DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-13-15
Baltimore, Maryland 21244-1850

Center for Medicaid and State Operations

JAN 14 2005

Paul Reinhart, Director
Medical Services Administration
Department of Community Health
400 South Pine
Lansing, MI 48933

Nancy B.

RE: Michigan State Plan Amendment (SPA) 04-04

Dear Mr. Reinhart:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 04-04. This amendment revises the DRG grouper listing and updates the wage inflation factors used in calculating DRG payments. These changes are effective for services on or after April 1, 2004.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 04-04 is approved effective April 1, 2004. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Dianne Heffron at (410) 786-3247.

Sincerely,

Dennis G. Smith
Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 4 — 0 4

2. STATE: Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: April 1, 2004

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447 Subparts B & C

7. FEDERAL BUDGET IMPACT:
a. FFY 2004 $ -0-
b. FFY 2005 $ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-A pages 5, 5.1, 8, 13 thru 16 and 16.1 and Appendix A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 4.19-A pages 5, 8 and 13 thru 16 and Appendix A

10. SUBJECT OF AMENDMENT:
Inpatient Hospital Reimbursement

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Paul Reinhart, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Paul Reinhart

14. TITLE: Director

15. DATE SUBMITTED: April 28, 2004

16. RETURN TO:
Medical Services Administration
Program Policy-Federal Liaison Unit
400 South Pine - 7th Floor
Lansing, Michigan 48933

ATTN: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: APR 29 2004

18. DATE APPROVED: JAN 14 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: APR - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME:

22. TITLE: DCD

23. REMARKS:

RECEIVED
APR 29
DMCH - MI/MN

FORM HCFA-179 (07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MICHIGAN

METHODS OF PAYMENT OF REASONABLE COSTS - INPATIENT HOSPITAL SERVICES

Limit episodes to those with a valid patient status (incomplete episodes are excluded as are additional pages of multiple page claims where there is no initial claim containing a valid patient status);

Eliminate episodes with a zero dollar Medicaid liability;

Determine the 3rd and 97th percentile length of stays by DRG, the average length of stay, and the maximum length of stay.

- Set the low day outlier threshold at the greater of one day or the 3rd percentile length of stay.

  Set the high day outlier threshold at the lesser of the average length of stay plus 30 days or the 97th percentile length of stay.

  If the DRG has less that an adequate number of episodes (currently 32), the low day threshold will be set at the lesser of the average length of stay plus 30 days, the maximum length of stay, or the Medicare DRG 90th percentile length of stay (from the corresponding Grouper as published in the Federal Register). If the Medicare DRG also has an inadequate number of claims, then the threshold is set based upon the expert advice of the MSA's medical staff.

Eliminate low day outliers (Low day outliers are those episodes whose length of stay are less than the published low day threshold for each DRG. Since low day outliers are paid under a percent of charge method using the hospital's cost to charge ratio times charges, and do not receive a DRG payment, they are excluded from the weight calculations);

Calculate the arithmetic mean length of stay for each DRG with each episode's length of stay limited to the high day threshold set above. This serves as the final published average length of stay.

Limit episodes ending in a transfer to another acute setting to those whose length of stay was at least equal to the published average length of stay for the DRG (for DRGs 385 and 385.1 all transfers are included);

Bring all charges for admissions in the first and second years of the base period up to third year charges through application of inflation and weighting factors;

Recognize area cost differences by dividing the charges for each hospital by an area cost adjustor factor. Hospitals are grouped by U.S. Census Metropolitan Statistical Areas (MSAs) for wage data as published in the Federal Register. Hospital geographic reclassifications made under Section 508 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 will not be used to calculate the update to hospital prices and the DRG table effective April 1, 2004. Otherwise, the most recent data is used. Each area cost adjustor is calculated as follows:

Cost Adjustor = 0.9 x Wage Adjustor + 0.

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- This formula is the algebraic deviation of:
  - 0.75 x Wage Adjustor + 0.25 x (0.6 x Wage Adjustor + 0.4)

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The average cost for episodes within each DRG is calculated by dividing the sum of the costs for the episodes by the number of episodes within the DRG.

The relative weight for each DRG is calculated by dividing the average cost for episodes within each DRG by the average cost per episode for all episodes. A table showing the relative weights, average lengths of stay, and outlier thresholds for each DRG is included in Appendix A.

Bring all charges for discharges between September 1, 1997 and August 31, 1999 to the period of September 1, 1999 through August 31, 2000 through application of inflation and weighting factors.

Data for current wage adjustors are taken from hospital cost reporting periods ending between September 1, 1998 and August 31, 2001. Each hospital's wage costs are adjusted for different fiscal year end dates by multiplying the hospital's wage costs by inflation and weighting factors. All wages are brought to a common point in time. Filed wage data is used for hospitals where audited data is not available. The following adjustment factors derived from the 2nd Quarter 2003 Data Resources, Inc. PPS-Type Hospital Market Basket Index, employee cost component, are used:

FTE	Wage Inflation Factors	Wage Weighting Factors
9/30/98	1.1195	0.16
12/31/98	1.1109	0.16
3/31/99	1.1023	0.16
6/30/99	1.0939	0.16
9/30/99	1.0861	0.24
12/31/99	1.0771	0.24
3/31/00	1.0673	0.24
6/30/00	1.0567	0.24
9/30/00	1.0455	0.60
12/31/00	1.0345	0.60
3/31/01	1.0229	0.60
6/30/01	1.0116	0.60
8/31/01	1.0000	0.60

For hospitals with cost reporting periods ending other than at the end of a quarter, the inflation update for the quarter in which the hospital's fiscal year ends is used.

B. DRG Price:

The episode file used for DRG price calculations is the same as the file used to set the relative weights with the following exceptions:

The episode file is limited to those hospitals enrolled as of a specified date.

The case mix is calculated using the sum of all relative weights assigned to each hospital's claims during the base period, divided by the total number of episodes for the hospital during the same period.

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Readmissions for an unrelated condition, whether to the same or a different hospital, are considered separate episodes for payment purposes.

7. Percent of Charge Reimbursement

The payment amount for claims that fall into DRGs 103, 468, 480, 481, 495, 512 or 513 is total hospital charges times the hospital's inpatient operating cost to charge ratio excluding IME.

The ratio is the hospital's Title XIX inpatient operating cost to charge ratio as obtained from weighted filed cost reports for fiscal years ending between September 1, 1997 and August 31, 2000.

8. Hospitals Outside of Michigan

Medical/surgical hospitals not located in Michigan are reimbursed under the DRG system. The DRG price is the statewide operating cost limit (truncated mean of base prices located in Michigan).

Hospitals that have charges that exceed $250,000 during a single fiscal year (using the State of Michigan fiscal year - October 1st through September 30th) may be reimbursed the hospital's inpatient operating cost to charge ratio for those Michigan Medicaid DRGs reimbursed by percentage of charge. The hospitals' chief financial officer must submit and the MSA must accept documentation stating the hospital's Medicaid cost to charge ratio in the state that the hospital is located. Once accepted, the hospital's actual cost to charge ratio is applied prospectively to those DRGs and claims subject to percentage of charge reimbursement using the Michigan DRG payment system.

9. New Hospitals

A new medical/surgical hospital is one for which no Michigan Medicaid program cost or paid claims data exists during the period used to establish hospital specific base rates or one which was not enrolled in the Medicaid program when hospital specific base prices/rates were last established. Hospitals that experience a change of ownership or that are created as the result of a merger are not considered new hospitals.

The DRG base price for new general hospitals is the statewide operating limit until new DRG base prices are calculated for all hospitals using data from time periods during which the new hospital provided services to Medicaid beneficiaries.

D. Hospitals and Units Exempt from DRG Reimbursement

1 Calculating Per Diem Rates

The per diem prices calculated for the Michigan Medicaid system utilize Medicaid and Children's Special Health Care Services inpatient claims for admissions from September 1, 1998 through August 31, 2002 paid by June 30, 2003. Hospital

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specific cost report data is drawn from cost report years ending between September 1, 1999 and August 31, 2002.

The claim file is limited to those hospitals enrolled as of the specified date.

The invoice file is adjusted to:

Eliminate episodes with any Medicare charges. (For dual Medicare/Medicaid eligible beneficiaries, only claims paid a full Medicaid DRG are included);

Eliminate episodes without any charges or days.

Limit episodes to those from Michigan hospitals (provided that hospital cost report data are available).

Limit episodes to those with a valid patient status (incomplete episodes were excluded as are additional pages of a multiple page bills where there is no initial claim containing a valid patient status).

Eliminate episodes with a zero dollar Medicaid liability.

Total charges and days paid are summed by hospital.

The cost for each hospital is calculated by multiplying the charges for the hospital by the cost to charge ratio for the hospital.

Each hospital's operating cost to total charge ratio is obtained from weighted filed cost reports for fiscal years ending between September 1, 1999 and August 31, 2002. If the cost to charge ratio is greater than 1.00, then 1.00 is used. For distinct part rehabilitation units, this ratio is unique to the unit.

If two or more hospitals merged and are now operating as a single hospital, a cost to charge ratio is computed using the combined cost report data from all hospitals involved in the merger. Cost and charge data will be inflated to a common point in time.

The cost per day by hospital is calculated by dividing the sum of the costs by the number of days for the hospital.

To determine a hospital specific Per Diem base rate:

Multiply the cost per day by the applicable inflation factor. Each hospital's costs are inflated to a common point in time. Inflation factors were obtained from the 2nd Quarter 2003 Data Resources, Inc. PPS-Type Hospital Market Basket Index.

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FTE	Cost Inflation Factors	Weighting Factors
9/30/99	1.1093	0.16
12/31/99	1.1017	0.16
3/31/00	1.0924	0.16
6/30/00	1.0822	0.16
9/30/00	1.0714	0.24
12/31/00	1.0609	0.24
3/31/01	1.0494	0.24
6/30/01	1.0389	0.24
9/30/01	1.0294	0.60
12/31/01	1.0210	0.60
3/31/02	1.0142	0.60
6/30/02	1.0072	0.60
8/31/02	1.0000	0.60

The inflation update for the quarter in which the hospital's fiscal year ends is used.

Recognize area cost differences by dividing the cost per day for each hospital by an area cost adjustor factor. Hospitals are grouped by U.S. Census Metropolitan Statistical Area (MSAs) for wage data as published in the Federal Register. Hospital geographic reclassifications made under Section 508 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 will not be used to calculate the update to hospital prices and the DRG table effective April 1, 2004. Otherwise, the most recent data is used. Each area cost adjustor is calculated as follows:

- Cost Adjustor = 0.9 x Wage Adjustor + 0.1
- This formula is the algebraic derivation of:

  0.75 x Wage Adjustor + 0.25 x (0.6 x Wage Adjustor + 0.4)

  The formula is based on the assumption that approximately 75% of a hospital's operating costs are labor costs and that 60% of the remaining 25% of a hospital's operating costs vary with its labor costs.

- Each area wage factor is area wage per full-time equivalent (F.T.E.) divided by the statewide average hospital wage per F.T.E. Contract labor costs are included in determining a hospital's wage costs.

- Each hospital's wage costs are adjusted for different fiscal year end dates by multiplying the hospital's wage costs by inflation and weighting factors. All wages are brought to a common point in time. Filed wage data is used where audited data is not available. The following adjustment factors, derived from the 2nd Quarter 2003 Data Resources, Inc. PPS-Type Hospital Market Basket Index, employee cost component, are used:

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FTE	Wage Inflation Factors	Wage Weighting Factors
9/30/98	1.1195	0.16
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6/30/99	1.0939	0.16
9/30/99	1.0861	0.24
12/31/99	1.0771	0.24
3/31/00	1.0673	0.24
6/30/00	1.0567	0.24
9/30/00	1.0455	0.60
12/31/00	1.0345	0.60
3/31/01	1.0229	0.60
6/30/01	1.0116	0.60
9/30/01	1.0000	0.60

For hospitals with cost reporting periods ending other than the end of a quarter, the inflation update for the quarter in which the hospital's fiscal year ends is used.

- The wage data for distinct part rehabilitation units is the same as for the inpatient medical/surgical area of the hospital. The cost reports do not differentiate salaries/hours by unit type.

- If two or more hospitals merge and are now operating as a single hospital, salary and wages are computed using the combined cost report data from all hospitals involved in the merger. Salary data will be inflated to a common point in time.

Remove indirect medical education (IME) costs by dividing by an adjustor for indirect education. Each hospital's IME adjustor is calculated as follows:

- $IME\ Adjustor = 1 + 0.715 \times [(1 + Interns\ \&\ Residents/Beds)^{0.5795} - 1]$

- Distinct part rehabilitation units report this data separately. The IME adjustor is unique to the unit.

- If two or more hospitals merge and are now operating as a single hospital, indirect medical education data is computed using the combined cost report data from all hospitals involved in the merger.

To determine the per diem rate:

Calculate the statewide operating cost limit (by provider type). This is a weighted mean of all hospitals' specific base prices weighted by base period days (truncated mean), multiplied by the appropriate percentage.

- For freestanding rehabilitation hospitals the percentage is 150%.

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- The 50th percentile is determined by calculating a standardized rate for each unit. The standardized rate for all enrolled Michigan units are sorted

Attachment 4.19-A
Appendix A

DRG Grouper 21.0 R2, effective for admissions on and after April 1, 2004.

List of Diagnosis Related Groups (DRGs), Relative Weight Factors, Arithmetic Length of Stays, and Length of Stay Outlier Cutoff Points used in the Prospective Payment System for the Michigan Medicaid Program.

DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
1	1	SURG	Craniotomy Age >17 w cc	5.2533	12.36	1	43
2	1	SURG	Craniotomy Age >17 w/o cc	2.9805	5.86	1	18
3	1	SURG	Craniotomy Age 0-17	2.5207	7.16	1	38
4	1	SURG	No Longer Valid				
5	1	SURG	No Longer Valid				
6	1	SURG	Carpal Tunnel Release	0.7070	1.25	1	7
7	1	SURG	Periph & Cranial Nerve & Other Nerv Syst Proc w cc	2.7468	9.28	1	34
8	1	SURG	Periph & Cranial Nerve & Other Nerv Syst Proc w/o cc	1.6858	2.99	1	12
9	1	MED	Spinal Disorders & Injuries	1.3771	4.57	1	13
10	1	MED	Nervous System Neoplasms w cc	1.5859	6.23	1	24
11	1	MED	Nervous System Neoplasms w/o cc	1.0146	3.90	1	12
12	1	MED	Degenerative Nervous System Disorders	1.3549	6.38	1	23
13	1	MED	Multiple Sclerosis & Cerebellar Ataxia	1.1601	5.94	1	19
14	1	MED	Intracranial Hemorrhage & Stroke w Infarct	1.9041	6.83	1	24
15	1	MED	Nonspecific Cva & Precerebral Occlusion w/o Infarct	1.2577	4.68	1	16
16	1	MED	Nonspecific Cerebrovascular Disorders w cc	1.9564	7.76	1	26
17	1	MED	Nonspecific Cerebrovascular Disorders w/o cc	0.9967	3.47	1	18
18	1	MED	Cranial & Peripheral Nerve Disorders w cc	1.2244	5.76	1	24
19	1	MED	Cranial & Peripheral Nerve Disorders w/o cc	0.8261	3.60	1	12
20	1	MED	Nervous System Infection Except Viral Meningitis	2.4489	9.04	1	30
21	1	MED	Viral Meningitis	0.6504	3.13	1	8
22	1	MED	Hypertensive Encephalopathy	1.5114	5.16	1	18
23	1	MED	Nontraumatic Stupor & Coma	0.8692	3.30	1	15
24	1	MED	Seizure & Headache Age >17 w cc	1.0616	4.16	1	15
25	1	MED	Seizure & Headache Age >17 w/o cc	0.6858	2.91	1	10
26	1	MED	Seizure & Headache Age 0-17	0.5797	2.48	1	8
27	1	MED	Traumatic Stupor & Coma, Coma >1 Hr	1.5874	4.30	1	20
28	1	MED	Traumatic Stupor & Coma, Coma <1 Hr Age >17 w cc	1.3294	4.55	1	23
29	1	MED	Traumatic Stupor & Coma, Coma <1 Hr Age >17 w/o cc	0.7411	2.76	1	8
30	1	MED	Traumatic Stupor & Coma, Coma <1 Hr Age 0-17	0.5732	1.96	1	7
31	1	MED	Concussion Age >17 w cc	0.8143	2.48	1	8
32	1	MED	Concussion Age >17 w/o cc	0.6248	1.73	1	5
33	1	MED	Concussion Age 0-17	0.4138	1.27	1	3
34	1	MED	Other Disorders Of Nervous System w cc	1.3677	5.14	1	25
35	1	MED	Other Disorders Of Nervous System w/o cc	0.6525	2.81	1	10
36	2	SURG	Retinal Procedures	1.2018	1.77	1	13
37	2	SURG	Orbital Procedures	1.1668	3.12	1	11
38	2	SURG	Primary Iris Procedures	0.6185	1.67		5
39	2	SURG	Lens Procedures With Or Without Vitrectomy	0.9401	2.00		5

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
40	2	SURG	Extraocular Procedures Except Orbit Age >17	1.4233	3.89	1	14
41	2	SURG	Extraocular Procedures Except Orbit Age 0-17	2.3643	6.68	1	36
42	2	SURG	Intraocular Procedures Except Retina, Iris & Lens	1.2075	3.56	1	29
43	2	MED	Hyphema	0.4621	3.59	1	10
44	2	MED	Acute Major Eye Infections	0.5318	3.42	1	10
45	2	MED	Neurological Eye Disorders	0.7782	3.00	1	9
46	2	MED	Other Disorders Of The Eye Age >17 w cc	0.7643	3.56	1	10
47	2	MED	Other Disorders Of The Eye Age >17 w/o cc	0.5712	2.75	1	13
48	2	MED	Other Disorders Of The Eye Age 0-17	0.7599	3.58	1	17
49	3	SURG	Major Head & Neck Procedures	3.0032	3.11	1	16
50	3	SURG	Sialoadenectomy	0.8953	1.60	1	4
51	3	SURG	Salivary Gland Procedures Except Sialoadenectomy	1.2545	4.00	1	13
52	3	SURG	Cleft Lip & Palate Repair	0.7512	1.49	1	4
53	3	SURG	Sinus & Mastoid Procedures Age >17	1.4733	3.95	1	17
54	3	SURG	Sinus & Mastoid Procedures Age 0-17	1.3636	3.49	1	15
55	3	SURG	Miscellaneous Ear, Nose, Mouth & Throat Procedures	1.9605	5.09	1	27
56	3	SURG	Rhinoplasty	0.9904	2.17	1	9
57	3	SURG	T&A Proc, Except Tonsillectomy &/Or Adenoidectomy Only, Age >17	0.7872	3.10	1	13
58	3	SURG	T&A Proc, Except Tonsillectomy &/Or Adenoidectomy Only, Age 0-17	0.8762	2.90	1	9
59	3	SURG	Tonsillectomy &/Or Adenoidectomy Only, Age >17	0.9196	2.50	1	9
60	3	SURG	Tonsillectomy &/Or Adenoidectomy Only, Age 0-17	0.8220	2.50	1	11
61	3	SURG	Myringotomy w Tube Insertion Age >17	2.1087	5.43	1	11
62	3	SURG	Myringotomy w Tube Insertion Age 0-17	0.9419	2.71	1	14
63	3	SURG	Other Ear, Nose, Mouth & Throat O.R. Procedures	1.6265	3.18	1	12
64	3	MED	Ear, Nose, Mouth & Throat Malignancy	1.7883	7.38	1	22
65	3	MED	Dysequilibrium	0.6198	2.70	1	8
66	3	MED	Epistaxis	0.7063	2.93	1	9
67	3	MED	Epiglottitis	0.8748	3.00	1	8
68	3	MED	Otitis Media & Uri Age >17 w cc	0.6572	2.89	1	9
69	3	MED	Otitis Media & Uri Age >17 w/o cc	0.4550	2.28	1	6
70	3	MED	Otitis Media & Uri Age 0-17	0.4339	2.41	1	7
71	3	MED	Laryngotracheitis	0.3720	1.80	1	5
72	3	MED	Nasal Trauma & Deformity	0.7517	2.60	1	6
73	3	MED	Other Ear, Nose, Mouth & Throat Diagnoses Age >17	0.7579	3.34	1	11
74	3	MED	Other Ear, Nose, Mouth & Throat Diagnoses Age 0-17	0.7097	2.87	1	11
75	4	SURG	Major Chest Procedures	4.0386	11.64	1	43
76	4	SURG	Other Resp System O.R. Procedures w cc	3.7844	12.56	1	44

DRG Grouper 21.0 R2, effective for admissions on and after April 1, 2004.

List of Diagnosis Related Groups (DRGs), Relative Weight Factors, Arithmetic Length of Stays, and Length of Stay Outlier Cutoff Points used in the Prospective Payment System for the Michigan Medicaid Program.

DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
77	4	SURG	Other Resp System O.R. Procedures w/o cc	1.2616	4.59	1	17
78	4	MED	Pulmonary Embolism	1.5425	6.46	1	16
79	4	MED	Respiratory Infections & Inflammations Age >17 w cc	2.1388	8.97	2	28
80	4	MED	Respiratory Infections & Inflammations Age >17 w/o cc	1.2278	5.93	1	23
81	4	MED	Respiratory Infections & Inflammations Age 0-17	1.6943	7.20	1	21
82	4	MED	Respiratory Neoplasms	1.8985	7.50	1	26
83	4	MED	Major Chest Trauma w cc	0.9827	3.35	1	9
84	4	MED	Major Chest Trauma w/o cc	0.5449	3.00	1	7
85	4	MED	Pleural Effusion w cc	1.4391	5.78	1	18
86	4	MED	Pleural Effusion w/o cc	0.6394	2.89	1	7
87	4	MED	Pulmonary Edema & Respiratory Failure	2.3585	7.19	1	32
88	4	MED	Chronic Obstructive Pulmonary Disease	1.0625	4.48	1	12
89	4	MED	Simple Pneumonia & Pleurisy Age >17 w cc	1.2232	5.25	1	15
90	4	MED	Simple Pneumonia & Pleurisy Age >17 w/o cc	0.7472	3.48	1	9
91	4	MED	Simple Pneumonia & Pleurisy Age 0-17	0.6279	3.11	1	9
92	4	MED	Interstitial Lung Disease w cc	1.6993	7.33	1	38
93	4	MED	Interstitial Lung Disease w/o cc	0.9159	4.33	1	16
94	4	MED	Pneumothorax w cc	1.2120	5.33	1	20
95	4	MED	Pneumothorax w/o cc	0.6534	3.46	1	9
96	4	MED	Bronchitis & Asthma Age >17 w cc	0.8466	3.71	1	11
97	4	MED	Bronchitis & Asthma Age >17 w/o cc	0.5941	2.71	1	7
98	4	MED	Bronchitis & Asthma Age 0-17	0.5198	2.60	1	7
99	4	MED	Respiratory Signs & Symptoms w cc	0.8426	3.11	1	11
100	4	MED	Respiratory Signs & Symptoms w/o cc	0.5005	2.12	1	6
101	4	MED	Other Respiratory System Diagnoses w cc	0.9691	3.66	1	13
102	4	MED	Other Respiratory System Diagnoses w/o cc	0.5370	2.14	1	7
103	PRE	SURG	Heart Transplant	*Paid Percentage of Charge*			
104	5	SURG	Cardiac Valve & Oth Major Cardiothoracic Proc w Card Cath	9.4908	18.50	1	50
105	5	SURG	Cardiac Valve & Oth Major Cardiothoracic Proc w/o Card Cath	6.3833	10.96	3	42
106	5	SURG	Coronary Bypass w Ptca	7.1670	11.73	1	35
107	5	SURG	Coronary Bypass w Cardiac Cath	5.8389	10.73	4	29
108	5	SURG	Other Cardiothoracic Procedures	5.5318	9.94	1	40
109	5	SURG	Coronary Bypass w/o Ptca Or Cardiac Cath	3.9537	7.16	3	21
110	5	SURG	Major Cardiovascular Procedures w cc	5.2728	10.80	1	42
111	5	SURG	Major Cardiovascular Procedures w/o cc	2.4897	4.56	1	12
112	5	SURG	No Longer Valid				
113	5	SURG	Amputation For Circ System Disorders Except Upper Limb & Toe	4.4204	16.59	3	47
114	5	SURG	Upper Limb & Toe Amputation For Circ System Disorders	2.4172	9.96	1	34
115	5	SURG	Prm Card Pacem Impl w Ami/Hr/Shock Or Aicd	4.7810	8.55	1	30

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
			Lead Or Gnrtr				
116	5	SURG	Other Permanent Cardiac Pacemaker Implant	3.1637	4.94	1	18
117	5	SURG	Cardiac Pacemaker Revision Except Device Replacement	1.8957	5.35	1	37
118	5	SURG	Cardiac Pacemaker Device Replacement	2.2531	4.46	1	22
119	5	SURG	Vein Ligation & Stripping	1.0323	5.17	1	15
120	5	SURG	Other Circulatory System O.R. Procedures	3.1368	10.38	1	37
121	5	MED	Circulatory Disorders w Ami & Major Comp, Discharged Alive	2.5012	6.18	1	20
122	5	MED	Circulatory Disorders w Ami w/o Major Comp, Discharged Alive	1.5645	3.48	1	9
123	5	MED	Circulatory Disorders w Ami, Expired	2.1430	4.08	1	20
124	5	MED	Circulatory Disorders Except Ami, w Card Cath & Complex Diag	1.7674	4.69	1	15
125	5	MED	Circulatory Disorders Except Ami, w Card Cath w/o Complex Diag	1.2483	2.85	1	9
126	5	MED	Acute & Subacute Endocarditis	4.0058	16.08	1	47
127	5	MED	Heart Failure & Shock	1.2325	4.86	1	15
128	5	MED	Deep Vein Thrombophlebitis	0.9688	5.28	1	11
129	5	MED	Cardiac Arrest, Unexplained	1.2880	2.13	1	12
130	5	MED	Peripheral Vascular Disorders w cc	1.2565	6.35	1	20
131	5	MED	Peripheral Vascular Disorders w/o cc	0.8254	4.84	1	10
132	5	MED	Atherosclerosis w cc	0.8423	2.72	1	8
133	5	MED	Atherosclerosis w/o cc	0.7911	2.30	1	7
134	5	MED	Hypertension	0.7945	3.18	1	10
135	5	MED	Cardiac Congenital & Valvular Disorders Age >17 w cc	1.4084	4.69	1	27
136	5	MED	Cardiac Congenital & Valvular Disorders Age >17 w/o cc	0.6157	2.40	1	7
137	5	MED	Cardiac Congenital & Valvular Disorders Age 0-17	1.7581	5.31	1	33
138	5	MED	Cardiac Arrhythmia & Conduction Disorders w cc	1.0567	3.70	1	12
139	5	MED	Cardiac Arrhythmia & Conduction Disorders w/o cc	0.6174	2.13	1	7
140	5	MED	Angina Pectoris	0.7732	2.37	1	6
141	5	MED	Syncope & Collapse w cc	0.8213	3.23	1	10
142	5	MED	Syncope & Collapse w/o cc	0.6353	2.29	1	6
143	5	MED	Chest Pain	0.6659	2.04	1	6
144	5	MED	Other Circulatory System Diagnoses w cc	1.6823	6.61	1	25
145	5	MED	Other Circulatory System Diagnoses w/o cc	0.8681	3.13	1	10
146	6	SURG	Rectal Resection w cc	3.0127	10.54	4	42
147	6	SURG	Rectal Resection w/o cc	2.2545	7.00	1	17
148	6	SURG	Major Small & Large Bowel Procedures w cc	4.2668	13.67	3	44
149	6	SURG	Major Small & Large Bowel Procedures w/o cc	1.8772	6.73	2	16
150	6	SURG	Peritoneal Adhesiolysis w cc	2.9953	10.97	2	40
151	6	SURG	Peritoneal Adhesiolysis w/o cc	1.4694	4.96	1	14

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
152	6	SURG	Minor Small & Large Bowel Procedures w cc	2.3755	8.86	2	39
153	6	SURG	Minor Small & Large Bowel Procedures w/o cc	1.4107	5.57	2	13
154	6	SURG	Stomach, Esophageal & Duodenal Procedures Age >17 w cc	4.2398	12.25	2	43
155	6	SURG	Stomach, Esophageal & Duodenal Procedures Age >17 w/o cc	1.5948	4.54	1	11
156	6	SURG	Stomach, Esophageal & Duodenal Procedures Age 0-17	1.6016	5.04	1	30
157	6	SURG	Anal & Stomal Procedures w cc	1.5788	5.84	1	36
158	6	SURG	Anal & Stomal Procedures w/o cc	0.8421	3.01	1	10
159	6	SURG	Hernia Procedures Except Inguinal & Femoral Age >17 w cc	1.5569	4.39	1	11
160	6	SURG	Hernia Procedures Except Inguinal & Femoral Age >17 w/o cc	0.9920	2.48	1	8
161	6	SURG	Inguinal & Femoral Hernia Procedures Age >17 w cc	1.6229	5.26	1	36
162	6	SURG	Inguinal & Femoral Hernia Procedures Age >17 w/o cc	0.8344	2.31	1	6
163	6	SURG	Hernia Procedures Age 0-17	1.2331	3.23	1	30
164	6	SURG	Appendectomy w Complicated Principal Diag w cc	2.1274	7.71	2	22
165	6	SURG	Appendectomy w Complicated Principal Diag w/o cc	1.2689	4.33	1	10
166	6	SURG	Appendectomy w/o Complicated Principal Diag w cc	1.1938	3.14	1	9
167	6	SURG	Appendectomy w/o Complicated Principal Diag w/o cc	0.8347	1.95	1	5
168	3	SURG	Mouth Procedures w cc	1.3797	3.94	1	19
169	3	SURG	Mouth Procedures w/o cc	0.8628	2.40	1	9
170	6	SURG	Other Digestive System O.R. Procedures w cc	3.4539	11.18	1	43
171	6	SURG	Other Digestive System O.R. Procedures w/o cc	1.2649	3.86	1	11
172	6	MED	Digestive Malignancy w cc	2.0803	8.54	1	30
173	6	MED	Digestive Malignancy w/o cc	1.2154	5.25	1	15
174	6	MED	G.I. Hemorrhage w cc	1.2817	4.57	1	16
175	6	MED	G.I. Hemorrhage w/o cc	0.6529	2.74	1	9
176	6	MED	Complicated Peptic Ulcer	1.3147	5.68	1	22
177	6	MED	Uncomplicated Peptic Ulcer w cc	0.8323	3.54	1	7
178	6	MED	Uncomplicated Peptic Ulcer w/o cc	0.7154	2.70	1	10
179	6	MED	Inflammatory Bowel Disease	1.1101	5.86	1	19
180	6	MED	G.I. Obstruction w cc	0.9675	4.62	1	14
181	6	MED	G.I. Obstruction w/o cc	0.6015	3.30	1	9
182	6	MED	Esophagitis, Gastroent & Misc Digest Disorders Age >17 w cc	0.8382	3.68	1	12
183	6	MED	Esophagitis, Gastroent & Misc Digest Disorders Age >17 w/o cc	0.6160	2.56	1	8
184	6	MED	Esophagitis, Gastroent & Misc Digest Disorders Age 0-17	0.4078	2.39	1	7
185	3	MED	Dental & Oral Dis Except Extractions & Restorations, Age >17	0.7724	2.87	1	11

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
186	3	MED	Dental & Oral Dis Except Extractions & Restorations, Age 0-17	0.7007	3.48	1	11
187	3	MED	Dental Extractions & Restorations	0.9465	2.74	1	8
188	6	MED	Other Digestive System Diagnoses Age >17 w cc	1.3480	5.72	1	21
189	6	MED	Other Digestive System Diagnoses Age >17 w/o cc	0.6730	3.05	1	12
190	6	MED	Other Digestive System Diagnoses Age 0-17	0.9399	3.72	1	17
191	7	SURG	Pancreas, Liver & Shunt Procedures w cc	5.6623	16.07	1	47
192	7	SURG	Pancreas, Liver & Shunt Procedures w/o cc	2.1786	6.54	1	15
193	7	SURG	Biliary Tract Proc Except Only Cholecyst w Or w/o C.D.E. w cc	3.6495	11.21	3	42
194	7	SURG	Biliary Tract Proc Except Only Cholecyst w Or w/o C.D.E. w/o cc	2.1784	6.07	1	14
195	7	SURG	Cholecystectomy w C.D.E. w cc	2.5584	7.21	2	16
196	7	SURG	Cholecystectomy w C.D.E. w/o cc	1.8688	4.98	1	14
197	7	SURG	Cholecystectomy Except By Laparoscope w/o C.D.E. w cc	2.3337	7.02	2	21
198	7	SURG	Cholecystectomy Except By Laparoscope w/o C.D.E. w/o cc	1.3978	3.60	1	8
199	7	SURG	Hepatobiliary Diagnostic Procedure For Malignancy	5.2895	17.36	1	47
200	7	SURG	Hepatobiliary Diagnostic Procedure For Non-Malignancy	3.4886	10.26	1	43
201	7	SURG	Other Hepatobiliary Or Pancreas O.R. Procedures	5.0293	15.93	2	48
202	7	MED	Cirrhosis & Alcoholic Hepatitis	1.7999	6.73	1	25
203	7	MED	Malignancy Of Hepatobiliary System Or Pancreas	1.8301	7.79	1	28
204	7	MED	Disorders Of Pancreas Except Malignancy	1.1884	5.62	1	18
205	7	MED	Disorders Of Liver Except Malig,Cirr,Alc Hepa w cc	1.5056	5.71	1	23
206	7	MED	Disorders Of Liver Except Malig,Cirr,Alc Hepa w/o cc	0.6618	3.32	1	9
207	7	MED	Disorders Of The Biliary Tract w cc	1.1029	4.41	1	14
208	7	MED	Disorders Of The Biliary Tract w/o cc	0.6391	2.49	1	8
209	8	SURG	Major Joint & Limb Reattachment Procedures Of Lower Extremity	2.8499	5.22	2	13
210	8	SURG	Hip & Femur Procedures Except Major Joint Age >17 w cc	2.7297	8.67	2	33
211	8	SURG	Hip & Femur Procedures Except Major Joint Age >17 w/o cc	1.7365	3.97	1	11
212	8	SURG	Hip & Femur Procedures Except Major Joint Age 0-17	1.3649	3.95	1	21
213	8	SURG	Amputation For Musculoskeletal System & Conn Tissue Disorders	2.2337	8.95	1	39
214	8	SURG	No Longer Valid				
215	8	SURG	No Longer Valid				
216	8	SURG	Biopsies Of Musculoskeletal System & Connective Tissue	2.4707	10.57	1	42
217	8	SURG	Wnd Debrid & Skn Grft Except Hand, For Muscskelet & Conn Tiss Dis	3.8845	13.89	1	46

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
218	8	SURG	Lower Extrem & Humer Proc Except Hip, Foot, Femur Age >17 w cc	1.9795	5.18	1	20
219	8	SURG	Lower Extrem & Humer Proc Except Hip, Foot, Femur Age >17 w/o cc	1.3491	2.76	1	9
220	8	SURG	Lower Extrem & Humer Proc Except Hip, Foot, Femur Age 0-17	0.9383	2.04	1	7
221	8	SURG	No Longer Valid				
222	8	SURG	No Longer Valid				
223	8	SURG	Major Shoulder/Elbow Proc, Or Other Upper Extremity Proc w cc	1.1459	2.82	1	13
224	8	SURG	Shoulder, Elbow Or Forearm Proc, Exc Major Joint Proc, w/o cc	0.9838	1.79	1	5
225	8	SURG	Foot Procedures	1.0917	2.71	1	14
226	8	SURG	Soft Tissue Procedures w cc	1.8070	5.96	1	34
227	8	SURG	Soft Tissue Procedures w/o cc	0.9212	2.11	1	9
228	8	SURG	Major Thumb Or Joint Proc, Or Oth Hand Or Wrist Proc w cc	1.4016	4.38	1	17
229	8	SURG	Hand Or Wrist Proc, Except Major Joint Proc, w/o cc	0.7849	2.03	1	10
230	8	SURG	Local Excision & Removal Of Int Fix Devices Of Hip & Femur	1.3869	4.88	1	29
231	8	SURG	No Longer Valid				
232	8	SURG	Arthroscopy	1.1573	5.00	1	20
233	8	SURG	Other Musculoskelet Sys & Conn Tiss O.R. Proc w cc	3.1895	8.58	1	39
234	8	SURG	Other Musculoskelet Sys & Conn Tiss O.R. Proc w/o cc	1.8188	3.26	1	10
235	8	MED	Fractures Of Femur	1.0789	7.89	1	29
236	8	MED	Fractures Of Hip & Pelvis	1.0710	4.95	1	28
237	8	MED	Sprains, Strains, & Dislocations Of Hip, Pelvis & Thigh	0.8904	3.09	1	8
238	8	MED	Osteomyelitis	1.6612	9.49	1	40
239	8	MED	Pathological Fractures & Musculoskeletal & Conn Tiss Malignancy	1.8258	7.57	1	27
240	8	MED	Connective Tissue Disorders w cc	1.6946	6.59	1	26
241	8	MED	Connective Tissue Disorders w/o cc	0.6093	2.81	1	10
242	8	MED	Septic Arthritis	1.1251	5.26	1	21
243	8	MED	Medical Back Problems	0.7492	3.68	1	12
244	8	MED	Bone Diseases & Specific Arthropathies w cc	1.2501	5.34	1	17
245	8	MED	Bone Diseases & Specific Arthropathies w/o cc	0.5789	3.00	1	7
246	8	MED	Non-Specific Arthropathies	1.0243	5.14	1	20
247	8	MED	Signs & Symptoms Of Musculoskeletal System & Conn Tissue	0.6217	2.67	1	8
248	8	MED	Tendonitis, Myositis & Bursitis	1.0055	4.35	1	19
249	8	MED	Aftercare, Musculoskeletal System & Connective Tissue	1.1313	4.96	1	33
250	8	MED	Fx, Sprn, Strn & Disl Of Forearm, Hand, Foot Age >17 w cc	0.6260	2.50	1	13
251	8	MED	Fx, Sprn, Strn & Disl Of Forearm, Hand, Foot	0.4444	1.94	1	15

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
			Age >17 w/o cc				
252	8	MED	Fx, Sprn, Strn & Disl Of Forearm, Hand, Foot Age 0-17	0.3939	1.45	1	4
253	8	MED	Fx, Sprn, Strn & Disl Of Uparm, Lowleg Ex Foot Age >17 w cc	0.9312	4.30	1	13
254	8	MED	Fx, Sprn, Strn & Disl Of Uparm, Lowleg Ex Foot Age >17 w/o cc	0.5411	2.12	1	11
255	8	MED	Fx, Sprn, Strn & Disl Of Uparm, Lowleg Ex Foot Age 0-17	0.4453	1.79	1	6
256	8	MED	Other Musculoskeletal System & Connective Tissue Diagnoses	0.9751	4.55	1	25
257	9	SURG	Total Mastectomy For Malignancy w cc	1.2085	2.94	1	10
258	9	SURG	Total Mastectomy For Malignancy w/o cc	1.0183	2.12	1	5
259	9	SURG	Subtotal Mastectomy For Malignancy w cc	1.3662	4.80	1	25
260	9	SURG	Subtotal Mastectomy For Malignancy w/o cc	0.8752	1.63	1	6
261	9	SURG	Breast Proc For Non-Malignancy Except Biopsy & Local Excision	1.2815	3.06	1	11
262	9	SURG	Breast Biopsy & Local Excision For Non-Malignancy	0.8154	3.11	1	9
263	9	SURG	Skin Graft &/Or Debrid For Skn Ulcer Or Cellulitis w cc	2.8454	14.21	2	45
264	9	SURG	Skin Graft &/Or Debrid For Skn Ulcer Or Cellulitis w/o cc	1.4364	7.50	1	31
265	9	SURG	Skin Graft &/Or Debrid Except For Skin Ulcer Or Cellulitis w cc	2.7823	8.33	1	40
266	9	SURG	Skin Graft &/Or Debrid Except For Skin Ulcer Or Cellulitis w/o cc	1.2452	3.60	1	17
267	9	SURG	Perianal & Pilonidal Procedures	0.8444	2.85	1	15
268	9	SURG	Skin, Subcutaneous Tissue & Breast Plastic Procedures	1.5477	4.50	1	24
269	9	SURG	Other Skin, Subcut Tiss & Breast Proc w cc	1.8302	7.47	1	33
270	9	SURG	Other Skin, Subcut Tiss & Breast Proc w/o cc	0.8679	3.13	1	11
271	9	MED	Skin Ulcers	1.2713	7.71	1	29
272	9	MED	Major Skin Disorders w cc	1.2158	6.71	1	24
273	9	MED	Major Skin Disorders w/o cc	0.5721	4.43	1	11
274	9	MED	Malignant Breast Disorders w cc	1.5720	6.53	1	37
275	9	MED	Malignant Breast Disorders w/o cc	1.0782	4.00	1	7
276	9	MED	Non-Maligant Breast Disorders	0.6420	3.70	1	14
277	9	MED	Cellulitis Age >17 w cc	0.9476	5.11	1	16
278	9	MED	Cellulitis Age >17 w/o cc	0.6120	3.61	1	11
279	9	MED	Cellulitis Age 0-17	0.4929	3.04	1	8
280	9	MED	Trauma To The Skin, Subcut Tiss & Breast Age >17 w cc	0.6157	2.07	1	7
281	9	MED	Trauma To The Skin, Subcut Tiss & Breast Age >17 w/o cc	0.5125	1.74	1	6
282	9	MED	Trauma To The Skin, Subcut Tiss & Breast Age 0-17	0.5072	1.58	1	4
283	9	MED	Minor Skin Disorders w cc	0.7075	3.85	1	12
284	9	MED	Minor Skin Disorders w/o cc	0.4507	3.17	1	12

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
		SURG	Amputat Of Lower Limb For Endocrine,Nutrit,& Metabol Disorders	3.2228	13.61	2	45
286	10	SURG	Adrenal & Pituitary Procedures	2.5022	6.64	3	20
287	10	SURG	Skin Grafts & Wound Debrid For Endoc, Nutrit & Metab Disorders	2.1964	9.78	1	41
288	10	SURG	O.R. Procedures For Obesity	2.4052	7.38	1	32
289	10	SURG	Parathyroid Procedures	1.0740	2.65	1	13
290	10	SURG	Thyroid Procedures	0.9214	1.80	1	6
291	10	SURG	Thyroglossal Procedures	0.5363	1.40	1	3
292	10	SURG	Other Endocrine, Nutrit & Metab O.R. Proc w cc	4.2602	14.79	1	46
293	10	SURG	Other Endocrine, Nutrit & Metab O.R. Proc w/o cc	2.0086	7.78	1	17
294	10	MED	Diabetes Age >35	1.0101	4.31	1	14
295	10	MED	Diabetes Age 0-35	0.6920	2.90	1	9
296	10	MED	Nutritional & Misc Metabolic Disorders Age >17 w cc	1.0604	4.80	1	18
	10	MED	Nutritional & Misc Metabolic Disorders Age >17 w/o cc	0.6002	2.91	1	10
298	10	MED	Nutritional & Misc Metabolic Disorders Age 0-17	0.4931	2.96	1	11
299	10	MED	Inborn Errors Of Metabolism	1.1824	5.33	1	28
300	10	MED	Endocrine Disorders w cc	1.2628	5.41	1	23
301	10	MED	Endocrine Disorders w/o cc	0.5768	2.78	1	9
302	11	SURG	Kidney Transplant	7.6896	11.33	1	43
303	11	SURG	Kidney, Ureter & Major Bladder Procedures For Neoplasm	2.8455	7.83	2	20
304	11	SURG	Kidney, Ureter & Major Bladder Proc For Non-Neopl w cc	2.5646	7.87	1	28
	11	SURG	Kidney, Ureter & Major Bladder Proc For Non-Neopl w/o cc	1.1865	3.17	1	9
306	11	SURG	Prostatectomy w cc	1.0424	4.88	1	17
307	11	SURG	Prostatectomy w/o cc	0.8474	1.83	1	5
308	11	SURG	Minor Bladder Procedures w cc	2.3745	7.81	1	39
309	11	SURG	Minor Bladder Procedures w/o cc	1.1545	3.75	1	19
310	11	SURG	Transurethral Procedures w cc	1.5150	4.70	1	21
311	11	SURG	Transurethral Procedures w/o cc	0.8488	2.12	1	5
312	11	SURG	Urethral Procedures, Age >17 w cc	2.0974	7.26	1	21
313	11	SURG	Urethral Procedures, Age >17 w/o cc	0.5738	1.00	1	5
314	11	SURG	Urethral Procedures, Age 0-17	1.1618	3.89	1	10
315	11	SURG	Other Kidney & Urinary Tract O.R. Procedures	2.8749	9.76	1	35
316	11	MED	Renal Failure	1.5834	6.08	1	21
317	11	MED	Admit For Renal Dialysis	0.9543	3.22	1	10
318	11	MED	Kidney & Urinary Tract Neoplasms w cc	1.7356	7.03	1	25
319	11	MED	Kidney & Urinary Tract Neoplasms w/o cc	0.5958	2.50	1	6
320	11	MED	Kidney & Urinary Tract Infections Age >17 w cc	0.9635	4.71	1	14
321	11	MED	Kidney & Urinary Tract Infections Age >17 w/o cc	0.5864	2.96	1	7
322	11	MED	Kidney & Urinary Tract Infections Age 0-17	0.5679	3.23	1	9

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
		MED	Urinary Stones w cc, &/Or Esw Lithotripsy	0.7799	2.74	1	9
		MED	Urinary Stones w/o cc	0.4926	1.81	1	5
		MED	Kidney & Urinary Tract Signs & Symptoms Age >17 w cc	0.8664	4.05	1	17
326	11	MED	Kidney & Urinary Tract Signs & Symptoms Age >17 w/o cc	0.6207	2.56		
327		MED	Kidney & Urinary Tract Signs & Symptoms Age 0-17	0.4581	2.42	1	6
328	11	MED	Urethral Stricture Age >17 w cc	0.7542	2.86	1	8
329	11	MED	Urethral Stricture Age >17 w/o cc	0.3925	2.00	1	5
330	11	MED	Urethral Stricture Age 0-17	0.7744	5.00	1	5
331	11	MED	Other Kidney & Urinary Tract Diagnoses Age >17 w cc	1.3117	5.76	1	18
332	11	MED	Other Kidney & Urinary Tract Diagnoses Age >17 w/o cc	0.7776	3.58		13
333		MED	Other Kidney & Urinary Tract Diagnoses Age 0-17	0.8696	3.92		13
334	12	SURG	Major Male Pelvic Procedures w cc	1.9247	4.54	2	11
335	12	SURG	Major Male Pelvic Procedures w/o cc	1.5025	3.56	1	6
336	12	SURG	Transurethral Prostatectomy w cc	0.9007	3.17		14
337	12	SURG	Transurethral Prostatectomy w/o cc	0.6865	2.07	1	6
338	12	SURG	Testes Procedures, For Malignancy	3.2101	10.72	1	41
339	12	SURG	Testes Procedures, Non-Malignancy Age >17	1.4148	4.65		29
340	12	SURG	Testes Procedures, Non-Malignancy Age 0-17	0.7232	1.52		5
341	12	SURG	Penis Procedures	1.3436	3.02		18
342	12	SURG	Circumcision Age >17	0.6972	4.00	1	7
343	12	SURG	Circumcision Age 0-17	0.5701	2.00	1	3
344	12	SURG	Other Male Reproductive System O.R. Procedures For Malignancy	1.3087	4.00	1	6
345	12	SURG	Other Male Reproductive System O.R. Proc Except For Malignancy	1.9216	4.75		11
346	12	MED	Malignancy, Male Reproductive System, w cc	2.2921	8.00		26
347	12	MED	Malignancy, Male Reproductive System, w/o cc	0.9781	2.00	1	6
348	12	MED	Benign Prostatic Hypertrophy w cc	0.8966	4.36	1	12
349	12	MED	Benign Prostatic Hypertrophy w/o cc	0.8424	2.00		
350	12	MED	Inflammation Of The Male Reproductive System	0.7804	3.92	1	10
351	12	MED	Sterilization, Male	0.3333	1.90	1	5
352	12	MED	Other Male Reproductive System Diagnoses	0.6064	2.59	1	12
353	13	SURG	Pelvic Evisceration, Radical Hysterectomy & Radical Vulvectomy	2.3181	7.19	1	23
354	13	SURG	Uterine,Adnexa Proc For Non-Ovarian/Adnexal Malig w cc	1.9799	5.79		27
355	13	SURG	Uterine,Adnexa Proc For Non-Ovarian/Adnexal Malig w/o cc	1.0010	2.51		6
356	13	SURG	Female Reproductive System Reconstructive Procedures	0.9472	2.38		5
357	13	SURG	Uterine & Adnexa Proc For Ovarian Or Adnexal Malignancy	2.6287	7.63	1	30

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
358	13	SURG	Uterine & Adnexa Proc For Non-Malignancy w cc	1.3748	3.99	1	12
359	13	SURG	Uterine & Adnexa Proc For Non-Malignancy w/o cc	0.9932	2.56	1	5
360	13	SURG	Vagina, Cervix & Vulva Procedures	1.2395	4.11	1	16
361	13	SURG	Laparoscopy & Incisional Tubal Interruption	1.1250	2.93	1	8
362	13	SURG	Endoscopic Tubal Interruption	0.8585	2.75	1	5
363	13	SURG	D&C, Conization & Radio-Implant, For Malignancy	1.0471	3.10	1	14
364	13	SURG	D&C, Conization Except For Malignancy	0.8429	2.48	1	10
365	13	SURG	Other Female Reproductive System O.R. Procedures	1.4862	4.28	1	15
366	13	MED	Malignancy, Female Reproductive System w cc	1.6840	6.32	1	24
367	13	MED	Malignancy, Female Reproductive System w/o cc	0.6919	3.67	1	17
368	13	MED	Infections, Female Reproductive System	0.6141	2.94	1	8
369	13	MED	Menstrual & Other Female Reproductive System Disorders	0.4669	2.04	1	6
370	14	SURG	Cesarean Section w cc	1.0908	4.30	2	14
371	14	SURG	Cesarean Section w/o cc	0.8397	3.11	2	6
372	14	MED	Vaginal Delivery w Complicating Diagnoses	0.5978	2.35	1	7
373	14	MED	Vaginal Delivery w/o Complicating Diagnoses	0.4541	1.71	1	3
374	14	SURG	Vaginal Delivery w Sterilization &/Or D&C	0.7501	2.01	1	4
375	14	SURG	Vaginal Delivery w O.R. Proc Except Steril &/Or D&C	1.4338	3.86	1	26
376	14	MED	Postpartum & Post Abortion Diagnoses w/o O.R. Procedure	0.5034	2.46	1	8
377	14	SURG	Postpartum & Post Abortion Diagnoses w O.R. Procedure	1.3205	3.81	1	15
378	14	MED	Ectopic Pregnancy	0.9786	2.33	1	5
379	14	MED	Threatened Abortion	0.4913	3.02	1	12
380	14	MED	Abortion w/o D&C	0.4656	1.56	1	4
381	14	SURG	Abortion w D&C, Aspiration Curettage Or Hysterotomy	0.7397	1.78	1	6
382	14	MED	False Labor	0.4409	2.56	1	15
383	14	MED	Other Antepartum Diagnoses w Medical Complications	0.5215	2.97	1	10
384	14	MED	Other Antepartum Diagnoses w/o Medical Complications	0.5316	2.91	1	12
385	15	MED	Neonates, Died Or Transferred To Another Acute Care Facility	0.3023	1.36	1	6
385.1	15	MED	Neonates, Died Or Transferred To Another Acute Care Facility	4.0306	10.91	1	44
386	15	MED	Extreme Immaturity Or Respiratory Distress Syndrome, Neonate	2.7713	13.07	1	45
386.1	15	MED	Extreme Immaturity Or Respiratory Distress Syndrome, Neonate	11.3524	42.90	6	77
387	15	MED	Prematurity w Major Problems	1.2301	9.23	1	32
387.1	15	MED	Prematurity w Major Problems	3.6502	18.83	3	50
388	15	MED	Prematurity w/o Major Problems	0.3481	3.61	1	14

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
		MED	Prematurity w/o Major Problems	1.6931	10.16	2	31
		MED	Full Term Neonate w Major Problems	0.4289	3.32	1	10
		MED	Full Term Neonate w Major Problems	2.0272	8.01	2	32
		MED	Neonate w Other Significant Problems	0.2232	2.39	1	7
		MED	Neonate w Other Significant Problems	0.9250	4.68	2	14
		MED	Normal Newborn	0.1300	1.75	1	4
		SURG	Splenectomy Age >17	2.7574	6.94	2	23
		SURG	Splenectomy Age 0-17	1.5564	4.06	1	15
		SURG	Other O.R. Procedures Of The Blood And Blood Forming Organs	2.1024	7.30	1	38
395	16	MED	Red Blood Cell Disorders Age >17	1.1332	6.81	1	22
396	16	MED	Red Blood Cell Disorders Age 0-17	0.6187	3.68	1	10
397	16	MED	Coagulation Disorders	1.5009	4.15	1	17
398	16	MED	Reticuloendothelial & Immunity Disorders w cc	1.4410	5.60	1	22
399	16	MED	Reticuloendothelial & Immunity Disorders w/o cc	0.6712	3.45	1	9
400	17	SURG	No Longer Valid				
401	17	SURG	Lymphoma & Non-Acute Leukemia w Other O.R. Proc w cc	3.9599	13.04	1	44
402	17	SURG	Lymphoma & Non-Acute Leukemia w Other O.R. Proc w/o cc	1.4926	5.81	1	26
403	17	MED	Lymphoma & Non-Acute Leukemia w cc	2.8708	10.47	1	40
404	17	MED	Lymphoma & Non-Acute Leukemia w/o cc	1.2412	4.45	1	15
405	17	MED	Acute Leukemia w/o Major O.R. Procedure Age 0-17	2.8308	8.81	1	40
406	17	SURG	Myeloprolif Disord Or Poorly Diff Neopl w Maj O.R.Proc w cc	3.9955	1.93	3	31
407	17	SURG	Myeloprolif Disord Or Poorly Diff Neopl w Maj O.R.Proc w/o cc	1.3898	3.23	1	7
408	17	SURG	Myeloprolif Disord Or Poorly Diff Neopl w Other O.R.Proc	2.5202	7.83	1	31
409	17	MED	Radiotherapy	1.4149	5.18	1	24
410	17	MED	Chemotherapy w/o Acute Leukemia As Secondary Diagnosis	0.9123	2.98	1	8
411	17	MED	History Of Malignancy w/o Endoscopy	0.7692	1.00		
412	17	MED	History Of Malignancy w Endoscopy	1.2061	6.00	1	7
413	17	MED	Other Myeloprolif Dis Or Poorly Diff Neopl Diag w cc	1.6745	6.63	1	34
414	17	MED	Other Myeloprolif Dis Or Poorly Diff Neopl Diag w/o cc	.0418	4.27		12
415	18	SURG	O.R. Procedure For Infectious & Parasitic Diseases	4.3738	16.22	2	48
416	18	MED	Septicemia Age >17	2.3238	8.76	1	33
417	18	MED	Septicemia Age 0-17	1.1253	5.07	1	17
418	18	MED	Postoperative & Post-Traumatic Infections	0.9868	5.08	1	16
419	18	MED	Fever Of Unknown Origin Age >17 w cc	0.9542	4.12	1	13
420	18	MED	Fever Of Unknown Origin Age >17 w/o cc	0.6137	3.10	1	12
421	18	MED	Viral Illness Age >17	0.6772	2.98	1	11

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
		MED	Viral Illness & Fever Of Unknown Origin Age 0-17	0.4287	2.45	1	6
		MED	Other Infectious & Parasitic Diseases Diagnoses	1.8711	7.66	1	37
		SURG	O.R. Procedure w Principal Diagnoses Of Mental Illness	2.4495	9.83	1	27
425	19	MED	Acute Adjustment Reaction & Psychosocial Dysfunction	0.7121	2.91		
426	19	MED	Depressive Neuroses	0.4710	2.06	1	7
427	19	MED	Neuroses Except Depressive	0.6967	3.93	1	11
428	19	MED	Disorders Of Personality & Impulse Control	0.9280	4.76	1	17
429	19	MED	Organic Disturbances & Mental Retardation	1.2562	7.48	1	38
430	19	MED	Psychoses	0.7851	4.52	1	16
431	19	MED	Childhood Mental Disorders	0.4033	2.47	1	12
432	19	MED	Other Mental Disorder Diagnoses	1.0862	5.54		31
433	20	MED	Alcohol/Drug Abuse Or Dependence, Left Ama	0.3847	1.77		6
434	20	MED	No Longer Valid				
435	20	MED	No Longer Valid				
436	20	MED	No Longer Valid				
437	20	MED	No Longer Valid				
438	20		No Longer Valid				
439	21	SURG	Skin Grafts For Injuries	2.3772	9.98		40
440	21	SURG	Wound Debridements For Injuries	2.6695	9.92	1	41
	21	SURG	Hand Procedures For Injuries	0.9796	2.89	1	12
442	21	SURG	Other O.R. Procedures For Injuries w cc	2.9547	8.62	1	35
443	21	SURG	Other O.R. Procedures For Injuries w/o cc	1.1514	3.24	1	12
444	21	MED	Traumatic Injury Age >17 w cc	0.8219	3.37	1	14
445	21	MED	Traumatic Injury Age >17 w/o cc	0.5165	1.82	1	6
446	21	MED	Traumatic Injury Age 0-17	0.5284	2.01	1	7
447	21	MED	Allergic Reactions Age >17	0.5855	2.37	1	9
448	21	MED	Allergic Reactions Age 0-17	0.3683	1.57	1	5
449	21	MED	Poisoning & Toxic Effects Of Drugs Age >17 w cc	0.9405	2.75	1	11
450	21	MED	Poisoning & Toxic Effects Of Drugs Age >17 w/o cc	0.4742	1.53	1	4
451	21	MED	Poisoning & Toxic Effects Of Drugs Age 0-17	0.4722	1.93	1	6
452	21	MED	Complications Of Treatment w cc	0.9847	4.37	1	18
453	21	MED	Complications Of Treatment w/o cc	0.6552	3.00		8
454	21	MED	Other Injury, Poisoning & Toxic Effect Diag w cc	1.4474	4.77		21
455	21	MED	Other Injury, Poisoning & Toxic Effect Diag w/o cc	0.4839	2.37		7
456	22		No Longer Valid				
457	22	MED	No Longer Valid				
458	22	SURG	No Longer Valid				
459	22	SURG	No Longer Valid				
460	22	MED	No Longer Valid				
461	23	SURG	O.R. Proc w Diagnoses Of Other Contact w	1.6235	5.75		45

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
			Health Services				
462	23	MED	Rehabilitation	2.8353	15.41	3	48
463	23	MED	Signs & Symptoms w cc	0.8518	3.92	1	16
464	23	MED	Signs & Symptoms w/o cc	0.5230	2.54	1	7
465	23	MED	Aftercare w History Of Malignancy As Secondary Diagnosis	0.9933	1.00	1	7
	23	MED	Aftercare w/o History Of Malignancy As Secondary Diagnosis	2.5917	9.44	1	42
467	23	MED	Other Factors Influencing Health Status	0.4534	2.19	1	7
468			Extensive O.R. Procedure Unrelated To Principal Diagnosis	*Paid Percentage of Charge*			
469			Principal Diagnosis Invalid As Discharge Diagnosis				
470			Ungroupable				
471	8	SURG	Bilateral Or Multiple Major Joint Procs Of Lower Extremity	4.2571	6.38	1	18
472	22	SURG	No Longer Valid				
473	17	MED	Acute Leukemia w/o Major O.R. Procedure Age >17	6.6502	19.66	1	51
474	4	SURG	No Longer Valid				
475	4	MED	Respiratory System Diagnosis With Ventilator Support	4.7212	12.00		44
476		SURG	Prostatic O.R. Procedure Unrelated To Principal Diagnosis	4.5039	18.50	1	25
477		SURG	Non-Extensive O.R. Procedure Unrelated To Principal Diagnosis	2.3308	8.45	1	31
478	5	SURG	Other Vascular Procedures w cc	2.9670	7.81	1	27
479	5	SURG	Other Vascular Procedures w/o cc	1.7521	3.86	1	14
480	PRE	SURG	Liver Transplant	*Paid Percentage of Charge*			
481	PRE	SURG	Bone Marrow Transplant	*Paid Percentage of Charge*			
482	PRE	SURG	Tracheostomy For Face, Mouth & Neck Diagnoses	4.3069	12.19	2	43
483	PRE	SURG	Trac w Mech Vent 96+Hrs Or Pdx Except Face, Mouth & Neck Dx Oses	20.1500	42.60	6	79
484	24	SURG	Craniotomy For Multiple Significant Trauma	6.9954	12.87		43
485	24	SURG	Limb Reattachment, Hip And Femur Proc For Multiple Significant Tra	5.4246	11.53	1	42
486	24	SURG	Other O.R. Procedures For Multiple Significant Trauma	5.1472	.45	1	42
487	24	MED	Other Multiple Significant Trauma	2.2141	5.78	1	26
488	25	SURG	Hiv w Extensive O.R. Procedure	6.0737	20.65	3	50
489	25	MED	Hiv w Major Related Condition	2.1524	8.85	1	31
490	25	MED	Hiv w Or w/o Other Related Condition	1.3467	5.69	1	20
491	8	SURG	Major Joint & Limb Reattachment Procedures Of Upper Extremity	1.9629	3.98	1	33
		MED	Chemotherapy w Acute Leukemia Or w Use Of Hi Dose Chemoagent	1.2421	4.40		24
493	7	SURG	Laparoscopic Cholecystectomy w/o C.D.E. w cc	1.6747	4.19		13
494	7	SURG	Laparoscopic Cholecystectomy w/o C.D.E. w/o	1.1522	2.11		6

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
			cc				
495	PRE	SURG	Lung Transplant	*Paid Percentage of Charge*			
496	8	SURG	Combined Anterior/Posterior Spinal Fusion	7.0191	12.74	3	43
497	8	SURG	Spinal Fusion Except Cervical w cc	3.8236	7.32	3	27
498	8	SURG	Spinal Fusion Except Cervical w/o cc	2.7041	4.12	1	8
499	8	SURG	Back & Neck Procedures Except Spinal Fusion w cc	1.8457	4.82	1	23
	8	SURG	Back & Neck Procedures Except Spinal Fusion w/o cc	0.9421	1.97	1	
501	8	SURG	Knee Procedures w Pdx Of Infection w cc	2.6756	14.24	1	43
502	8	SURG	Knee Procedures w Pdx Of Infection w/o cc	1.4994	5.50	1	11
503	8	SURG	Knee Procedures w/o Pdx Of Infection	1.4483	2.50	1	10
504	22	SURG	Extensive 3Rd Degree Burns w Skin Graft	16.4802	27.91	1	61
505	22	MED	Extensive 3Rd Degree Burns w/o Skin Graft	2.7904	5.38	1	37
506	22	SURG	Full Thickness Burn w Skin Graft Or Inhal Inj w cc Or Sig Trauma	6.3585	18.06		53
507	22	SURG	Full Thickness Burn w Skin Grft Or Inhal Inj w/o cc Or Sig Trauma	2.6245	9.72	1	26
508	22	MED	Full Thickness Burn w/o Skin Grft Or Inhal Inj w cc Or Sig Trauma	2.7942	9.40		39
	22	MED	Full Thickness Burn w/o Skin Grft Or Inh Inj w/o cc Or Sig Trauma	0.6575	2.66	1	10
510	22	MED	Non-Extensive Burns w cc Or Significant Trauma	2.2630	8.25	1	38
511	22	MED	Non-Extensive Burns w/o cc Or Significant Trauma	0.7327	3.03	1	11
512	PRE	SURG	Simultaneous Pancreas/Kidney Transplant	*Paid Percentage of Charge*			
513	PRE	SURG	Pancreas Transplant	*Paid Percentage of Charge*			
514	5	SURG	No Longer Valid				
515	5	SURG	Cardiac Defibrillator Implant w/o Cardiac Cath	6.4291	7.86	1	41
516	5	SURG	Percutaneous Cardiovasc Proc w Ami	2.8607	4.18	1	13
517	5	SURG	Perc Cardio Proc w Non-Drug Eluting Stent w/o Ami	2.3084	2.54		9
	5	SURG	Perc Cardio Proc w/o Coronary Artery Stent Or Ami	1.8714	2.94		
519	8	SURG	Cervical Spinal Fusion w cc	2.4896	5.52	1	25
520	8	SURG	Cervical Spinal Fusion w/o cc	1.4750	2.36	1	8
521	20	MED	Alcohol/Drug Abuse Or Dependence w cc	0.8853	4.13	1	14
522	20	MED	No Longer Valid				
523	20	MED	Alc/Drug Abuse Or Depend w/o Rehabilitation Therapy w/o cc	0.4545	2.30		7
524	1	MED	Transient Ischemia	0.8761	3.21		9
525	5	SURG	Heart Assist System Implant	26.2589	22.00		63
526	5	SURG	Percutneous Cardiovasular Proc w Drug Eluting Stent w Ami	3.2701	4.18		13
527		SURG	Percutneous Cardiovasular Proc w Drug Eluting Stent w/o Ami	2.6848	2.54	1	9
528		SURG	Intracranial Vascular Proc w Pdx Hemorrhage	8.6616	16.94	2	48
529		SURG	Ventricular Shunt Procedures w cc	2.8595	8.33	1	39

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DRG	MDC	Med/ Surg	DRG Description	Relative Weight	Average LOS	Low Day Threshold	High Day Threshold
		SURG	Ventricular Shunt Procedures w/o cc	1.2627	2.98	1	11
		SURG	Spinal Procedures w cc	4.1276	11.68	1	43
		SURG	Spinal Procedures w/o cc	1.8299	4.63	1	14
		SURG	Extracranial Procedures w cc	2.2240	4.85	1	20
		SURG	Extracranial Procedures w/o cc	1.6805	3.00	1	12
536	5	SURG	Cardiac Defib Implant w Cardiac Cath w Ami/Hf/Shock	9.7592	12.37	3	44
537	8	SURG	Cardiac Defib Implant w Cardiac Cath w/o Ami/Hf/Shock	7.4796	9.30	1	38
538	8	SURG	Local Excis & Remov Of Int Fix Dev Except Hip & Femur w cc	2.4518	8.43	1	39
539	17	SURG	Local Excis & Remov Of Int Fix Dev Except Hip & Femur w/o cc	1.2508	2.84	1	11
540	17	SURG	Lymphoma & Leukemia w Major Or Procedure w cc	5.1027	15.81	1	46
			Lymphoma & Leukemia w Major Or Procedure w/o cc	1.8100	4.90	1	17