

## Service Intensity Weights (SIWs) and Average Lengths of Stay

Effective Date: 5/20/09

### **Summary of Express Terms**

#### **86-1.62 - Service Intensity Weights and Group Average Arithmetic Inlier Lengths of Stay**

The proposed amendments of section 86-1.62 of Title 10 (Health) NYCRR are intended to change the service intensity weights (SIWs) for the diagnosis related group (DRG) classification system for inpatient hospital services.

Effective January 1, 2008, the DRG classification system used in the hospital case payment system was updated to incorporate those changes made by Medicare for use in the prospective payment system, and additional changes to identify medically appropriate patterns of health resource use for services that are efficiently and economically provided. The SIWs were revised accordingly to reflect the costs of the redistributed cases.

In addition, the SIWs were updated to reflect 2004 costs and statistics reported to the Department for a representative sample of hospitals. This update ensures a reflection of more current clinical practices, advances in technology, changes in patient resource consumption, and changes in hospital length of stay patterns. The revised service intensity weights based on 2004 data are being phased-in over a three year period. The weights effective for the period January 1, 2008 through December 31, 2008, were based on 75% of the service intensity weights in effect as of December 31, 2007 based on 1992 data, and 25% of the service intensity weights based on 2004 data. The service intensity weights effective for the period January 1, 2009 through December 31, 2009, will be based on 33% of the service intensity weights in effect as of December 31, 2007 that are based on 1992 data, and 67% of the service intensity weights based

on 2004 data. Effective January 1, 2010 and thereafter, the service intensity weights will be based on 2004 data. Effective January 1, 2009, the service intensity weights are being revised to reflect the phase-in described above.

### **General Summary for 86-1.62**

The changes in the service intensity weights for the DRG classification system described above (Section 86-1.62 of Title 10 (Health) NYCRR) will enable providers to place patients in the most appropriate DRG and, therefore, they will receive adequate reimbursement for services provided. In the aggregate, these changes will have a budget-neutral impact on the reimbursement system.

The Department is statutorily required to update the grouper to be consistent with changes made to the DRG classification system used by the Medicare prospective payment system (PPS) and to modify existing and add new DRGs to more accurately reflect patterns of health resource use.

Pursuant to the authority vested in the Commissioner of Health by sections 2803(2), 2807(3) and 2807-c(3) and (4) of the Public Health Law, Section 86-1.62 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York are hereby amended, to be effective upon publication of a Notice of Adoption in the New York State *Register*, to read as follows:

**86-1.62 Service intensity weights and group average arithmetic inlier lengths of stay.**

- (a)(1) The following table provides the relative cost weight or service intensity weight (SIW) and the group average arithmetic inlier length of stay (LOS) for each DRG that are used in the calculation of rates of payment pursuant to this Subpart. The calculation of SIWs shall, for rates of payment on and after January 1, [2008] 2009, and in accordance with paragraph (2) of this subdivision, be determined using 1992 and 2004 costs and statistics from a sample of New York State hospitals, excluding all costs associated with Medicare patients, secondary payor payments made on behalf of Medicare patients, alternate level of care patients, exempt units, hospital medical malpractice insurance, transfer patients (other than those in DRGs specifically identified as transfer DRGs), hospital-specific services, direct and indirect GME, short stay patients and the outlier portion only of the days and costs of high stay and high-cost outliers.
- (2) The SIWs determined using 2004 data shall be phased-in over a three year period. Effective January 1, 2008 through December 31, 2008, the weights shall be a blend of seventy five percent (75%) of the weights in effect as of December 31, 2007, based on 1992 data, and twenty five percent (25%) of the weights based on

2004 data; effective January 1, 2009 through December 31, 2009, such weights shall be based on thirty three percent (33%) of the weights in effect as of December 31, 2007 based on 1992 data, and sixty seven percent (67%) on the weights based on 2004 data; and effective January 1, 2010 through December 31, 2010 and thereafter, such weights shall be based on one hundred percent (100%) of the weights based on 2004 data.

- [(3) For the period January 1, 2008 through June 30, 2008, the following service intensity weights and group average arithmetic lengths of stay shall be in accordance with Table A as set forth in sub-paragraph (i) of this paragraph and for the period July 1, 2008 through December 31, 2008, such service intensity weights and group average arithmetic lengths of stay shall be in accordance with Table B as set forth in sub-paragraph (ii) of this paragraph.]

**Table**

<b>DRG</b>	<b>DRG DESCRIPTION</b>	<b>SIW PER DISCHARGE</b>	<b>UP LOS</b>	<b>DOWN LOS</b>
1	CRANIOTOMY AGE >17 W/CC	<u>4.8526</u>	7	9
2	CRANIOTOMY AGE >17 W/O CC	<u>3.2059</u>	4	5
6	CARPAL TUNNEL RELEASE	<u>0.7355</u>	2	1
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/CC	<u>2.5416</u>	7	8
8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	<u>1.8422</u>	3	2
9	SPINAL DISORDERS & INJURIES	<u>1.3164</u>	4	5
10	NERVOUS SYSTEM NEOPLASMS W/CC	<u>2.8078</u>	9	10
11	NERVOUS SYSTEM NEOPLASMS W/O CC	<u>1.3134</u>	4	5
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	<u>1.4172</u>	7	7
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	<u>1.1000</u>	5	5
14	STROKE W/INFARCT	<u>1.6748</u>	5	6
15	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	<u>1.3141</u>	4	5
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W/CC	<u>1.6051</u>	4	7
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	<u>0.9155</u>	2	3
18	CRANIAL & PERIPHERAL NERVE DISORDERS W/CC	<u>1.2165</u>	5	5
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	<u>0.8771</u>	4	4
21	VIRAL MENINGITIS	<u>0.8280</u>	3	4
22	HYPERTENSIVE ENCEPHALOPATHY	<u>1.3777</u>	4	6
23	NONTRAUMATIC STUPOR & COMA	<u>0.9018</u>	4	5
34	OTHER DISORDERS OF NERVOUS SYSTEM W/CC	<u>1.1769</u>	4	5
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	<u>0.8132</u>	2	3
36	RETINAL PROCEDURES	<u>1.0849</u>	2	2
37	ORBITAL PROCEDURES	<u>1.5578</u>	3	3
38	PRIMARY IRIS PROCEDURES	<u>1.0722</u>	2	2
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	<u>1.0460</u>	3	3
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	<u>1.0223</u>	3	2
41	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE <18	<u>0.8085</u>	2	2
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	<u>1.1089</u>	2	3
43	HYPHEMA	<u>0.6761</u>	4	4
44	ACUTE MAJOR EYE INFECTIONS	<u>0.6980</u>	3	4
45	NEUROLOGICAL EYE DISORDERS	<u>0.9398</u>	4	4
46	OTHER DISORDERS OF THE EYE AGE >17 W/CC	<u>1.0004</u>	4	4
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	<u>0.7385</u>	3	3
48	OTHER DISORDERS OF THE EYE AGE <18	<u>0.5761</u>	2	2
49	MAJOR HEAD & NECK PROCEDURES EXCEPT FOR MALIGNANCY	<u>2.0422</u>	2	3
50	SIALOADENECTOMY	<u>1.0952</u>	1	1
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	<u>0.8620</u>	1	1
52	CLEFT LIP & PALATE REPAIR	<u>0.9301</u>	2	1

53	SINUS & MASTOID PROCEDURES AGE >17	<u>1.0205</u>	2	2
54	SINUS & MASTOID PROCEDURES AGE <18	<u>1.0341</u>	3	2
55	MISCELLANEOUS EAR, NOSE MOUTH & THROAT PROCEDURES	<u>0.8742</u>	3	2
56	RHINOPLASTY	<u>0.8005</u>	1	1

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
57	T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY, AGE >17	<u>0.6459</u>	3	2
58	T&A PROC,EXC TONSILLECT &/OR ADENOIDECT ONLY, AGE <18	<u>0.7834</u>	2	3
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	<u>0.6591</u>	2	2
60	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE <18	<u>0.6004</u>	2	1
61	MYRINGOTOMY W/TUBE INSERTION AGE >17	<u>0.9700</u>	5	5
62	MYRINGOTOMY W/TUBE INSERTION AGE <18	<u>0.7177</u>	3	2
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	<u>1.2909</u>	3	3
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	<u>1.6145</u>	5	6
65	DYSEQUILIBRIUM	<u>0.6271</u>	2	3
66	EPISTAXIS	<u>0.6928</u>	3	3
67	EPIGLOTTITIS	<u>0.7039</u>	2	3
68	OTITIS MEDIA & URI AGE >17 W/CC	<u>0.6663</u>	3	3
69	OTITIS MEDIA & URI AGE >17 W/O CC	<u>0.4708</u>	2	2
70	OTITIS MEDIA & URI AGE <18	<u>0.5656</u>	2	2
71	LARYNGOTRACHEITIS	<u>0.4273</u>	2	2
72	NASAL TRAUMA & DEFORMITY	<u>0.6361</u>	2	2
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	<u>0.6975</u>	3	3
74	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE <18	<u>0.5674</u>	2	3
75	MAJOR CHEST PROCEDURES	<u>2.8642</u>	6	6
76	OTHER RESP SYSTEM O.R. PROCEDURES W/CC	<u>2.9843</u>	8	10
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	<u>1.8593</u>	5	6
78	PULMONARY EMBOLISM	<u>1.4778</u>	5	6
79	RESPIR INFECTIONS & INFL EXC SIMPLE PNEUMONIA AGE > 17 W/CC	<u>1.7780</u>	7	8
80	RESPIR INFECTIONS & INFL EXC SIMPLE PNEUMONIA AGE > 17 W/O CC	<u>1.1901</u>	5	6
82	RESPIRATORY NEOPLASMS	<u>1.8145</u>	6	7
83	MAJOR CHEST TRAUMA W/CC	<u>1.0870</u>	4	4
84	MAJOR CHEST TRAUMA W/O CC	<u>0.7314</u>	3	2
85	PLEURAL EFFUSION W/CC	<u>1.5790</u>	5	6
86	PLEURAL EFFUSION W/O CC	<u>1.2063</u>	4	5
87	PULMONARY EDEMA & RESPIRATORY FAILURE	<u>1.4160</u>	6	6
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	<u>1.0606</u>	5	5
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/CC	<u>1.1855</u>	5	5
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	<u>0.7980</u>	4	4
92	INTERSTITIAL LUNG DISEASE W/CC	<u>1.3839</u>	5	6
93	INTERSTITIAL LUNG DISEASE W/O CC	<u>1.0456</u>	4	5
94	PNEUMOTHORAX W/CC	<u>1.1409</u>	5	5
95	PNEUMOTHORAX W/O CC	<u>0.7518</u>	4	4
96	BRONCHITIS & ASTHMA AGE >17 W/CC	<u>0.9225</u>	4	4
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	<u>0.6757</u>	3	3
99	RESPIRATORY SIGNS & SYMPTOMS W/CC	<u>0.8954</u>	3	3
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	<u>0.6677</u>	2	2
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W/CC	<u>0.9994</u>	4	4
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	<u>0.6189</u>	2	2

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
103	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	<u>44.3513</u>	39	39
104	CARD VALVE & OTH MAJ CARDIOTHORACIC PROC W/CARDIAC CATH	<u>8.3988</u>	9	11
105	CARD VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARDIAC CATH	<u>5.9139</u>	6	7
106	CORONARY BYPASS W/PTCA	<u>7.7935</u>	7	9
107	CORONARY BYPASS W/O PTCA W/CARDIAC CATH	<u>6.0383</u>	8	8
108	OTHER CARDIOTHORACIC PROC W/O PDX CONG ANOMALY	<u>4.8162</u>	7	6
109	CORONARY BYPASS W/O PTCA W/O CARDIAC CATH	<u>4.5248</u>	5	6
110	MAJOR CARDIOVASCULAR PROCEDURES W/CC	<u>4.3943</u>	7	8
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	<u>3.1641</u>	4	5
112	PERCUTANEOUS CARDIOVASC PROC W/O AMI, HFI OR SHOCK	<u>1.9852</u>	2	2
113	AMPUTAT FOR CIRC SYSTEM DISORD EXCEPT UPPER LIMB & TOE	<u>4.6558</u>	13	15
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	<u>2.4877</u>	8	9
115	PRM CARD PACEMAKER IMPLANT W/AMI/HF/SHOCK OR AICD LEAD OR GNRTR PROC	<u>4.7396</u>	6	6
116	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT	<u>3.4642</u>	4	6
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	<u>1.6117</u>	2	3
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	<u>2.0709</u>	4	2
119	VEIN LIGATION & STRIPPING	<u>1.0276</u>	4	3
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	<u>2.8703</u>	9	10
121	CIRCULATORY DISORDERS W/AMI & MAJ COMP, DISCH ALIVE	<u>2.7212</u>	7	8
122	CIRCULATORY DISORDERS W/AMI W/O MAJ COMP, DISCH ALIVE	<u>1.6352</u>	3	4
123	CIRCULATORY DISORDERS W/AMI, EXPIRED	<u>3.9553</u>	7	9
124	CIRC DISORDRS EXCEPT AMI, W/CARD CATH & COMPLEX DIAG	<u>1.6819</u>	4	5
125	CIRC DISORDRS EXCEPT AMI, W/CARD CATH W/O COMPLEX DIAG	<u>1.1011</u>	2	2
126	ACUTE & SUBCUTE ENDOCARDITIS	<u>4.0382</u>	11	15
127	HEART FAILUE & SHOCK	<u>1.3004</u>	5	5
128	DEEP VEIN THROMBOPHLEBITIS	<u>0.8608</u>	5	5
129	CARDIAC ARREST, UNEXPLAINED	<u>1.4174</u>	2	2
130	PERIPHERAL VASCULAR DISORDERS W/CC	<u>1.1978</u>	6	6
131	PERIPHERAL VASCULAR DISORDERS W/O CC	<u>0.8297</u>	4	5
132	ATHEROSCLEROSIS W/CC	<u>1.0374</u>	3	4
133	ATHEROSCLEROSIS W/O CC	<u>0.6980</u>	2	2
134	HYPERTENSION	<u>0.7882</u>	2	3
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/CC	<u>1.2782</u>	5	5
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	<u>0.7305</u>	3	3
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE <18	<u>1.1757</u>	3	3
138	CARDIAC ARRYTHMIA & CONDUCTION DISORDERS W/CC	<u>1.0882</u>	4	5
139	CARDIAC ARRYTHMIA & CONDUCTION DISORDERS W/O CC	<u>0.6878</u>	2	2
140	ANGINA PECTORIS	<u>0.7106</u>	2	2
141	SYNCOPE & COLLAPSE W/CC	<u>0.8850</u>	3	3
142	SYNCOPE & COLLAPSE W/O CC	<u>0.6857</u>	2	2
143	CHEST PAIN	<u>0.5818</u>	2	2
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W/CC	<u>1.1651</u>	4	5
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	<u>0.7179</u>	2	2

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
146	RECTAL RESECTION W/CC	<u>3.0208</u>	7	8
147	RECTAL RESECTION W/O CC	<u>2.2039</u>	5	6
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W/CC	<u>2.8879</u>	8	9
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	<u>1.8264</u>	5	6
150	PERITONEAL ADHESIOLYSIS W/CC	<u>2.2710</u>	8	8
151	PERITONEAL ADHESIOLYSIS W/O CC	<u>1.4505</u>	5	5
152	MINOR SMALL & LARGE BOWEL PROCEDURES W/CC	<u>1.8124</u>	6	7
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	<u>1.3068</u>	5	5
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/CC	<u>3.5177</u>	9	11
155	STOMACH,ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC	<u>1.9275</u>	4	5
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE <18	<u>1.3433</u>	4	4
157	ANAL & STOMAL PROCEDURES W/CC	<u>1.3014</u>	4	6
158	ANAL & STOMAL PROCEDURES W/O CC	<u>0.7492</u>	2	2
159	HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W/CC	<u>1.4069</u>	4	5
160	HERNIA PROCS EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC	<u>1.0018</u>	2	2
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/CC	<u>1.1855</u>	3	3
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	<u>0.8245</u>	2	2
163	HERNIA PROCEDURES AGE <18	<u>0.7465</u>	2	1
164	APPENDECTOMY W/COMPLICATED PRINCIPAL DIAG W/CC	<u>1.9057</u>	7	8
165	APPENDECTOMY W/COMPLICATED PRINCIPAL DIAG W/O CC	<u>1.2834</u>	4	5
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/CC	<u>1.2635</u>	4	4
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	<u>0.9327</u>	2	2
168	MOUTH PROCEDURES W/CC	<u>1.4107</u>	3	5
169	MOUTH PROCEDURES W/O CC	<u>0.9342</u>	3	3
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/CC	<u>2.8661</u>	10	10
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	<u>1.4049</u>	4	5
172	DIGESTIVE MALIGNANCY W/CC	<u>1.9108</u>	6	7
173	DIGESTIVE MALIGNANCY W/O CC	<u>1.1691</u>	4	5
174	G.I. HEMORRHAGE W/CC	<u>1.4932</u>	4	5
175	G.I. HEMORRHAGE W/O CC	<u>0.8873</u>	3	3
176	COMPLICATED PEPTIC ULCER	<u>1.0471</u>	4	4
177	UNCOMPLICATED PEPTIC ULCER W/CC	<u>0.9882</u>	4	4
178	UNCOMPLICATED PEPTIC ULCER W/O CC	<u>0.7349</u>	3	3
179	INFLAMMATORY BOWEL DISEASE	<u>1.0417</u>	5	5
180	G.I. OBSTRUCTION W/CC	<u>0.9498</u>	4	5
181	G.I. OBSTRUCTION W/O CC	<u>0.6544</u>	4	4
182	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORDERS AGE>17 W/CC	<u>1.0650</u>	4	5
183	ESOPHAGITIS,GASTROENT & MISC DIGEST DISORDERS AGE>17 W/O CC	<u>0.7196</u>	3	3
185	DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE >17	<u>0.7034</u>	3	3
186	DENTAL & ORAL DIS EXC EXTRACT & RESTORATIONS, AGE <18	<u>0.6515</u>	2	3
187	DENTAL EXTRACTIONS & RESTORATIONS	<u>0.7314</u>	2	3
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/CC	<u>1.0057</u>	4	5
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	<u>0.6838</u>	3	3

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
191	PANCREAS, LIVER & SHUNT PROCEDURES W/CC	<u>4.6225</u>	10	9
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	<u>3.0345</u>	6	6
193	BIL TRACT PROC EXC ONLY CHOLECYST W OR W/O C.D.E W/CC	<u>3.8228</u>	11	12
194	BIL TRACT PROC EXC ONLY CHOLECYSTECT W OR W/O C.D.E. W/O CC	<u>2.3689</u>	5	8
195	TOTAL CHOLECYSTECTOMY W/C.D.E. W/CC	<u>2.7010</u>	9	10
196	TOTAL CHOLECYSTECTOMY W C.D.E. W/O CC	<u>2.1765</u>	5	8
197	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/CC	<u>2.2749</u>	7	8
198	TOTAL CHOLECYSTECTOMY W/O C.D.E. W/O CC	<u>1.5083</u>	4	5
199	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	<u>3.1077</u>	7	9
200	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	<u>2.3333</u>	4	7
201	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	<u>3.2922</u>	10	12
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	<u>1.2099</u>	6	5
203	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	<u>1.8666</u>	6	7
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	<u>0.9177</u>	4	5
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/CC	<u>1.4360</u>	4	6
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	<u>0.9510</u>	4	4
207	DISORDERS OF THE BILIARY TRACT W/CC	<u>1.1837</u>	4	5
208	DISORDERS OF THE BILIARY TRACT W/O CC	<u>0.7206</u>	3	3
209	MAJ JOINT&LIMB REATT PROC OF LOW EXT, EXC HIP, EXC FOR COMP	<u>2.7777</u>	4	4
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/CC	<u>2.9064</u>	6	8
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC	<u>2.0840</u>	4	5
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE <18	<u>1.9314</u>	4	4
213	AMPUTAT FOR MUSCULOSKELET SYSTEM & CONN TISSUE DISORDERS	<u>3.1377</u>	12	10
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	<u>2.7157</u>	9	10
217	WOUND DEBRID & SKIN GRAFT EXC OPEN WOUND FOR MS & CONN TISS DISORDER, EXC HAND	<u>3.1766</u>	9	12
218	LOW EXTREM & HUMER PROC EXC HIP, FOOT, FEMR AGE>17 W/CC	<u>2.4171</u>	5	7
219	LOW EXTREM & HUMER PROC EXC HIP, FOOT, FEMR AGE>17 W/O CC	<u>1.4086</u>	3	3
220	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE <18	<u>1.2877</u>	2	2
221	KNEE PROCEDURES W/CC	<u>2.0699</u>	6	6
222	KNEE PROCEDURES W/O CC	<u>1.1959</u>	2	2
223	MAJ SHOULDER/ELBOW PROC, OR OTH UPPER EXTREMITY PROC W/CC	<u>1.1385</u>	2	2
224	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJ JOINT PROC, W/O CC	<u>1.0180</u>	2	2
225	FOOT PROCEDURES	<u>1.4130</u>	5	5
226	SOFT TISSUE PROCEDURES W/CC	<u>1.9167</u>	6	7
227	SOFT TISSUE PROCEDURES W/O CC	<u>1.1298</u>	2	2
228	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W/CC	<u>1.0983</u>	3	3
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	<u>0.9369</u>	2	2
230	LOCAL EXCIS & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	<u>1.3338</u>	3	3
232	ARTHROSCOPY	<u>1.3505</u>	6	7
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/CC	<u>2.8008</u>	7	7
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	<u>1.6295</u>	3	3
235	FRACTURES OF FEMUR	<u>1.4561</u>	6	5
236	FRACTURES OF HIP & PELVIS	<u>1.2100</u>	5	5

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	<u>0.8032</u>	3	3
238	OSTEOMYELITIS	<u>1.6104</u>	8	10
239	PATHOLOGICAL FX & MUSCULOSKELET & CONN TISS MALIGNANCY	<u>2.0461</u>	7	8
240	CONNECTIVE TISSUE DISORDERS W/CC	<u>1.5772</u>	6	6
241	CONNECTIVE TISSUE DISORDERS W/O CC	<u>0.8775</u>	3	3
242	SEPTIC ARTHRITIS	<u>1.1557</u>	6	7
243	MEDICAL BACK PROBLEMS	<u>0.7743</u>	4	4
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W/CC	<u>0.9610</u>	4	5
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	<u>0.7300</u>	4	4
246	NON-SPECIFIC ARTHROPATHIES	<u>0.7791</u>	4	4
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	<u>0.5981</u>	3	3
248	TENDONITIS, MYOSITIS & BURSITIS	<u>0.7306</u>	4	4
249	MALFUNCTION, REACTION OR COMP OF ORTHOPEDIC DEV OR PROC	<u>1.0663</u>	5	5
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE>17 W/CC	<u>0.9537</u>	3	4
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE>17 W/O CC	<u>0.5700</u>	2	2
252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE <18	<u>0.5670</u>	1	2
253	FX, SPRN, STRN & DISL UPARM, LOWLEG EX FOOT AGE>17 W/CC	<u>1.1974</u>	6	6
254	FX, SPRN, STRN & DISL UPARM, LOWLEG EX FOOT AGE>17 W/O CC	<u>0.6926</u>	3	3
255	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE <18	<u>0.5712</u>	2	2
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAG	<u>0.7462</u>	3	3
257	TOTAL MASTECTOMY FOR MALIGNANCY W/CC	<u>1.7079</u>	2	3
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	<u>1.5809</u>	2	2
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/CC	<u>1.3953</u>	2	2
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	<u>1.0757</u>	1	1
261	BREAST PROC FOR NON-MALIG EXCEPT BIOPSY & LOCAL EXCISION	<u>1.4143</u>	3	2
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	<u>0.9386</u>	4	5
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W/CC	<u>2.4139</u>	11	11
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER, CELLULITIS W/O CC	<u>1.4406</u>	5	6
265	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER, CELLUL W/CC	<u>2.3945</u>	6	7
266	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER, CELLUL W/O CC	<u>1.5312</u>	3	3
267	PERIANAL & PILONIDAL PROCEDURES	<u>0.7115</u>	2	2
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	<u>1.0688</u>	2	1
269	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W/CC	<u>1.5642</u>	6	6
270	OTHER SKIN, SUBCUT TISS & BREAST PROCEDURE W/O CC	<u>0.9687</u>	3	3
271	SKIN ULCERS	<u>1.3165</u>	7	7
272	MAJOR SKIN DISORDERS W/CC	<u>1.4411</u>	5	6
273	MAJOR SKIN DISORDERS W/O CC	<u>1.0168</u>	3	4
274	MALIGNANT BREAST DISORDERS W/CC	<u>1.9914</u>	6	8
275	MALIGNANT BREAST DISORDERS W/O CC	<u>1.0691</u>	4	4
276	NON-MALIGANT BREAST DISORDERS	<u>0.6365</u>	3	4
277	CELLULITIS AGE >17 W/CC	<u>0.9887</u>	5	5
278	CELLULITIS AGE >17 W/O CC	<u>0.6881</u>	4	4
279	CELLULITIS AGE <18	<u>0.5150</u>	3	3

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/CC	<u>0.7723</u>	3	3
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	<u>0.5217</u>	2	2
282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE <18	<u>0.4575</u>	2	2
283	MINOR SKIN DISORDERS W/CC	<u>0.8266</u>	4	4
284	MINOR SKIN DISORDERS W/O CC	<u>0.5467</u>	2	2
285	AMPUTAT OF LOW LIMB FOR ENDOCRINE, NUTRIT& METABOL DISORD	<u>3.0939</u>	13	13
286	ADRENAL & PITUITARY PROCEDURES	<u>2.3060</u>	4	4
287	SKIN GFT & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORD	<u>1.8885</u>	10	9
288	GASTRIC PROCEDURES FOR OBESITY	<u>1.6197</u>	3	3
289	PARATHYROID PROCEDURES	<u>1.0354</u>	1	1
290	THYROID PROCEDURES	<u>0.9881</u>	1	1
291	THYROGLOSSAL PROCEDURES	<u>0.7150</u>	1	1
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/CC	<u>3.1550</u>	9	11
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	<u>1.5854</u>	5	4
294	DIABETES AGE >35	<u>0.8800</u>	4	4
295	DIABETES AGE <36	<u>0.8153</u>	2	3
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/CC	<u>0.9873</u>	4	5
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	<u>0.5733</u>	2	3
298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE <18	<u>0.4677</u>	2	2
299	INBORN ERRORS OF METABOLISM	<u>0.6308</u>	3	3
300	ENDOCRINE DISORDERS W/CC	<u>1.0362</u>	4	5
301	ENDOCRINE DISORDERS W/O CC	<u>0.6483</u>	2	3
302	KIDNEY TRANSPLANT	<u>9.6620</u>	7	6
303	KIDNEY AND URETER PROCEDURES FOR NEOPLASM	<u>2.4426</u>	4	5
304	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM W/CC	<u>2.1591</u>	5	5
305	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM W/O CC	<u>1.4306</u>	3	3
306	PROSTATECTOMY W/CC	<u>2.1068</u>	6	10
307	PROSTATECTOMY W/O CC	<u>1.0001</u>	3	2
308	MINOR BLADDER PROCEDURES W/CC	<u>2.0093</u>	4	6
309	MINOR BLADDER PROCEDURES W/O CC	<u>1.1987</u>	2	2
310	TRANSURETHRAL PROCEDURES W/CC	<u>1.1985</u>	3	3
311	TRANSURETHRAL PROCEDURES W/O CC	<u>0.8598</u>	2	2
312	URETHRAL PROCEDURES, AGE >17 W/CC	<u>1.3995</u>	5	5
313	URETHRAL PROCEDURES, AGE >17 W/O CC	<u>0.9265</u>	2	2
314	URETHRAL PROCEDURES, AGE <18	<u>0.7266</u>	2	2
315	OTHER KIDNEY & URINARY TRACT PROCEDURES	<u>2.8566</u>	9	9
316	RENAL FAILURE	<u>1.3290</u>	5	6
317	ADMIT FOR RENAL DIALYSIS	<u>0.6196</u>	2	2
318	KIDNEY & URINARY TRACT NEOPLASMS W/CC	<u>1.5273</u>	5	7
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	<u>0.8273</u>	3	3
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/CC	<u>1.0349</u>	4	5
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	<u>0.6923</u>	3	3
322	KIDNEY & URINARY TRACT INFECTIONS AGE <18	<u>0.7751</u>	3	4

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
323	URINARY STONES W/CC, &/OR ESW LITHOTRIPSY	<u>0.6875</u>	2	2
324	URINARY STONES W/O CC	<u>0.5091</u>	2	2
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/CC	<u>0.8652</u>	4	4
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	<u>0.5447</u>	2	2
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE <18	<u>0.5478</u>	2	2
328	URETHRAL STRICTURE AGE >17 W/CC	<u>0.8957</u>	5	4
329	URETHRAL STRICTURE AGE >17 W/O CC	<u>0.6225</u>	2	2
330	URETHRAL STRICTURE AGE <18	<u>0.7407</u>	3	3
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/CC	<u>1.1679</u>	5	6
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	<u>0.6580</u>	3	3
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE <18	<u>0.8836</u>	3	3
334	MAJOR MALE PELVIC PROCEDURES W/CC	<u>2.2853</u>	4	4
335	MAJOR MALE PELVIC PROCEDURES W/O CC	<u>1.8917</u>	3	3
336	TRANSURETHRAL PROSTATECTOMY W/CC	<u>1.1184</u>	3	3
337	TRANSURETHRAL PROSTATECTOMY W/O CC	<u>0.8136</u>	2	2
338	TESTES PROCEDURES, FOR MALIGNANCY	<u>2.7466</u>	6	7
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	<u>0.8920</u>	2	3
340	TESTES PROCEDURES, NON-MALIGNANCY AGE <18	<u>0.8219</u>	1	1
341	PENIS PROCEDURES	<u>1.5332</u>	2	2
344	OTHER MALE REPRODUCTIVE SYS O.R. PROCS FOR MALIGNANCY	<u>1.9234</u>	3	1
345	OTHER MALE REPRODUCTIVE SYS O.R. PROCS EXCEPT FOR MALIG	<u>1.5325</u>	7	7
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/CC	<u>1.5366</u>	6	7
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	<u>0.8790</u>	5	5
348	BENIGN PROSTATIC HYPERTROPHY W/CC	<u>0.8852</u>	3	5
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	<u>0.6125</u>	3	3
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	<u>0.6829</u>	4	4
351	MALE STERILIZATION	<u>0.2995</u>	2	2
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	<u>0.5222</u>	2	2
353	PELVIC EVISCERATION,RAD HYSTERECTOMY & RAD VULVECTOMY	<u>2.9354</u>	5	5
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/CC	<u>1.9411</u>	4	5
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC	<u>1.3470</u>	3	3
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	<u>0.9431</u>	2	2
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	<u>2.2313</u>	5	5
358	UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W/CC	<u>1.2936</u>	3	4
359	UTERINE & ADNEXA PROC FOR CA IN SITU & NONMALIG W/O CC	<u>1.0138</u>	2	3
360	VAGINA, CERVIX & VULVA PROCEDURES	<u>0.9784</u>	2	2
361	LAPAROSCOPY OR INCISIONAL TUBAL INTERRUPTION	<u>1.1016</u>	2	2
362	ENDOSCOPIC TUBAL INTERRUPTION	<u>0.6120</u>	1	1
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	<u>1.0821</u>	3	3
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	<u>0.7871</u>	2	2
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	<u>1.5363</u>	4	5
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W/CC	<u>1.5208</u>	6	7
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM, W/O CC	<u>0.9841</u>	5	5

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	<u>0.7768</u>	3	4
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	<u>0.6393</u>	2	2
370	CESAREAN SECTION W/CC	<u>1.1149</u>	4	4
371	CESAREAN SECTION W/O CC	<u>0.8810</u>	3	4
372	VAGINAL DELIVERY W/COMPLICATING DIAGNOSES	<u>0.6992</u>	2	3
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	<u>0.5992</u>	2	2
374	VAGINAL DELIVERY W/STERILIZATION &/OR D&C	<u>0.8850</u>	2	2
375	VAGINAL DELIVERY W/O.R. PROC EXCEPT STERIL &/OR D&C	<u>0.6292</u>	2	3
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	<u>0.5724</u>	3	3
377	POSTPARTUM & POST ABORTION DIAGNOSES W/O.R. PROCEDURE	<u>1.5072</u>	4	5
378	ECTOPIC PREGNANCY	<u>1.1084</u>	2	2
379	THREATENED ABORTION	<u>0.4574</u>	3	3
380	ABORTION W/O D&C	<u>0.4787</u>	2	2
381	ABORTION W/D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	<u>0.7658</u>	2	2
382	FALSE LABOR	<u>0.2698</u>	1	2
392	SPLENECTOMY AGE >17	<u>2.5034</u>	6	6
393	SPLENECTOMY AGE <18	<u>1.7295</u>	4	4
394	OTHER O.R. PROCS OF THE BLOOD AND BLOOD FORMING ORGANS	<u>1.6520</u>	4	6
395	RED BLOOD CELL DISORDERS AGE >17	<u>1.0221</u>	4	5
397	COAGULATION DISORDERS	<u>1.4106</u>	4	4
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/CC	<u>1.3018</u>	5	5
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	<u>0.8086</u>	4	4
401	LYMPHOMA & NON-ACUTE LEUKEMIA W/OTHER O.R. PROC W/CC	<u>3.7812</u>	9	13
402	LYMPHOMA & NON-ACUTE LEUKEMIA W/OTHER O.R. PROC W/O CC	<u>2.0941</u>	5	6
403	LYMPHOMA & NON-ACUTE LEUKEMIA W/CC	<u>2.5448</u>	8	8
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	<u>1.5558</u>	5	5
406	MYELOPRO DISORD OR POOR DIFF NEOPL W/MAJ O.R. PROC W/CC	<u>3.6734</u>	8	9
407	MYELOPRO DISORD OR POOR DIFF NEOPL W/MAJ O.R. PROC W/O CC	<u>2.3477</u>	4	5
408	MYELOPROLIF DISORD OR POOR DIFF NEOPL W OTHER O.R. PROC	<u>2.3518</u>	6	7
409	RADIOTHERAPY	<u>1.1015</u>	6	5
410	CHEMOTHERAPY	<u>1.2296</u>	4	4
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/CC	<u>2.1638</u>	7	8
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	<u>1.4816</u>	4	6
417	SEPTICEMIA AGE <18	<u>1.1353</u>	4	5
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	<u>0.8596</u>	4	5
419	FEVER OF UNKNOWN ORIGIN AGE >17 W/CC	<u>1.0427</u>	4	5
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	<u>0.8293</u>	3	4
421	VIRAL ILLNESS AGE >17	<u>0.6983</u>	3	3
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE <18	<u>0.5955</u>	2	3
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	<u>1.0132</u>	5	5
424	O.R. PROCEDURE W/PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	<u>1.2434</u>	5	12
425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	<u>0.6487</u>	2	3
426	DEPRESSIVE NEUROSES	<u>0.6096</u>	5	4

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
427	NEUROSES EXCEPT DEPRESSIVE	<u>0.7386</u>	5	5
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	<u>0.9208</u>	3	6
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	<u>1.4027</u>	4	7
430	PSYCHOSES	<u>1.3879</u>	11	12
431	CHILDHOOD MENTAL DISORDERS	<u>0.7554</u>	3	3
432	OTHER MENTAL DISORDER DIAGNOSES	<u>0.5879</u>	3	3
439	SKIN GRAFTS FOR INJURIES	<u>2.2135</u>	7	9
440	WOUND DEBRIDEMENTS FOR INJURIES EXCEPT OPEN WOUND	<u>2.0465</u>	7	8
441	HAND PROCEDURES FOR INJURIES	<u>1.4452</u>	3	3
442	OTHER O.R. PROCEDURES FOR INJURIES W/CC	<u>2.1343</u>	6	7
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	<u>1.0363</u>	2	3
444	INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W/CC	<u>0.9055</u>	4	4
445	INJURIES TO UNSPEC OR MULTIPLE SITES, AGE >17 W/O CC	<u>0.6136</u>	2	2
446	INJURIES TO UNSPECIFIED OR MULTIPLE SITES, AGE <18	<u>0.5415</u>	2	2
447	ALLERGIC REACTIONS AGE >17	<u>0.4475</u>	2	2
448	ALLERGIC REACTIONS AGE <18	<u>0.5079</u>	2	2
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/CC	<u>0.8468</u>	2	3
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	<u>0.5985</u>	2	2
451	POISONING & TOXIC EFFECTS OF DRUGS AGE <18	<u>0.5485</u>	2	2
452	COMPLICATIONS OF TREATMENT W/CC	<u>0.9812</u>	4	4
453	COMPLICATIONS OF TREATMENT W/O CC	<u>0.5935</u>	2	2
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W/CC	<u>0.9293</u>	5	5
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W/O CC	<u>0.4133</u>	2	2
461	O.R. PROC W/DIAGNOSES OF OTHER CONTACT W/HEALTH SERVICES	<u>1.9133</u>	5	6
462	REHABILITATION	<u>1.3636</u>	14	19
463	SIGNS & SYMPTOMS W/CC	<u>1.0886</u>	5	5
464	SIGNS & SYMPTOMS W/O CC	<u>0.6152</u>	3	3
465	AFTERCARE W/HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS	<u>0.8510</u>	3	3
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS 2ND DIAGNOSIS	<u>0.5107</u>	2	2
467	OTHER FACTORS INFLUENCING HEALTH STATUS	<u>0.2995</u>	2	2
468	EXTEN O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	<u>4.5557</u>	11	13
469	PRIN. DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	N/A	N/A	N/A
470	UNGROUPABLE	N/A	N/A	N/A
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	<u>5.1005</u>	4	5
476	PROSTATIC O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS	<u>3.3655</u>	7	14
477	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS	<u>2.0030</u>	7	8
478	OTHER VASCULAR PROCEDURES W/CC	<u>2.8324</u>	6	8
479	OTHER VASCULAR PROCEDURES W/O CC	<u>1.6537</u>	2	2
480	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT	<u>26.8833</u>	21	21
482	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES	<u>5.2781</u>	12	15
491	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY	<u>2.3087</u>	2	3
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/CC	<u>1.7550</u>	5	6
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O CDE W/O CC	<u>1.0934</u>	3	3

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
530	CRANIOTOMY W/MAJOR CC	<u>12.1341</u>	18	19
531	NERVOUS SYSTEM PROCEDURES EXCEPT CRANIOTOMY W/MAJOR CC	<u>7.2166</u>	13	18
532	TIA, PRECEREBRAL OCCLUSIONS, SEIZ & HEADACHE W/MAJOR CC	<u>1.9725</u>	6	6
533	OTH NERV SYS DISORD EXC TIA, SEIZ & HEADACHE W/MAJOR CC	<u>4.1604</u>	10	13
534	EYE PROCEDURES W/MAJOR CC	<u>3.2625</u>	9	9
535	EYE DISORDERS W/MAJOR CC	<u>1.8413</u>	8	8
536	ENT & MOUTH PROCS EXCEPT MAJOR HEAD & NECK W/MAJOR CC	<u>2.7281</u>	6	8
538	MAJOR CHEST PROCEDURES W/MAJOR CC	<u>5.8707</u>	13	15
539	RESPIRATORY PROCEDURES EXCEPT MAJOR CHEST W/MAJOR CC	<u>6.6594</u>	16	18
540	RESP INFECT & INFLAM EXC SIMPLE PNEUMONIA W/MAJOR CC	<u>3.0484</u>	11	13
541	SIMP PNEUMONIA & OTH RESP DIS EXC BRONC, ASTHMA W/MAJ CC	<u>2.2282</u>	8	9
543	CIRC DISORD EXC AMI, ENDOCARDITIS,CHF & ARRHYT W/MAJOR CC	<u>2.0506</u>	6	7
544	CHF & CARDIAC ARRHYTHMIA W/MAJOR CC	<u>3.3009</u>	8	10
545	CARDIAC VALVE PROCDURE W/MAJ CC	<u>15.0779</u>	14	17
546	CORONARY BYPASS W/MAJOR CC	<u>9.7446</u>	11	13
547	OTHER CARDIOTHORACIC PROCEDURE W/MAJOR CC	<u>13.8644</u>	12	15
548	OTH CARD PACEMAKER IMP/REVISION OR AICD PROC W/MAJOR CC	<u>6.4324</u>	10	14
549	MAJOR CARDIOVASCULAR PROCEDURES W/MAJOR CC	<u>10.4427</u>	15	17
550	OTHER VASCULAR PROCEDURES W/MAJOR CC	<u>5.6741</u>	9	12
551	ESOPHAGITIS, GASTROENT & UNCOMPLICATED ULCERS W/MAJOR CC	<u>1.6780</u>	7	7
552	DIGEST SYS DISORD EXC ESOP, GAST & UNCOMP ULCERS W/MAJ CC	<u>3.0609</u>	9	10
553	DIGEST SYS PROCS EXC HERN, MAJ STOM OR BWL PROCS W/MAJ CC	<u>4.6597</u>	11	14
554	HERNIA PROCEDURES W/MAJOR CC	<u>2.8531</u>	9	9
555	PANCREAS, LIVER & OTHER BILIARY TRACT PROC W/MAJOR CC	<u>8.9393</u>	18	20
556	CHOLECYSTECTOMY & OTHER HEPATOBILIARY PROCS W/MAJOR CC	<u>4.8507</u>	11	15
557	HEPATOBILIARY & PANCREAS DISORDERS W/MAJOR CC	<u>3.8563</u>	10	11
558	MAJOR MUSCULOSKETAL PROCEDURES W/MAJOR CC	<u>6.2374</u>	12	15
559	NON-MAJOR MUSCULOSKELETAL PROCEDURES W/MAJOR CC	<u>4.2173</u>	11	13
560	MUSCULO DIS EXC OSTEO, SEP ARTH & CONN TISS DIS W/MAJOR CC	<u>2.0599</u>	8	8
561	OSTEOMYEL, SEPTIC ARTHRITIS & CONN TISS DISORD W/MAJOR CC	<u>3.7612</u>	13	14
562	MAJOR SKIN & BREAST DISORDERS W/MAJOR CC	<u>3.1356</u>	10	12
563	OTHER SKIN DISORDERS W/MAJOR CC	<u>1.7595</u>	7	8
564	SKIN & BREAST PROCEDURES W/MAJOR CC	<u>4.9696</u>	16	16
565	ENDOC, NUTRIT & METAB PROC EXC LOW LIMB AMPUT W/MAJ CC	<u>4.7414</u>	11	12
566	ENDOC, NUTRIT & METAB DISOR EXC EAT DISORD OR CF W/MAJ CC	<u>2.1012</u>	7	8
567	KID & URIN TRACT PROCS EXC KIDNEY TRANSPLANT W/MAJOR CC	<u>5.7855</u>	15	16
568	RENAL FAILURE W/MAJOR CC	<u>3.6291</u>	10	12
569	KID & URIN TRACT DISORD EXC RENAL FAILURE W/MAJOR CC	<u>1.7485</u>	6	7
570	MALE REPRODUCTIVE DISORDERS W/MAJOR CC	<u>1.6845</u>	8	7
571	MALE REPRODUCTIVE PROCEDURES W/MAJOR CC	<u>4.0587</u>	8	11
572	FEMALE REPRODUCTIVE DISORDERS W/MAJOR CC	<u>2.0783</u>	9	9
573	NON-RADICAL FEMALE REPRODUCTIVE PROCEDURES W/MAJOR CC	<u>2.6729</u>	5	8
574	BLOOD,BLOOD FORM ORGANS & IMMUNOLOG DISORD W/MAJOR CC	<u>2.9353</u>	9	9

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
575	BLOOD, BLOOD FORM ORGANS & IMMUNOLOG PROCS W/MAJOR CC	<u>6.6018</u>	11	17
576	ACUTE LEUKEMIA W/MAJOR CC	<u>14.5410</u>	22	30
577	MYELOPROL DISORD & POORLY DIFFER NEOPLASMS W/MAJOR CC	<u>4.9070</u>	15	15
578	LYMPHOMA & NON-ACUTE LEUKEMIA W/MAJOR CC	<u>6.0004</u>	13	16
579	PROCS FOR LYMPH, LEUKEMIA, MYELOPROLIF DISORD W/MAJOR CC	<u>10.0838</u>	21	25
580	SYST INFECT & PARASITIC DISORD EXC SEPTICEMIA W/MAJOR CC	<u>2.5582</u>	7	9
581	SYSTEMIC INFECT & PARASITIC DISORD PROCEDURES W/MAJOR CC	<u>7.2804</u>	19	21
582	INJ POISONINGS & TOXIC EFF OF DRUGS EXC MULT TRM W/MAJOR CC	<u>2.3338</u>	6	6
583	PROCS FOR INJURIES EXCEPT MULTIPLE TRAUMA W/MAJOR CC	<u>5.5374</u>	14	16
584	SEPTICEMIA W/MAJOR CC	<u>4.1633</u>	10	12
585	MAJ STOMACH, ESOP, DUOD, SMALL & LRG BOWEL PROC W/MAJOR CC	<u>6.4612</u>	15	18
586	ENT & MOUTH DISORDERS, AGE > 17 WITH MAJOR CC	<u>1.6544</u>	7	6
587	ENT & MOUTH DISORDERS, AGE < 18 WITH MAJOR CC	<u>1.3198</u>	3	5
588	BRONCHITIS AND ASTHMA AGE>17 W/MAJOR CC	<u>1.2594</u>	5	4
589	BRONCHITIS AND ASTHMA AGE<17 W/MAJOR CC	<u>1.2652</u>	3	3
602	NEONATE, BIRTHWT <750G, DISCHARGED ALIVE	<u>56.4019</u>	103	94
603	NEONATE, BIRTHWT <750G, DIED	<u>17.9309</u>	16	21
604	NEONATE, BIRTHWT 750-999G, DISCHARGED ALIVE	<u>40.3832</u>	71	73
605	NEONATE, BIRTHWT 750-999G, DIED	<u>18.3555</u>	24	24
606	NEONATE, BWT 1000-1499G, W/SIG OR PROC, DISCHARGED ALIVE	<u>44.8175</u>	72	75
607	NEONATE, BWT 1000-1499G, W/O SIGNIF OR PROC, DISCHARGED ALIVE	<u>18.1788</u>	40	43
608	NEONATE, BIRTHWT 1000-1499G, DIED	<u>15.9572</u>	26	28
609	NEONATE, BWT 1500-1999G, W/SIG OR PROC, W/MULT MAJ PROB	<u>26.1486</u>	47	46
610	NEONATE, BWT 1500-1999G, W/SIG OR PROC, W/O MUL MAJ PROB	<u>10.6198</u>	25	25
611	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W/MUL MAJ PROB OR MV 96+ HRS	<u>11.7659</u>	30	26
612	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W/MAJOR PROB	<u>5.8240</u>	20	18
613	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W/MINOR PROB	<u>4.2219</u>	17	16
614	NEONATE, BWT 1500-1999G, W/O SIG OR PROC, W/OTHER PROB	<u>2.7141</u>	10	11
615	NEONATE, BWT 2000-2499G, W/SIG OR PROC, W/MUL MAJOR PROB	<u>23.5060</u>	46	42
616	NEONATE, BWT 2000-2499G, W/SIG OR PROC, W/O MUL MAJ PROB	<u>6.6175</u>	18	19
617	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W/MUL MAJ PROB OR MV 96+ HRS	<u>4.6520</u>	17	15
618	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W/MAJOR PROB	<u>2.4713</u>	10	9
619	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W/MINOR PROB	<u>1.4655</u>	8	6
620	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W/NORM NEWB DIAG	<u>0.3967</u>	3	3
621	NEONATE, BWT 2000-2499G, W/O SIG OR PROC, W/OTHER PROB	<u>1.1905</u>	6	6
622	NEONATE, BWT >2499G, W/SIG OR PROC, W/MULT MAJOR PROB	<u>14.7152</u>	27	25
623	NEONATE, BWT >2499G, W/SIG OR PROC, W/O MULT MAJOR PROB	<u>2.5578</u>	6	8
624	NEONATE, BIRTHWT >2499G, W/MINOR ABDOM PROC	<u>1.1286</u>	3	3
626	NEONATE, BWT >2499G, W/O SIG OR PROC, W/MULT MAJOR PROB OR MV 96+HRS	<u>2.7923</u>	9	9
627	NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W/MAJOR PROB	<u>1.0658</u>	4	5
628	NEONATE, BWT >2499G, W/O SIGNIF OR PROC, W/MINOR PROB	<u>0.6018</u>	3	3

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
629	NEONATE, BWT >2499G, W/O SIGN OR PROC, W/NORM NEWB DIAGNOSIS	<u>0.2233</u>	2	2
630	NEONATE, BWT >2499G, W/O SIG OR PROC, W/OTHER PROB	<u>0.5820</u>	4	4
631	BPD AND OTHER CHRON RESP DISEAS ARISING PERINATAL PERIOD	<u>1.4575</u>	7	6
633	MULT, OTHER AND UNSPEC CONGENITAL ANOMALIES W/CC	<u>3.4574</u>	19	19
634	MULT, OTHER AND UNSPEC CONGENITAL ANOMALIES W/O CC	<u>3.4574</u>	12	12
635	NEONATAL AFTERCARE FOR WEIGHT GAIN	<u>1.8670</u>	11	17
636	INFANT AFTERCARE FOR WEIGHT GAIN, AGE > 28 DAYS <1 YEAR	<u>2.3338</u>	16	20
637	NEONATE, DIED W/IN ONE DAY OF BIRTH, BORN HERE	<u>0.6139</u>	1	1
638	NEONATE, DIED W/IN ONE DAY OF BIRTH, NOT BORN HERE	<u>1.3680</u>	1	1
639	NEONATE, TRANSFERRED <5 DAYS OLD, BORN HERE	<u>0.8965</u>	2	2
640	NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	<u>1.1126</u>	2	2
641	NEONATE, BWT >2499G, W/ECMO	<u>25.2842</u>	28	25
650	HIGH RISK CESAREAN SECTION W/CC	<u>1.5370</u>	6	7
651	HIGH RISK CESAREAN SECTION W/O CC	<u>1.0928</u>	4	5
652	HIGH RISK VAGINAL DELIVERY W/STERILIZATION AND/OR D&C	<u>0.9431</u>	3	3
700	TRACHEOSTOMY FOR HIV INFECTION	<u>24.4452</u>	50	50
701	HIV W/O.R. PROCEDURE & VENTILATOR OR NUTRITIONAL SUPPORT	<u>12.5116</u>	29	29
702	HIV W/O.R. PROCEDURE W/MULTIPLE MAJOR RELATED INFECTIONS	<u>10.6638</u>	27	27
703	HIV W/O.R. PROCEDURE W/MAJOR RELATED DIAGNOSIS	<u>5.7133</u>	22	20
704	HIV W/O.R. PROCEDURE W/O MAJOR RELATED DIAGNOSIS	<u>3.6116</u>	9	12
705	HIV W/MULTIPLE MAJOR RELATED INFECTIONS W/TB	<u>7.0364</u>	24	24
706	HIV W/MULTIPLE MAJOR RELATED INFECTIONS W/O TB	<u>6.8406</u>	20	19
707	HIV W/VENTILATOR OR NUTRITIONAL SUPPORT	<u>7.0864</u>	16	18
708	HIV W/MAJOR RELATED DIAGNOSIS, DISCHARGE AMA	<u>2.0866</u>	7	7
709	HIV W/MAJOR RELATED DIAG W/MULT MAJOR OR SIGN DIAG W/TB	<u>3.9207</u>	18	18
710	HIV W/MAJOR RELATED DIAG W/MULT MAJOR OR SIGN DIAG W/O TB	<u>2.9198</u>	11	11
711	HIV W/MAJOR RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W/TB	<u>3.1829</u>	14	14
712	HIV W/MAJ RELAT DIAG W/O MULT MAJ OR SIGNIF DIAG W/O TB	<u>2.0652</u>	5	8
713	HIV W/SIGNIFICANT RELATED DIAGNOSIS, DISCHARGED AMA	<u>1.2891</u>	5	4
714	HIV W/SIGNIFICANT RELATED DIAGNOSIS	<u>1.6688</u>	5	6
715	HIV W/OTHER RELATED DIAGNOSES	<u>0.9741</u>	5	5
716	HIV W/O OTHER RELATED DIAGNOSES	<u>0.9884</u>	5	5
730	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	<u>7.3378</u>	12	12
731	SPINE, HIP, FEMUR OR LIMB PROC FOR MULT SIGNIF TRAUMA	<u>6.0402</u>	9	12
732	OTHER O.R. PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA	<u>4.4188</u>	8	11
733	HEAD, CHEST & LOWER LIMB DIAGNOSES OF MULT SIGNIF TRAUMA	<u>2.2174</u>	5	6
734	OTHER DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA	<u>1.7122</u>	5	5
737	VENTRICULAR SHUNT REVISION	<u>1.6676</u>	3	3
738	CRANIOTOMY, AGE <18 W/CC	<u>4.2288</u>	6	7

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
739	CRANIOTOMY, AGE <18 W/O CC	<u>2.9668</u>	3	6
740	CYSTIC FIBROSIS	<u>1.9807</u>	10	10
743	OPIOID ABUSE OR DEPENDENCE LEFT AGAINST MEDICAL ADVICE	<u>0.5230</u>	3	3
744	OPIOID ABUSE OR DEPENDENCE W/CC	<u>0.9264</u>	5	6
745	OPIOID ABUSE OR DEPENDENCE W/O CC	<u>0.7337</u>	5	5
746	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE LEFT AMA	<u>0.5228</u>	4	4
747	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W/CC	<u>0.9616</u>	8	7
748	COCAINE OR OTHER DRUG ABUSE OR DEPENDENCE W/O CC	<u>0.7556</u>	8	6
749	ALCOHOL ABUSE OR DEPENDENCE LEFT AMA	<u>0.4433</u>	2	2
750	ALCOHOL ABUSE OR DEPENDENCE W/CC	<u>0.8774</u>	5	5
751	ALCOHOL ABUSE OR DEPENDENCE W/O CC	<u>0.5800</u>	4	4
752	LEAD POISONING	<u>0.7308</u>	5	5
753	COMPULSIVE NUTRITION DISORDER REHABILITATION	<u>2.0000</u>	11	19
754	TERTIARY AFTERCARE, AGE => 1 YEAR	<u>1.7122</u>	5	5
755	SPINAL FUSION W/CC	<u>3.7477</u>	4	6
756	SPINAL FUSION W/O CC	<u>3.0788</u>	3	4
757	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/CC	<u>1.9860</u>	5	5
758	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	<u>1.0649</u>	2	2
759	MULTIPLE CHANNEL COCHLEAR IMPLANTS	<u>6.6623</u>	1	1
760	HEMOPHILIA FACTORS VIII AND IX	<u>3.2322</u>	4	4
761	TRAUMATIC STUPOR & COMA, COMA >1 HR	<u>1.8206</u>	4	5
762	CONCUSSION, INTRACRAN INJ W/COMA <1 HR OR NO COMA AGE <18	<u>0.4955</u>	1	1
763	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE <18	<u>0.7725</u>	2	2
764	CONCUSS, INTRACRAN INJ W/COMA<1 HR OR NO COMA AGE>17 W/CC	<u>0.9316</u>	3	3
765	CONCUSS, INTRACRAN INJ W/COMA<1 HR /NO COMA AGE>17 W/O CC	<u>0.6152</u>	2	2
766	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/CC	<u>1.8131</u>	6	6
767	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	<u>1.0238</u>	2	3
768	SEIZURE & HEADACHE AGE <18 W/CC	<u>0.8179</u>	2	3
769	SEIZURE & HEADACHE AGE <18 W/O CC	<u>0.6701</u>	2	2
770	RESP INFECT & INFLAMMATIONS EXC SIM PNEUMONIA AGE <18 W/CC	<u>1.5759</u>	5	7
771	RESP INFECT & INFLAMMATION EXC SIM PNEUMONIA AGE <18 W/O CC	<u>1.1581</u>	5	5
772	SIMPLE PNEUMONIA & PLEURISY AGE <18 W/CC	<u>0.8916</u>	3	4
773	SIMPLE PNEUMONIA & PLEURISY AGE <18 W/O CC	<u>0.6571</u>	3	3
774	BRONCHITIS & ASTHMA AGE <18 W/CC	<u>0.9140</u>	3	4
775	BRONCHITIS & ASTHMA AGE <18 W/O CC	<u>0.6514</u>	2	2
776	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE <18 W/CC	<u>0.9138</u>	3	3
777	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORD AGE <18 W/O CC	<u>0.5648</u>	2	2
778	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W/CC	<u>0.8305</u>	2	3
779	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE <18 W/O CC	<u>0.5192</u>	2	2
780	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W/CC	<u>5.9437</u>	16	16
781	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE <18 W/O CC	<u>2.5166</u>	7	7
782	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/CC	<u>5.6543</u>	9	18
783	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17 W/O CC	<u>2.8844</u>	10	11

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
784	ACQUIRED HEMOLYTIC ANEMIA OR SICKLE CELL CRISIS AGE <18	<u>0.9093</u>	5	4
785	OTHER RED BLOOD CELL DISORDERS AGE <18	<u>0.7019</u>	3	3
786	MAJOR HEAD & NECK PROCEDURES FOR MALIGNANCY	<u>3.9060</u>	6	7
787	LAPAROSCOPIC CHOLECYSTECTOMY W/CDE	<u>1.9371</u>	5	5
789	KNEE REVISION OR MAJ JOINT & LIMB REATTACH PROC LOW EXT, EXC HIP, FOR COMP	<u>3.0639</u>	4	5
790	WND DEBRID & SKN GRFT FOR OPEN WOUND,MS & CONN TIS, EXC HND	<u>1.2775</u>	2	3
791	WOUND DEBRIDEMENTS FOR OPEN WOUND INJURIES	<u>1.3650</u>	6	6
792	CRANIOTOMY FOR MULT SIG TRAUMA W/NON-TRAUMATIC MAJOR CC	<u>12.7150</u>	17	17
793	PROC FOR MUL SIG TRAUMA EXC CRANIOT W/NON-TRAUM MAJOR CC	<u>12.0608</u>	20	22
794	DIAG FOR MULTIPLE SIGNIF TRAUMA W/NON-TRAUMATIC MAJOR CC	<u>6.4263</u>	13	14
795	LUNG TRANSPLANT	<u>30.5492</u>	15	15
796	LOWER EXTREMITY REVASCULARIZATION W/CC	<u>3.6223</u>	7	11
797	LOWER EXTREMITY REVASCULARIZATION W/O CC	<u>1.8873</u>	3	5
798	TUBERCULOSIS WITH OPERATING ROOM PROCEDURE	<u>4.8254</u>	16	17
799	TUBERCULOSIS LEFT AGAINST MEDICAL ADVICE	<u>3.6280</u>	16	16
800	TUBERCULOSIS W/CC	<u>4.1851</u>	24	24
801	TUBERCULOSIS W/O CC	<u>3.0418</u>	17	17
802	PNEUMOCYSTOSIS	<u>2.3778</u>	9	9
803	ALLOGENEIC BONE MARROW TRANSPLANT	<u>28.3230</u>	37	37
804	AUTOLOGOUS BONE MARROW TRANSPLANT	<u>14.7497</u>	23	23
805	SIMULTANEOUS KIDNEY/PANCREAS TRANSPLANT	<u>17.4116</u>	24	24
806	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/CC	<u>7.6240</u>	6	9
807	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC	<u>4.9210</u>	4	5
808	PERCUTANEOUS CARDIOVASC PROC W/AMI, HF OR SHOCK	<u>2.9026</u>	3	4
809	OTHER CARDIOTHORACIC PROCEDURES W/PDX CONG ANOMALY	<u>6.2230</u>	6	6
810	INTRACRANIAL HEMORRHAGE	<u>2.7518</u>	6	7
811	OTHER HEART ASSIST SYSTEM IMPLANT	<u>27.1590</u>	20	20
812	MALFUNCT, REACTION OR COMP OF CARDIAC OR VASC DEV OR PROC	<u>1.2147</u>	4	5
813	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/CC	<u>0.8585</u>	4	4
814	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE >17 W/O CC	<u>0.5604</u>	2	2
815	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W/CC	<u>0.6049</u>	2	3
816	NONBACTERIAL GASTROENTERITIS & ABDOMINAL PAIN AGE <18 W/O CC	<u>0.4556</u>	2	2
817	HIP REVISION OR HIP REPLACEMENT FOR COMPLICATIONS	<u>3.7977</u>	4	6
818	HIP REPLACEMENTS EXCEPT FOR COMPLICATIONS	<u>3.1545</u>	4	4
819	CREATE, REVISE OR REMOVE RENAL ACCESS DEVICE	<u>1.9921</u>	5	5
820	MALFUNCT, REACTIONS & COMP OF GU DEVICE/GRAFT/ TRANSPLANT	<u>1.1528</u>	4	4
821	EXTENSIVE BURNS OR FULL THICK BURNS W/MV 96+ HRS W/SKIN GRFT	<u>27.7204</u>	33	33
822	EXTENSIVE BURN OR FULL THICK BURN W/MV 96+HRS W/O SKIN GRFT	<u>22.5876</u>	21	21
823	FULL THICK BURN W/SKIN GRAFT OR INHAL INJ W/CC OR SIG TRAUMA	<u>8.1165</u>	17	17
824	FULL THICK BURN W/SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAU	<u>5.2473</u>	11	11
825	FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W/CC OR SIG TRAU	<u>2.6361</u>	8	8
826	FULL THICK BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TR	<u>2.3738</u>	7	7
827	NON-EXTENSIVE BURNS W/INHAL INJ, CC OR SIGNIFICANT TRAUMA	<u>3.7019</u>	7	8

DRG	DRG DESCRIPTION	SIW PER DISCHARGE	UP LOS	DOWN LOS
828	NON-EXTENSIVE BURNS W/O INHAL INJ, CC OR SIG. TRAUMA	<u>2.3009</u>	4	6
829	PANCREAS TRANSPLANT	<u>15.2228</u>	9	9
832	TRANSIENT ISCHEMIA	<u>0.8166</u>	2	3
833	INTRACRANIAL VASCULAR PROCEDURES W/PDX HEMORRHAGE	<u>9.3836</u>	13	14
836	SPINAL PROCEDURES W/CC	<u>3.9890</u>	7	9
837	SPINAL PROCEDURES W/O CC	<u>2.2385</u>	4	5
838	EXTRACRANIAL PROCEDURES W/CC	<u>1.7700</u>	2	3
839	EXTRACRANIAL PROCEDURES W/O CC	<u>1.2656</u>	1	2
849	CARDIAC DEFIB IMPLANT W/CARDIAC CATH W/AMI/HF/SHOCK	<u>12.2006</u>	7	9
850	CARDIAC DEFIB IMPLANT W/CARDIAC CATH W/O AMI/HF/SHOCK	<u>10.0996</u>	6	7
851	CARDIAC DEFIBRILLATOR W/O CARDIAC CATHETER	<u>8.2595</u>	2	4
852	PERCUTANEOUS CARDIOVASCULAR PROCEDURE W/NON-DRUG ELUTING STENT W/O AMI	<u>2.1613</u>	2	2
853	PERCUTANEOUS CARDIOVASCULAR PROCEDURE W/DRUG-ELUTING STENT W/AMI	<u>3.5166</u>	3	3
854	PERCUTANEOUS CARDIOVASCULAR PROCEDURE W/DRUG-ELUTING STENT W/O AMI	<u>2.7776</u>	2	1
864	CERVICAL SPINAL FUSION W/CC	<u>2.9671</u>	3	5
865	CERVICAL SPINAL FUSION W/O CC	<u>1.7779</u>	2	2
866	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR W/CC	<u>2.4430</u>	6	7
867	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR W/O CC	<u>1.2334</u>	3	3
874	LYMPHOMA & LEUKEMIA W/MAJOR O.R. PROCEDURE W/CC	<u>4.1440</u>	7	9
875	LYMPHOMA & LEUKEMIA W/MAJOR O.R. PROCEDURE W/O CC	<u>2.4820</u>	4	5
876	CHEMO W/ACUTE LEUKEMIA AS SDX OR W/USE OF HIGH DOSE CHEMO AGENT	<u>1.6195</u>	5	4
877	ECMO OR TRACH W/MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/MAJOR O.R.	<u>43.4724</u>	49	46
878	TRACH W/MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ OR	<u>26.5935</u>	43	39
879	CRANIOTOMY W/MAJOR DEVICE/CHEMO IMPLANT OR ACUTE COMPLEX CNS PDX	<u>7.5963</u>	10	12
880	ACUTE ISCHEMIC STROKE W/USE OF THROMBOLYTIC AGENT	<u>3.1190</u>	5	7
881	RESPIRATORY SYSTEM DIAGNOSIS W/MV 96+ HRS	<u>9.6311</u>	16	17
882	RESPIRATORY SYSTEM DIAGNOSIS W/MV < 96 HRS	<u>4.5639</u>	8	9
883	LAPAROSCOPIC APPENDECTOMY	<u>1.0529</u>	2	2
884	SPINAL FUSION EXC CERVICAL W/CURV/MALIG/INFECT OR 9+ FUSIONS	<u>5.4701</u>	6	6
885	OTHER ANTEPARTUM DIAGNOSES W/O.R. PROCEDURE	<u>0.8930</u>	3	3
886	OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE	<u>0.5499</u>	3	3
887	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	<u>2.7491</u>	8	9
888	NON-BACTERIAL INFECT OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	<u>2.1236</u>	6	7
889	SEIZURE AGE > 17 W/CC	<u>1.0255</u>	4	4
890	SEIZURE AGE > 17 W/O CC	<u>0.8470</u>	3	4
891	HEADACHES AGE > 17	<u>0.6972</u>	3	3

<b>DRG</b>	<b>DRG DESCRIPTION</b>	<b>SIW PER DISCHARGE</b>	<b>UP LOS</b>	<b>DOWN LOS</b>
892	CAROTID ARTERY STENT PROCEDURE	<u>1.7825</u>	1	1
893	CRANIAL/FACIAL PROCEDURES	<u>1.4808</u>	2	3
894	MAJOR ESOPHAGEAL DISORDERS	<u>1.2109</u>	3	4
895	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS	<u>0.9758</u>	5	5
896	MAJOR BLADDER PROCEDURES	<u>3.5535</u>	8	9
897	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAGNOSES DIAG EXCEPT SICKLE CELL CRISIS & COAGUL	<u>1.3107</u>	5	5
898	INFECTIOUS & PARASITIC DISEASES W/O.R. PROCEDURE	<u>2.7772</u>	10	10
899	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W/O.R. PROCEDURE	<u>2.0973</u>	6	8
900	SEPTICEMIA W/MV 96+ HOURS AGE > 17	<u>6.4454</u>	16	17
901	SEPTICEMIA W/O MV 96+ HOURS AGE > 17	<u>1.6859</u>	5	7

## **REGULATORY IMPACT STATEMENT**

### **Statutory Authority:**

The authority for the subject regulations is contained in sections 2803(2), and 2807(3) and 2807(4) of the Public Health Law (PHL), which require the State Hospital Review and Planning Council (SHRPC), subject to the approval of the Commissioner, to adopt and amend rules and regulations for hospital reimbursement rates that are reasonable and adequate to meet the costs that must be incurred by efficiently and economically operated facilities. PHL section 2807-c(3) authorizes the SHRPC to adopt rules subject to the Commissioner's approval, to adjust the service intensity weights (SIWs) for the diagnosis related groups (DRGs). Sections 34, 34-a and 34-b, of Part C of Chapter 58 of the Laws of 2007 authorizes the SHRPC and the Commissioner to update the cost and statistical base used to determine the SIWs to calendar year 2004 data and to provide for a phase-in of the new weights. PHL section 2807-c (4) authorizes the SHRPC to adopt rules, subject to the Commissioner's approval, for exceptions to case based payments for cost outliers.

### **Legislative Objectives:**

The Legislature sought to have the DRGs used in the hospital reimbursement methodology be consistent with those used in Medicare reimbursement and reflect medically appropriate, efficient and economic patterns of health resource use and services.

### **Needs and Benefits:**

The proposed amendments to sections 86-1.62 of Title 10 (Health) NYCRR are intended to make current regulations consistent with changes made to the service intensity weights (SIWs)

for the diagnosis related group (DRG) classification system used by the Medicare prospective payment system (PPS). The SIWs are an integral part of the hospital Medicaid and like payor inpatient rates. The Department makes changes to the grouper used to assign inpatient cases to the appropriate DRG. As part of this process, the Department may make modifications, revisions and create new DRGs that reflect the current resources consumed by inpatients. After the grouper is modified, the SIWs must be recalculated to be consistent with the newly created and updated list of DRGs, and to incorporate the 2004 cost and statistical basis, thus creating new values for the SIWs in sections 86-1.62. Lastly, the amendment provides payors of inpatient hospital services with the new values used to determine the correct case base payment for each DRG so hospital claims can be submitted and paid in a timely manner. This amendment incorporates the second year of the phase-in of the new service intensity weights.

#### **COSTS:**

##### **Costs to State Government:**

The amendment to 86-1.62 revising the SIWs has been legislated as budget neutral; therefore there is no additional cost to the State as a result of these regulation changes.

##### **Costs of Local Government:**

No increase or decrease in costs to local governments is anticipated as a result of these amendments.

##### **Costs to Private Regulated Parties:**

In the aggregate, there will be no increases or decreases in hospital revenues as a result of these amendments. Changes to the DRG classification system will cause a realignment of cases among the DRGs. Those cases that require more intensive provision of care will realize an increase in the SIW (and reimbursement) for that DRG. The removal of such cases from the

DRG to which they were previously assigned will decrease the SIW (and reimbursement) for that DRG. Therefore, revenues will shift among individual hospitals depending upon the diagnosis of and procedures performed on the patients they treat. The extent of the shift in revenues cannot be determined because it will depend upon future patient services.

**Costs to the Department of Health:**

There will be no additional costs to the Department of Health as a result of these amendments.

**Local Government Mandates:**

This regulation affects the costs to counties and New York City for services provided to Medicaid beneficiaries as described above. It imposes no program, service, duty or other responsibility upon any county, city, town, village, school district, fire district or other special district.

**Paperwork:**

There is no additional paperwork required of providers as a result of these amendments.

**Duplication:**

These regulations do not duplicate existing State and Federal regulations.

**Alternatives:**

Based upon suggestions/recommendations received from hospital industry representatives, the Department has included adjustments that provide more appropriate recognition of the costs related to current clinical practices, new medical technologies, changes in patient resource consumption, and changes in hospital length of stay patterns. Two alternatives were considered for the means of adjusting the revised SIWs to ensure budget neutrality. The first alternative was to apply a neutrality adjustment in the calculation of the

SIWs. However, since the SIWs are formulated on non-Medicare costs and the budget neutrality provision in statute applies to Medicaid expenditures, this approach was rejected. Instead, budget neutrality for Medicaid expenditures will be achieved by applying an adjustment to the Medicaid hospital inpatient rates.

**Federal Standards:**

The proposed rule does not exceed any minimum standards of the federal government for the same or similar subject areas.

**Compliance Schedule:**

The proposed rule establishes rates of payment as of January 1, 2009; there is no period of time necessary for regulated parties to achieve compliance.

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Comments submitted to Department personnel other than this contact person may not be included in any assessment of public comment issued for this regulation.

**REGULATORY FLEXIBILITY ANALYSIS  
FOR  
SMALL BUSINESS AND LOCAL GOVERNMENTS**

**Effect on Small Business and Local Governments:**

For the purpose of this regulatory flexibility analysis, small businesses were considered to be general hospitals with 100 or fewer full time equivalents. Based on recent financial and statistical data extracted from the Institutional Cost Report, seven hospitals were identified as employing fewer than 100 employees.

**Compliance Requirements:**

No new reporting, record keeping or other compliance requirements are being imposed as a result of these rules.

**Professional Services:**

No new or additional professional services are required in order to comply with the proposed amendments

**Economic and Technical Feasibility:**

Small businesses will be able to comply with the economic and technological aspects of this rule. The proposed amendments are intended to make current regulations consistent with changes made to the service intensity weight for the DRG classification system used by the Medicare prospective payment system (PPS). The current SIWs are updated to be consistent with the proposed DRG modifications, and the cost and statistical base.

**Compliance Costs:**

No initial capital costs will be imposed as a result of this rule, nor will there be an annual cost of compliance. As a result of the amendment to 86-1.62 there will be no anticipated increases or decreases in hospitals' Medicaid revenues. However, revenues will shift among individual hospitals depending upon the diagnoses of and procedures performed on the patients they treat and the extent to which they would be classified into the modified diagnosis related groups.

**Minimizing Adverse Impact:**

The proposed amendments will be applied to all general hospitals. The Department of Health considered approaches specified in section 202-b (1) of the State Administrative Procedure Act in drafting the proposed amendments and rejected them as inappropriate given the reimbursement system mandated in statute.

**Small Business and Local Government Participation:**

Local governments and small businesses were given notice of these proposals by its inclusion in the agenda of the Fiscal Policy Committee of the State Hospital Review and Planning Council for its November 20, 2008 meeting. That agenda is mailed to general hospitals qualifying as small businesses, providers, members of the Fiscal Policy Committee, the New York State Legislature and representatives of the hospital associations, among others. The associations are member organizations that represent the interests and concerns of hospitals across New York State, including small businesses and local governments. This outreach

resulted in the Department of Health receiving comments and suggestions related to additional changes that industry representatives recommended be implemented. Based on this feedback, the Department did make additional changes to the service intensity weights to incorporate several of these comments and suggestions.

## RURAL AREA FLEXIBILITY ANALYSIS

### Effect on Rural Areas:

Rural areas are defined as counties with a population less than 200,000 and, for counties with a population greater than 200,000, includes towns with population densities of 150 persons or less per square mile. The following 44 counties have a population less than 200,000:

Allegany	Hamilton	Schenectady
Cattaraugus	Herkimer	Schoharie
Cayuga	Jefferson	Schuyler
Chautauqua	Lewis	Seneca
Chemung	Livingston	Steuben
Chenango	Madison	Sullivan
Clinton	Montgomery	Tioga
Columbia	Ontario	Tompkins
Cortland	Orleans	Ulster
Delaware	Oswego	Warren
Essex	Otsego	Washington
Franklin	Putnam	Wayne
Fulton	Rensselaer	Wyoming
Genesee	St. Lawrence	Yates
Greene	Saratoga	

The following 9 counties have certain townships with population densities of 150 persons or less per square mile:

Albany	Erie	Oneida
Broome	Monroe	Onondaga
Dutchess	Niagara	Orange

**Compliance Requirements:**

No new reporting, record keeping, or other compliance requirements are being imposed as a result of this proposal.

**Professional Services:**

No new additional professional services are required in order for providers in rural areas to comply with the proposed amendments.

**Compliance Costs:**

No initial capital costs will be imposed as a result of this rule, nor will there be an annual cost of compliance. As a result of the amendment to 86-1.62 there will be no increases or decreases in hospitals' revenues. Revenues will shift among individual hospitals depending upon the diagnoses of and approved procedures performed on the patients they treat.

**Minimizing Adverse Impact:**

The proposed amendments will be applied to all general hospitals. The Department of Health considered the approaches specified in section 202-bb (2) of the State Administrative Procedure Act in drafting the proposed amendments and rejected them as inappropriate given the reimbursement system mandated in statute.

**Opportunity for Rural Area Participation:**

Rural areas were given notice of this proposal by its inclusion in the agenda of the Fiscal Policy Committee of the State Hospital Review and Planning Council for its November 20, 2008

meeting. That agenda is mailed to members of the Fiscal Policy Committee, the New York State Legislature and representatives of the hospital associations, among others. The associations are member organizations, which represent the needs and concerns of providers across New York State, including rural areas. The amendment was described at meetings of the Fiscal Policy Committee prior to the filing of the notice of proposed rulemaking.

This outreach resulted in the Department of Health receiving comments and suggestions related to additional changes that industry representatives recommended be implemented. Based on this feedback, the Department did make additional changes to the service intensity weights to incorporate several of these comments and suggestions.

## **JOB IMPACT STATEMENT**

A Job Impact Statement is not required pursuant to Section 201-a(2)(a) of the State Administrative Procedure Act. It is apparent, from the nature and purpose of the proposed rules, that they will not have a substantial adverse impact on jobs or employment opportunities. The proposed regulations revise the service intensity weights for the diagnosis related group (DRG) classification system for inpatient hospital services. The DRG classification system, which also has been in effect since 1988, is utilized to reimburse hospitals for inpatient services rendered to Medicaid beneficiaries. The proposed regulations have no implications for job opportunities.