Immediately Following the Special Public Works Meeting but not before 6:40 PM

LOCATION: **Germantown Village Hall Board Room
N112 W17001 Mequon Road**

- I. **CALL TO ORDER:** *This meeting has been given public notice in accordance with Section 19.83 and 19.84, Wis. Stats, in such form that will apprise the general public and news media of subject matter that is intended for consideration and action.*
- II. **ROLL CALL:** Chairperson Zabel, Trustees: Miller, Kaminski, and Baum.
- III. **NEW BUSINESS:**
 - A. Stop Loss Insurance Coverage Renewal.
- IV. **ADJOURNMENT:**

UPON REASONABLE NOTICE, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For Additional information or to request this service please contact the Village Clerk at (262)250-4740 at least 2 days prior to the meeting.

Notice is given that a majority of the Village Board may attend this meeting to gather information about an agenda item over which they have decision making responsibility. This may constitute a meeting of the Village Board per State Ex. Rel. Badke v. Greendale Village Board, even though the Village Board will not take formal action at this meeting.

**BUSINESS OF THE VILLAGE OF GERMANTOWN
GENERAL GOVERNMENT & FINANCE COMMITTEE
& THE VILLAGE BOARD**

MEETING DATE: November 19, 2018
PLACEMENT New Business
ITEM TITLE: Stop Loss Renewal 2019
SUBMITTED BY: Kim Rath, Finance Director

SUMMARY EXPLANATION:

Stop Loss renewal options received show a significant increase to the per employee premium as well as three participants with a higher specific deductible based on diagnosis and treatment. Options are shown with or without the Transplant Care rider that we've discussed previously. The Transplant Care itself is estimated at \$22,000 for 2019. The stop-loss increase is due partly to general increases in healthcare costs overall as well as the high amount of claim coverage the carrier had experienced with Germantown in 2018. The broker did request quotes from other carriers, Humana declined to quote and Anthem Blue Cross was still waiting for underwriting. It is expected that their proposal will be high or they won't submit as well.

Total proposed increase is approximately \$100,000 (including Transplant Care). The plan changes expected for 2019 should generate \$80,000 in savings.

The over specific inclusions are definitely a serious concern and will be monitored closely.

At this time, I don't believe we would need to change the budget, our reserve balance is still intact and the increase for 2019 should be manageable.

ATTACHMENT: ORDINANCE ____ RESOLUTION ____ OTHER __xx

RECOMMENDATION:

Gerber Life / Auxiant (includes Transplant Care) \$45,000, \$45,000 Option 1.1

ACTION BY Committee

Proposed Health Plan Changes - 2019

<u>Physican Visit Co-Pays</u>			
Type	Current	Proposed	
Physician Office Visits - Primary Care *	\$20.00	\$30.00	Co-payment then 100% paid, Deductible Waived
Physician Office Visits - Specialist	\$35.00	\$45.00	Co-payment then 100% paid, Deductible Waived
Urgent Care Clinic - Freestanding facility	\$50.00	\$75.00	Co-payment then 100% paid, Deductible Waived
Urgent Care Room Hospital Billed	\$50.00	\$75.00	Co-payment then 100% paid, Deductible Waived
Outpatient Emergency Room	\$125.00	\$200.00	Co-payment, then 90% after Deductible
Projected Savings =	\$7,500.00		
<u>Plan Deductible</u>			
	Current	Proposed	
Gold Plan	\$750.00	\$1,000.00	
Silver Plan Single	\$2,250.00	\$2,500.00	
Silver Plan Family	\$4,500.00	\$5,000.00	
Projected Savings	\$36,750.00		
<u>Rx Co-Pay</u>			
	Current	Proposed	
Generic Drug	\$10.00	\$15.00	
Formulary Brand Name	\$35.00	\$45.00	
Non-Formulary Brand Name	\$70.00	\$90.00	
Projected Savings	\$6,500.00		
Change Rx Carrier from Optum to <i>Serve You Rx</i>			
<i>Manages Rx benefits for many WI municipalities as well as the State of WI</i>			
Projected Savings	\$30,000.00		
Total Projected Savings	\$80,750.00		

*Primary Care Includes:
Pediatricians
OB/GYN
General Practitioner
Family Practice Provider
DO - Dr. of Osteopath
Internist
Physician's Assistand
Registered Nurse Practitioners

All of providers will be considered specialists

Current Premium Share - 12% No Change

Proposed Dental Plan Changes- 2019

Increase Maximum amount paid per person per year		
\$1,000	to	\$1,300
Proposed Cost		\$6,000.00
Allow coverage for implant		
Allow coverage for composite restoration in posterior teeth		

Renewal Exhibit for: Village of Germantown

Effective 1/1/2019

Stop Loss Terms	Current		Option 1		Option 2	
Reinsurance Carrier:	Gerber Life		Gerber Life		Gerber Life	
Specific Contract Type:	24/12		24/12		24/12	
Specific Deductible:	\$45,000 ¹		\$45,000 ²		\$50,000 ³	
Aggregate Contract Type:	24/12		24/12		24/12	
Aggregate Specific Corridor:	\$45,000.00		\$45,000.00		\$45,000.00	
Effective Date:	1/1/2018		1/1/2019		1/1/2019	
Stop Loss Premiums (Fixed)						
Specific Premium	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>
Single	\$161.13		\$209.94		\$195.39	
Family	\$354.49	\$331,801.92	\$461.88	\$432,317.52	\$429.84	\$402,333.48
Aggregate Premium	\$11.11	\$12,800.00	\$11.11	\$12,800.00	\$11.11	\$12,800.00
Administrative Costs (Fixed)						
Annual Administration Fee		\$750.00		\$750.00		\$750.00
Administration Fee	\$19.25	\$22,176.00	\$19.50	\$22,464.00	\$19.50	\$22,464.00
UR Fee	\$2.80	\$3,225.60	\$2.85	\$3,283.20	\$2.85	\$3,283.20
COBRA Fee	\$1.50	\$1,728.00	\$1.50	\$1,728.00	\$1.50	\$1,728.00
PPO Fee - Average	\$5.50	\$6,336.00	\$5.50	\$6,336.00	\$5.50	\$6,336.00
Monthly Broker Fee	\$2.63	\$3,029.76	\$2.63	\$3,029.76	\$2.63	\$3,029.76
Focus Health Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Teladoc	\$2.60	\$2,995.20	\$2.80	\$3,225.60	\$2.80	\$3,225.60
Total Fixed Cost		\$384,842.48		\$485,934.08		\$455,950.04
% Change				26.27%		18.48%
Maximum Claim Liability						
Aggregate Factors						
Single	\$714.45		\$800.45		\$815.69	
Family	\$1,571.80	\$1,471,203.00	\$1,760.98	\$1,648,279.08	\$1,794.51	\$1,679,662.80
% Change				12.04%		14.17%
Maximum Plan Cost						
Maximum Fixed Costs		\$384,842.48		\$485,934.08		\$455,950.04
Maximum Claim Costs		\$1,471,203.00		\$1,648,279.08		\$1,679,662.80
Single	\$921.63		\$1,056.94		\$1,057.62	
Family	\$1,972.33	\$1,856,045.48	\$2,269.40	\$2,134,213.16	\$2,270.90	\$2,135,612.84
% Change				14.99%		15.06%
Expected Plan Cost						
Expected Fixed Costs		\$384,842.48		\$485,934.08		\$455,950.04
Expected Claim Costs		\$1,176,962.40		\$1,318,623.26		\$1,343,730.24
Single	\$778.74		\$896.85		\$894.48	
Family	\$1,657.97	\$1,561,804.88	\$1,917.20	\$1,804,557.34	\$1,911.99	\$1,799,680.28
% Change				15.54%		15.23%
Census:						
Single	33		33		33	
Family	63		63		63	
Total	96		96		96	

See Assumptions for contingencies that apply

¹There is currently a \$160,000 Individual Specific Deductible on Member: Only the amount up to the group specific will apply toward the aggregate.

²Proposal will require a \$300,000 Individual Specific Deductible on Member: T Proposal will require a \$150,000 Individual Specific Deductible on Member: . Proposal will require a \$150,000 Individual Specific Deductible on Member: R \$300,000. Only the amount up to the group specific will apply toward the aggregate.

³Proposal will require a \$300,000 Individual Specific Deductible on Member: r. Proposal will require a \$150,000 Individual Specific Deductible on . Proposal will require a \$150,000 Individual Specific Deductible on Member: \$300,000. Only the amount up to the group specific will apply toward the aggregate.

Note: PPO fees are for the Current Option: HPS Solutions/Trilogy - \$5.50

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NOTE: The carriers are reserving the right to review further case details on prior to firm rates being provided. Individual specific deductibles may apply once further details are received.

Auxiant will not be responsible for any disclosure issues or problems relating to the stop loss contract if not placed by Auxiant.

By signing below, I acknowledge that I understand the risk and agree to hold Auxiant harmless.

Village of Germantown selects Option ___ and agrees to this renewal for the renewal plan year starting 1/1/2019

and amends Auxiant's Claim Administration Agreement to incorporate the fees illustrated in our renewal.

Village of Germantown commits to these rates and fees for the next plan year starting 1/1/2019 (Includes all Auxiant fees).

____ Group Signature _____ Date

____ Broker/Consultant _____ Date

10/28/2018

Renewal Exhibit for: Village of Germantown

Effective 1/1/2019

Stop Loss Terms	Option 11		Option 12	
Reinsurance Carrier:	Gerber Life (Includes organ transplant coverage)		Gerber Life (Includes organ transplant coverage)	
Specific Contract Type:	24/12		24/12	
Specific Deductible:	\$45,000 ¹		\$50,000 ¹	
Aggregate Contract Type:	24/12		24/12	
Aggregate Specific Corridor:	\$45,000.00		\$45,000.00	
Effective Date:	1/1/2019		1/1/2019	
Stop Loss Premiums (Fixed)				
Specific Premium	Monthly	Annual	Monthly	Annual
Single	\$199.44		\$185.61	
Family	\$438.78	\$410,695.92	\$408.34	\$382,206.60
Transplant Fee	Monthly	Annual	Monthly	Annual
Single	\$9.69		\$9.69	
Family	\$24.03	\$22,003.92	\$24.03	\$22,003.92
Aggregate Premium	\$11.11	\$12,800.00	\$11.11	\$12,800.00
Administrative Costs (Fixed)				
Annual Administration Fee		\$750.00		\$750.00
Administration Fee	\$19.50	\$22,464.00	\$19.50	\$22,464.00
UR Fee	\$2.85	\$3,283.20	\$2.85	\$3,283.20
COBRA Fee	\$1.50	\$1,728.00	\$1.50	\$1,728.00
PPO Fee - Average	\$5.50	\$6,336.00	\$5.50	\$6,336.00
Monthly Broker Fee	\$2.63	\$3,029.76	\$2.63	\$3,029.76
Focus Health Fee	\$0.00	\$0.00	\$0.00	\$0.00
Teladoc	\$2.80	\$3,225.60	\$2.80	\$3,225.60
Total Fixed Cost		\$486,316.40		\$457,827.08
% Change		26.37%		18.96%
Maximum Claim Liability				
Aggregate Factors				
Single	\$800.45		\$815.69	
Family	\$1,760.98	\$1,648,279.08	\$1,794.51	\$1,679,662.80
% Change		12.04%		14.17%
Maximum Plan Cost				
Maximum Fixed Costs		\$486,316.40		\$457,827.08
Maximum Claim Costs		\$1,648,279.08		\$1,679,662.80
Single	\$1,056.13		\$1,057.53	
Family	\$2,270.33	\$2,134,595.48	\$2,273.43	\$2,137,489.88
% Change		15.01%		15.16%
Expected Plan Cost				
Expected Fixed Costs		\$486,316.40		\$457,827.08
Expected Claim Costs		\$1,318,623.76		\$1,343,730.24
Single	\$896.04		\$894.40	
Family	\$1,918.13	\$1,804,939.66	\$1,914.52	\$1,801,557.32
% Change		15.57%		15.35%
Census:				
Single	33		33	
Family	63		63	
Total	96		96	

See Assumptions for contingencies that apply

¹Proposal will require a \$300,000 Individual Specific Deductible on Member: Proposal will require a \$150,000 Individual Specific Deductible on Member: R \$300,000. Only the amount up to the group specific will apply toward the aggregate.

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Note: PPO fees are: HPS Solutions/Trilogy - \$5.50

NOTE: The carriers are reserving the right to review further case details on prior to firm rates being provided. Individual specific deductibles may apply once further details are received.

Auxiant will not be responsible for any disclosure issues or problems relating to the stop loss contract if not placed by Auxiant.

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Village of Germantown selects Option ___ and agrees to this renewal for the renewal plan year starting 1/1/2019

and amends Auxiant's Claim Administration Agreement to incorporate the fees illustrated in our renewal.

Village of Germantown commits to these rates and fees for the next plan year starting 1/1/2019 (includes all Auxiant fees).

Group Signature _____ Date

Broker/Consultant _____ Date

10/28/2018

Stop Loss History

	Stop Loss Reimbursement	Spec Limit Individual	Premium	
2008	154,024.89	35000	279,838.92	125,814.03
2009	114,486.16	35000	270,552.48	156,066.32
2010	393,817.50	35000	317,894.40	(75,923.10)
2011	493,715.08	35000 + \$35,000 group	300,424.20	(193,290.88)
2012	569,399.36	35000 + \$35,000 group	306,355.44	(263,043.92)
2013	322,332.96	35000 + \$35,000 group	344,566.44	22,233.48
2014	63,669.98	40000 + \$35,000 group	365,735.76	302,065.78
2015	257,317.58	40000 + \$35,000 group	376,790.16	119,472.58
2016	202,783.17	45000 + \$35,000 group	358,186.56	155,403.39
2017	183,604.90	45000 + \$35,000 group	305,514.72	121,909.82
2018	579,488.86 to date	45000 + \$45,000 group	336,055.80	<u>(243,433.06)</u>
				227,274.44

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Single	109.75	133.54	158.40	130.53	137.44	153.88	176.58	186.68	174.76	152.82	161.13	199.44
count	27	20	21	19	23	21	23	23	30	28	33	33
family	275.09	258.12	304.80	296.78	319.55	369.31	388.48	410.69	384.47	336.20	354.49	438.78
count	74	77	76	76	70	69	68	66	64	63	64	64
total count	101	97	97	95	93	90	91	89	94	91	97	97
total prem	279,838.92	270,552.48	317,894.40	300,424.20	306,355.44	344,566.44	365,735.76	376,790.16	358,186.56	305,514.72	336,055.80	415,961.28

								Transplant Care
								9.69
Employee Premium	12%	Empl Share		count	Empl share			
			per year			per plan		
single - G	760.43	91.25	9,125.16	1,095.02	16	146,002.56	17,520.31	
family - G	1,874.32	224.92	22,491.84	2,699.02	37	832,198.08	99,863.77	
								438,253.56
single - S	537.60	64.51	6,451.20	774.14	18	116,121.60	13,934.59	
family - S	1,428.00	171.36	17,136.00	2,056.32	26	445,536.00	53,464.32	
						1,539,858.24	184,782.99	

17,500	63	1,102,500
6,800	34	<u>231,200</u>
		1,333,700
		<u>184,783</u>
		1,518,483

FOR 11 PERIODS ENDING NOVEMBER 30, 2018

FUND CODE & DESCRIPTION	BALANCE 01/01/18	NET DEBITS	NET CREDITS	BALANCE 11/30/18
70 VILLAGE HEALTH PLAN				
TOTAL ASSETS	1,628,988.70	2,066,610.59	2,324,765.91	1,370,833.38
LIABILITIES	146,951.43	165,458.12	18,506.69	0.00
FUND EQUITY	1,482,037.27	0.00	0.00	1,482,037.27
FUND SURPLUS (DEFICIT)	0.00	111,203.89	0.00	(111,203.89)
TOTAL LIABILITIES AND FUND EQUITY	1,628,988.70	276,662.01	18,506.69	1,370,833.38
TOTAL ASSETS ---ALL FUNDS	1,628,988.70	2,066,610.59	2,324,765.91	1,370,833.38
TOTAL LIABILITIES ---ALL FUNDS	146,951.43	165,458.12	18,506.69	0.00
TOTAL FUND EQUITY ---ALL FUNDS	1,482,037.27	111,203.89	0.00	1,370,833.38
TOTAL LIABILITIES AND FUND EQUITY ---ALL FUNDS	1,628,988.70	276,662.01	18,506.69	1,370,833.38

Disabled Person Addendum to Disclosure Statement

In order to satisfy the Disclosure requirement set forth in category 1 of the Disclosure Statement with respect to disabled persons, please indicate below all covered employees known to be currently disabled, on COBRA or FMLA due to his or her medical conditions. Also pursuant to the Disclosure Statement, please indicate below Spouses and Children who are not currently actively-at-work and/or disabled of which you are aware. All other terms of this Disclosure Statement, including the requirements in category 1, that all persons who have been precertified in the last three months or are confined to a medical facility be disclosed, remain as stated.

For the purpose of this form a Disabled Person is a plan participant not actively-at-work or, in the case of a dependent or Continuation Beneficiary, is by disability unable to perform his or her normal function of a person of like sex and age on the Effective Date of this Contract or the date the person becomes eligible.

Risk Identifier/Name	Date of Birth	Sex	Employee	Spouse	Dependent Child	COBRA	FMLA	Medicare Disability	Termed

The individual named below represents that the above list completely and accurately discloses all truly known covered persons who are not actively-at-work and/or disabled. If there are no known disabled or not actively-at-work individuals please check this box: ☐

Signature: _____

Company Name: _____

Title: _____

Date: _____

**Standard Stop Loss Disclosure Form
Instructions for Completion**

The HIPAA Privacy Rule permits the use and disclosure of Protected Health Information (PHI) for the purpose of underwriting, evaluating and accepting the risk associated with the creation, renewal or placement of a stop loss insurance policy as a part of "health care operations". The Company/MGU acknowledges and agrees that by using this form, the information provided will be used solely for the purpose of evaluating the acceptability of this risk and that it will not disclose any PHI collected except in performing this risk evaluation.

The purpose of the form is to allow the Company to take underwriting action on all known risks in the categories listed on the following pages. It is the Plan Sponsor's responsibility, either directly or through their designated representative, to accurately report all claims known as of the date of this disclosure by making a thorough review of all applicable records. Such records shall include historical claims reports, disability records, current information from administrators, insurers, utilization management companies, managed care companies, and any Agent/Broker of the Plan Sponsor. In exchange, the Company will accept the liability for any truly unknown risks. The attached disclosure form must be completed and signed by the appropriate parties no more than 30 days prior to the proposed Effective Date of stop loss coverage and received by the Company within 5 days of completion.

The Company will rely upon the information provided on the attached disclosure form, which will become part of the Application for stop loss coverage. Please note that previously or subsequently submitted documentation (e.g., a "50% notice") will not satisfy underwriting disclosure requirements unless you receive written notice from the Company to the contrary.

Upon receipt of the completed disclosure, the Company will assess all data, new and previously reported, and will inform the producer in writing within [5] days of any changes to the rates, factors or terms of coverage. The Company reserves the right to rescind the proposal in its entirety based upon a review of all information submitted during the proposal process.

When completing the form, remember that Covered Persons include:

1. those on short or long-term disability, COBRA, FMLA; or a leave of absence
2. those on extension of benefits, sick time or vacation time; or
3. retirees covered under the plan and for whom coverage is requested in the quote or proposal.

Please include anyone who recently lost coverage under the plan and is eligible for an extension of coverage under COBRA or a plan provision allowing for continued coverage under the plan even if that extension has not been elected.

Covered Persons also include anyone who previously reached a plan lifetime or annual maximum and is eligible for retirement under the plan under federal law.

Standard Stop Loss Disclosure Form

Risk Identifier	DOB	Sex	EE, Sp or Ch	(A)ctive, (C)OBRA, (R)etiree, or (T)ermed	Plan is (P)rime or (2nd)ary	Term Date COBRA status pending (Y/N)	Diagnosis	Most Recent Date of Service	Most Prognosis Condition Code* (1- 6)	In CM (Y/N) if Y attach report(s)	Paid/ Pended Losses this Plan year	Paid/ Pended Losses since Coverage began

* Condition Codes: Related to the condition listed the treatment plan for the next 12 months is anticipated to be: (1) None/Stable (2) Limited/Claims expected to decline (3) Ongoing/Expect Similar claims (4) Extensive/Expect claims to increase (5) Hospice (6) None/Expired.

The Plan Sponsor named below represents that the above list accurately discloses all potentially catastrophic claimants in accordance with the instructions attached to this form and that is the result of a diligent search in accordance with those instructions. The Plan Sponsor recognizes that if the Plan Sponsor fails to disclose any Covered Person known to fall into one of the categories set forth in the instructions attached to this form, either intentionally or because of a thorough review of all records was not conducted, then the coverage proposed may be re-evaluated and Covered person(s) not disclosed may be individually underwritten retroactively to the effective date. We reserve the right to terminate or limit the Covered Person's participation in the Policy, change or modify the Premium Rates or Specific Deductible Amount(s), or adjust the terms of the Specific or Aggregate coverage quoted. If supplemental reports are being provided to meet the disclosure criteria, please check this box ☐ and list the name and date of the reports provided: _____

If there are no risks to report which meet the disclosure criteria above, please check this box. ☐

Plan Sponsor: _____	Claims Administrator: _____	Agent/Broker: _____
Signature: _____	Signature: _____	Signature: _____
Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Date: _____	Date: _____	Date: _____

ICD-10-CM Diagnosis Codes for Disclosure Notification

Please list all Plan Participants who have been diagnosed with or treated for any of the codes listed under the following categories during the current Benefit Period:

A00-B99 Certain infectious and parasitic disease

A40	Streptococcal sepsis
A41	Other Sepsis
B15-B19	Viral hepatitis
B20	Human immunodeficiency virus [HIV] disease

C00-D49 Neoplasms

C00-C96	Malignant neoplasms
D46	Myelodysplastic syndromes

D50-D89 Diseases of the blood and blood-forming organs & disorders involving the immune mechanism

D57	Sickle-cell disorders
D59	Acquired hemolytic anemia
D60-D64	Aplastic and other anemias
D65-D69	Coagulation defects, purpura and other hemorrhagic conditions
D70-D77	Other diseases of blood and blood-forming organs
D80-D89	Certain disorders involving the immune mechanism

E00-E89 Endocrine, nutritional and metabolic diseases

E10-E13	Diabetes mellitus
E15-E16	Other disorders of glucose regulation and pancreatic internal secretion
E65-E68	Obesity and other hyperalimentation
E70-E89	Metabolic disorders

F01-F99 Mental, Behavioral and Neurodevelopmental disorders

F10.1	Alcohol Abuse
F11.1	Opioid Abuse
F20	Schizophrenia
F31	Bipolar Disorder
F32.3	Major depressive disorder, single episode, severe with psychotic feature
F33.1-F33.3	Major Depressive Disorder, recurrent
F84.0	Autistic Disorder
F84.2	Rett's Syndrome
F84.5	Asperger's syndrome

G00-99 Diseases of the nervous system

G00	Bacterial Meningitis
G04	Encephalitis Myelitis and Encephalomyelitis.
G06-G07	Intracranial and intraspinal abscess and granuloma
G12.21	Amyotrophic Lateral Sclerosis
G35	Multiple Sclerosis
G36	Other Acute Disseminated Demyelination
G37	Other Demyelinating disease of central nervous system
G82.5	Quadraplegia
G83.4	Cauda Equina Syndrome
G92	Toxic Encephalopathy
G93.1	Anoxic Brain Injury

I00-I99 Diseases of Circulatory System

I20	Angina Pectoris
I21.09-I22	Acute myocardial infarction
I24	Acute and Subacute Ischemic Heart Disease
I25	Chronic ischemic heart disease
I26	Pulmonary embolism
I27	Other pulmonary heart disease
I28	Other diseases of pulmonary vessels
I33	Acute & Subacute Endocarditis
I34-I38	Heart Valve Disorders
I42-I43	Cardiomyopathy
I44-I45	Conduction Disorders
I46	Cardiac Arrest
I47-I49	Cardiac Dysrhythmias
I50	Heart Failure
I60-I61	Subarachnoid Hemorrhage/Intercerebral Hemorrhage
I63	Cerebral infarction
I65.8-I66	Occlusion of Precerebral/Cerebral Arteries
I67	Other cerebrovascular disease
I70	Atherosclerosis/Aortic Aneurysm

J00-J99 Diseases of Respiratory System

J40-J44	Chronic Obstructive Pulmonary Disease (COPD)
J84.10-J84.89	Postinflammatory Pulmonary Fibrosis
J98.11-J98.4	Pulmonary Collapse/Respiratory Failure

K00-K95 Diseases of Digestive System

K22	Esophageal obstruction
K25-K28	Ulcers
K31	Other diseases of stomach & duodenum
K50	Crohn's disease
K51	Ulcerative colitis
K55-K64	Diseases of intestine
K65-K68	Diseases of peritoneum & retroperitoneum
K70-K77	Diseases of liver
K83	Diseases of biliary tract
K85-K86	Diseases of pancreatitis
K90-K95	Other diseases of digestive system/Complications of bariatric procedures

M00-M99 Diseases of Musculoskeletal System & Connective Tissue

M15-M19	Osteoarthritis
M32	Systemic lupus erythematosus
M34	Systemic sclerosis
M41	Scoliosis
M43	Spondylolysis
M50	Cervical disc disorders
M51	Thoracic, thoracolumbar & lumbosacral intervertebral disc disorders
M72.6	Necrotizing Fasciitis
M86	Osteomyelitis

N00-N99 Diseases of the Genitourinary System

N00-N01	Acute and Rapidly Progressive Nephritic Syndrome
N03	Chronic Nephritic Syndrome
N04	Nephrotic Syndrome
N05-N07	Nephritis and Nephropathy
N08	Glomerular Disorders classified elsewhere
N17	Acute Kidney Failure
N18	Chronic Kidney Disease (CKD)
N19	Renal Failure, Unspecified

O00-O9A Pregnancy, childbirth and the puerperium

O09	High Risk Pregnancy
O11	Pre-Existing Hypertension with Pre-Eclampsia
O14-O15	Pre-Eclampsia and Eclampsia
O30	Multiple Gestation
O31	Other complications specific to Multiple Gestations

P00-P96 Certain conditions originating in the perinatal period

P07	Disorders of newborn related to short gestation and low birth weight
P10-P15	Birth Trauma
P19	Fetal distress
P23-P28	Other respiratory conditions of newborn
P29	Cardiovascular disorders originating in the perinatal period
P36	Bacterial sepsis of newborn
P52-P53	Intracranial hemorrhage of newborn
P77	Necrotizing enterocolitis of newborn
P91	Other disturbances of cerebral status newborn

Q00-Q99 Congenital malformations, deformations and chromosomal abnormalities

Q00-Q07	Congenital malformations of the nervous system
Q20-Q26	Congenital Cardiac malformations
Q41-Q45	Congenital Anomalies of Digestive system
Q85	Phakomatoses, not classified elsewhere
Q87	Congenital malformation syndromes affecting multiple systems
Q89	Other Congenital malformations

R00-R99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

R07.1-R07.9	Chest Pain
R40-R40.236	Coma
R57-R58	Shock, Hemorrhage
R65.2-R65.21	Severe sepsis

S00-T88 Injury, Poisoning and Certain Other Consequences of External Causes

S02	Fracture of skull and facial bones
S06	Intracranial injury
S07	Crush injury to head
S08	Avulsion and traumatic amputation of part of head
S12-S13	Fracture and injuries of cervical vertebra and other parts of neck
S14.0-S14.15	Injury of nerves and spinal cord at neck level
S22.0	Fracture of thoracic vertebra
S24	Injury of nerves and spinal cord at thorax level
S25	Injury of blood vessels of thorax
S26	Injury of heart
S32.0-S32.2	Fracture of lumbar vertebra
S34	Injury of lumbar and sacral spinal cord and nerves
S35	Injury of blood vessels at abdomen, lower back and pelvis
S36-S37	Injury of intra-abdominal organs
S48	Traumatic amputation of shoulder and upper arm
S58	Traumatic amputation of elbow and forearm
S68.4-S68.7	Traumatic amputation of hand at wrist level
S78	Traumatic amputation of hip and thigh
S88	Traumatic amputation of lower leg
S98	Traumatic amputation of ankle and foot
T30-T32	Burns and corrosions of multiple body regions
T81.11-T81.12	Postprocedural cardiogenic and septic shock
T82	Complications of cardiac and vascular prosthetic devices, implants and grafts
T83-T85	Complications of prosthetic devices, implants and grafts
T86	Complications of transplanted organs and tissue
T87	Complications to reattachment and amputation

Z00-Z99 Factors Influencing Health Status and Contact with Health Services

Z37.5-Z37.6	Multiple births
Z38.3-Z38.8	Multiple births
Z48-Z48.298	Encounter for aftercare following organ transplant
Z49	Encounter for care involving renal dialysis
Z94	Transplanted organ and tissue status
Z95	Presence of cardiac and vascular implants and grafts
Z98.85	Transplanted organ removal status
Z99.1	Dependence on respirator
Z99.2	Dependence on dialysis