

**Maryland 2000
Hospital Discharge Data from General Hospitals
For Maryland Residents with Cancer Diagnoses**

Center for Cancer Surveillance and Control
Maryland Department of Health and Mental Hygiene
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Highlights of the 2000 Maryland hospital discharge data:

- 3.4% of all Maryland hospital discharges in 2000 had a primary diagnosis of cancer. Of the 602,310 Maryland hospital discharges in 2000, 33,067, or 5.5% had cancer listed in any one of the 15 discharge diagnostic categories. Of these 33,067 discharges, 20,183 (3.4% of all discharges) had cancer as the primary diagnostic category.
- 8,941 of 20,183 (44.3%) of hospital discharges for cancer as a primary diagnosis in Maryland have one of the Cigarette Restitution Fund (CRF) targeted cancers as the primary diagnosis, i.e., lung and bronchus, colon and rectum, prostate, female breast, oral, melanoma, and cervical.
- The total hospital costs for Maryland residents in whom the primary diagnosis on discharge was any type of cancer was \$260,147,757. See Definitions and Notes as to why this is an underestimate of the total cost.
- Among the targeted cancers, total hospital-specific costs (not including physician fees and laboratory fees) in 2000 had a median cost of \$8,228 per hospitalization for all targeted cancers together.
- At the top of the cost list is colon and rectum cancer, having a median total hospital cost of \$11,214; the second highest cost was lung and bronchus with a median cost of \$10,277, followed by oral cancer with a median of cost of \$9,932.

Background

The Cigarette Restitution Fund (CRF) in Maryland required that funding be provided to local health departments in Maryland's 23 counties and to Johns Hopkins Medical Institutions and the University of Maryland Medical Group in Baltimore City after the jurisdictions submitted plans for Cancer Prevention, Education, Screening, and Treatment. The CRF law requires that DHMH determine "targeted cancers," The targeted cancers selected were lung, colorectal, female breast, prostate, oral, cervical, and melanoma.

The CRF law also requires that the local screening programs either pay for treatment of clients or link clients to treatment if they are diagnosed with a targeted or non-targeted cancer identified through the screening. Because of this requirement, determining the costs of cancer care is important for CRF planning in Maryland.

Maryland's hospital rates are regulated by the Health Services Cost Review Commission (HSCRC). Among other data, the HSCRC collects data from hospitals in Maryland about each hospital discharge and uses these data

to determine the rates allowed for that facility. Because costs of hospitalization account for a major portion of the cost of cancer treatment, we sought to determine the number of hospitalizations and the cost of those hospitalizations among the residents of Maryland who have been discharged from reporting Maryland hospitals with a diagnosis of cancer.

The analysis presented in this document is designed to help planners at DHMH and the local programs allocate CRF funds among cancer prevention, education, screening, and treatment.

Methods

General hospitals in Maryland report a standard set of information to the Health Services Cost Review Commission (HSCRC) on each hospital discharge. The HSCRC maintains a database, by year, of this information and makes available a database containing non-confidential (unidentified) discharge information for analysis.

DHMH staff analyzed the calendar year 2000 discharge file using SAS software.

Data obtained from HSCRC is secure from unauthorized access and disclosure. DHMH manages and releases this information in accordance with the HSCRC Data Use Agreement. Cells with counts of 0-5 hospital discharges are suppressed and presented as "<6." Complementary suppression of discharge counts in additional cell(s) is used, denoted by "s," to prevent back-calculation of numbers in those cells with primary suppression.

Definitions and Notes

"General hospital" means any of Maryland's 66 general hospitals. These exclude specialty hospitals such as chronic care, rehabilitation, psychiatric, Veterans, or orthopedic hospitals.

"ICD-9" codes mean codes from the International Classification of Disease 9th Revision, Clinical Modification 2001 code book (AMA Press, July, 2000).

"Any cancer" means having an International Classification of Disease (ICD-9) code denoting cancer in the hospital discharge dataset. ICD-9 codes that denote primary or secondary cancer are found in Attachment 1.

"Targeted cancer" means one of seven cancers selected as "targeted" under the Cigarette Restitution Fund program. These include lung, colorectal, female breast, prostate, cervical, oral, and melanoma, and their ICD-9 codes are found in Attachment 1.

“All other cancers” or “Non-targeted cancers” mean all other cancers found in the list in Attachment 1 other than the targeted cancers—and do include secondary cancers.

“Secondary cancer” means having an ICD-9 code of 197.0—198.99 that denotes secondary cancer in various sites.

“Diagnostic position” or “Diagnosis category.” Upon discharge from a hospital, the hospital codes each individual discharge by up to 15 diagnostic ICD-9 codes that reflect the diagnoses the patient has. The coding instructions to the hospital state that the *primary diagnosis* is the “condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital.”

When an ICD-9 code appears in a “secondary,” “tertiary,” or subsequent diagnostic category, it is less certain the patient was admitted *because of* that diagnosis or whether this is another diagnosis the patient has that is *unrelated to* this hospitalization. For example, a patient admitted for a heart attack will have “myocardial infarction” coded as the primary diagnosis; if the patient *also* has colorectal (CRC) cancer, colorectal cancer may be coded in one of the subsequent diagnostic categories. Having a diagnosis in a secondary, tertiary, or subsequent diagnostic category may or may not indicate that the hospitalization was *due to* the cancer for purposes of attributing the reason for or the costs of the hospitalization to that cancer.

We have chosen to use “cancer as the primary diagnosis” in most of the tables and figures because we were certain that those represented a hospitalization *due to* that cancer. We recognize that these data are an *underestimate* of the total number of hospitalizations due to that cancer. Ideally, we would include the cancer-related causes of hospitalization but the exact number of these is difficult or impossible to determine.

“Hospital discharge” versus “Patient discharge.” In one year of HSCRC hospital discharge data, each hospital discharge is listed as a separate record. The analyses contained in this document looked at *hospital discharges*. Some patients may have been hospitalized more than once during the period and are thus counted more than once in our analysis. Because the HSCRC database does not have identifiers, it is not possible to determine whether a patient had one or multiple hospital discharges within that year and we could *not* analyze based on the number of *patients* discharged from Maryland hospitals in that period.

“Jurisdiction of residence” is the Maryland location where the hospitalized patient was noted to reside when admitted to the hospital. These include Maryland’s 23 counties and Baltimore City.

“Total costs” are the total costs billed for the hospitalization, such as room, pharmacy, radiology, laboratory, operating room, and central supply costs, but excluding costs that are not part of the hospital bill, such as the physician, internist, oncologist, or surgeon, or laboratory. Hospitalizations for which the total costs were zero dollars were removed from the dataset for this analysis because they likely reflected patients who were not actually admitted. The amount paid for the services will be the entire amount or 94%-96% of the amount if the insurer receives a discounted rate; Medicare and Medical Assistance receive the 6% reduction in the rate.

“Primary source of payment” and **“Secondary source of payment”** mean the first and second sources of payment for the hospitalization as declared by the patient at the time of admission. Because this is declared on admission, it may not accurately reflect who actually is billed for the hospitalization after discharge. For example, a patient may lose insurance coverage, or may have said “self pay” but be found eligible for Medical Assistance and therefore not be billed for the hospitalization.

Number of hospital discharges—confidentiality considerations. Because of confidentiality restrictions on the use of the non-confidential dataset, all cells in the tables with a number less than 6 (i.e., 0-5) were suppressed and presented as “<6.” Complementary suppression of discharge counts in additional cell(s) is used, denoted by “s,” to prevent back-calculation of numbers in those cells with primary suppression.

Results

Figure 1 compares the number and percent of discharges of Maryland residents from General Hospitals in Maryland where any cancer is listed in any of 15 diagnosis positions, with the number of discharges where cancer was not among any of the listed diagnoses. Of the hospital discharges in 2000, 33,067 of 602,310, or 5.5%, had a cancer listed in one or more of the diagnostic categories; 20,183 discharges, or 3.4%, had cancer listed as the primary diagnosis.

Figure 2 plots the total number of hospital discharges where cancer was listed as the primary diagnosis by the jurisdiction of residence of the patient. The total number of hospital discharges ranged from 94 discharges for Garrett County to a high of 3,991 discharges for Baltimore County residents.

Figure 3 depicts the crude rate of general hospital discharges where cancer was listed as the primary diagnosis per 10,000 population for the jurisdiction, showing a range of 23.4 hospitalizations with a primary diagnosis of cancer in Prince George's County to a high of 63.4 per 10,000 population in Talbot County.

Figures 5 through 11 show the total hospital costs for all of the targeted cancers. These figures also show that among the targeted cancers, lung, colon and rectum and oral are the most expensive to treat.

Table 1 analyzes each of the 15 diagnostic positions separately and asks whether any type of cancer was coded in that diagnostic position. Those listed in the primary diagnostic position (20,183 discharges) were most likely people hospitalized for that diagnosis. For discharges where cancer is listed in a 2nd through 15th position, the discharge may have already been counted in that same cancer under the primary diagnosis, under another cancer, or under an entirely different diagnosis. Therefore, one cannot add the columns to get a total number of hospitalizations for that cancer. In a percentage of the hospitalizations where cancer is listed in 2nd through 15th diagnostic category, the reason for the hospitalization will be because of that cancer; however, determining that percentage is difficult. Additionally, the next to the last column in Table 1 lists the number of hospitalizations for which "metastatic cancer" is listed as the primary or other diagnostic position.

About half (44.3%) of hospital discharges in Maryland where primary or metastatic cancer is listed as the primary diagnosis have one of the targeted cancers as the primary diagnosis. Examining the row of Primary Diagnosis, of Table 1 reveals targeted cancers (lung, colon and rectum, prostate, female breast, oral, melanoma, and cervical) contribute a total of 8,941 of 20,183, or 44.3%, of total discharges where cancer is listed as the

primary diagnosis. By way of comparison, metastatic cancers are listed as the primary diagnosis 4,063 of 20,183, or 20.1%, of these discharges.

Table 2 gives a breakdown of discharges in Maryland, where cancer was listed as the primary diagnosis by type of cancer and jurisdiction among the 20,183 discharges where cancer was the primary diagnosis.

The total of hospital costs for patients where cancer was the primary diagnosis is shown in Table 3. The HSCRC data gives the sum of the total hospital costs. Listed for each cancer are the number of discharges, the mean, median, minimum, and maximum costs, and the total hospital costs for that cancer. Hospital costs do *not* reflect physician and other costs that are billed separately. The total hospital costs for Maryland residents in whom the primary diagnosis on discharge was any type of cancer was \$260,147,757 (see Definitions and Notes as to why this is an underestimate of the total cost).

Besides providing data about hospital costs for all cancer types, Table 3 further reveals information about the relative cost burden or cost of treatment among the seven targeted cancers. Median costs were used for comparing and ranking hospital costs. Total hospital costs (not including physician fees and some laboratory fees) in 2000 for all targeted cancers together had a median total cost of \$8,228 per hospitalization. Based on median hospital cost, the three targeted cancers with the highest hospital cost burden are, in order of cost: 1) colon and rectum (\$11,214), 2) lung and bronchus (\$10,277), and 3) oral (\$9,932).

Tables 4, 5, and 6, display the data on the number of hospital discharges and hospital costs by type of cancer for three different age groups: those 49 and under, 50-64 year olds, and for those residents 65 years and over. Tables 4, 5, and 6 further show that the median total hospital costs due to the seven targeted cancers increased with age. For the 49 and under age category, median total costs in 2000 were \$7,601; for discharges of persons ages 50 to 64, the median was \$7,733; for the 65 and over grouping, the median cost at discharge was \$8,783.

Figure 1.

**Total General Hospital Discharges among Maryland Residents for Calendar Year 2000
(N=602,310)**

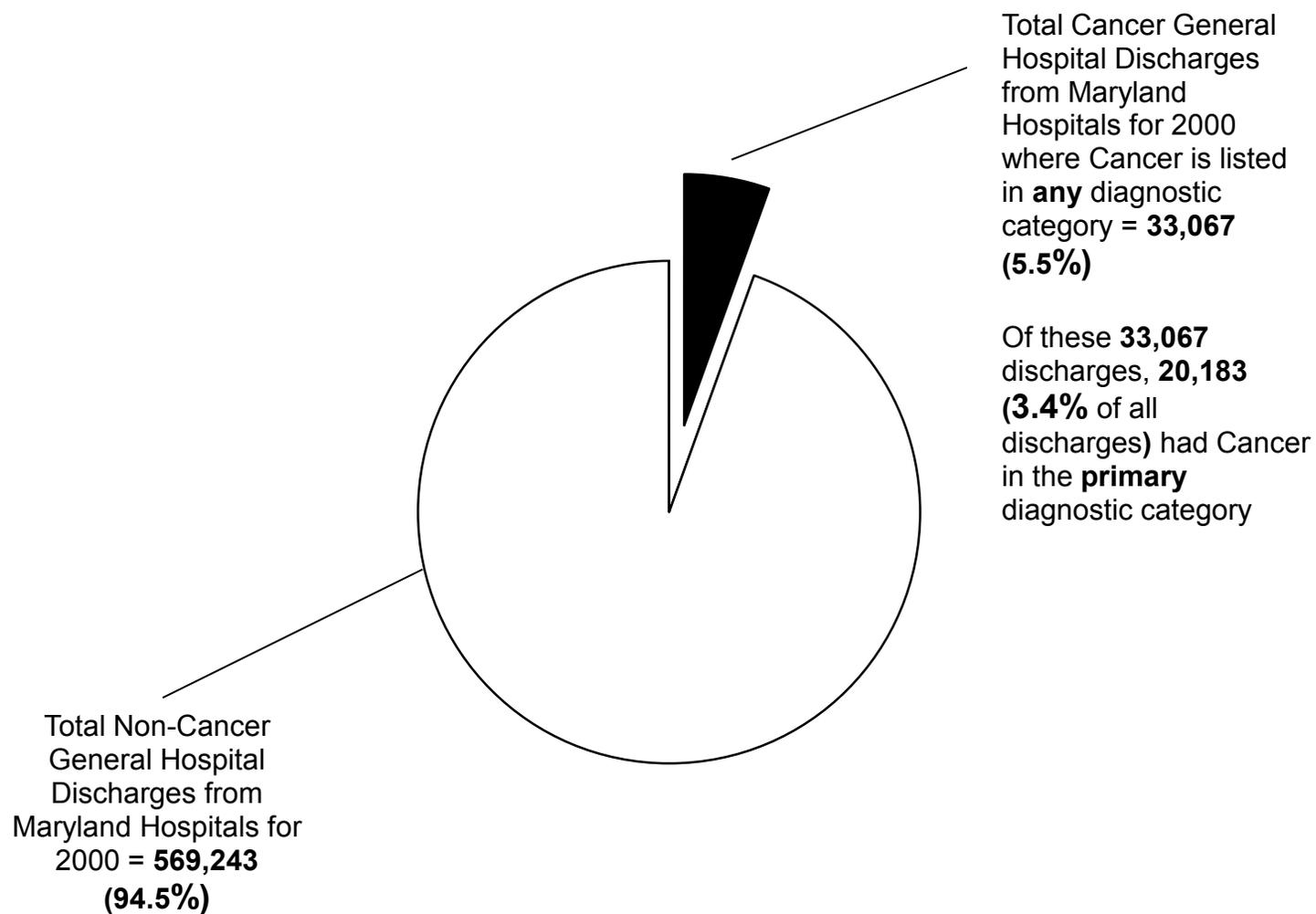


Table 1. **Frequency of General Hospital Discharges in 2000 With Targeted and All Other Cancers Listed as the Primary Diagnosis* and Subsequent Diagnoses* among Maryland Residents**

Hospital diagnosis position where cancer is listed	Type of Cancer										
	Lung and Bronchus	Colon and Rectum	Female Breast	Prostate	Oral	Melanoma	Cervix	Total Targeted Cancer	Other Cancer	Metastatic Cancer	Total Cancer
as Primary Dx	2,491	2,573	1,675	1,553	355	76	218	8,941	7,179	4,063	20,183
as 2nd Dx	481	143	67	52	19	12	12	786	551	4,952	6,289
as 3rd Dx	161	42	58	60	s	12	<6	348	318	2,278	2,944
as 4th Dx	56	23	40	41	17	<6	s	188	211	1,140	1,539
as 5th Dx	33	10	23	35	7	<6	<6	115	153	578	846
as 6th Dx	<6	<6	22	26	<6	8	<6	72	97	296	465
as 7th Dx	7	<6	12	26	<6	6	<6	60	85	164	309
as 8th Dx	<6	<6	8	9	<6	<6	<6	30	60	89	179
as 9th Dx	<6	<6	7	19	<6	<6	<6	32	39	40	111
as 10th Dx	<6	<6	9	8	<6	<6	<6	19	36	27	82
as 11th Dx	<6	<6	<6	7	<6	<6	<6	12	20	18	50
as 12th Dx	<6	<6	<6	<6	<6	<6	<6	6	13	9	28
as 13th Dx	<6	<6	<6	<6	<6	<6	<6	<6	<6	8	15
as 14th Dx	<6	<6	<6	<6	<6	<6	<6	<6	10	s	20
as 15th Dx	<6	<6	<6	<6	<6	<6	<6	<6	<6	<6	7

<6=Cells containing 0-5 hospital discharges are suppressed per HSCRC Data Use Agreement.

s= Data in a cell is suppressed to prevent disclosure of data in other cell(s).

*International Classification of Diseases, Version 9 (See Attachment 1)

Table 2.

Number of General Hospital Discharges in 2000 With Targeted and All Other Cancers Listed as the Primary Diagnosis Among Maryland Residents by Jurisdiction of Residence

Jurisdiction or County	Type of Cancer									
	Lung and Bronchus	Colon and Rectum	Female Breast	Prostate	Oral	Melanoma	Cervix	Other Cancer	Metastatic	Total
Allegany	47	49	17	15	6	<6	<6	146	98	379
Anne Arundel	222	228	177	154	42	<6	s	612	355	1,813
Baltimore County	492	525	292	329	70	16	34	1,406	827	3,991
Baltimore City	436	406	223	228	103	14	54	1,192	777	3,433
Calvert	23	41	22	10	<6	<6	<6	54	55	212
Caroline	19	22	17	14	<6	<6	<6	39	25	139
Carroll	75	84	57	40	7	<6	<6	259	161	689
Cecil	46	39	24	22	<6	<6	<6	84	56	279
Charles	50	40	29	30	7	<6	<6	73	63	294
Dorchester	15	25	18	18	<6	<6	<6	68	31	179
Frederick	74	88	71	51	8	s	<6	250	110	664
Garrett	7	15	9	9	<6	<6	<6	26	27	94
Harford	122	123	70	73	14	<6	<6	303	180	891
Howard	89	81	77	42	<6	<6	<6	279	115	694
Kent	26	13	9	14	<6	<6	<6	40	14	117
Montgomery	252	286	230	210	28	14	32	983	460	2,495
Prince George's	240	236	169	156	s	<6	33	674	345	1,879
Queen Anne's	33	30	8	12	s	<6	<6	65	28	182
St. Mary's	19	41	24	21	<6	<6	<6	60	34	204
Somerset	22	15	<6	s	<6	<6	<6	32	22	100
Talbot	25	32	21	19	<6	<6	<6	60	49	215
Washington	49	78	83	36	<6	6	<6	218	99	577
Wicomico	51	35	14	27	<6	<6	<6	146	70	351
Worcester	48	32	8	14	<6	<6	<6	83	47	240
Maryland, Unspecified	9	9	<6	<6	<6	<6	<6	27	15	72
Total	2,491	2,573	1,675	1,553	355	76	218	7,179	4,063	20,183

<6=Cells containing 0-5 hospital discharges are suppressed per HSCRC Data Use Agreement.

s= Data in a cell is suppressed to prevent disclosure of data in other cell(s).

Figure 2.

Total of General Hospital Discharges in 2000 With Targeted and All Other Cancers Listed as the Primary Diagnosis, by Jurisdiction of Residence

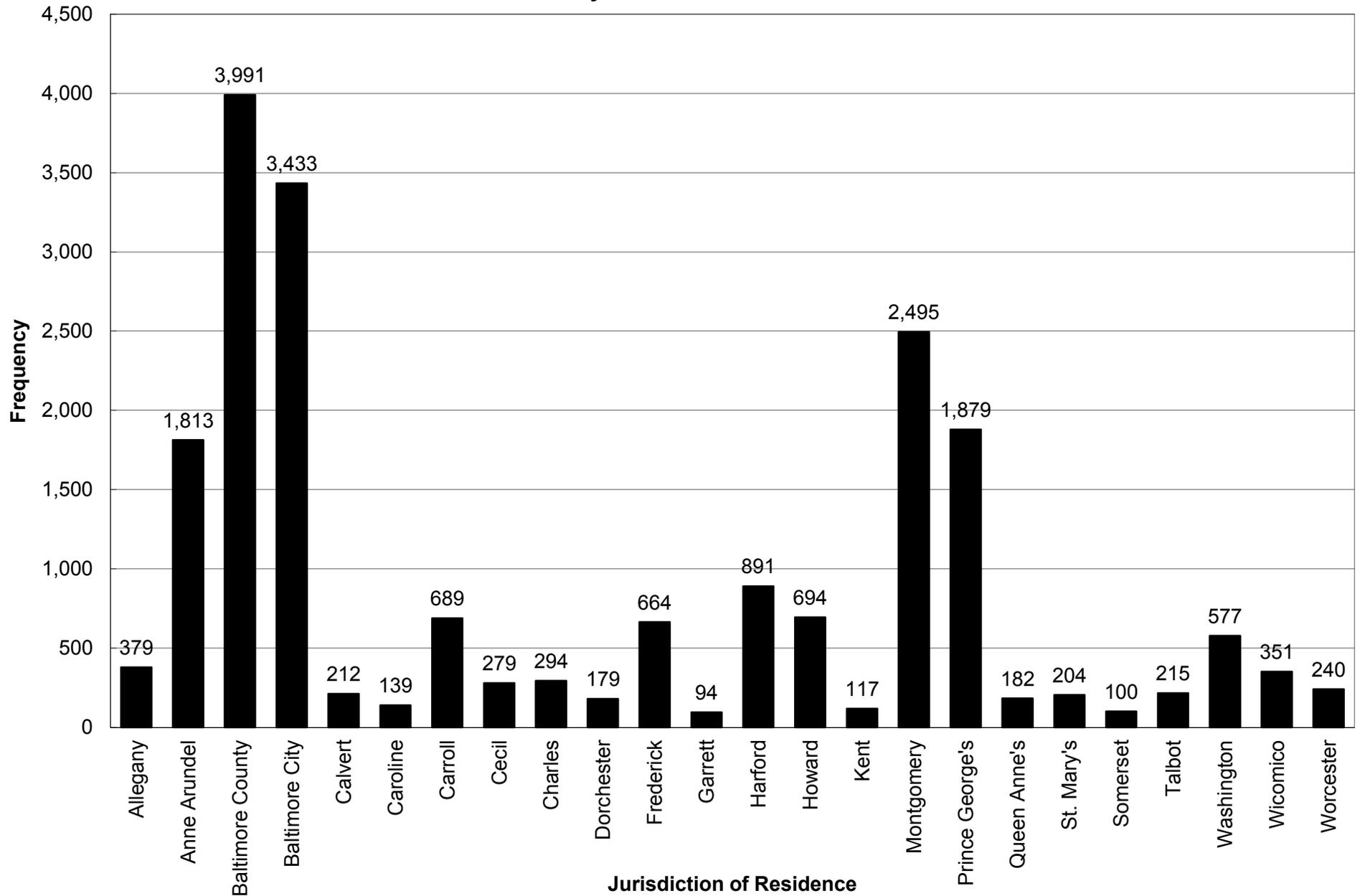


Figure 3. Crude Rate Of General Hospital Discharges per 10,000 Jurisdiction Population in 2000 With Targeted and All Other Cancers Listed as the Primary Diagnosis, by Jurisdiction of Residence

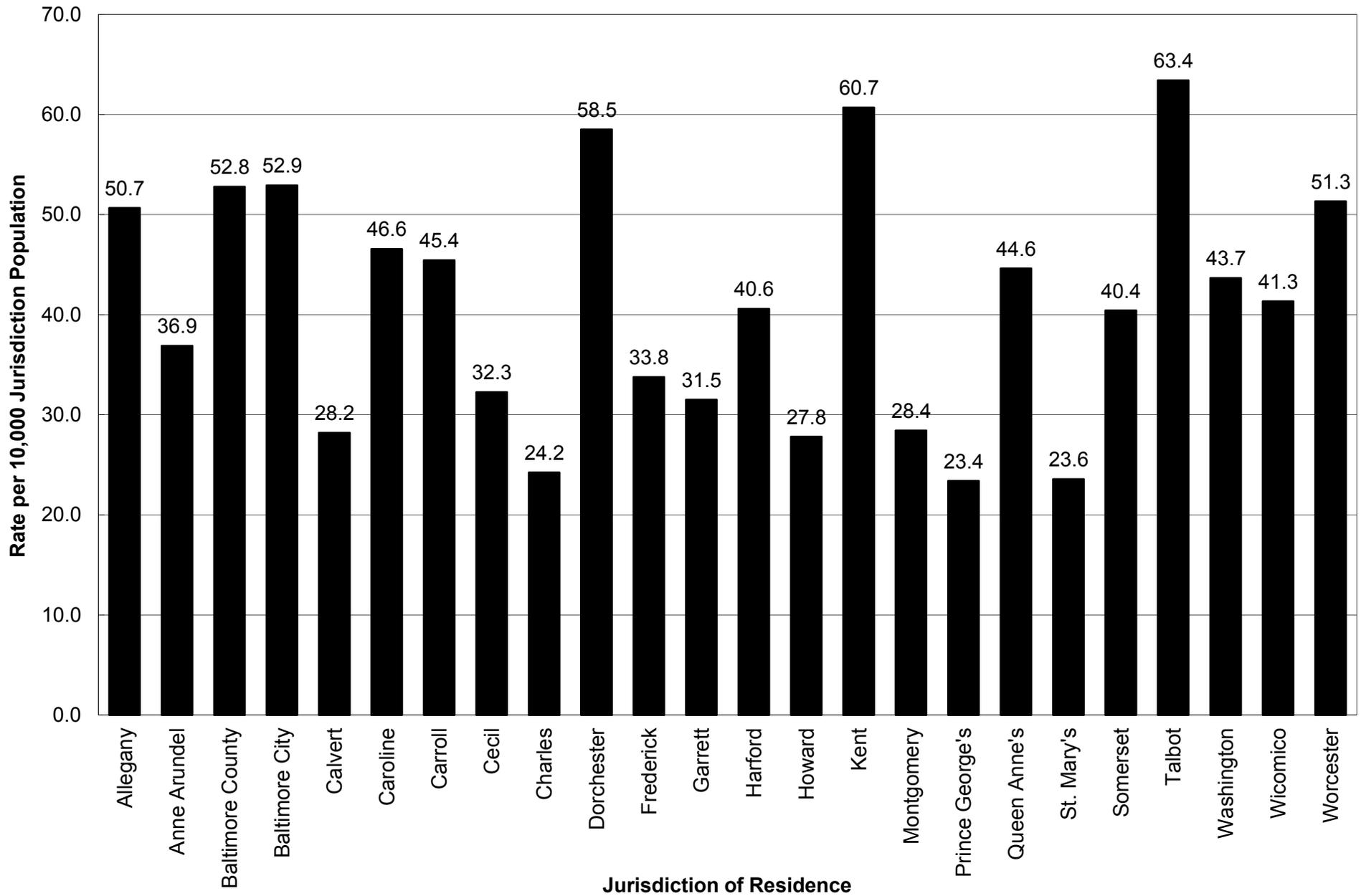
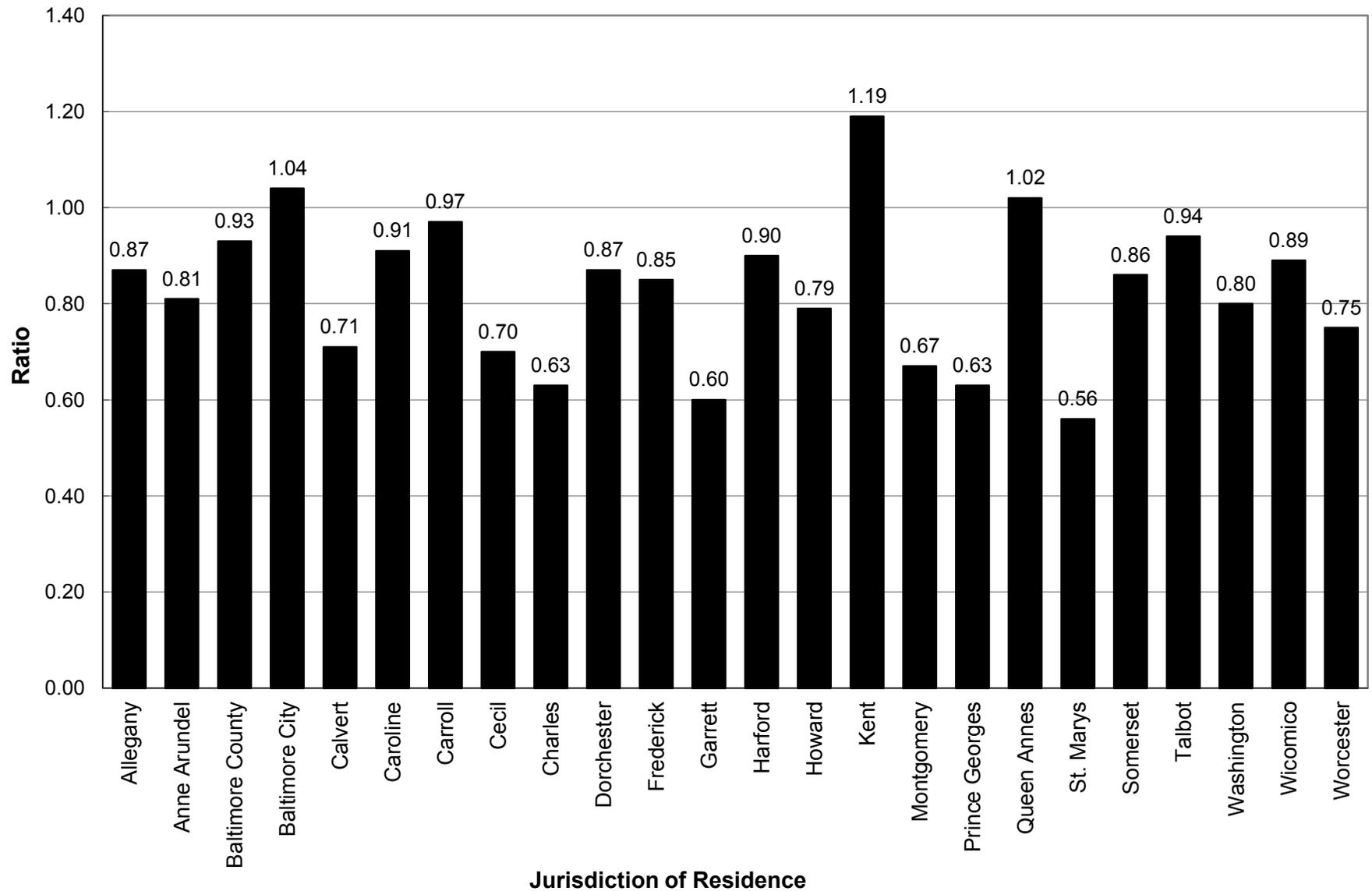


Figure 4.

Ratio of General Hospital Cancer Discharges in 2000 With Targeted and All Other Cancers Listed as the Primary Diagnosis to the Number of All New Cancer Cases Reported,* by Jurisdiction of Residence



*Total cancer Cases reported to the Maryland Cancer Registry for 2000 for residents of that jurisdiction

Table 3.

**General Hospital Discharges in Maryland in 2000:
Costs* by Type of Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for All Ages**

Cancer	Total Discharges	Total Cost for Hospitalization				
		Mean	Median	Minimum	Maximum	Total
Lung and Bronchus	2,491	\$13,430	\$10,277	\$325	\$222,885	\$33,453,744
Colon and Rectum	2,573	\$14,549	\$11,214	\$850	\$223,658	\$37,433,777
Female Breast	1,675	\$6,269	\$4,844	\$653	\$96,723	\$10,499,808
Prostate	1,553	\$7,409	\$6,631	\$465	\$54,440	\$11,506,645
Oral	354	\$16,402	\$9,932	\$601	\$155,675	\$5,806,350
Melanoma	76	\$8,043	\$5,279	\$833	\$39,140	\$611,305
Cervix	218	\$9,181	\$6,461	\$807	\$103,194	\$2,001,411
Total of Targeted Cancers	8,940	\$11,333	\$8,228	\$325	\$223,658	\$101,313,039
Total Other Cancers	11,241	\$14,130	\$8,452	\$398	\$375,618	\$158,834,719
Total of All Cancers	20,181	\$12,891	\$8,339	\$325	\$375,618	\$260,147,757

*Hospitalizations where the total costs was zero dollars were removed from this analysis.

Table 4.

**General Hospital Discharges in Maryland in 2000:
Costs* by Type of Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 49 and Under**

Cancer	Total Discharges	Total Cost for Hospitalization				Total Dollars
		Mean	Median	Minimum	Maximum	
Lung and Bronchus	183	\$12,195	\$10,767	\$977	\$77,012	\$2,231,744
Colon and Rectum	217	\$12,250	\$10,012	\$1,111	\$77,796	\$2,658,178
Female Breast	403	\$7,608	\$6,239	\$806	\$54,965	\$3,065,940
Prostate	78	\$6,981	\$6,421	\$1,661	\$31,066	\$544,550
Oral	71	\$14,536	\$9,905	\$2,761	\$55,109	\$1,032,076
Melanoma	14	\$5,271	\$5,080	\$833	\$9,076	\$73,793
Cervix	99	\$9,469	\$6,315	\$807	\$94,407	\$937,395
Total of Targeted Cancers	1,065	\$9,900	\$7,601	\$806	\$94,407	\$10,543,677
Total Other Cancers	2,245	\$17,473	\$8,882	\$481	\$375,618	\$39,226,910
Total of All Cancers	3,310	\$15,036	\$8,302	\$481	\$375,618	\$49,770,588

*Hospitalizations where the total costs was zero dollars were removed from this analysis.

Table 5.

**General Hospital Discharges in Maryland in 2000:
Costs* by Targeted Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 50 to 64**

Cancer	Total Discharges	Total Cost for Hospitalization				Total Dollars
		Mean	Median	Minimum	Maximum	
Lung and Bronchus	734	\$12,935	\$9,888	\$325	\$169,873	\$9,494,121
Colon and Rectum	643	\$13,847	\$10,725	\$892	\$197,692	\$8,903,386
Female Breast	574	\$6,738	\$5,100	\$653	\$96,723	\$3,867,365
Prostate	759	\$7,651	\$6,869	\$1,085	\$39,551	\$5,807,145
Oral	137	\$18,059	\$10,267	\$622	\$155,675	\$2,474,097
Melanoma	22	\$11,603	\$7,716	\$2,090	\$37,293	\$255,274
Cervix	80	\$9,671	\$7,040	\$1,193	\$103,194	\$773,674
Total of Targeted Cancers	2,949	\$10,707	\$7,733	\$325	\$197,692	\$31,575,061
Total Other Cancers	3,243	\$14,628	\$8,580	\$398	\$345,564	\$47,437,137
Total of All Cancers	6,192	\$12,760	\$8,075	\$325	\$345,564	\$79,012,198

*Hospitalizations where the total costs was zero dollars were removed from this analysis.

Table 6.

**General Hospital Discharges in Maryland in 2000:
Costs* by Type Cancer Among Maryland Residents,
Where Cancer is Listed as the Primary Diagnosis for Ages 65 and Over**

Targeted Cancer	Total Discharges	Total Cost for Hospitalization				Total Dollars
		Mean	Median	Minimum	Maximum	
Lung and Bronchus	1,574	\$13,804	\$10,328	\$554	\$222,885	\$21,727,879
Colon and Rectum	1,713	\$15,103	\$11,725	\$850	\$223,658	\$25,872,213
Female Breast	698	\$5,110	\$4,295	\$688	\$47,050	\$3,566,503
Prostate	716	\$7,200	\$6,200	\$465	\$54,440	\$5,154,950
Oral	146	\$15,755	\$9,473	\$601	\$109,065	\$2,300,177
Melanoma	40	\$7,056	\$5,129	\$1,486	\$39,140	\$282,238
Cervix	39	\$7,445	\$6,518	\$1,231	\$28,375	\$290,342
Total of Targeted Cancers	4,926	\$12,017	\$8,783	\$465	\$223,658	\$59,194,301
Total Other Cancers	5,753	\$12,545	\$8,292	\$610	\$249,307	\$72,170,671
Total of All Cancers	10,679	\$12,301	\$8,524	\$465	\$249,307	\$131,364,971

*Hospitalizations where the total costs was zero dollars were removed from this analysis.

Figure 5.

**Frequency of Hospital Discharges by Category of Total Hospital Costs for 2000
Where Lung and Bronchus Cancer is Listed as the Primary Diagnosis**

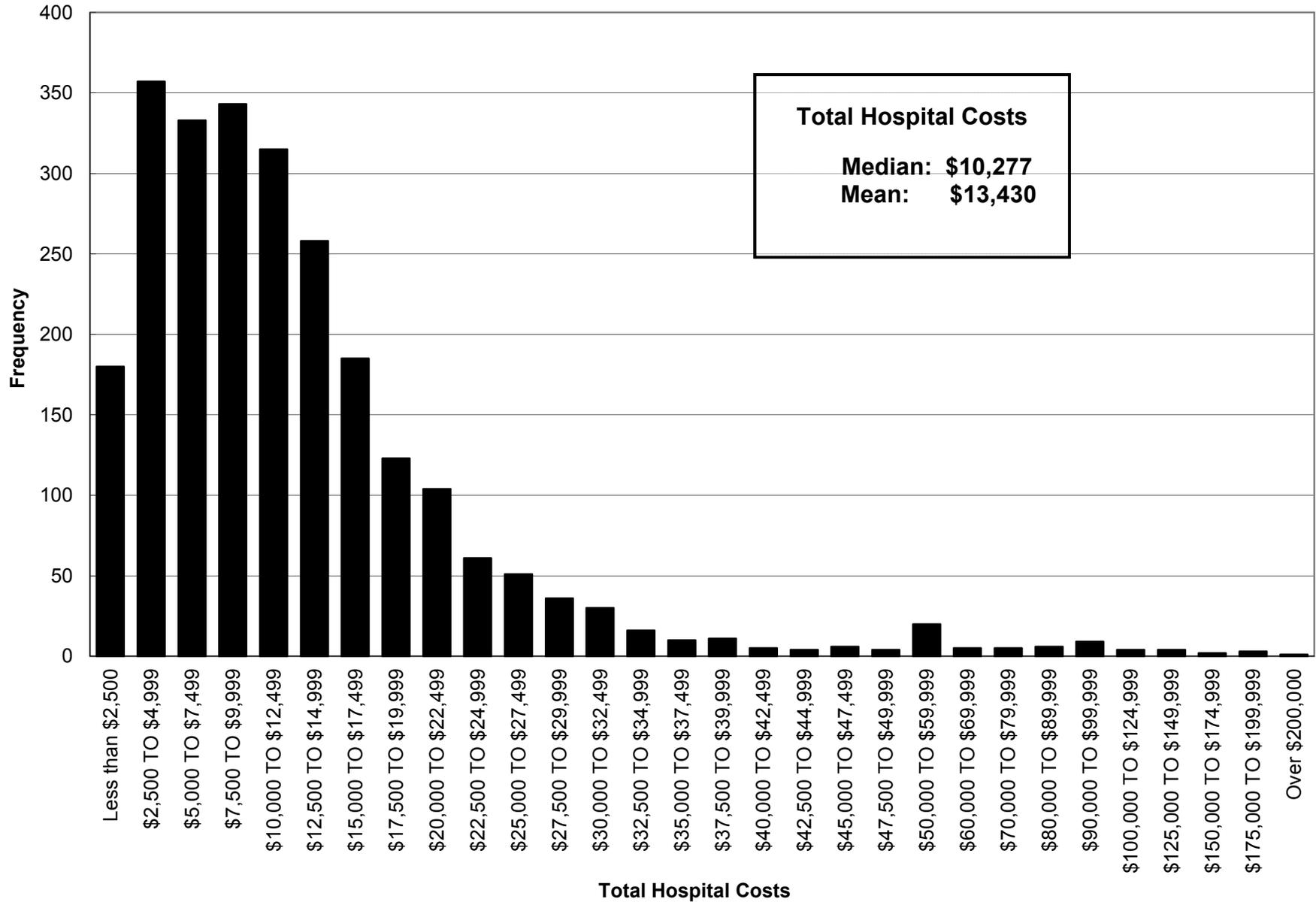


Figure 6.

**Frequency of Hospital Discharges by Category of Total Hospital Costs for 2000
Where Colon and Rectum Cancer is Listed as the Primary Diagnosis**

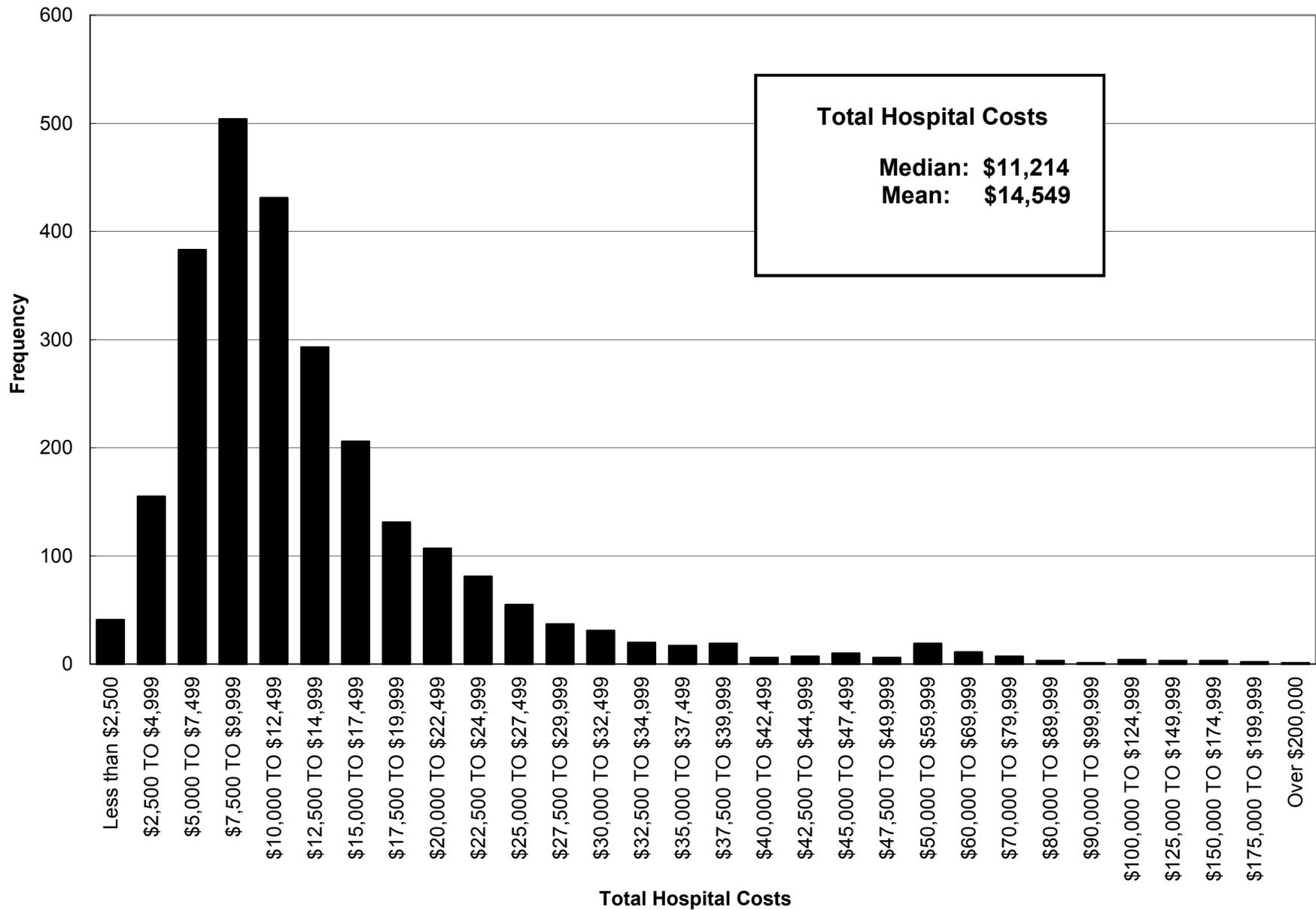


Figure 7.

**Frequency of Hospital Discharges by Category of Total Hospital Costs for 2000
Where Female Breast Cancer is Listed as the Primary Diagnosis**

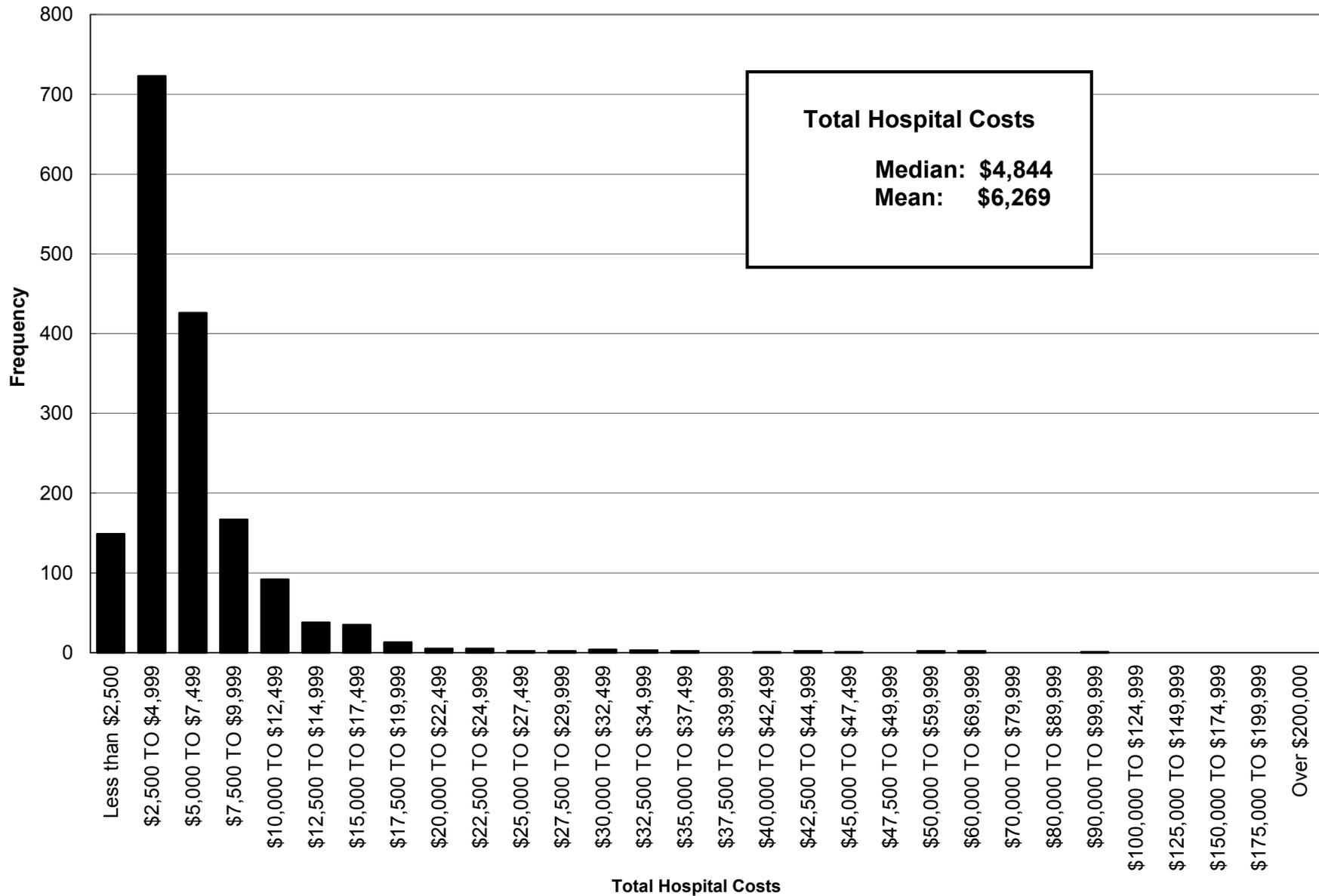


Figure 8.

Frequency of Hospital Discharges by Category of Total Hospital Costs for 2000 Where Prostate Cancer is Listed as the Primary Diagnosis

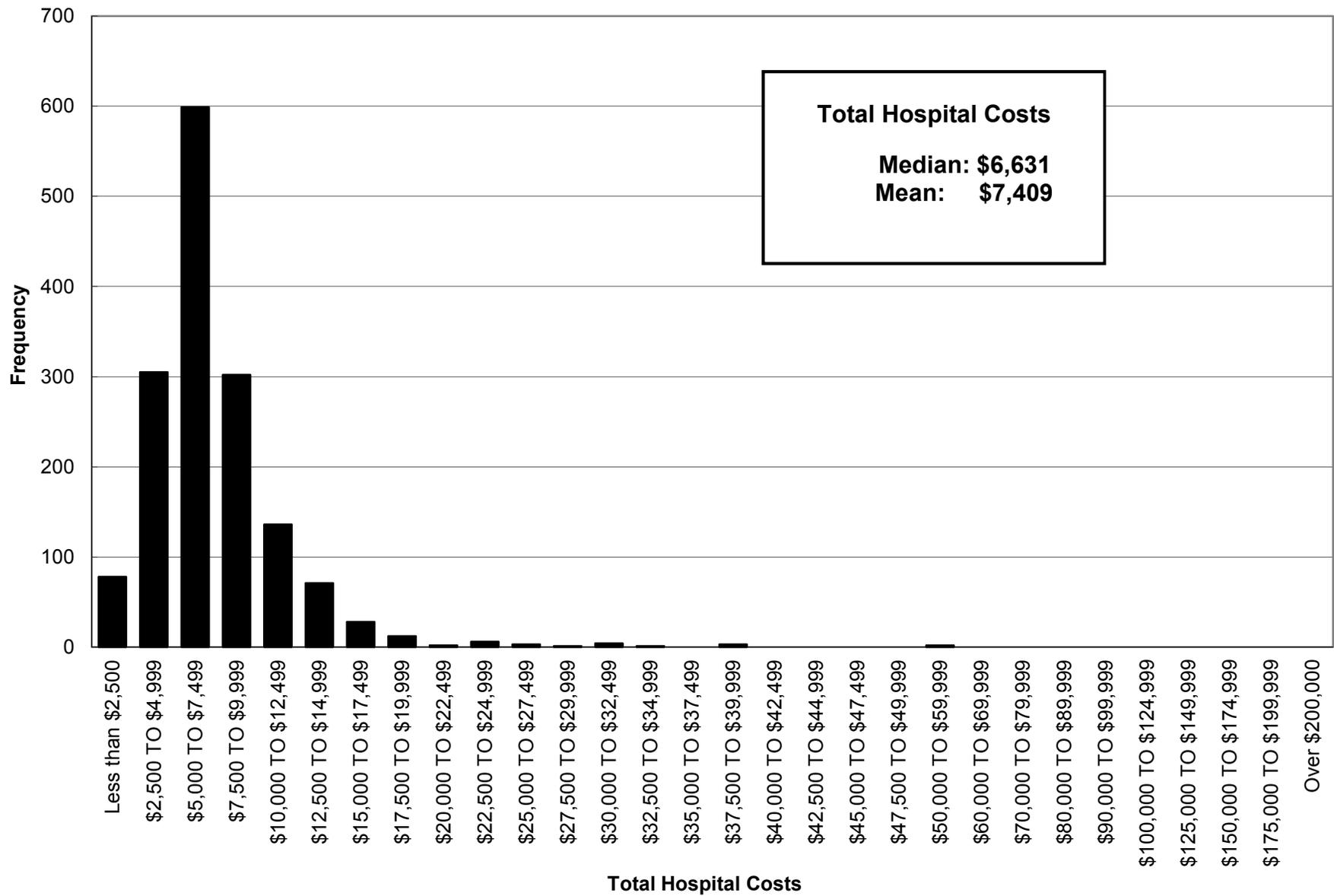


Figure 9.

**Frequency of Hospital Discharges by Category of Total Hospital Costs for 2000
Where Oral Cancer is Listed as the Primary Diagnosis**

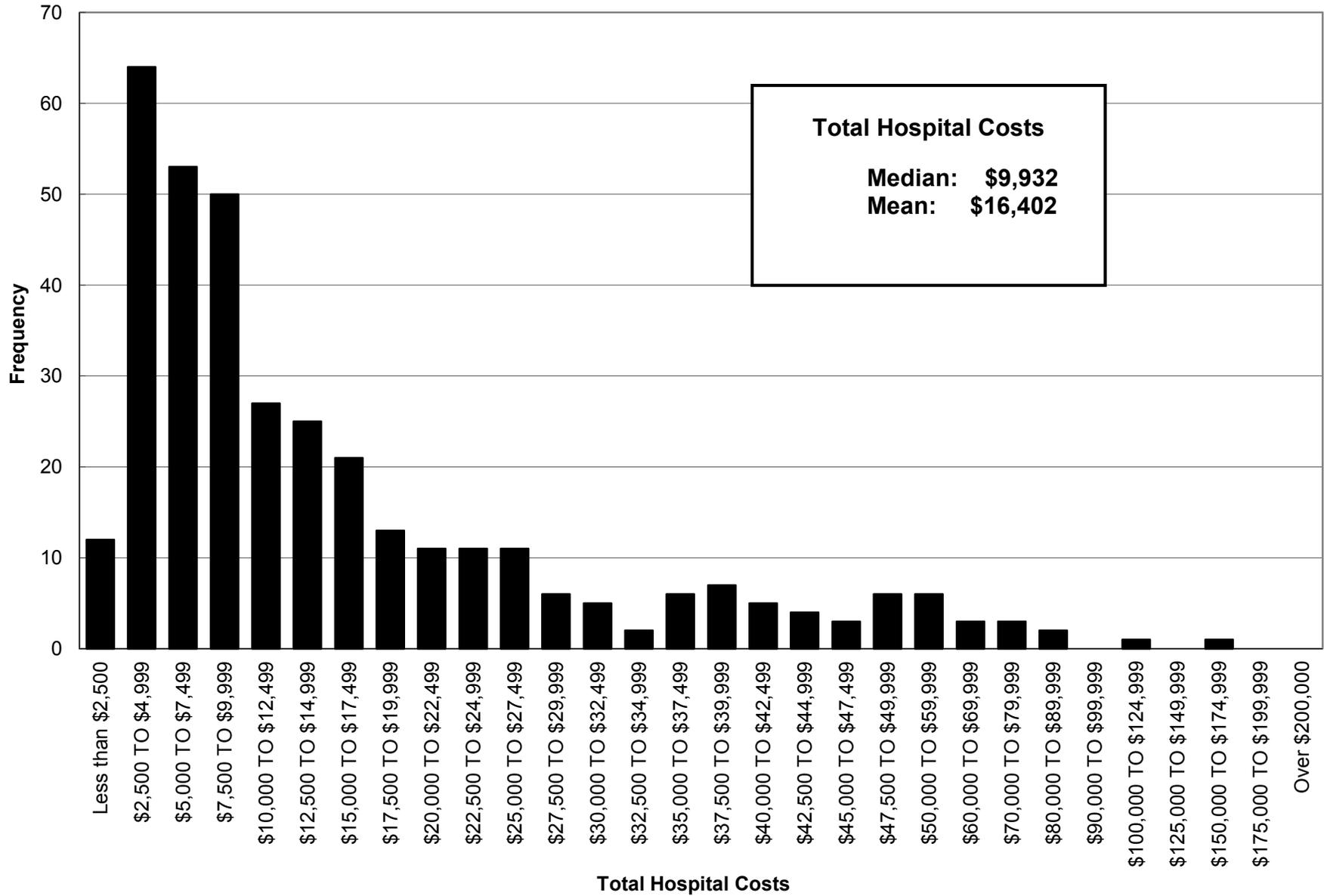


Figure 10.

Frequency of Hospital Discharges by Category of Total Hospital Costs for 2000 Where Melanoma is Listed as the Primary Diagnosis

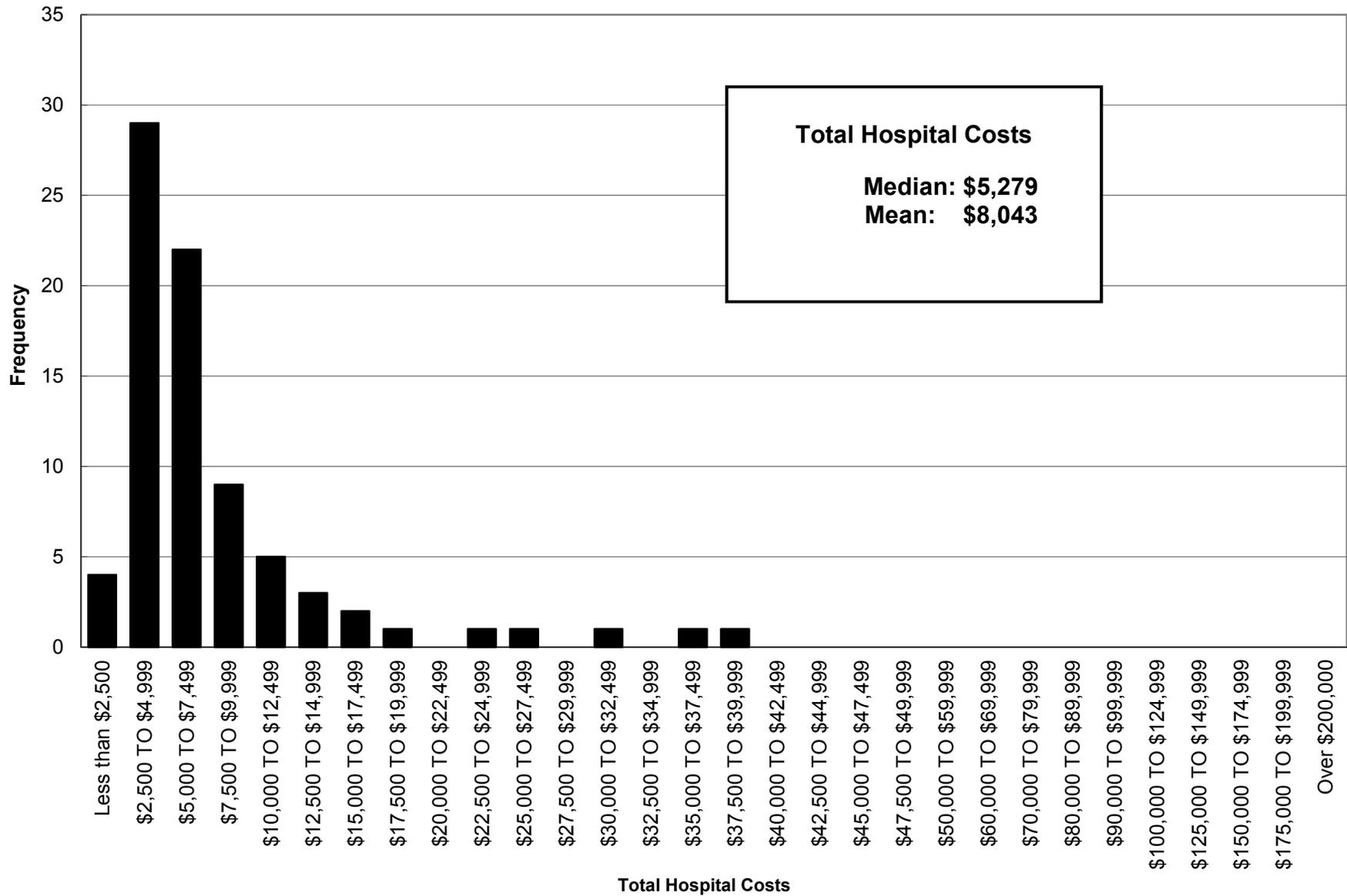


Figure 11.

**Frequency of Hospital Discharges by Category of Total Hospital Costs for 2000
Where Cervix Cancer is Listed as the Primary Diagnosis**

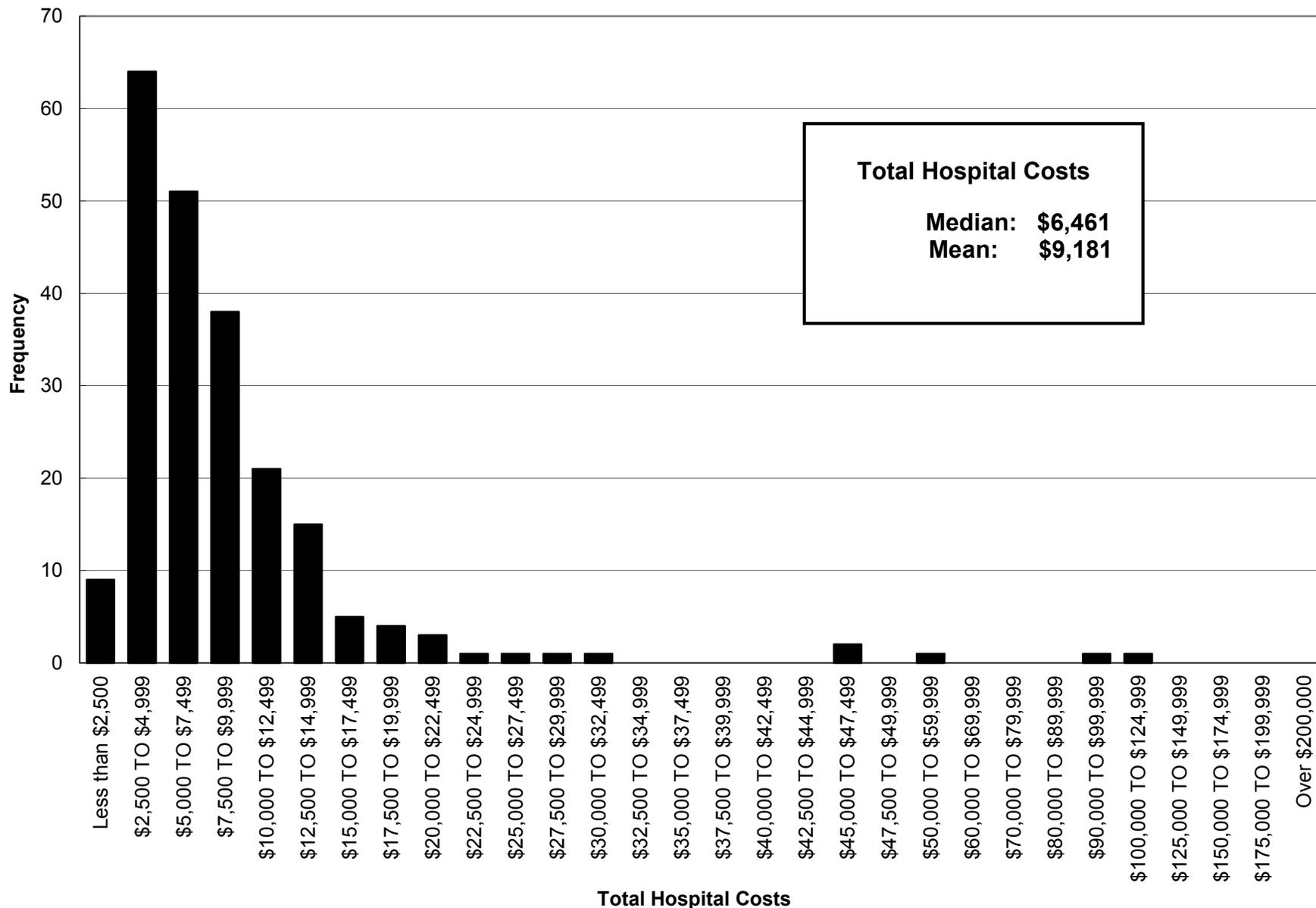


Figure 12.

**Frequency of Hospital Discharges by Category of Total Hospital Costs for 2000
Where Other Non-Targeted Cancer is Listed as the Primary Diagnosis**

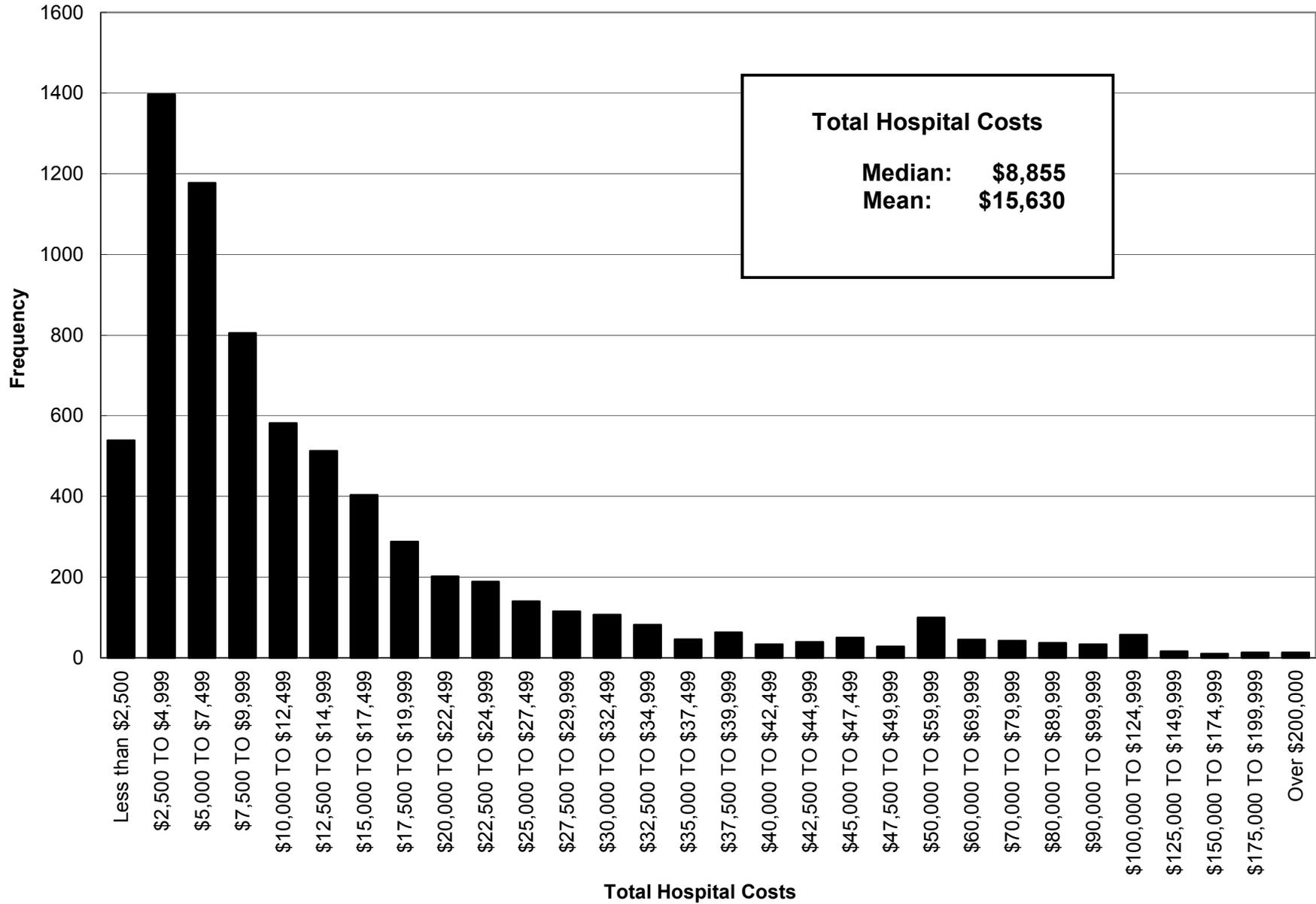


Figure 13.

Frequency of Hospital Discharges by Category of Total Hospital Costs for 2000 Where Metastatic Cancer is Listed as the Primary Diagnosis

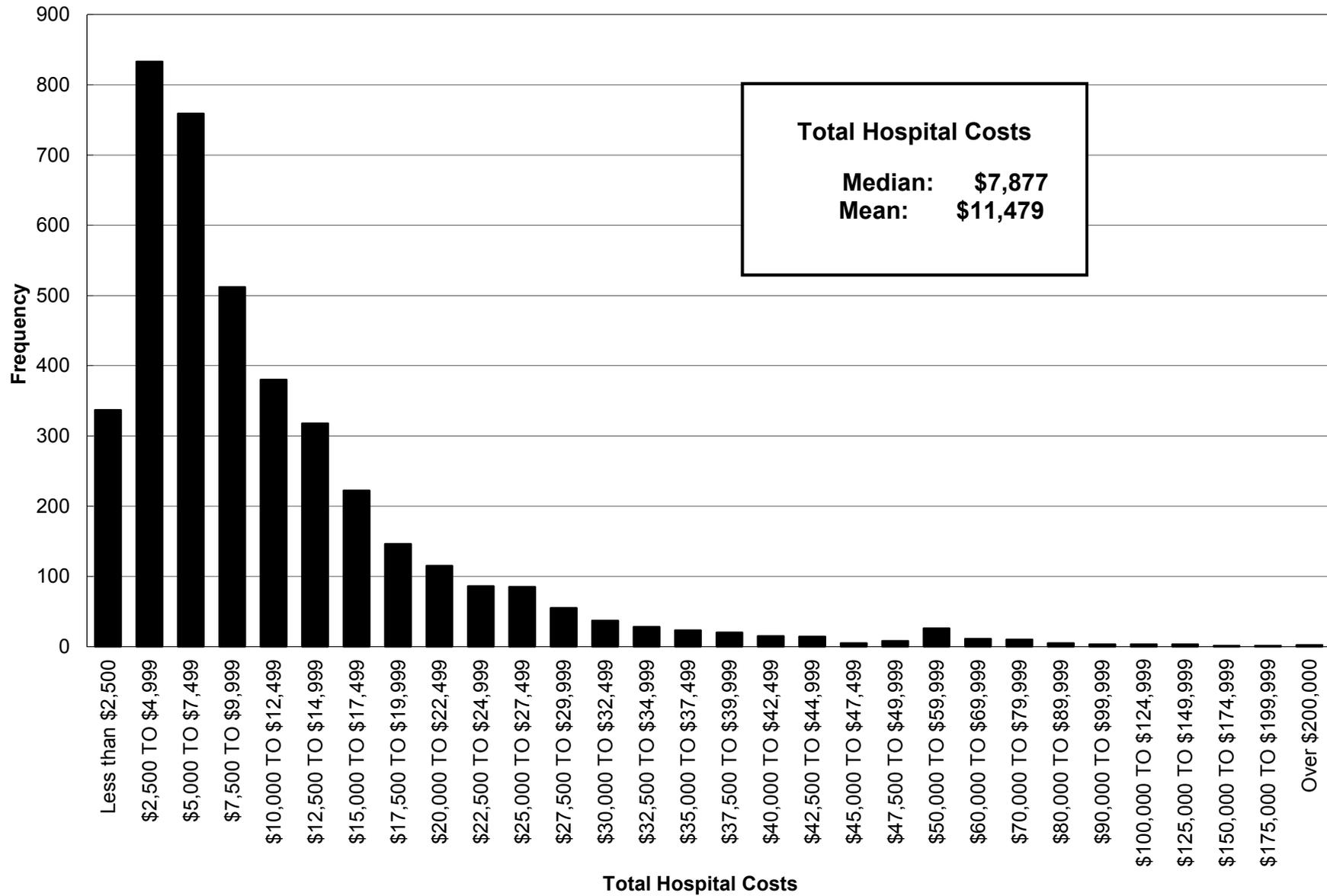
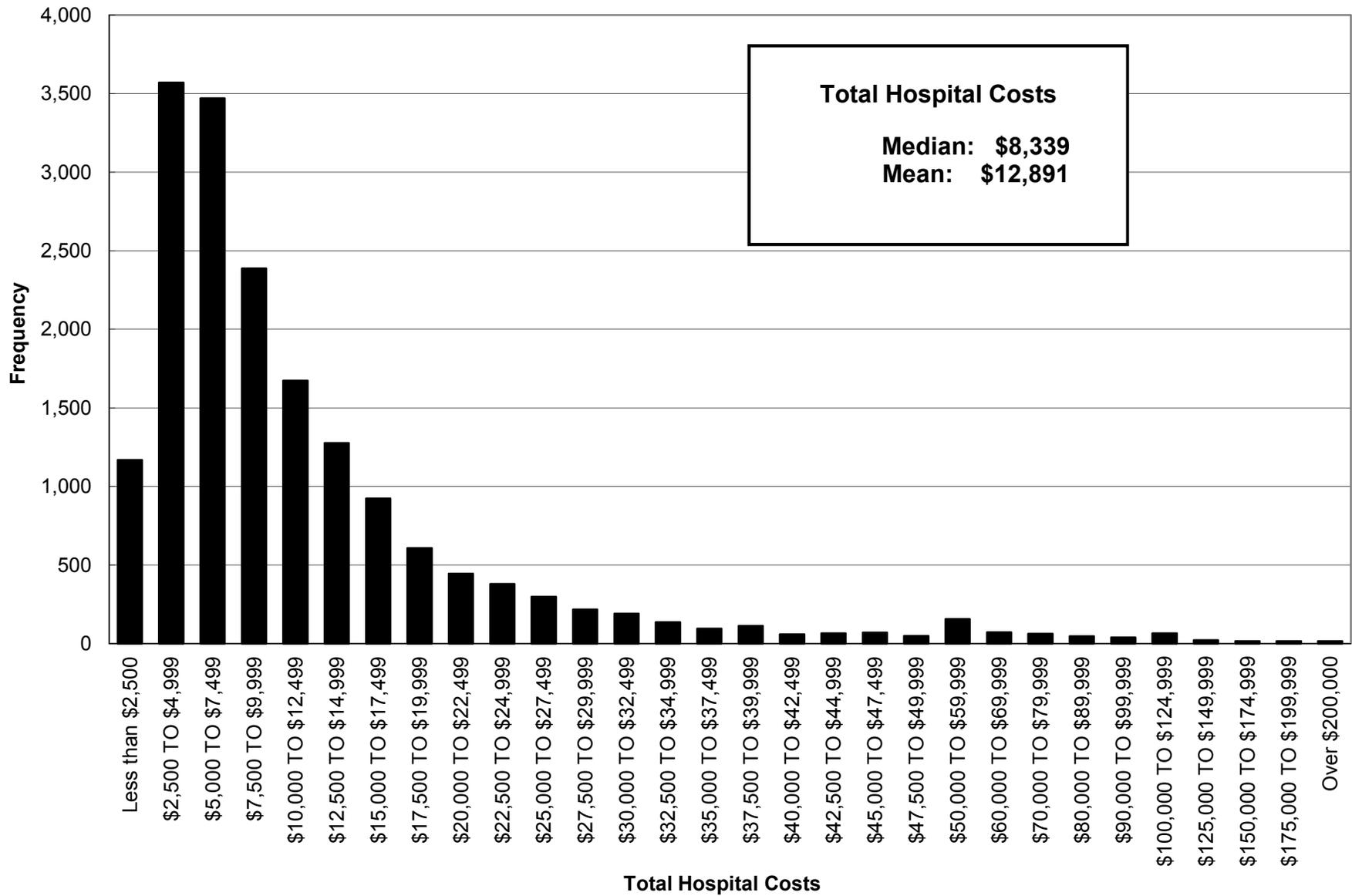


Figure 14.

Frequency of Hospital Discharges by Category of Total Hospital Costs for 2000 Where Any Type of Cancer is Listed as the Primary Diagnosis



Attachment 1: International Classification of Diseases, Version 9 (ICD-9) Diagnostic Codes
Used to Define "Targeted Cancers" in the Preparation of this Report

Targeted Cancer	ICD-9 Codes Included
Breast (female)	174.00 - 174.99
Cervix, Invasive	180.00 - 180.99
Colon and Rectum	153.00 - 154.19, 154.40 - 154.89
Lung and Bronchus	162.20 - 162.99
Melanoma	172.00 - 172.99
Oral	140.00 - 149.99
Prostate	185.00 - 185.99
All Other (Primary)	150.00 - 152.99, 154.20 - 154.39, 154.90 - 162.19, 163.00 - 171.99, 173.00 - 173.99, 175.00 - 179.99, 181.00 - 184.99, 186.00 - 195.99, 199.00 - 208.99
Metastatic (Secondary)	196.00 - 198.99
Total	140.00 - 208.99