

TABLE 5.—LIST OF DIAGNOSIS-RELATED GROUPS (DRGs), RELATIVE WEIGHTING FACTORS, AND GEOGRAPHIC AND ARITHMETIC MEAN LENGTH OF STAY (LOS)—Continued

DRG	MDC	Type	DRG title	Relative weights	Geometric mean LOS	Arithmetic mean LOS
519	8	SURG	CERVICAL SPINAL FUSION W CC	2.4228	3.2	5.1
520	8	SURG	CERVICAL SPINAL FUSION W/O CC	1.5749	1.7	2.1
521	20	MED	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC	0.7054	4.3	5.8
522	20	MED	ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC.	0.5151	7.7	9.6
523	20	MED	ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC.	0.3929	3.3	4.1
524	1	MED	TRANSIENT ISCHEMIA	0.7252	2.7	3.4
525	5	SURG	HEART ASSIST SYSTEM IMPLANT	11.4482	9.0	17.6
526	5	SURG	PERCUTNEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W AMI.	2.9729	3.6	4.5
527	5	SURG	PERCUTNEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI.	2.4342	1.8	2.6
528	1	SURG	INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE	7.0434	14.1	17.2
529	1	SURG	VENTRICULAR SHUNT PROCEDURES W CC	3.1094	6.6	10.6
530	1	SURG	VENTRICULAR SHUNT PROCEDURES W/O CC	1.2664	2.9	3.9
531	1	SURG	SPINAL PROCEDURES W CC	3.0474	6.8	10.0
532	1	SURG	SPINAL PROCEDURES W/O CC	1.4487	2.9	4.0
533	1	SURG	EXTRACRANIAL PROCEDURES W CC	1.6578	2.7	4.1
534	1	SURG	EXTRACRANIAL PROCEDURES W/O CC	1.0689	1.6	2.0
535	5	SURG	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	8.1344	8.1	11.0
536	5	SURG	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK ..	6.2536	3.9	5.8
537	8	SURG	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W CC.	1.8090	4.7	7.0
538	8	SURG	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O CC.	0.9874	2.1	2.9
539	17	SURG	LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W CC	3.3744	7.5	11.2
540	17	SURG	LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W/O CC	1.2851	2.9	4.1

*Medicare data have been supplemented by data from 19 States for low volume DRGs.
 **DRGs 469 and 470 contain cases that could not be assigned to valid DRGs.

TABLE 6A.—NEW DIAGNOSIS CODES

Diagnosis code	Description	CC	MDC	DRG
255.10	Primary aldosteronism	N	10	300, 301
255.11	Glucocorticoid-remediable aldosteronism	N	10	300, 301
255.12	Conn's syndrome	N	10	300, 301
255.13	Bartter's syndrome	N	10	300, 301
255.14	Other secondary aldosteronism	N	10	300, 301
277.81	Primary carnitine deficiency	N	10	299
277.82	Carnitine deficiency due to inborn errors of metabolism	N	10	299
277.83	Iatrogenic carnitine deficiency	N	10	299
277.84	Other secondary carnitine deficiency	N	10	299
277.89	Other specified disorders of metabolism	N	10	299
282.41	Sickle-cell thalassemia without crisis	Y	15	¹ 387, ¹ 389
			16	395, 396
282.42	Sickle-cell thalassemia with crisis	Y	15	¹ 387, ¹ 389
			16	395, 396
282.49	Other thalassemia	Y	15	¹ 387, ¹ 389
			16	395, 396
282.64	Sickle-cell/Hb-C disease with crisis	Y	16	395, 396
282.68	Other sickle-cell disease without crisis	Y	16	395, 396
289.52	Splenic sequestration	N	16	398, 399
289.81	Primary hypercoagulable state	Y	16	398, 399
289.82	Secondary hypercoagulable state	Y	16	398, 399
289.89	Other specified diseases of blood and blood-forming organs	N	16	398, 399
331.11	Pick's disease	N	1	12
331.19	Other frontotemporal dementia	N	1	12
331.82	Dementia with Lewy bodies	N	1	12
348.30	Encephalopathy, unspecified	N	1	16, 17
			25	² 489
348.31	Metabolic encephalopathy	N	1	16, 17
			25	² 489
348.39	Other encephalopathy	N	1	16, 17
			25	² 489

TABLE 6A.—NEW DIAGNOSIS CODES—Continued

Diagnosis code	Description	CC	MDC	DRG
358.00	Myasthenia gravis without (acute) exacerbation	Y	1	12
358.01	Myasthenia gravis with (acute) exacerbation	Y	1	12
414.07	Coronary atherosclerosis, Of bypass graft (artery) (vein) of transplanted heart	N	5	132,133
458.21	Hypotension of hemodialysis	N	5	141, 142
458.29	Other iatrogenic hypotension	N	5	141,142
493.81	Exercise induced bronchospasm	N	4	96, 97, 98
493.82	Cough variant asthma	N	4	96, 97, 98
517.3	Acute chest syndrome	N	4	92, 93
530.20	Ulcer of esophagus without bleeding	N	6	176
530.21	Ulcer of esophagus with bleeding	Y	6	176
530.85	Barrett's esophagus	N	6	176
600.00	Hypertrophy (benign) of prostate without urinary obstruction	N	12	348, 349
600.01	Hypertrophy (benign) of prostate with urinary obstruction	N	12	348, 349
600.10	Nodular prostate without urinary obstruction	N	12	348, 349
600.11	Nodular prostate with urinary obstruction	N	12	348, 349
600.20	Benign localized hyperplasia of prostate without urinary obstruction	N	12	348, 349
600.21	Benign localized hyperplasia of prostate with urinary obstruction	N	12	348, 349
600.90	Hyperplasia of prostate, unspecified, without urinary obstruction	N	12	348, 349
600.91	Hyperplasia of prostate, unspecified, with urinary obstruction	N	12	348, 349
607.85	Peyronie's disease	N	12	352
674.50	Peripartum cardiomyopathy, unspecified as to episode of care or not applicable	Y	14	469
674.51	Peripartum cardiomyopathy, delivered, with or without mention of antepartum condition	Y	14	370, 371, 372, 374, 375
674.52	Peripartum cardiomyopathy, delivered, with mention of postpartum condition	Y	14	370, 371, 372, 374, 375
674.53	Peripartum cardiomyopathy, antepartum condition or complication	Y	14	383, 384
674.54	Peripartum cardiomyopathy, postpartum condition or complication	Y	14	376, 377
719.7	Difficulty in walking	N	8	247
728.87	Muscle weakness	N	8	247
728.88	Rhabdomyolysis	Y	8	248
752.81	Scrotal transposition	N	12	352
752.89	Other specified anomalies of genital organs	N	12	352
766.21	Post-term infant	N	15	391
766.22	Prolonged gestation of infant	N	15	391
767.11	Epicranial subaponeurotic hemorrhage (massive)	Y	15	389
767.19	Other injuries to scalp	N	15	391
779.83	Delayed separation of umbilical cord	N	15	391
780.93	Memory loss	N	23	463, 464
780.94	Early satiety	N	23	463, 464
781.94	Facial weakness	N	1	34, 35
785.52	Septic shock	Y	18	416, 417
788.63	Urgency of urination	N	11	325, 326, 327
790.21	Impaired fasting glucose	N	10	296, 297, 298
790.22	Impaired glucose tolerance test (oral)	N	10	296, 297, 298
790.29	Other abnormal glucose	N	10	296, 297, 298
799.81	Decreased libido	N	23	467
799.89	Other ill-defined conditions	N	23	467
850.11	Concussion, with loss of consciousness of 30 minutes or less	Y	1	31, 32, 33
			24	487
850.12	Concussion, with loss of consciousness from 31 to 59 minutes	Y	1	31, 32, 33
			24	487
959.11	Other injury of chest wall	N	21	444, 445, 446
			24	487
959.12	Other injury of abdomen	N	21	444, 445, 446
			24	487
959.13	Fracture of corpus cavernosum penis	N	21	444, 445, 446
			24	487
959.14	Other injury of external genitals	N	21	444, 445, 446
			24	487
959.19	Other injury of other sites of trunk	N	21	444, 445, 446
			24	487
996.57	Complication, Due to insulin pump	Y	21	452, 453
V04.81	Need for prophylactic vaccination and inoculation, Influenza	N	23	467
V04.82	Need for prophylactic vaccination and inoculation, Respiratory syncytial virus (RSV)	N	23	467
V04.89	Need for prophylactic vaccination and inoculation, Other viral diseases	N	23	467
V15.87	History of Extracorporeal Membrane Oxygenation (ECMO)	N	23	467
V25.03	Encounter for emergency contraceptive counseling and prescription	N	23	467
V43.21	Organ or tissue replaced by other means, Heart assist device	Y	5	144, 145
V43.22	Organ or tissue replaced by other means, Fully implantable artificial heart	Y	5	144, 145
V45.85	Insulin pump status	N	23	467

TABLE 6A.—NEW DIAGNOSIS CODES—Continued

Diagnosis code	Description	CC	MDC	DRG
V53.90	Fitting and adjustment, Unspecified device	N	23	467
V53.91	Fitting and adjustment of insulin pump	N	23	467
V53.99	Fitting and adjustment, Other device	N	23	467
V54.01	Encounter for removal of internal fixation device	N	8	249
V54.02	Encounter for lengthening/adjustment of growth rod	N	8	249
V54.09	Other aftercare involving internal fixation device	N	8	249
V58.63	Long-term (current) use of antiplatelet/antithrombotic	N	23	465, 466
V58.64	Long-term (current) use of nonsteroidal anti-inflammatories	N	23	465, 466
V58.65	Long-term (current) use of steroids	N	23	465, 466
V64.41	Laparoscopic surgical procedure converted to open procedure	N	23	467
V64.42	Thoracoscopic surgical procedure converted to open procedure	N	23	467
V64.43	Arthroscopic surgical procedure converted to open procedure	N	23	467
V65.11	Pediatric pre-birth visit for expectant mother	N	23	467
V65.19	Other person consulting on behalf of another person	N	23	467
V65.46	Encounter for insulin pump training	N	23	467

¹ Classified as a Major Problem.

² Classified as a Major Related Condition.

TABLE 6B.—NEW PROCEDURE CODES

Procedure Code	Description	OR	MDC	DRG
00.15	High-dose infusion interleukin-2 (IL-2)	N*	17	492
37.51	Heart transplantation	Y	PRE	103
37.52	Implantation of total replacement heart system	Y	5	525
37.53	Replacement or repair of thoracic unit of total replacement heart system	Y	5	525
37.54	Replacement or repair of other implantable component of total replacement heart system.	Y	5	525
68.31	Laparoscopic supracervical hysterectomy (LSH)	Y	13	354, 355, 357, 358, 359
			14	375
68.39	Other subtotal abdominal hysterectomy, NOS	Y	13	354, 355, 357, 358, 359
			14	375
81.62	Fusion or refusion of 2–3 vertebrae	¹ N		
81.63	Fusion or refusion of 4–8 vertebrae	¹ N		
81.64	Fusion or refusion of 9 or more vertebrae	¹ N		

*Nonoperating room procedure, but affects DRG.

¹ Nonoperating room procedure code. The DRG assignment is made based on the specific fusion or refusion (81.00–81.08, 81.30–81.39, 81.61).

TABLE 6C.—INVALID DIAGNOSIS CODES

Diagnosis code	Description	CC	MDC	DRG
255.1	Hyperaldosteronism	N	10	300, 301
277.8	Other specified disorders of metabolism	N	10	299
282.4	Thalassemias	Y	15	11381, 1389
			16	395, 396
289.8	Other specified diseases of blood and blood-forming organs	N	16	398, 399
331.1	Pick's disease	N	1	12
348.3	Encephalopathy, unspecified	N	1	16, 17
			25	2489
358.0	Myasthenia gravis	Y	1	12
458.2	Iatrogenic hypotension	N	5	141, 142
530.2	Ulcer of esophagus	N	6	176
600.0	Hypertrophy (benign) of prostate	N	12	348, 349
600.1	Nodular prostate	N	12	348, 349
600.2	Benign localized hyperplasia of prostate	N	12	348, 349
600.9	Hyperplasia of prostate, unspecified	N	12	348, 349
719.70	Difficulty in walking, site unspecified	N	8	247
719.75	Difficulty in walking, pelvic region and thigh	N	8	247
719.76	Difficulty in walking, lower leg	N	8	247
719.77	Difficulty in walking, ankle and foot	N	8	247
719.78	Difficulty in walking, other specified sites	N	8	247
719.79	Difficulty in walking, multiple sites	N	8	247
752.8	Other specified anomalies of genital organs	N	12	352
			13	358, 359, 369

TABLE 6C.—INVALID DIAGNOSIS CODES—Continued

Diagnosis code	Description	CC	MDC	DRG
766.2	Post term infant, not "heavy for dates"	N	15	391
767.1	Injuries to scalp	N	15	391
790.2	Abnormal glucose tolerance test	N	10	296, 297, 298
799.8	Other ill-defined conditions	N	23	467
850.1	Concussion, with brief loss of consciousness	Y	1	31, 32, 33
			24	487
959.1	Injury, trunk	N	21	444, 445, 446
			24	487
V04.8	Need for prophylactic vaccination and inoculation against certain viral disease, Influenza.	N	23	467
V43.2	Organ or tissue replaced by other means, Heart	Y	5	144, 145
V53.9	Fitting and adjustment of other device, Other and unspecified device	N	23	467
V54.0	Aftercare involving removal of fracture plate or other internal fixation device	N	8	249
V64.4	Laparoscopic surgical procedure converted to open procedure	N	23	467
V65.1	Person consulting on behalf of another person	N	23	467

¹ Classified as a "Major Problem."

² Classified as a "Major Related Condition."

TABLE 6D.—INVALID PROCEDURE CODES

Procedure code	Description	OR	MDC	DRG
37.5	Heart transplantation	Y	PRE	103
68.3	Subtotal abdominal hysterectomy	Y	13	354, 355, 357, 358, 359
			14	375

TABLE 6E.—REVISED DIAGNOSIS CODE TITLES

Diagnosis code	Description	CC	MDC	DRG
282.60	Sickle-cell disease, unspecified	Y	16	395, 396
282.61	Hb-SS disease without crisis	Y	16	395, 396
282.62	Hb-SS disease with crisis	Y	16	395, 396
282.63	Sickle-cell/Hb-C disease without crisis	Y	16	395, 396
282.69	Other sickle-cell disease with crisis	Y	16	395, 396
414.06	Of native coronary artery of transplanted heart	N	5	132, 133
491.20	Obstructive chronic bronchitis, without exacerbation	Y	4	88
491.21	Obstructive chronic bronchitis, with (acute) exacerbation	Y	4	88
493.00	Extrinsic asthma, unspecified	N	4	96, 97, 98
493.02	Extrinsic asthma, with (acute) exacerbation	Y	4	96, 97, 98
493.10	Intrinsic asthma, unspecified	N	4	96, 97, 98
493.12	Intrinsic asthma, with (acute) exacerbation	Y	4	96, 97, 98
493.20	Chronic obstructive asthma, unspecified	Y	4	88
493.22	Chronic obstructive asthma, with (acute) exacerbation	Y	4	88
493.90	Asthma, unspecified, unspecified	N	4	96, 97, 98
493.92	Asthma, unspecified, with (acute) exacerbation	Y	4	96, 97, 98
V06.1	Diphtheria-tetanus-pertussis, combined [DTP] [DtaP]	N	23	467
V06.5	Tetanus-diphtheria [Td][DT]	N	23	467

TABLE 6F.—REVISED PROCEDURE CODE TITLES

Procedure code	Description	OR	MDC	DRG
37.33	Excision or destruction of other lesion or tissue of heart, open approach	Y	5	108
37.34	Excision or destruction of other lesion or tissue of heart, other approach	Y	5	516, 517, 518
39.79	Other endovascular repair (of aneurysm) of other vessels	Y	1	1, 2, 3
			5	110, 111
			11	315
			21	442, 443
			24	486

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST

[CCs that are added to the list are in Table 6G-Additions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

*25060	*2800	28242	2848	28262	28249	28268	2860
35800	28241	28249	2849	28263	28264	*28522	2861
35801	28242	28264	2850	28264	28268	28241	2862
*25061	28249	28268	2851	28268	*28310	28242	2863
35800	28264	*2821	*28249	28269	28241	28249	2864
35801	28268	28241	2800	2830	28242	28264	2865
*25062	*2801	28242	2814	28310	28249	28268	2866
35800	28241	28249	2818	28311	28264	*28529	2867
35801	28242	28264	28241	28319	28268	28241	2869
*25063	28249	28268	28242	2832	*28311	28242	2870
35800	28264	*2822	28249	2839	28241	28249	2871
35801	28268	28241	28260	2840	28242	28264	2872
*25080	*2808	28242	28261	2848	28249	28268	2873
35800	28241	28249	28262	2849	28264	*2858	2874
35801	28242	28264	28263	2850	28268	28241	2875
*25081	28249	28268	28264	2851	*28319	28242	2878
35800	28264	*2823	28268	*28268	28241	28249	2879
35801	28268	28241	28269	2800	28242	28264	2880
*25082	*2809	28242	2830	2814	28249	28268	2881
35800	28241	28249	28310	2818	28264	*2859	28981
35801	28242	28264	28311	28241	28268	28241	28982
*25083	28249	28268	28319	28242	*2832	28242	*28982
35800	28264	*28241	2832	28249	28241	28249	2800
35801	28268	2800	2839	28260	28242	28264	2814
*25090	*2810	2814	2840	28261	28249	28268	2818
35800	28241	2818	2848	28262	28264	*2880	28241
35801	28242	28241	2849	28263	28268	28981	28242
*25091	28249	28242	2850	28264	*2839	28982	28249
35800	28264	28249	2851	28268	28241	*2881	28260
35801	28268	28260	*2825	28269	28242	28981	28261
*25092	*2811	28261	28241	2830	28249	28982	28262
35800	28241	28262	28242	28310	28264	*2882	28263
35801	28242	28263	28249	28311	28268	28981	28264
*25093	28249	28264	28264	28319	*2840	28982	28268
35800	28264	28268	28268	2832	28241	*2883	28269
35801	28268	28269	*28260	2839	28242	28981	2830
*2515	*2812	2830	28241	2840	28249	28982	28310
53021	28241	28310	28242	2848	28264	*2888	28311
*25510	28242	28311	28249	2849	28268	28981	28319
2550	28249	28319	28264	2850	*2848	28982	2832
2580	28264	2832	28268	2851	28241	*2889	2839
2581	28268	2839	*28261	*28269	28242	28981	2840
2588	*2813	2840	28241	28241	28249	28982	2848
2589	28241	2848	28242	28242	28264	*28981	2849
*25511	28242	2849	28249	28249	28268	2800	2850
2550	28249	2850	28264	28264	*2849	2814	2851
2580	28264	2851	28268	28268	28241	2818	2860
2581	28268	*28242	*28262	*2827	28242	28241	2861
2588	*2814	2800	28241	28241	28249	28242	2862
2589	28241	2814	28242	28242	28264	28249	2863
*25512	28242	2818	28249	28249	28268	28260	2864
2550	28249	28241	28264	28264	*2850	28261	2865
2580	28264	28242	28268	28268	28241	28262	2866
2581	28268	28249	*28263	*2828	28242	28263	2867
2588	*2818	28260	28241	28241	28249	28264	2869
2589	28241	28261	28242	28242	28264	28268	2870
*25513	28242	28262	28249	28249	28268	28269	2871
2550	28249	28263	28264	28264	*2851	2814	2872
2580	28264	28264	28268	28268	28241	2818	2860
2581	28268	28268	*28264	*2829	28242	28241	2861
2588	*2819	28269	2800	28241	28249	28242	2862
2589	28241	2830	2814	28242	28264	28319	2875
*25514	28242	28310	2818	28249	28268	2832	2878
2550	28249	28311	28241	28264	*28521	2840	2880
2580	28264	28319	28242	28268	28241	2848	2881
2581	28268	2832	28249	*2830	28242	2849	28981
2588	*2820	2839	28260	28241	28249	2850	28982
2589	28241	2840	28261	28242	28264	2851	*28989
2800	35801	53201	53121	5789	53531	53021	*53451
2814	3581	53210	53131	*5307	53541	*53251	53021
2818	*3581	53211	53140	53021	53551	53021	*53460
28241	35800	53220	53141	*53082	53561	*53260	53021

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list are in Table 6G-Additions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

28242	35801	53221	53150	53021	53783	53021	*53461
28249	*4560	53231	53151	*53085	53784	*53261	53021
28260	53021	53240	53160	4560	56202	53021	*53470
28261	*49381	53241	53161	53021	56203	*53270	53021
28262	49301	53250	53171	5307	56212	53021	*53471
28263	49302	53251	53191	53082	56213	*53271	53021
28264	49311	53260	53200	53100	5693	53021	*53490
28268	49312	53261	53201	53101	56985	*53290	53021
28269	49320	53271	53210	53110	56986	53021	*53491
2830	49321	53291	53211	53111	5780	*53291	53021
28310	49322	53300	53220	53120	5781	53021	*53501
28311	49391	53301	53221	53121	5789	*53300	53021
28319	49392	53310	53231	53131	*53100	53021	*53511
2832	*49382	53311	53240	53140	53021	*53301	53021
2839	49301	53320	53241	53141	*53101	53021	*53521
2840	49302	53321	53250	53150	53021	*53310	53021
2848	49311	53331	53251	53151	*53110	53021	*53531
2849	49312	53340	53260	53160	53021	*53311	53021
2850	49320	53341	53261	53161	*53111	53021	*53541
2851	49321	53350	53271	53171	53021	*53320	53021
2860	49322	53351	53291	53191	*53120	53021	*53551
2861	49391	53360	53300	53200	53021	*53321	53021
2862	49392	53361	53301	53201	*53121	53021	*53561
2863	*5173	53371	53310	53210	53021	*53330	53021
2864	2800	53391	53311	53211	*53130	53021	*53783
2865	2814	53400	53320	53220	53021	*53331	53021
2866	2818	53401	53321	53221	*53131	53021	*53789
2867	28241	53410	53331	53231	53021	*53340	53021
2869	28242	53411	53340	53240	*53140	53021	*5379
2870	28249	53420	53341	53241	53021	*53341	53021
2871	28260	53421	53350	53250	*53141	53021	*56202
2872	28261	53431	53351	53251	53021	*53350	53021
2873	28262	53440	53360	53260	*53150	53021	*56203
2874	28263	53441	53361	53261	53021	*53351	53021
2875	28264	53450	53371	53271	*53151	53021	*56212
2878	28268	53451	53391	53291	53021	*53360	53021
2879	28269	53460	53400	53300	*53160	53021	*56213
2880	2830	53461	53401	53301	53021	*53361	53021
2881	28310	53471	53410	53310	*53161	53021	*5693
28981	28311	53491	53411	53311	53021	*53370	53021
28982	28319	53501	53420	53320	*53170	53021	*56985
*2899	2832	53511	53421	53321	53021	*53371	53021
28241	2839	53521	53431	53331	*53171	53021	*5780
28242	2840	53531	53440	53340	53021	*53390	53021
28249	2848	53541	53441	53341	*53190	53021	*5781
28264	2849	53551	53450	53350	53021	*53391	53021
28268	2850	53561	53451	53351	*53191	53021	*5789
28981	2851	53783	53460	53360	53021	*53400	53021
28982	*53020	53784	53461	53361	*53200	53021	*60000
*33182	4560	56202	53471	53371	53021	*53401	5960
3314	53021	56203	53491	53391	*53201	53021	5996
*34830	5307	56212	53501	53400	53021	*53410	6010
34982	53082	56213	53511	53401	*53210	53021	6012
*34831	53100	5693	53521	53410	53021	*53411	6013
34982	53101	56985	53531	53411	*53211	53021	6021
*34839	53110	56986	53541	53420	53021	*53420	78820
34982	53111	5780	53551	53421	*53220	53021	78829
*34989	53120	5781	53561	53431	53021	*53421	*60001
35800	53121	5789	53783	53440	*53221	53021	5960
35801	53131	*53021	53784	53441	53021	*53430	5996
*3499	53140	4560	56202	53450	*53230	53021	6010
35800	53141	53021	56203	53451	53021	*53431	6012
35801	53150	5307	56212	53460	*53231	53021	6013
*35800	53151	53082	56213	53461	53021	*53440	6021
35800	53160	53100	5693	53471	*53240	53021	78820
35801	53161	53101	56985	53491	53021	*53441	78829
3581	53171	53110	56986	53501	*53241	53021	*60010
*35801	53191	53111	5780	53511	53021	*53450	5960
35800	53200	53120	5781	53521	*53250	53021	5996
6010	67450	67451	67452	67400	6143	7744	7994
6012	67451	67452	67453	67401	6145	7745	*78099
6013	67452	67453	67454	67402	6150	7747	78552

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list are in Table 6G-Additions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

6021	67453	67454	*66994	67403	6163	7751	*78550
78820	67454	*66942	67450	67404	6164	7752	78552
78829	*64684	67450	67451	67450	6207	7753	*78551
*60011	67450	67451	67452	67451	*75289	7754	78552
5960	67451	67452	67453	67452	5970	7755	*78552
5996	67452	67453	67454	67453	5994	7756	04082
6010	67453	67454	*67400	67454	6140	7757	78550
6012	67454	*66943	67450	*67454	6143	7760	78551
6013	*64690	67450	67451	67400	6145	7761	78552
6021	67450	67451	67452	67401	6150	7762	78559
78820	67451	67452	67453	67402	6163	7763	*78559
78829	67452	67453	67454	67403	6164	7771	78552
*60020	67453	67454	*67401	67404	6207	7772	*7859
5960	67454	*66944	67450	67450	*7670	7775	78552
5996	*64691	67450	67451	67451	76711	7776	*78863
6010	67450	67451	67452	67452	*76711	7780	78820
6012	67451	67452	67453	67453	76711	7790	78829
6013	67452	67453	67454	67454	*7678	7791	*79981
6021	67453	67454	*67402	*7197	76711	7797	04082
78820	67454	*66980	67450	6960	*7679	*77989	44024
78829	*64693	67450	67451	71100	76711	76711	78001
*60021	67450	67451	67452	71101	*77981	*78091	78003
5960	67451	67452	67453	71102	76711	78552	7801
5996	67452	67453	67454	71103	*77982	*78092	78031
6010	67453	67454	*67403	71104	76711	78552	78039
6012	67454	*66981	67450	71105	*77983	*78093	7817
6013	*64890	67450	67451	71106	76501	04082	7854
6021	67450	67451	67452	71107	76502	44024	78550
78820	67451	67452	67453	71108	76503	78001	78551
78829	67452	67453	67454	71109	76504	78003	78552
*60090	67453	67454	*67404	71160	76505	7801	78559
5960	67454	*66982	67450	71161	76506	78031	7863
5996	*64891	67450	67451	71162	76507	78039	78820
6010	67450	67451	67452	71163	76508	7817	78829
6012	67451	67452	67453	71164	7670	7854	7895
6013	67452	67453	67454	71165	76711	78550	7907
6021	67453	67454	*67450	71166	7685	78551	7911
78820	67454	*66983	67400	71167	769	78552	7913
78829	*64892	67450	67401	71168	7700	78559	7991
*60091	67450	67451	67402	71169	7701	7863	7994
5960	67451	67452	67403	7141	7702	78820	*79989
5996	67452	67453	67404	7142	7703	78829	04082
6010	67453	67454	67450	71430	7704	7895	44024
6012	67454	*66984	67451	71431	7705	7907	78001
6013	*64893	67450	67452	71432	7707	7911	78003
6021	67450	67451	67453	71433	77084	7913	7801
78820	67451	67452	67454	*7280	7710	7991	78031
78829	67452	67453	*67451	72888	7711	7994	78039
*60785	67453	67454	67400	*72811	7713	*78094	7817
5970	67454	*66990	67401	72888	77181	04082	7854
5994	*64894	67450	67402	*72812	77183	44024	78550
*64680	67450	67451	67403	72888	77210	78001	78551
67450	67451	67452	67404	*72813	77211	78003	78552
67451	67452	67453	67450	72888	77212	7801	78559
67452	67453	67454	67451	*72819	77213	78031	7863
67453	67454	*66991	67452	72888	77214	78039	78820
67454	*650	67450	67453	*7282	7722	7817	78829
*64681	67450	67451	67454	72888	7724	7854	7895
67450	67451	67452	*67452	*7283	7725	78550	7907
67451	67452	67453	67400	72888	7730	78551	7911
67452	67453	67454	67401	*72881	7731	78552	7913
67453	67454	*66992	67402	72888	7732	78559	7991
67454	*66940	67450	67403	*72886	7733	7863	7994
*64682	67450	67451	67404	72888	7734	78820	*80000
67450	67451	67452	67450	*72888	7740	78829	85011
67451	67452	67453	67451	72888	7741	7895	85012
67452	67453	67454	67452	*75281	7742	7907	*80001
67453	67454	*66993	67453	5970	77430	7911	85011
67454	*66941	67450	67454	5994	77431	7913	85012
*64683	67450	67451	*67453	6140	77439	7991	*80002
85011	85012	*80063	85011	85012	*80154	85011	85012
85012	*80033	85011	85012	*80124	85011	85012	*80315

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list are in Table 6G-Additions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

*80003	85011	85012	*80094	85011	85012	*80185	85011
85011	85012	*80064	85011	85012	*80155	85011	85012
85012	*80034	85011	85012	*80125	85011	85012	*80316
*80004	85011	85012	*80095	85011	85012	*80186	85011
85011	85012	*80065	85011	85012	*80156	85011	85012
85012	*80035	85011	85012	*80126	85011	85012	*80319
*80005	85011	85012	*80096	85011	85012	*80189	85011
85011	85012	*80066	85011	85012	*80159	85011	85012
85012	*80036	85011	85012	*80129	85011	85012	*80320
*80006	85011	85012	*80099	85011	85012	*80190	85011
85011	85012	*80069	85011	*80131	85012	*80160	85012
85012	*80039	85011	85012	*80130	85011	85012	*80321
*80009	85011	85012	*80100	85011	85012	*80191	85011
85011	85012	*80070	85011	85012	*80161	85011	85012
85012	*80040	85011	85012	*80131	85011	85012	*80322
*80010	85011	85012	*80101	85011	85012	*80192	85011
85011	85012	*80071	85011	85012	*80162	85011	85012
85012	*80041	85011	85012	*80132	85011	85012	*80323
*80011	85011	85012	*80102	85011	85012	*80193	85011
85011	85012	*80072	85011	85012	*80163	85011	85012
85012	*80042	85011	85012	*80133	85011	85012	*80324
*80012	85011	85012	*80103	85011	85012	*80194	85011
85011	85012	*80073	85011	85012	*80164	85011	85012
85012	*80043	85011	85012	*80134	85011	85012	*80325
*80013	85011	85012	*80104	85011	85012	*80195	85011
85011	85012	*80074	85011	85012	*80165	85011	85012
85012	*80044	85011	85012	*80135	85011	85012	*80326
*80014	85011	85012	*80105	85011	85012	*80196	85011
85011	85012	*80075	85011	85012	*80166	85011	85012
85012	*80045	85011	85012	*80136	85011	85012	*80329
*80015	85011	85012	*80106	85011	85012	*80199	85011
85011	85012	*80076	85011	85012	*80169	85011	85012
85012	*80046	85011	85012	*80139	85011	85012	*80330
*80016	85011	85012	*80109	85011	85012	*80300	85011
85011	85012	*80079	85011	85012	*80170	85011	85012
85012	*80049	85011	85012	*80140	85011	85012	*80331
*80019	85011	85012	*80110	85011	85012	*80301	85011
85011	85012	*80080	85011	85012	*80171	85011	85012
85012	*80050	85011	85012	*80141	85011	85012	*80332
*80020	85011	85012	*80111	85011	85012	*80302	85011
85011	85012	*80081	85011	85012	*80172	85011	85012
85012	*80051	85011	85012	*80142	85011	85012	*80333
*80021	85011	85012	*80112	85011	85012	*80303	85011
85011	85012	*80082	85011	85012	*80173	85011	85012
85012	*80052	85011	85012	*80143	85011	85012	*80334
*80022	85011	85012	*80113	85011	85012	*80304	85011
85011	85012	*80083	85011	85012	*80174	85011	85012
85012	*80053	85011	85012	*80144	85011	85012	*80335
*80023	85011	85012	*80114	85011	85012	*80305	85011
85011	85012	*80084	85011	85012	*80175	85011	85012
85012	*80054	85011	85012	*80145	85011	85012	*80336
*80024	85011	85012	*80115	85011	85012	*80306	85011
85011	85012	*80085	85011	85012	*80176	85011	85012
85012	*80055	85011	85012	*80146	85011	85012	*80339
*80025	85011	85012	*80116	85011	85012	*80309	85011
85011	85012	*80086	85011	85012	*80179	85011	85012
85012	*80056	85011	85012	*80149	85011	85012	*80340
*80026	85011	85012	*80119	85011	85012	*80310	85011
85011	85012	*80089	85011	85012	*80180	85011	85012
85012	*80059	85011	85012	*80150	85011	85012	*80341
*80029	85011	85012	*80120	85011	85012	*80311	85011
85011	85012	*80090	85011	85012	*80181	85011	85012
85012	*80060	85011	85012	*80151	85011	85012	*80342
*80030	85011	85012	*80121	85011	85012	*80312	85011
85011	85012	*80091	85011	85012	*80182	85011	85012
85012	*80061	85011	85012	*80152	85011	85012	*80343
*80031	85011	85012	*80122	85011	85012	*80313	85011
85011	85012	*80092	85011	85012	*80183	85011	85012
85012	*80062	85011	85012	*80153	85011	85012	*80344
*80032	85011	85012	*80123	85011	85012	*80314	85011
85011	85012	*80093	85011	85012	*80184	85011	85012
*80345	85011	85012	*80436	85011	85012	80072	80163

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list are in Table 6G-Additions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

85011	85012	*80406	85011	85012	*80499	80073	80164
85012	*80376	85011	85012	*80469	85011	80074	80165
*80346	85011	85012	*80439	85011	85012	80075	80166
85011	85012	*80409	85011	85012	*8500	80076	80169
85012	*80379	85011	85012	*80470	85011	80079	80170
*80349	85011	85012	*80440	85011	85012	80080	80171
85011	85012	*80410	85011	85012	*85011	80081	80172
85012	*80380	85011	85012	*80471	430	80082	80173
*80350	85011	85012	*80441	85011	431	80083	80174
85011	85012	*80411	85011	85012	4320	80084	80175
85012	*80381	85011	85012	*80472	4321	80085	80176
*80351	85011	85012	*80442	85011	436	80086	80179
85011	85012	*80412	85011	85012	78001	80089	80180
85012	*80382	85011	85012	*80473	78003	80090	80181
*80352	85011	85012	*80443	85011	80000	80091	80182
85011	85012	*80413	85011	85012	80001	80092	80183
85012	*80383	85011	85012	*80474	80002	80093	80184
*80353	85011	85012	*80444	85011	80003	80094	80185
85011	85012	*80414	85011	85012	80004	80095	80186
85012	*80384	85011	85012	*80475	80005	80096	80189
*80354	85011	85012	*80445	85011	80006	80099	80190
85011	85012	*80415	85011	85012	80009	80100	80191
85012	*80385	85011	85012	*80476	80010	80101	80192
*80355	85011	85012	*80446	85011	80011	80102	80193
85011	85012	*80416	85011	85012	80012	80103	80194
85012	*80386	85011	85012	*80479	80013	80104	80195
*80356	85011	85012	*80449	85011	80014	80105	80196
85011	85012	*80419	85011	85012	80015	80106	80199
85012	*80389	85011	85012	*80480	80016	80109	8021
*80359	85011	85012	*80450	85011	80019	80110	80220
85011	85012	*80420	85011	85012	80020	80111	80221
85012	*80390	85011	85012	*80481	80021	80112	80222
*80360	85011	85012	*80451	85011	80022	80113	80223
85011	85012	*80421	85011	85012	80023	80114	80224
85012	*80391	85011	85012	*80482	80024	80115	80225
*80361	85011	85012	*80452	85011	80025	80116	80226
85011	85012	*80422	85011	85012	80026	80119	80227
85012	*80392	85011	85012	*80483	80029	80120	80228
*80362	85011	85012	*80453	85011	80030	80121	80229
85011	85012	*80423	85011	85012	80031	80122	80230
85012	*80393	85011	85012	*80484	80032	80123	80231
*80363	85011	85012	*80454	85011	80033	80124	80232
85011	85012	*80424	85011	85012	80034	80125	80233
85012	*80394	85011	85012	*80485	80035	80126	80234
*80364	85011	85012	*80455	85011	80036	80129	80235
85011	85012	*80425	85011	85012	80039	80130	80236
85012	*80395	85011	85012	*80486	80040	80131	80237
*80365	85011	85012	*80456	85011	80041	80132	80238
85011	85012	*80426	85011	85012	80042	80133	80239
85012	*80396	85011	85012	*80489	80043	80134	8024
*80366	85011	85012	*80459	85011	80044	80135	8025
85011	85012	*80429	85011	85012	80045	80136	8026
85012	*80399	85011	85012	*80490	80046	80139	8027
*80369	85011	85012	*80460	85011	80049	80140	8028
85011	85012	*80430	85011	85012	80050	80141	8029
85012	*80400	85011	85012	*80491	80051	80142	80300
*80370	85011	85012	*80461	85011	80052	80143	80301
85011	85012	*80431	85011	85012	80053	80144	80302
85012	*80401	85011	85012	*80492	80054	80145	80303
*80371	85011	85012	*80462	85011	80055	80146	80304
85011	85012	*80432	85011	85012	80056	80149	80305
85012	*80402	85011	85012	*80493	80059	80150	80306
*80372	85011	85012	*80463	85011	80060	80151	80309
85011	85012	*80433	85011	85012	80061	80152	80310
85012	*80403	85011	85012	*80494	80062	80153	80311
*80373	85011	85012	*80464	85011	80063	80154	80312
85011	85012	*80434	85011	85012	80064	80155	80313
85012	*80404	85011	85012	*80495	80065	80156	80314
*80374	85011	85012	*80465	85011	80066	80159	80315
85011	85012	*80435	85011	85012	80069	80160	80316
85012	*80405	85011	85012	*80496	80070	80161	80319
*80375	85011	85012	*80466	85011	80071	80162	80320

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list are in Table 6G-Additions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

80321	80412	8502	85184	85315	80056	80149	80305
80322	80413	8503	85185	85316	80059	80150	80306
80323	80414	8504	85186	85319	80060	80151	80309
80324	80415	8505	85189	85400	80061	80152	80310
80325	80416	8509	85190	85401	80062	80153	80311
80326	80419	85100	85191	85402	80063	80154	80312
80329	80420	85101	85192	85403	80064	80155	80313
80330	80421	85102	85193	85404	80065	80156	80314
80331	80422	85103	85194	85405	80066	80159	80315
80332	80423	85104	85195	85406	80069	80160	80316
80333	80424	85105	85196	85409	80070	80161	80319
80334	80425	85106	85199	85410	80071	80162	80320
80335	80426	85109	85200	85411	80072	80163	80321
80336	80429	85110	85201	85412	80073	80164	80322
80339	80430	85111	85202	85413	80074	80165	80323
80340	80431	85112	85203	85414	80075	80166	80324
80341	80432	85113	85204	85415	80076	80169	80325
80342	80433	85114	85205	85416	80079	80170	80326
80343	80434	85115	85206	85419	80080	80171	80329
80344	80435	85116	85209	*85012	80081	80172	80330
80345	80436	85119	85210	430	80082	80173	80331
80346	80439	85120	85211	431	80083	80174	80332
80349	80440	85121	85212	4320	80084	80175	80333
80350	80441	85122	85213	4321	80085	80176	80334
80351	80442	85123	85214	436	80086	80179	80335
80352	80443	85124	85215	78001	80089	80180	80336
80353	80444	85125	85216	78003	80090	80181	80339
80354	80445	85126	85219	80000	80091	80182	80340
80355	80446	85129	85220	80001	80092	80183	80341
80356	80449	85130	85221	80002	80093	80184	80342
80359	80450	85131	85222	80003	80094	80185	80343
80360	80451	85132	85223	80004	80095	80186	80344
80361	80452	85133	85224	80005	80096	80189	80345
80362	80453	85134	85225	80006	80099	80190	80346
80363	80454	85135	85226	80009	80100	80191	80349
80364	80455	85136	85229	80010	80101	80192	80350
80365	80456	85139	85230	80011	80102	80193	80351
80366	80459	85140	85231	80012	80103	80194	80352
80369	80460	85141	85232	80013	80104	80195	80353
80370	80461	85142	85233	80014	80105	80196	80354
80371	80462	85143	85234	80015	80106	80199	80355
80372	80463	85144	85235	80016	80109	8021	80356
80373	80464	85145	85236	80019	80110	80220	80359
80374	80465	85146	85239	80020	80111	80221	80360
80375	80466	85149	85240	80021	80112	80222	80361
80376	80469	85150	85241	80022	80113	80223	80362
80379	80470	85151	85242	80023	80114	80224	80363
80380	80471	85152	85243	80024	80115	80225	80364
80381	80472	85153	85244	80025	80116	80226	80365
80382	80473	85154	85245	80026	80119	80227	80366
80383	80474	85155	85246	80029	80120	80228	80369
80384	80475	85156	85249	80030	80121	80229	80370
80385	80476	85159	85250	80031	80122	80230	80371
80386	80479	85160	85251	80032	80123	80231	80372
80389	80480	85161	85252	80033	80124	80232	80373
80390	80481	85162	85253	80034	80125	80233	80374
80391	80482	85163	85254	80035	80126	80234	80375
80392	80483	85164	85255	80036	80129	80235	80376
80393	80484	85165	85256	80039	80130	80236	80379
80394	80485	85166	85259	80040	80131	80237	80380
80395	80486	85169	85300	80041	80132	80238	80381
80396	80489	85170	85301	80042	80133	80239	80382
80399	80490	85171	85302	80043	80134	8024	80383
80400	80491	85172	85303	80044	80135	8025	80384
80401	80492	85173	85304	80045	80136	8026	80385
80402	80493	85174	85305	80046	80139	8027	80386
80403	80494	85175	85306	80049	80140	8028	80389
80404	80495	85176	85309	80050	80141	8029	80390
80405	80496	85179	85310	80051	80142	80300	80391
80406	80499	85180	85311	80052	80143	80301	80392
80409	8500	85181	85312	80053	80144	80302	80393
80410	85011	85182	85313	80054	80145	80303	80394

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list are in Table 6G—Additions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

80411	85012	85183	85314	80055	80146	80304	80395
80396	80489	85170	85301	*85111	85011	85012	*85202
80399	80490	85171	85302	85011	85012	*85172	85011
80400	80491	85172	85303	85012	*85142	85011	85012
80401	80492	85173	85304	*85112	85011	85012	*85203
80402	80493	85174	85305	85011	85012	*85173	85011
80403	80494	85175	85306	85012	*85143	85011	85012
80404	80495	85176	85309	*85113	85011	85012	*85204
80405	80496	85179	85310	85011	85012	*85174	85011
80406	80499	85180	85311	85012	*85144	85011	85012
80409	8500	85181	85312	*85114	85011	85012	*85205
80410	85011	85182	85313	85011	85012	*85175	85011
80411	85012	85183	85314	85012	*85145	85011	85012
80412	8502	85184	85315	*85115	85011	85012	*85206
80413	8503	85185	85316	85011	85012	*85176	85011
80414	8504	85186	85319	85012	*85146	85011	85012
80415	8505	85189	85400	*85116	85011	85012	*85209
80416	8509	85190	85401	85011	85012	*85179	85011
80419	85100	85191	85402	85012	*85149	85011	85012
80420	85101	85192	85403	*85119	85011	85012	*85210
80421	85102	85193	85404	85011	85012	*85180	85011
80422	85103	85194	85405	85012	*85150	85011	85012
80423	85104	85195	85406	*85120	85011	85012	*85211
80424	85105	85196	85409	85011	85012	*85181	85011
80425	85106	85199	85410	85012	*85151	85011	85012
80426	85109	85200	85411	*85121	85011	85012	*85212
80429	85110	85201	85412	85011	85012	*85182	85011
80430	85111	85202	85413	85012	*85152	85011	85012
80431	85112	85203	85414	*85122	85011	85012	*85213
80432	85113	85204	85415	85011	85012	*85183	85011
80433	85114	85205	85416	85012	*85153	85011	85012
80434	85115	85206	85419	*85123	85011	85012	*85214
80435	85116	85209	*8502	85011	85012	*85184	85011
80436	85119	85210	85011	85012	*85154	85011	85012
80439	85120	85211	85012	*85124	85011	85012	*85215
80440	85121	85212	*8503	85011	85012	*85185	85011
80441	85122	85213	85011	85012	*85155	85011	85012
80442	85123	85214	85012	*85125	85011	85012	*85216
80443	85124	85215	*8504	85011	85012	*85186	85011
80444	85125	85216	85011	85012	*85156	85011	85012
80445	85126	85219	85012	*85126	85011	85012	*85219
80446	85129	85220	*8505	85011	85012	*85189	85011
80449	85130	85221	85011	85012	*85159	85011	85012
80450	85131	85222	85012	*85129	85011	85012	*85221
80451	85132	85223	*8509	85011	85012	*85190	85011
80452	85133	85224	85011	85012	*85160	85011	85012
80453	85134	85225	85012	*85130	85011	85012	*85222
80454	85135	85226	*85100	85011	85012	*85191	85011
80455	85136	85229	85011	85012	*85161	85011	85012
80456	85139	85230	85012	*85131	85011	85012	*85223
80459	85140	85231	*85101	85011	85012	*85192	85011
80460	85141	85232	85011	85012	*85162	85011	85012
80461	85142	85233	85012	*85132	85011	85012	*85224
80462	85143	85234	*85102	85011	85012	*85193	85011
80463	85144	85235	85011	85012	*85163	85011	85012
80464	85145	85236	85012	*85133	85011	85012	*85225
80465	85146	85239	*85103	85011	85012	*85194	85011
80466	85149	85240	85011	85012	*85164	85011	85012
80469	85150	85241	85012	*85134	85011	85012	*85226
80470	85151	85242	*85104	85011	85012	*85195	85011
80471	85152	85243	85011	85012	*85165	85011	85012
80472	85153	85244	85012	*85135	85011	85012	*85229
80473	85154	85245	*85105	85011	85012	*85196	85011
80474	85155	85246	85011	85012	*85166	85011	85012
80475	85156	85249	85012	*85136	85011	85012	*85230
80476	85159	85250	*85106	85011	85012	*85199	85011
80479	85160	85251	85011	85012	*85169	85011	85012
80480	85161	85252	85012	*85139	85011	85012	*85231
80481	85162	85253	*85109	85011	85012	*85200	85011
80482	85163	85254	85011	85012	*85170	85011	85012
80483	85164	85255	85012	*85140	85011	85012	*85232
80484	85165	85256	*85110	85011	85012	*85201	85011

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list are in Table 6G-Additions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

80485	85166	85259	85011	85012	*85171	85011	85012
80486	85169	85300	85012	*85141	85011	85012	*85233
85011	85012	*85414	8058	95219	8064	80609	80504
85012	*85304	85011	8059	9522	8065	80610	80505
*85234	85011	85012	80600	9523	80660	80611	80506
85011	85012	*85415	80601	9524	80661	80612	80507
85012	*85305	85011	80602	9528	80662	80613	80508
*85235	85011	85012	80603	9529	80669	80614	80510
85011	85012	*85416	80604	*95912	80670	80615	80511
85012	*85306	85011	80605	80500	80671	80616	80512
*85236	85011	85012	80606	80501	80672	80617	80513
85011	85012	*85419	80607	80502	80679	80618	80514
85012	*85309	85011	80608	80503	8068	80619	80515
*85239	85011	85012	80609	80504	8069	80620	80516
85011	85012	*8738	80610	80505	95200	80621	80517
85012	*85310	85011	80611	80506	95201	80622	80518
*85240	85011	85012	80612	80507	95202	80623	8052
85011	85012	*8739	80613	80508	95203	80624	8053
85012	*85311	85011	80614	80510	95204	80625	8054
*85241	85011	85012	80615	80511	95205	80626	8055
85011	85012	*8798	80616	80512	95206	80627	8056
85012	*85312	85011	80617	80513	95207	80628	8057
*85242	85011	85012	80618	80514	95208	80629	8058
85011	85012	*8799	80619	80515	95209	80630	8059
85012	*85313	85011	80620	80516	95210	80631	80600
*85243	85011	85012	80621	80517	95211	80632	80601
85011	85012	*9050	80622	80518	95212	80633	80602
85012	*85314	85011	80623	8052	95213	80634	80603
*85244	85011	85012	80624	8053	95214	80635	80604
85011	85012	*9251	80625	8054	95215	80636	80605
85012	*85315	85011	80626	8055	95216	80637	80606
*85245	85011	85012	80627	8056	95217	80638	80607
85011	85012	*9252	80628	8057	95218	80639	80608
85012	*85316	85011	80629	8058	95219	8064	80609
*85246	85011	85012	80630	8059	9522	8065	80610
85011	85012	*9290	80631	80600	9523	80660	80611
85012	*85319	85011	80632	80601	9524	80661	80612
*85249	85011	85012	80633	80602	9528	80662	80613
85011	85012	*9299	80634	80603	9529	80669	80614
85012	*85400	85011	80635	80604	*95913	80670	80615
*85250	85011	85012	80636	80605	80500	80671	80616
85011	85012	*9588	80637	80606	80501	80672	80617
85012	*85401	85011	80638	80607	80502	80679	80618
*85251	85011	85012	80639	80608	80503	8068	80619
85011	85012	*95901	8064	80609	80504	8069	80620
85012	*85402	85011	8065	80610	80505	95200	80621
*85252	85011	85012	80660	80611	80506	95201	80622
85011	85012	*95909	80661	80612	80507	95202	80623
85012	*85403	85011	80662	80613	80508	95203	80624
*85253	85011	85012	80669	80614	80510	95204	80625
85011	85012	*95911	80670	80615	80511	95205	80626
85012	*85404	80500	80671	80616	80512	95206	80627
*85254	85011	80501	80672	80617	80513	95207	80628
85011	85012	80502	80679	80618	80514	95208	80629
85012	*85405	80503	8068	80619	80515	95209	80630
*85255	85011	80504	8069	80620	80516	95210	80631
85011	85012	80505	95200	80621	80517	95211	80632
85012	*85406	80506	95201	80622	80518	95212	80633
*85256	85011	80507	95202	80623	8052	95213	80634
85011	85012	80508	95203	80624	8053	95214	80635
85012	*85409	80510	95204	80625	8054	95215	80636
*85259	85011	80511	95205	80626	8055	95216	80637
85011	85012	80512	95206	80627	8056	95217	80638
85012	*85410	80513	95207	80628	8057	95218	80639
*85300	85011	80514	95208	80629	8058	95219	8064
85011	85012	80515	95209	80630	8059	9522	8065
85012	*85411	80516	95210	80631	80600	9523	80660
*85301	85011	80517	95211	80632	80601	9524	80661
85011	85012	80518	95212	80633	80602	9528	80662
5012	*85412	8052	95213	80634	80603	9529	80669
*85302	85011	8053	95214	80635	80604	*95914	80670
85011	85012	8054	95215	80636	80605	80500	80671

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list are in Table 6G-Additions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

85012	*85413	8055	95216	80637	80606	80501	80672
*85303	85011	8056	95217	80638	80607	80502	80679
85011	85012	8057	95218	80639	80608	80503	8068
8069	80620	*99609	*99671				
95200	80621	99657	99657				
95201	80622	*9961	*99672				
95202	80623	99657	99657				
95203	80624	*9962	*99673				
95204	80625	99657	99657				
95205	80626	*99630	*99674				
95206	80627	99657	99657				
95207	80628	*99639	*99675				
95208	80629	99657	99657				
95209	80630	*9964	*99676				
95210	80631	99657	99657				
95211	80632	*99651	*99677				
95212	80633	99657	99657				
95213	80634	*99652	*99678				
95214	80635	99657	99657				
95215	80636	*99653	*99679				
95216	80637	99657	99657				
95217	80638	*99654	*99680				
95218	80639	99657	V4321				
95219	8064	*99655	V4322				
9522	8065	99657	*99683				
9523	80660	*99656	V4321				
9524	80661	99657	V4322				
9528	80662	*99657	*99687				
9529	80669	99655	V4321				
*95919	80670	99656	V4322				
80500	80671	99657	*99791				
80501	80672	99659	99657				
80502	80679	99660	*99799				
80503	8068	99661	99657				
80504	8069	99662	*99881				
80505	95200	99663	99657				
80506	95201	99664	*99883				
80507	95202	99665	99657				
80508	95203	99666	*99889				
80510	95204	99667	99657				
80511	95205	99668	*9989				
80512	95206	99669	99657				
80513	95207	99670	*V421				
80514	95208	99671	V4321				
80515	95209	99672	V4322				
80516	95210	99673	*V4321				
80517	95211	99674	V4321				
80518	95212	99675	V4322				
8052	95213	99676	*V4322				
8053	95214	99677	V4321				
8054	95215	99678	V4322				
8055	95216	99679					
8056	95217	*99659					
8057	95218	99657					
8058	95219	*99660					
8059	9522	99657					
80600	9523	*99661					
80601	9524	99657					
80602	9528	*99662					
80603	9529	99657					
80604	*9598	*99663					
80605	85011	99657					
80606	85012	*99664					
80607	*9599	99657					
80608	85011	*99665					
80609	85012	99657					
80610	*99600	*99666					
80611	99657	99657					
80612	*99601	*99667					
80613	99657	99657					
80614	*99602	*99668					
80615	99657	99657					

TABLE 6G.—ADDITIONS TO THE CC EXCLUSIONS LIST—Continued

[CCs that are added to the list are in Table 6G-Additions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

80616	*99603	*99669
80617	99657	99657
80618	*99604	*99670
80619	99657	99657

TABLE 6H.—DELETIONS FROM THE CC EXCLUSIONS LIST

[CCs that are deleted from the list are in Table 6H-Deletions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

*25060	28263	28260	53201	6013	71169	6960	8501
3580	28269	28261	53210	6021	7141	71100	*80005
*25061	2830	28262	53211	78820	7142	71101	8501
3580	28310	28263	53220	78829	71430	71102	*80006
*25062	28311	28269	53221	*6001	71431	71103	8501
3580	28319	2830	53231	5960	71432	71104	*80009
*25063	2832	28310	53240	5996	71433	71105	8501
3580	2839	28311	53241	6010	*71976	71106	*80010
*25080	2840	28319	53250	6012	6960	71107	8501
3580	2848	2832	53251	6013	71100	71108	*80011
*25081	2849	2839	53260	6021	71106	71109	8501
3580	2850	2840	53261	78820	71108	71160	*80012
*25082	2851	2848	53271	78829	71109	71161	8501
3580	*2825	2849	53291	*6002	71160	71162	*80013
*25083	2824	2850	53300	5960	71166	71163	8501
3580	*28260	2851	53301	5996	71168	71164	*80014
*25090	2824	2860	53310	6010	71169	71165	8501
3580	*28261	2861	53311	6012	7141	71166	*80015
*25091	2824	2862	53320	6013	7142	71167	8501
3580	*28262	2863	53321	6021	71430	71168	*80016
*25092	2824	2864	53331	78820	71431	71169	8501
3580	*28263	2865	53340	78829	71432	7141	*80019
*25093	2824	2866	53341	*6009	71433	7142	8501
3580	*28269	2867	53350	5960	*71977	71430	*80020
*2551	2824	2869	53351	5996	6960	71431	8501
2550	*2827	2870	53360	6010	71100	71432	*80021
2580	2824	2871	53361	6012	71107	71433	8501
2581	*2828	2872	53371	6013	71108	*7528	*80022
2588	2824	2873	53391	6021	71109	5970	8501
2589	*2829	2874	53400	78820	71160	5994	*80023
*2800	2824	2875	53401	78829	71167	6140	8501
2824	*2830	2878	53410	*71970	71168	6143	*80024
*2801	2824	2879	53411	6960	71169	6145	8501
2824	*28310	2880	53420	71100	7141	6150	*80025
*2808	2824	2881	53421	71101	7142	6163	8501
2824	*28311	*2899	53431	71102	71430	6164	*80026
*2809	2824	2824	53440	71103	71431	6207	8501
2824	*28319	*3483	53441	71104	71432	*7998	*80029
*2810	2824	34982	53450	71105	71433	04082	8501
2824	*2832	*34989	53451	71106	*71978	44024	*80030
*2811	2824	3580	53460	71107	6960	78001	8501
2824	*2839	*3499	53461	71108	71100	78003	*80031
*2812	2824	3580	53471	71109	71101	7801	8501
2824	*2840	*3580	53491	71160	71102	78031	*80032
*2813	2824	3580	53501	71161	71103	78039	8501
2824	*2848	3581	53511	71162	71104	7817	*80033
*2814	2824	*3581	53521	71163	71105	7854	8501
2824	*2849	3580	53531	71164	71106	78550	*80034
*2818	2824	*5302	53541	71165	71107	78551	8501
2824	*2850	4560	53551	71166	71108	78559	*80035
*2819	2824	5307	53561	71167	71109	7863	8501
2824	*2851	53082	53783	71168	71160	78820	*80036
*2820	2824	53100	53784	71169	71161	78829	8501
2824	*28521	53101	56202	7141	71162	7895	*80039
*2821	2824	53110	56203	7142	71163	7907	8501
2824	*28522	53111	56212	71430	71164	7911	*80040
*2822	2824	53120	56213	71431	71165	7913	8501
2824	*28529	53121	5693	71432	71166	7991	*80041
*2823	2824	53131	56985	71433	71167	7994	8501
2824	*2858	53140	56986	*71975	71168	*80000	*80042
*2824	2824	53141	5780	6960	71169	8501	8501
2800	*2859	53150	5781	71100	7141	*80001	*80043

TABLE 6H.—DELETIONS FROM THE CC EXCLUSIONS LIST—Continued

[CCs that are deleted from the list are in Table 6H-Deletions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

2814	2824	53151	5789	71105	7142	8501	8501
2818	*2898	53160	*6000	71108	71430	*80002	*80044
2824	2800	53161	5960	71109	71431	8501	8501
28260	2814	53171	5996	71160	71432	*80003	*80045
28261	2818	53191	6010	71165	71433	8501	8501
28262	2824	53200	6012	71168	*71979	*80004	*80046
8501	*80093	8501	*80184	8501	*80375	8501	*80466
*80049	8501	*80140	8501	*80331	8501	*80422	8501
8501	*80094	8501	*80185	8501	*80376	8501	*80469
*80050	8501	*80141	8501	*80332	8501	*80423	8501
8501	*80095	8501	*80186	8501	*80379	8501	*80470
*80051	8501	*80142	8501	*80333	8501	*80424	8501
8501	*80096	8501	*80189	8501	*80380	8501	*80471
*80052	8501	*80143	8501	*80334	8501	*80425	8501
8501	*80099	8501	*80190	8501	*80381	8501	*80472
*80053	8501	*80144	8501	*80335	8501	*80426	8501
8501	*80100	8501	*80191	8501	*80382	8501	*80473
*80054	8501	*80145	8501	*80336	8501	*80429	8501
8501	*80101	8501	*80192	8501	*80383	8501	*80474
*80055	8501	*80146	8501	*80339	8501	*80430	8501
8501	*80102	8501	*80193	8501	*80384	8501	*80475
*80056	8501	*80149	8501	*80340	8501	*80431	8501
8501	*80103	8501	*80194	8501	*80385	8501	*80476
*80059	8501	*80150	8501	*80341	8501	*80432	8501
8501	*80104	8501	*80195	8501	*80386	8501	*80479
*80060	8501	*80151	8501	*80342	8501	*80433	8501
8501	*80105	8501	*80196	8501	*80389	8501	*80480
*80061	8501	*80152	8501	*80343	8501	*80434	8501
8501	*80106	8501	*80199	8501	*80390	8501	*80481
*80062	8501	*80153	8501	*80344	8501	*80435	8501
8501	*80109	8501	*80300	8501	*80391	8501	*80482
*80063	8501	*80154	8501	*80345	8501	*80436	8501
8501	*80110	8501	*80301	8501	*80392	8501	*80483
*80064	8501	*80155	8501	*80346	8501	*80439	8501
8501	*80111	8501	*80302	8501	*80393	8501	*80484
*80065	8501	*80156	8501	*80349	8501	*80440	8501
8501	*80112	8501	*80303	8501	*80394	8501	*80485
*80066	8501	*80159	8501	*80350	8501	*80441	8501
8501	*80113	8501	*80304	8501	*80395	8501	*80486
*80069	8501	*80160	8501	*80351	8501	*80442	8501
8501	*80114	8501	*80305	8501	*80396	8501	*80489
*80070	8501	*80161	8501	*80352	8501	*80443	8501
8501	*80115	8501	*80306	8501	*80399	8501	*80490
*80071	8501	*80162	8501	*80353	8501	*80444	8501
8501	*80116	8501	*80309	8501	*80400	8501	*80491
*80072	8501	*80163	8501	*80354	8501	*80445	8501
8501	*80119	8501	*80310	8501	*80401	8501	*80492
*80073	8501	*80164	8501	*80355	8501	*80446	8501
8501	*80120	8501	*80311	8501	*80402	8501	*80493
*80074	8501	*80165	8501	*80356	8501	*80449	8501
8501	*80121	8501	*80312	8501	*80403	8501	*80494
*80075	8501	*80166	8501	*80359	8501	*80450	8501
8501	*80122	8501	*80313	8501	*80404	8501	*80495
*80076	8501	*80169	8501	*80360	8501	*80451	8501
8501	*80123	8501	*80314	8501	*80405	8501	*80496
*80079	8501	*80170	8501	*80361	8501	*80452	8501
8501	*80124	8501	*80315	8501	*80406	8501	*80499
*80080	8501	*80171	8501	*80362	8501	*80453	8501
8501	*80125	8501	*80316	8501	*80409	8501	*8500
*80081	8501	*80172	8501	*80363	8501	*80454	8501
8501	*80126	8501	*80319	8501	*80410	8501	*8501
*80082	8501	*80173	8501	*80364	8501	*80455	430
8501	*80129	8501	*80320	8501	*80411	8501	431
*80083	8501	*80174	8501	*80365	8501	*80456	4320
8501	*80130	8501	*80321	8501	*80412	8501	4321
*80084	8501	*80175	8501	*80366	8501	*80459	436
8501	*80131	8501	*80322	8501	*80413	8501	78001
*80085	8501	*80176	8501	*80369	8501	*80460	78003
8501	*80132	8501	*80323	8501	*80414	8501	80000
*80086	8501	*80179	8501	*80370	8501	*80461	80001
8501	*80133	8501	*80324	8501	*80415	8501	80002
*80089	8501	*80180	8501	*80371	8501	*80462	80003

TABLE 6H.—DELETIONS FROM THE CC EXCLUSIONS LIST—Continued

[CCs that are deleted from the list are in Table 6H-Deletions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

8501	*80134	8501	*80325	8501	*80416	8501	80004
*80090	8501	*80181	8501	*80372	8501	*80463	80005
8501	*80135	8501	*80326	8501	*80419	8501	80006
*80091	8501	*80182	8501	*80373	8501	*80464	80009
8501	*80136	8501	*80329	8501	*80420	8501	80010
*80092	8501	*80183	8501	*80374	8501	*80465	80011
8501	*80139	8501	*80330	8501	*80421	8501	80012
80013	80104	80195	80353	80444	85126	85219	*8509
80014	80105	80196	80354	80445	85129	85220	8501
80015	80106	80199	80355	80446	85130	85221	*85100
80016	80109	8021	80356	80449	85131	85222	8501
80019	80110	80220	80359	80450	85132	85223	*85101
80020	80111	80221	80360	80451	85133	85224	8501
80021	80112	80222	80361	80452	85134	85225	*85102
80022	80113	80223	80362	80453	85135	85226	8501
80023	80114	80224	80363	80454	85136	85229	*85103
80024	80115	80225	80364	80455	85139	85230	8501
80025	80116	80226	80365	80456	85140	85231	*85104
80026	80119	80227	80366	80459	85141	85232	8501
80029	80120	80228	80369	80460	85142	85233	*85105
80030	80121	80229	80370	80461	85143	85234	8501
80031	80122	80230	80371	80462	85144	85235	*85106
80032	80123	80231	80372	80463	85145	85236	8501
80033	80124	80232	80373	80464	85146	85239	*85109
80034	80125	80233	80374	80465	85149	85240	8501
80035	80126	80234	80375	80466	85150	85241	*85110
80036	80129	80235	80376	80469	85151	85242	8501
80039	80130	80236	80379	80470	85152	85243	*85111
80040	80131	80237	80380	80471	85153	85244	8501
80041	80132	80238	80381	80472	85154	85245	*85112
80042	80133	80239	80382	80473	85155	85246	8501
80043	80134	8024	80383	80474	85156	85249	*85113
80044	80135	8025	80384	80475	85159	85250	8501
80045	80136	8026	80385	80476	85160	85251	*85114
80046	80139	8027	80386	80479	85161	85252	8501
80049	80140	8028	80389	80480	85162	85253	*85115
80050	80141	8029	80390	80481	85163	85254	8501
80051	80142	80300	80391	80482	85164	85255	*85116
80052	80143	80301	80392	80483	85165	85256	8501
80053	80144	80302	80393	80484	85166	85259	*85119
80054	80145	80303	80394	80485	85169	85300	8501
80055	80146	80304	80395	80486	85170	85301	*85120
80056	80149	80305	80396	80489	85171	85302	8501
80059	80150	80306	80399	80490	85172	85303	*85121
80060	80151	80309	80400	80491	85173	85304	8501
80061	80152	80310	80401	80492	85174	85305	*85122
80062	80153	80311	80402	80493	85175	85306	8501
80063	80154	80312	80403	80494	85176	85309	*85123
80064	80155	80313	80404	80495	85179	85310	8501
80065	80156	80314	80405	80496	85180	85311	*85124
80066	80159	80315	80406	80499	85181	85312	8501
80069	80160	80316	80409	8500	85182	85313	*85125
80070	80161	80319	80410	8501	85183	85314	8501
80071	80162	80320	80411	8502	85184	85315	*85126
80072	80163	80321	80412	8503	85185	85316	8501
80073	80164	80322	80413	8504	85186	85319	*85129
80074	80165	80323	80414	8505	85189	85400	8501
80075	80166	80324	80415	8509	85190	85401	*85130
80076	80169	80325	80416	85100	85191	85402	8501
80079	80170	80326	80419	85101	85192	85403	*85131
80080	80171	80329	80420	85102	85193	85404	8501
80081	80172	80330	80421	85103	85194	85405	*85132
80082	80173	80331	80422	85104	85195	85406	8501
80083	80174	80332	80423	85105	85196	85409	*85133
80084	80175	80333	80424	85106	85199	85410	8501
80085	80176	80334	80425	85109	85200	85411	*85134
80086	80179	80335	80426	85110	85201	85412	8501
80089	80180	80336	80429	85111	85202	85413	*85135
80090	80181	80339	80430	85112	85203	85414	8501
80091	80182	80340	80431	85113	85204	85415	*85136
80092	80183	80341	80432	85114	85205	85416	8501
80093	80184	80342	80433	85115	85206	85419	*85139

TABLE 6H.—DELETIONS FROM THE CC EXCLUSIONS LIST—Continued

[CCs that are deleted from the list are in Table 6H-Deletions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

80094	80185	80343	80434	85116	85209	*8502	8501
80095	80186	80344	80435	85119	85210	8501	*85140
80096	80189	80345	80436	85120	85211	*8503	8501
80099	80190	80346	80439	85121	85212	8501	*85141
80100	80191	80349	80440	85122	85213	*8504	8501
80101	80192	80350	80441	85123	85214	8501	*85142
80102	80193	80351	80442	85124	85215	*8505	8501
80103	80194	80352	80443	85125	85216	8501	*85143
8501	*85190	8501	*85402	8054	95215		
*85144	8501	*85236	8501	8055	95216		
8501	*85191	8501	*85403	8056	95217		
*85145	8501	*85239	8501	8057	95218		
8501	*85192	8501	*85404	8058	95219		
*85146	8501	*85240	8501	8059	9522		
8501	*85193	8501	*85405	80600	9523		
*85149	8501	*85241	8501	80601	9524		
8501	*85194	8501	*85406	80602	9528		
*85150	8501	*85242	8501	80603	9529		
8501	*85195	8501	*85409	80604	*9598		
*85151	8501	*85243	8501	80605	8501		
8501	*85196	8501	*85410	80606	*9599		
*85152	8501	*85244	8501	80607	8501		
8501	*85199	8501	*85411	80608	*99680		
*85153	8501	*85245	8501	80609	V432		
8501	*85200	8501	*85412	80610	*99683		
*85154	8501	*85246	8501	80611	V432		
8501	*85201	8501	*85413	80612	*99687		
*85155	8501	*85249	8501	80613	V432		
8501	*85202	8501	*85414	80614	*V421		
*85156	8501	*85250	8501	80615	V432		
8501	*85203	8501	*85415	80616	*V432		
*85159	8501	*85251	8501	80617	V432		
8501	*85204	8501	*85416	80618			
*85160	8501	*85252	8501	80619			
8501	*85205	8501	*85419	80620			
*85161	8501	*85253	8501	80621			
8501	*85206	8501	*8738	80622			
*85162	8501	*85254	8501	80623			
8501	*85209	8501	*8739	80624			
*85163	8501	*85255	8501	80625			
8501	*85210	8501	*8798	80626			
*85164	8501	*85256	8501	80627			
8501	*85211	8501	*8799	80628			
*85165	8501	*85259	8501	80629			
8501	*85212	8501	*9050	80630			
*85166	8501	*85300	8501	80631			
8501	*85213	8501	*9251	80632			
*85169	8501	*85301	8501	80633			
8501	*85214	8501	*9252	80634			
*85170	8501	*85302	8501	80635			
8501	*85215	8501	*9290	80636			
*85171	8501	*85303	8501	80637			
8501	*85216	8501	*9299	80638			
*85172	8501	*85304	8501	80639			
8501	*85219	8501	*9588	8064			
*85173	8501	*85305	8501	8065			
8501	*85221	8501	*95901	80660			
*85174	8501	*85306	8501	80661			
8501	*85222	8501	*95909	80662			
*85175	8501	*85309	8501	80669			
8501	*85223	8501	*9591	80670			
*85176	8501	*85310	80500	80671			
8501	*85224	8501	80501	80672			
*85179	8501	*85311	80502	80679			
8501	*85225	8501	80503	8068			
*85180	8501	*85312	80504	8069			
8501	*85226	8501	80505	95200			
*85181	8501	*85313	80506	95201			
8501	*85229	8501	80507	95202			
*85182	8501	*85314	80508	95203			
8501	*85230	8501	80510	95204			
*85183	8501	*85315	80511	95205			

TABLE 6H.—DELETIONS FROM THE CC EXCLUSIONS LIST—Continued

[CCs that are deleted from the list are in Table 6H-Deletions to the CC Exclusions List. Each of the principal diagnoses is shown with an asterisk, and the revisions to the CC Exclusions List are provided in an indented column immediately following the affected principal diagnosis.]

8501	*85231	8501	80512	95206
*85184	8501	*85316	80513	95207
8501	*85232	8501	80514	95208
*85185	8501	*85319	80515	95209
8501	*85233	8501	80516	95210
*85186	8501	*85400	80517	95211
8501	*85234	8501	80518	95212
*85189	8501	*85401	8052	95213
8501	*85235	8501	8053	95214

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY [FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPEP V20.0]

DRG	Number of discharges	Arithmetic mean length of stay	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
1	29,262	10.8505	3	5	8	14	22
2	14,769	5.0718	1	2	4	7	10
3	3	6.0000	1	1	4	13	13
4	6,712	7.3524	1	2	5	9	16
5	95,618	2.9596	1	1	2	3	7
6	356	3.0197	1	1	2	4	7
7	14,683	9.8438	2	4	7	12	20
8	4,106	2.8015	1	1	1	3	7
9	1,711	6.2402	1	3	5	8	12
10	18,655	6.3850	2	3	5	8	13
11	3,291	4.0413	1	2	3	5	8
12	52,512	5.7513	2	3	4	7	11
13	7,068	5.0035	2	3	4	6	9
14	237,027	5.9456	2	3	5	7	11
15	94,223	4.8529	2	3	4	6	9
16	9,938	6.3106	2	3	5	8	12
17	2,744	3.2172	1	2	2	4	6
18	29,701	5.4868	2	3	4	7	10
19	8,519	3.5184	1	2	3	5	7
20	6,207	10.1927	3	5	8	13	20
21	1,885	6.5963	2	3	5	9	13
22	2,785	5.1178	2	2	4	6	10
23	12,583	4.1677	1	2	3	5	8
24	59,102	4.8803	1	2	4	6	10
25	27,433	3.1776	1	2	3	4	6
26	18	4.2778	1	1	2	3	4
27	4,398	5.1719	1	1	3	7	11
28	13,919	6.0265	1	3	5	8	12
29	5,282	3.4924	1	2	3	5	7
30	2	6.5000	2	2	11	11	11
31	3,897	4.0429	1	2	3	5	8
32	1,895	2.4776	1	1	2	3	5
34	23,811	4.9368	1	2	4	6	9
35	7,451	3.1094	1	1	3	4	6
36	2,117	1.5328	1	1	1	1	2
37	1,382	3.7685	1	1	2	5	8
38	,97	2.8041	1	1	1	4	5
39	559	2.1163	1	1	1	2	4
40	1,549	3.8070	1	1	3	5	7
42	1,581	2.7381	1	1	1	3	6
43	94	3.3936	1	1	3	4	6
44	1,227	4.9935	2	3	4	6	9
45	2,668	3.1267	1	2	3	4	6
46	3,482	4.4730	1	2	3	6	8
47	1,402	3.0927	1	1	2	4	6
49	2,391	4.4676	1	2	3	6	9
50	2,429	1.8506	1	1	1	2	3
51	243	2.8354	1	1	1	3	8
52	223	1.8161	1	1	1	2	3
53	2,478	3.6186	1	1	2	4	8
55	1,481	2.9338	1	1	1	3	7
56	469	2.8955	1	1	1	3	6
57	711	3.6709	1	1	2	4	8
58	1	2.0000	2	2	2	2	2

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY [FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V20.0]—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
59	116	2.6724	1	1	1	3	6
60	1	3.0000	3	3	3	3	3
61	254	5.1535	1	1	3	7	11
62	2	7.0000	1	1	13	13	13
63	3,000	4.3860	1	2	3	5	9
64	3,126	6.4997	1	2	4	8	14
65	40,407	2.8127	1	1	2	4	5
66	7,841	3.0778	1	1	2	4	6
67	385	3.6442	1	2	3	5	7
68	11,658	3.8813	1	2	3	5	7
69	3,769	3.0186	1	2	3	4	5
70	30	2.3333	1	1	2	3	4
71	80	3.4000	1	1	2	4	6
72	964	3.4035	1	1	3	4	6
73	7,697	4.4433	1	2	3	6	9
75	43,504	9.9907	3	5	7	12	20
76	44,508	11.1024	3	5	9	14	21
77	2,458	4.8031	1	2	4	7	10
78	39,504	6.5709	3	4	6	8	11
79	169,239	8.4557	3	4	7	11	16
80	8,077	5.3480	2	3	4	7	10
81	5	4.4000	1	1	3	8	8
82	64,299	6.8753	2	3	5	9	14
83	6,665	5.3655	2	3	4	7	10
84	1,575	3.2565	1	2	3	4	6
85	22,398	6.2473	2	3	5	8	12
86	2,250	3.5364	1	2	3	4	7
87	61,129	6.3127	1	3	5	8	12
88	404,045	5.0463	2	3	4	6	9
89	535,162	5.8340	2	3	5	7	11
90	48,843	3.9563	2	2	3	5	7
91	45	5.0444	1	2	3	5	13
92	15,809	6.2907	2	3	5	8	12
93	1,778	4.0079	1	2	3	5	7
94	12,813	6.2387	2	3	5	8	12
95	1,655	3.8127	1	2	3	5	7
96	56,893	4.5613	2	2	4	6	8
97	28,776	3.5275	1	2	3	4	6
98	9	3.6667	1	1	2	2	5
99	21,400	3.1554	1	1	2	4	6
100	8,324	2.1371	1	1	2	3	4
101	22,329	4.3853	1	2	3	6	9
102	5,644	2.6487	1	1	2	3	5
103	484	42.1240	9	12	23	53	92
104	20,637	14.3306	6	8	12	17	25
105	29,223	9.8741	4	6	8	11	18
106	3,498	11.4019	5	7	10	14	20
107	83,307	10.4339	5	7	9	12	17
108	6,508	9.7617	2	5	8	12	18
109	57,450	7.7160	4	5	6	9	13
110	54,835	8.7534	2	4	7	11	17
111	9,568	4.0565	1	2	4	6	7
113	39,734	12.4805	4	6	9	15	24
114	8,315	8.6592	2	4	7	11	17
115	19,805	7.4228	1	3	6	10	15
116	116,294	4.3974	1	2	3	6	9
117	4,731	4.3075	1	1	2	5	10
118	8,299	2.8976	1	1	1	4	7
119	1,237	5.2967	1	1	3	7	13
120	38,109	9.0051	1	3	6	12	20
121	164,425	6.2836	2	3	5	8	12
122	77,231	3.5159	1	2	3	5	7
123	38,627	4.7915	1	1	3	6	11
124	135,291	4.3838	1	2	3	6	9
125	91,946	2.7616	1	1	2	4	5
126	5,395	11.5218	3	6	9	15	22
127	676,101	5.2357	2	3	4	7	10
128	7,187	5.4446	2	3	5	7	9
129	3,853	2.5951	1	1	1	3	6

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY [FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V20.0]—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
130	88,911	5.5991	2	3	5	7	10
131	27,124	4.0330	1	2	4	5	7
132	142,443	2.8904	1	1	2	4	5
133	8,694	2.2843	1	1	2	3	4
134	41,542	3.1609	1	2	2	4	6
135	7,810	4.4540	1	2	3	5	8
136	1,185	2.6641	1	1	2	3	5
138	208,716	3.9930	1	2	3	5	8
139	87,938	2.4733	1	1	2	3	5
140	55,735	2.5252	1	1	2	3	5
141	108,834	3.5704	1	2	3	4	7
142	52,684	2.5530	1	1	2	3	5
143	250,177	2.0911	1	1	2	3	4
144	94,588	5.5436	1	2	4	7	11
145	7,370	2.5700	1	1	2	3	5
146	10,785	10.2338	5	6	8	12	17
147	2,644	6.2266	3	5	6	8	9
148	134,125	12.2751	5	7	10	15	22
149	20,205	6.3062	4	5	6	7	9
150	21,184	11.3235	4	6	9	14	20
151	5,140	5.5586	2	3	5	7	10
152	4,578	8.3724	3	5	7	10	15
153	2,058	5.2546	3	4	5	7	8
154	28,368	13.2140	3	7	10	17	26
155	6,618	4.0801	1	2	3	6	8
156	4	2.5000	1	1	1	3	5
157	8,301	5.7459	1	2	4	7	12
158	4,362	2.6016	1	1	2	3	5
159	18,136	5.1194	1	2	4	7	10
160	12,203	2.6826	1	1	2	3	5
161	10,803	4.3270	1	2	3	6	9
162	6,421	1.9305	1	1	1	2	4
163	8	3.2500	1	1	2	3	6
164	5,400	8.3580	3	5	7	10	15
165	2,335	4.4882	2	3	4	6	7
166	4,206	4.7263	1	2	4	6	9
167	4,091	2.4133	1	1	2	3	4
168	1,425	4.8386	1	2	3	6	10
169	814	2.4005	1	1	2	3	5
170	15,682	10.8241	2	4	8	14	22
171	1,530	4.3333	1	2	4	6	9
172	31,435	6.9669	2	3	5	9	14
173	2,482	3.7808	1	2	3	5	8
174	252,303	4.7834	2	3	4	6	9
175	34,977	2.9157	1	2	3	4	5
176	13,498	5.2318	2	3	4	6	10
177	9,080	4.5719	2	3	4	6	8
178	3,382	3.1227	1	2	3	4	6
179	13,193	5.9431	2	3	5	7	11
180	90,752	5.4251	2	3	4	7	10
181	27,280	3.3710	1	2	3	4	6
182	273,118	4.4204	1	2	3	5	8
183	91,272	2.8962	1	1	2	4	5
184	69	3.2319	1	1	2	4	6
185	5,350	4.6680	1	2	3	6	10
186	6	6.6667	2	3	3	10	10
187	619	4.0307	1	2	3	6	8
188	84,099	5.5620	1	2	4	7	11
189	13,098	3.1005	1	1	2	4	6
190	75	5.1733	1	2	4	6	11
191	9,537	13.7975	3	6	10	17	28
192	1,322	6.2201	1	3	6	8	11
193	4,822	12.7242	5	7	10	16	23
194	650	6.7323	2	4	6	8	12
195	4,019	10.5175	4	6	9	13	19
196	998	5.6092	2	3	5	7	10
197	18,313	9.1566	3	5	7	11	17
198	5,418	4.4118	2	3	4	6	7
199	1,636	9.7353	2	4	7	13	21

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY [FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V20.0]—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
200	1,076	10.4898	2	3	7	14	23
201	2,130	14.1469	3	6	11	18	29
202	26,756	6.3872	2	3	5	8	13
203	30,055	6.6816	2	3	5	9	13
204	65,585	5.7470	2	3	4	7	11
205	27,481	6.1736	2	3	5	8	12
206	2,057	3.7832	1	2	3	5	8
207	32,881	5.1924	1	2	4	7	10
208	10,188	2.8924	1	1	2	4	5
209	399,893	4.8600	3	3	4	5	7
210	122,843	6.8859	3	4	6	8	11
211	30,096	4.8394	3	4	4	6	7
212	9	7.0000	1	1	4	5	7
213	9,950	9.2035	2	4	7	12	18
216	8,770	7.9789	1	2	6	11	17
217	17,292	13.3846	3	5	9	16	28
218	23,796	5.5121	2	3	4	7	10
219	19,891	3.1961	1	2	3	4	6
220	1	1.0000	1	1	1	1	1
223	13,308	3.0326	1	1	2	4	6
224	11,738	1.9052	1	1	1	2	3
225	6,481	5.2626	1	2	4	7	11
226	5,874	6.5259	1	2	4	8	14
227	4,854	2.6360	1	1	2	3	5
228	2,534	4.1492	1	1	3	5	9
229	1,263	2.3286	1	1	2	3	5
230	2,456	5.5668	1	2	3	7	12
231	13,312	5.0159	1	1	3	6	11
232	816	2.7132	1	1	1	2	6
233	9,940	7.3671	1	3	6	10	15
234	5,364	3.0626	1	1	2	4	7
235	5,107	4.8659	1	2	4	6	9
236	40,182	4.6505	1	3	4	6	8
237	1,782	3.6599	1	2	3	5	7
238	8,956	8.6382	3	4	7	10	17
239	46,252	6.2694	2	3	5	8	12
240	12,062	6.6231	2	3	5	8	13
241	3,173	3.7690	1	2	3	5	7
242	2,597	6.8814	2	3	5	9	14
243	96,552	4.6506	1	2	4	6	9
244	14,695	4.6521	1	2	4	6	9
245	5,861	3.2950	1	2	3	4	6
246	1,498	3.7216	1	2	3	5	7
247	20,507	3.3340	1	1	3	4	7
248	13,931	4.9200	1	3	4	6	9
249	12,932	3.6170	1	1	2	4	7
250	3,802	4.1302	1	2	3	5	8
251	2,375	2.7651	1	1	3	3	5
253	22,095	4.6939	2	3	4	6	8
254	10,763	3.1601	1	2	3	4	5
256	6,698	5.1020	1	2	4	6	10
257	15,758	2.6395	1	1	2	3	5
258	15,317	1.8212	1	1	2	2	3
259	3,517	2.6747	1	1	1	3	6
260	4,236	1.3973	1	1	1	1	2
261	1,776	2.0884	1	1	1	2	4
262	668	4.3204	1	1	3	6	9
263	23,192	11.4687	3	5	8	14	22
264	3,869	6.5585	2	3	5	8	13
265	4,103	6.6074	1	2	4	8	14
266	2,555	3.2337	1	1	2	4	7
267	241	4.4606	1	1	3	6	10
268	920	3.7978	1	1	2	4	8
269	9,852	8.5323	2	3	7	11	17
270	2,798	3.5615	1	1	2	5	7
271	19,436	7.2481	2	4	6	9	14
272	5,752	6.0176	2	3	5	7	12
273	1,343	3.9598	1	2	3	5	8
274	2,305	6.4586	1	3	5	8	13

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY [FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V20.0]—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
275	230	3.6217	1	1	2	4	7
276	1,327	4.4574	1	2	4	6	8
277	100,811	5.7271	2	3	5	7	10
278	32,531	4.1962	2	2	4	5	7
279	10	5.3000	2	2	3	7	7
280	17,882	4.1159	1	2	3	5	8
281	7,536	2.8879	1	1	2	4	5
283	6,093	4.6606	1	2	4	6	9
284	2,029	2.9359	1	1	2	4	6
285	6,962	10.5315	3	5	8	13	20
286	2,502	5.8981	2	3	4	7	12
287	6,287	10.2537	3	5	8	13	20
288	5,524	4.9716	2	3	4	5	8
289	6,938	2.7257	1	1	1	2	6
290	9,964	2.1995	1	1	1	2	4
291	58	1.6379	1	1	1	2	3
292	6,534	10.4645	2	4	8	14	21
293	364	4.7033	1	1	3	6	9
294	98,755	4.5121	1	2	3	6	9
295	3,550	3.9721	1	2	3	5	7
296	280,547	5.0716	1	2	4	6	10
297	48,715	3.2855	1	2	3	4	6
298	111	3.1802	1	1	2	4	7
299	1,276	5.4412	1	2	4	7	11
300	18,798	6.1364	2	3	5	8	12
301	3,636	3.5954	1	2	3	4	7
302	8,722	8.5255	4	5	6	9	15
303	21,880	8.0372	3	4	6	9	15
304	12,572	8.8705	2	4	6	11	18
305	3,047	3.5510	1	2	3	4	7
306	7,077	5.3740	1	2	3	7	12
307	2,035	2.0708	1	1	2	2	3
308	7,299	6.2077	1	2	4	8	14
309	4,183	2.0995	1	1	1	2	4
310	24,884	4.3725	1	1	3	6	10
311	7,495	1.8220	1	1	1	2	3
312	1,524	4.5623	1	1	3	6	10
313	555	2.2559	1	1	1	3	5
314	2	40.5000	1	1	80	80	80
315	34,134	6.9586	1	1	4	9	16
316	119,645	6.5348	2	3	5	8	13
317	2,018	3.6051	1	1	2	4	7
318	5,782	6.0930	1	3	5	8	12
319	412	2.9320	1	1	2	4	6
320	188,165	5.2818	2	3	4	6	10
321	31,355	3.7221	1	2	3	5	7
322	50	3.2200	1	2	3	4	5
323	19,957	3.1681	1	1	2	4	6
324	7,040	1.9006	1	1	1	2	4
325	9,310	3.8056	1	2	3	5	7
326	2,732	2.6190	1	1	2	3	5
327	7	2.5714	1	1	2	3	4
328	742	3.7251	1	1	3	5	8
329	94	2.0851	1	1	1	3	5
331	51,439	5.5878	1	3	4	7	11
332	5,006	3.1596	1	1	2	4	6
333	255	5.7843	1	2	3	7	11
334	10,536	4.5813	2	3	4	5	8
335	12,727	3.0264	2	2	3	4	5
336	35,950	3.3945	1	2	2	4	7
337	29,532	2.0157	1	1	2	2	3
338	940	5.4851	1	2	3	7	13
339	1,481	4.7968	1	1	3	6	11
340	1	2.0000	2	2	2	2	2
341	3,580	3.2031	1	1	2	3	7
342	693	3.1977	1	1	2	4	7
344	3,580	2.5232	1	1	1	2	5
345	1,370	4.9051	1	1	3	6	11
346	4,890	5.8937	2	3	5	8	12

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY [FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V20.0]—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
347	315	3.0762	1	1	2	4	7
348	3,401	4.3355	1	2	3	5	8
349	616	2.5049	1	1	2	3	5
350	6,748	4.4884	2	2	4	6	8
352	960	3.9740	1	2	3	5	7
353	2,600	6.4942	2	3	5	7	12
354	7,444	5.7016	3	3	4	6	10
355	5,590	3.1971	2	2	3	4	5
356	25,990	2.0785	1	1	2	3	3
357	5,663	8.3744	3	4	6	10	16
358	21,660	4.1750	2	2	3	5	7
359	32,036	2.5609	1	2	2	3	4
360	15,871	2.7521	1	1	2	3	4
361	346	3.2052	1	1	2	3	8
362	5	1.4000	1	1	1	2	2
363	2,527	3.6312	1	2	2	4	8
364	1,637	4.1307	1	1	3	5	8
365	1,843	8.1872	1	3	5	10	17
366	4,581	6.6619	1	3	5	8	14
367	487	3.0678	1	1	2	4	7
368	3,572	6.6551	2	3	5	8	13
369	3,482	3.3090	1	1	2	4	7
370	1,350	5.7911	2	3	4	5	9
371	1,691	3.4826	2	3	3	4	5
372	947	3.4805	2	2	2	3	5
373	4,145	2.2955	1	2	2	3	3
374	91	2.9341	1	2	2	3	6
376	325	3.4123	1	2	2	4	7
377	48	4.0833	1	2	3	5	8
378	175	2.5943	1	1	2	3	5
379	355	3.0028	1	1	2	3	5
380	99	1.9697	1	1	1	2	3
381	190	1.9053	1	1	1	2	4
382	49	1.6939	1	1	1	2	3
383	2,003	3.7913	1	1	3	4	7
384	129	2.6279	1	1	2	3	5
385	3	2.0000	1	1	2	3	3
387	1	55.0000	55	55	55	55	55
389	12	6.2500	2	3	5	9	10
390	20	4.3000	1	2	3	5	7
392	2,271	9.6874	3	4	7	12	21
393	1	4.0000	4	4	4	4	4
394	2,605	7.5965	1	2	5	9	17
395	108,024	4.3238	1	2	3	5	9
396	17	4.4118	1	1	3	7	9
397	19,035	5.1743	1	2	4	6	10
398	18,162	5.8655	2	3	5	7	11
399	1,693	3.4826	1	2	3	4	6
400	6,371	9.0333	1	3	6	12	21
401	5,845	11.5341	2	5	9	15	23
402	1,478	3.9831	1	1	3	5	9
403	31,947	8.1013	2	3	6	10	17
404	4,350	4.1069	1	2	3	5	8
405	1	31.0000	31	31	31	31	31
406	2,444	9.6579	2	4	7	12	20
407	643	4.0560	1	2	3	5	7
408	2,134	8.2291	1	2	5	10	20
409	2,154	6.1565	2	3	4	6	12
410	28,484	4.0951	1	2	4	5	6
411	7	2.2857	1	1	2	2	4
412	16	3.8125	1	1	3	6	7
413	5,349	7.0501	2	3	5	9	14
414	633	4.2354	1	2	3	5	8
415	43,349	14.3233	4	6	11	18	28
416	192,908	7.4362	2	4	6	9	14
417	38	5.8421	2	3	5	7	12
418	25,920	6.2986	2	3	5	8	12
419	16,446	4.5517	1	2	4	6	9
420	3,220	3.4202	1	2	3	4	6

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY [FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V20.0]—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
421	10,745	4.0624	1	2	3	5	8
422	66	3.6970	1	2	2	4	6
423	8,116	8.3228	2	3	6	10	17
424	1,236	12.7929	2	4	9	15	26
425	16,189	3.7961	1	2	3	5	8
426	4,589	4.4655	1	2	3	6	9
427	1,596	4.3784	1	2	3	5	9
428	796	7.1382	1	2	5	8	14
429	25,933	6.0111	2	3	4	7	11
430	65,276	7.8291	2	3	6	10	16
431	314	6.8248	1	2	4	7	12
432	451	4.0111	1	2	3	4	7
433	5,554	3.1300	1	1	2	4	6
439	1,520	8.1855	1	3	5	9	17
440	5,771	9.0806	2	3	6	11	19
441	677	3.1374	1	1	2	4	6
442	17,571	8.5218	1	3	6	10	18
443	3,920	3.3663	1	1	3	4	7
444	5,754	4.2011	1	2	3	5	8
445	2,546	2.8610	1	1	2	4	5
447	6,514	2.5091	1	1	2	3	5
448	1	1.0000	1	1	1	1	1
449	33,181	3.7059	1	1	3	4	7
450	7,441	1.9790	1	1	1	2	4
451	1	1.0000	1	1	1	1	1
452	25,679	4.9178	1	2	3	6	10
453	5,687	2.7579	1	1	2	3	5
454	4,792	4.2398	1	2	3	5	8
455	1,070	2.4140	1	1	2	3	5
461	5,216	3.5861	1	1	2	4	8
462	9,650	10.8636	4	6	9	14	20
463	27,061	4.0439	1	2	3	5	8
464	7,232	2.9887	1	1	2	4	6
465	200	3.9100	1	1	1	3	6
466	1,737	4.0219	1	1	2	4	7
467	1,140	3.0035	1	1	2	3	6
468	52,318	12.7674	3	6	10	16	25
471	13,363	5.3722	3	3	4	6	8
473	8,095	12.4119	2	3	7	17	32
475	109,726	11.1546	2	5	9	15	22
476	3,657	11.0941	2	5	10	15	21
477	25,400	8.1660	1	3	6	11	17
478	108,133	7.3130	1	3	5	9	15
479	24,052	3.1910	1	1	2	4	7
480	611	21.0638	6	8	12	22	47
481	865	21.7584	13	17	20	25	33
482	5,296	12.5015	4	6	9	15	24
483	45,427	39.2033	15	22	33	48	70
484	336	14.5744	2	6	11	21	28
485	3,220	9.8264	4	5	7	11	19
486	2,094	12.7612	1	6	10	17	26
487	3,731	7.1702	1	3	6	9	15
488	769	16.9129	4	7	13	22	36
489	13,373	8.5374	2	3	6	10	17
490	5,462	5.4888	1	2	4	7	11
491	15,370	3.3853	1	2	3	4	6
492	3,140	14.9239	3	5	7	25	33
493	59,615	5.9843	1	3	5	8	11
494	28,880	2.5293	1	1	2	3	5
495	192	16.4167	7	9	12	19	31
496	2,479	8.8709	3	4	6	11	18
497	22,473	6.3553	3	4	5	7	11
498	16,070	4.0191	2	3	4	5	6
499	34,688	4.5204	1	2	3	6	9
500	49,936	2.4069	1	1	2	3	4
501	2,608	10.6031	4	5	8	13	20
502	771	6.1647	3	4	5	7	11
503	5,970	3.9084	1	2	3	5	7
504	125	27.6560	7	13	21	37	55

TABLE 7A.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY [FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPEL V20.0]—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th Percentile	25th Percentile	50th Percentile	75th Percentile	90th Percentile
505	134	5.6567	1	1	1	5	11
506	919	16.8836	4	7	13	21	35
507	341	9.0411	2	4	7	13	19
508	631	7.8051	2	3	5	10	17
509	160	4.2688	1	2	3	5	9
510	1,651	6.7274	1	3	5	8	15
511	581	4.6076	1	1	3	6	10
512	481	13.1185	6	8	10	15	23
513	207	9.7585	5	6	8	10	15
514	26,570	6.9035	1	2	5	9	15
515	8,131	5.1646	1	1	3	7	12
516	84,846	4.6338	2	2	4	5	9
517	198,743	2.5406	1	1	1	3	5
518	56,613	3.2508	1	1	2	4	7
519	8,486	4.8547	1	1	3	6	11
520	12,687	2.0548	1	1	1	2	4
521	30,898	5.7395	2	3	4	7	11
522	6,069	9.5670	4	5	8	12	20
523	15,456	4.0538	1	2	3	5	7
524	132,651	3.3690	1	2	3	4	6
525	571	17.2907	1	4	9	18	37
	11,713,347						

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY—FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPEL V21.0

DRG	Number of discharges	Arithmetic mean length of stay	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
1	23,433	10.5551	3	5	8	14	21
2	11,715	5.2534	1	3	4	7	10
3	3	6.0000	1	1	4	13	13
6	356	3.0197	1	1	2	4	7
7	14,683	9.8438	2	4	7	12	20
8	4,106	2.8015	1	1	3	3	7
9	1,711	6.2402	1	3	5	8	12
10	18,655	6.3850	2	3	5	8	13
11	3,291	4.0413	1	2	3	5	8
12	52,512	5.7513	2	3	4	7	11
13	7,068	5.0035	2	3	4	6	9
14	237,027	5.9456	2	3	5	7	11
15	94,223	4.8529	2	3	4	6	9
16	9,938	6.3106	2	3	5	8	12
17	2,744	3.2172	1	2	2	4	6
18	29,701	5.4868	2	3	4	7	10
19	8,519	3.5184	1	2	3	5	7
20	6,207	10.1927	3	5	8	13	20
21	1,885	6.5963	2	3	5	9	13
22	2,785	5.1178	2	2	4	6	10
23	11,270	4.2627	1	2	3	5	8
24	59,102	4.8803	1	2	4	6	10
25	27,433	3.1776	1	2	3	4	6
26	18	4.2778	1	1	2	3	4
27	4,398	5.1719	1	1	3	7	11
28	13,919	6.0265	1	3	5	8	12
29	5,282	3.4924	1	2	3	5	7
30	2	6.5000	2	2	11	11	11
31	3,897	4.0429	1	2	3	5	8
32	1,895	2.4776	1	1	2	3	5
34	23,811	4.9368	1	2	4	6	9
35	7,451	3.1094	1	1	3	4	6
36	2,117	1.5328	1	1	1	1	2
37	1,382	3.7685	1	1	2	5	8
38	97	2.8041	1	1	1	4	5
39	559	2.1163	1	1	1	2	4
40	1,549	3.8070	1	1	3	5	7

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY—FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V21.0—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
42	1,581	2.7381	1	1	1	3	6
43	94	3.3936	1	1	3	4	6
44	1,227	4.9935	2	3	4	6	9
45	2,668	3.1267	1	2	3	4	6
46	3,482	4.4730	1	2	3	6	8
47	1,402	3.0927	1	1	2	4	6
49	2,391	4.4676	1	2	3	6	9
50	2,429	1.8506	1	1	1	2	3
51	243	2.8354	1	1	1	3	8
52	223	1.8161	1	1	1	2	3
53	2,478	3.6186	1	1	2	4	8
55	1,481	2.9338	1	1	1	3	7
56	469	2.8955	1	1	1	3	6
57	711	3.6709	1	1	2	4	8
58	1	2.0000	2	2	2	2	2
59	116	2.6724	1	1	1	3	6
60	1	3.0000	3	3	3	3	3
61	254	5.1535	1	1	3	7	11
62	2	7.0000	1	1	13	13	13
63	3,000	4.3860	1	2	3	5	9
64	3,126	6.4997	1	2	4	8	14
65	40,407	2.8127	1	1	2	4	5
66	7,841	3.0778	1	1	2	4	6
67	385	3.6442	1	2	3	5	7
68	11,658	3.8813	1	2	3	5	7
69	3,769	3.0186	1	2	3	4	5
70	30	2.3333	1	1	2	3	4
71	80	3.4000	1	1	2	4	6
72	964	3.4035	1	1	3	4	6
73	7,697	4.4433	1	2	3	6	9
75	43,504	9.9907	3	5	7	12	20
76	44,508	11.1024	3	5	9	14	21
77	2,458	4.8031	1	2	4	7	10
78	39,504	6.5709	3	4	6	8	11
79	169,239	8.4557	3	4	7	11	16
80	8,077	5.3480	2	3	4	7	10
81	5	4.4000	1	1	3	8	8
82	64,299	6.8753	2	3	5	9	14
83	6,665	5.3655	2	3	4	7	10
84	1,575	3.2565	1	2	3	4	6
85	22,398	6.2473	2	3	5	8	12
86	2,250	3.5364	1	2	3	4	7
87	61,129	6.3127	1	3	5	8	12
88	404,045	5.0463	2	3	4	6	9
89	535,162	5.8340	2	3	5	7	11
90	48,843	3.9563	2	2	3	5	7
91	45	5.0444	1	2	3	5	13
92	15,809	6.2907	2	3	5	8	12
93	1,778	4.0079	1	2	3	5	7
94	12,813	6.2387	2	3	5	8	12
95	1,655	3.8127	1	2	3	5	7
96	56,893	4.5613	2	2	4	6	8
97	28,776	3.5275	1	2	3	4	6
98	9	3.6667	1	1	2	2	5
99	21,400	3.1554	1	1	2	4	6
100	8,324	2.1371	1	1	2	3	4
101	22,329	4.3853	1	2	3	6	9
102	5,644	2.6487	1	1	2	3	5
103	484	42.1240	9	12	23	53	92
104	20,637	14.3306	6	8	12	17	25
105	29,223	9.8741	4	6	8	11	18
106	3,498	11.4019	5	7	10	14	20
107	83,307	10.4339	5	7	9	12	17
108	6,508	9.7617	2	5	8	12	18
109	57,450	7.7160	4	5	6	9	13
110	54,856	8.7568	2	4	7	11	17
111	9,569	4.0574	1	2	4	6	7
113	39,734	12.4805	4	6	9	15	24
114	8,315	8.6592	2	4	7	11	17

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY—FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V21.0—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
115	19,805	7.4228	1	3	6	10	15
116	116,294	4.3974	1	2	3	6	9
117	4,731	4.3075	1	1	2	5	10
118	8,299	2.8976	1	1	1	4	7
119	1,237	5.2967	1	1	3	7	13
120	38,109	9.0051	1	3	6	12	20
121	164,425	6.2836	2	3	5	8	12
122	77,231	3.5159	1	2	3	5	7
123	38,627	4.7915	1	1	3	6	11
124	135,291	4.3838	1	2	3	6	9
125	91,946	2.7616	1	1	2	4	5
126	5,395	11.5218	3	6	9	15	22
127	676,101	5.2357	2	3	4	7	10
128	7,187	5.4446	2	3	5	7	9
129	3,853	2.5951	1	1	1	3	6
130	88,911	5.5991	2	3	5	7	10
131	27,124	4.0330	1	2	4	5	7
132	142,443	2.8904	1	1	2	4	5
133	8,694	2.2843	1	1	2	3	4
134	41,542	3.1609	1	2	2	4	6
135	7,810	4.4540	1	2	3	5	8
136	1,185	2.6641	1	1	2	3	5
138	208,716	3.9930	1	2	3	5	8
139	87,938	2.4733	1	1	2	3	5
140	55,735	2.5252	1	1	2	3	5
141	108,834	3.5704	1	2	3	4	7
142	52,684	2.5530	1	1	2	3	5
143	250,177	2.0911	1	1	2	3	4
144	94,588	5.5436	1	2	4	7	11
145	7,370	2.5700	1	1	2	3	5
146	10,785	10.2338	5	6	8	12	17
147	2,644	6.2266	3	5	6	8	9
148	134,125	12.2751	5	7	10	15	22
149	20,205	6.3062	4	5	6	7	9
150	21,184	11.3235	4	6	9	14	20
151	5,140	5.5586	2	3	5	7	10
152	4,578	8.3724	3	5	7	10	15
153	2,058	5.2546	3	4	5	7	8
154	28,368	13.2140	3	7	10	17	26
155	6,618	4.0801	1	2	3	6	8
156	4	2.5000	1	1	1	3	5
157	8,301	5.7459	1	2	4	7	12
158	4,362	2.6016	1	1	2	3	5
159	18,136	5.1194	1	2	4	7	10
160	12,203	2.6826	1	1	2	3	5
161	10,803	4.3270	1	2	3	6	9
162	6,421	1.9305	1	1	1	2	4
163	8	3.2500	1	1	2	3	6
164	5,400	8.3580	3	5	7	10	15
165	2,335	4.4882	2	3	4	6	7
166	4,206	4.7263	1	2	4	6	9
167	4,091	2.4133	1	1	2	3	4
168	1,425	4.8386	1	2	3	6	10
169	814	2.4005	1	1	2	3	5
170	15,682	10.8241	2	4	8	14	22
171	1,530	4.3333	1	2	4	6	9
172	31,435	6.9669	2	3	5	9	14
173	2,482	3.7808	1	2	3	5	8
174	252,303	4.7834	2	3	4	6	9
175	34,977	2.9157	1	2	3	4	5
176	13,498	5.2318	2	3	4	6	10
177	9,080	4.5719	2	3	4	6	8
178	3,382	3.1227	1	2	3	4	6
179	13,193	5.9431	2	3	5	7	11
180	90,752	5.4251	2	3	4	7	10
181	27,280	3.3710	1	2	3	4	6
182	273,118	4.4204	1	2	3	5	8
183	91,272	2.8962	1	1	2	4	5
184	69	3.2319	1	1	2	4	6

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY—FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V21.0—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
185	5,350	4.6680	1	2	3	6	10
186	6	6.6667	2	3	3	10	10
187	619	4.0307	1	2	3	6	8
188	84,099	5.5620	1	2	4	7	11
189	13,098	3.1005	1	1	2	4	6
190	75	5.1733	1	2	4	6	11
191	9,537	13.7975	3	6	10	17	28
192	1,322	6.2201	1	3	6	8	11
193	4,822	12.7242	5	7	10	16	23
194	650	6.7323	2	4	6	8	12
195	4,019	10.5175	4	6	9	13	19
196	998	5.6092	2	3	5	7	10
197	18,313	9.1566	3	5	7	11	17
198	5,418	4.4118	2	3	4	6	7
199	1,636	9.7353	2	4	7	13	21
200	1,076	10.4898	2	3	7	14	23
201	2,130	14.1469	3	6	11	18	29
202	26,756	6.3872	2	3	5	8	13
203	30,055	6.6816	2	3	5	9	13
204	65,585	5.7470	2	3	4	7	11
205	27,481	6.1736	2	3	5	8	12
206	2,057	3.7832	1	2	3	5	8
207	32,881	5.1924	1	2	4	7	10
208	10,188	2.8924	1	1	2	4	5
209	399,893	4.8600	3	3	4	5	7
210	122,843	6.8859	3	4	6	8	11
211	30,096	4.8394	3	4	4	6	7
212	9	7.0000	1	1	4	5	7
213	9,950	9.2035	2	4	7	12	18
216	8,770	7.9789	1	2	6	11	17
217	17,292	13.3846	3	5	9	16	28
218	23,796	5.5121	2	3	4	7	10
219	19,891	3.1961	1	2	3	4	6
220	1	1.0000	1	1	1	1	1
223	13,308	3.0326	1	1	2	4	6
224	11,738	1.9052	1	1	1	2	3
225	6,481	5.2626	1	2	4	7	11
226	5,874	6.5259	1	2	4	8	14
227	4,854	2.6360	1	1	2	3	5
228	2,534	4.1492	1	1	3	5	9
229	1,263	2.3286	1	1	2	3	5
230	2,456	5.5668	1	2	3	7	12
232	816	2.7132	1	1	1	2	6
233	9,940	7.3671	1	3	6	10	15
234	5,364	3.0626	1	1	2	4	7
235	5,107	4.8659	1	2	4	6	9
236	40,182	4.6505	1	3	4	6	8
237	1,782	3.6599	1	2	3	5	7
238	8,956	8.6382	3	4	7	10	17
239	46,252	6.2694	2	3	5	8	12
240	12,062	6.6231	2	3	5	8	13
241	3,173	3.7690	1	2	3	5	7
242	2,597	6.8814	2	3	5	9	14
243	96,552	4.6506	1	2	4	6	9
244	14,695	4.6521	1	2	4	6	9
245	5,861	3.2950	1	2	3	4	6
246	1,498	3.7216	1	2	3	5	7
247	20,507	3.3340	1	1	3	4	7
248	13,931	4.9200	1	3	4	6	9
249	12,932	3.6170	1	1	2	4	7
250	3,802	4.1302	1	2	3	5	8
251	2,375	2.7651	1	1	3	3	5
253	22,095	4.6939	2	3	4	6	8
254	10,763	3.1601	1	2	3	4	5
256	6,714	5.1008	1	2	4	6	10
257	15,758	2.6395	1	1	2	3	5
258	15,317	1.8212	1	1	2	2	3
259	3,517	2.6747	1	1	1	3	6
260	4,236	1.3973	1	1	1	1	2

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY—FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V21.0—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
261	1,776	2.0884	1	1	1	2	4
262	668	4.3204	1	1	3	6	9
263	23,192	11.4687	3	5	8	14	22
264	3,869	6.5585	2	3	5	8	13
265	4,103	6.6074	1	2	4	8	14
266	2,555	3.2337	1	1	2	4	7
267	241	4.4606	1	1	3	6	10
268	920	3.7978	1	1	2	4	8
269	9,852	8.5323	2	3	7	11	17
270	2,798	3.5615	1	1	2	5	7
271	19,436	7.2481	2	4	6	9	14
272	5,752	6.0176	2	3	5	7	12
273	1,343	3.9598	1	2	3	5	8
274	2,305	6.4586	1	3	5	8	13
275	230	3.6217	1	1	2	4	7
276	1,327	4.4574	1	2	4	6	8
277	100,811	5.7271	2	3	5	7	10
278	32,531	4.1962	2	2	4	5	7
279	10	5.3000	2	2	3	7	7
280	17,882	4.1159	1	2	3	5	8
281	7,536	2.8879	1	1	2	4	5
283	6,093	4.6606	1	2	4	6	9
284	2,029	2.9359	1	1	2	4	6
285	6,962	10.5315	3	5	8	13	20
286	2,502	5.8981	2	3	4	7	12
287	6,287	10.2537	3	5	8	13	20
288	5,524	4.9716	2	3	4	5	8
289	6,938	2.7257	1	1	1	2	6
290	9,964	2.1995	1	1	1	2	4
291	58	1.6379	1	1	1	2	3
292	6,534	10.4645	2	4	8	14	21
293	364	4.7033	1	1	3	6	9
294	98,755	4.5121	1	2	3	6	9
295	3,550	3.9721	1	2	3	5	7
296	280,547	5.0716	1	2	4	6	10
297	48,715	3.2855	1	2	3	4	6
298	111	3.1802	1	1	2	4	7
299	1,276	5.4412	1	2	4	7	11
300	18,798	6.1364	2	3	5	8	12
301	3,636	3.5954	1	2	3	4	7
302	8,722	8.5255	4	5	6	9	15
303	21,880	8.0372	3	4	6	9	15
304	12,572	8.8705	2	4	6	11	18
305	3,047	3.5510	1	2	3	4	7
306	7,077	5.3740	1	2	3	7	12
307	2,035	2.0708	1	1	2	2	3
308	7,299	6.2077	1	2	4	8	14
309	4,183	2.0995	1	1	1	2	4
310	24,884	4.3725	1	1	3	6	10
311	7,495	1.8220	1	1	1	2	3
312	1,524	4.5623	1	1	3	6	10
313	555	2.2559	1	1	1	3	5
314	2	40.5000	1	1	80	80	80
315	34,134	6.9586	1	1	4	9	16
316	119,645	6.5348	2	3	5	8	13
317	2,018	3.6051	1	1	2	4	7
318	5,782	6.0930	1	3	5	8	12
319	412	2.9320	1	1	2	4	6
320	188,165	5.2818	2	3	4	6	10
321	31,355	3.7221	1	2	3	5	7
322	50	3.2200	1	2	3	4	5
323	19,957	3.1681	1	1	2	4	6
324	7,040	1.9006	1	1	1	2	4
325	9,310	3.8056	1	2	3	5	7
326	2,732	2.6190	1	1	2	3	5
327	7	2.5714	1	1	2	3	4
328	742	3.7251	1	1	3	5	8
329	94	2.0851	1	1	1	3	5
331	51,439	5.5878	1	3	4	7	11

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY—FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V21.0—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
332	5,006	3.1596	1	1	2	4	6
333	255	5.7843	1	2	3	7	11
334	10,536	4.5813	2	3	4	5	8
335	12,727	3.0264	2	2	3	4	5
336	35,950	3.3945	1	2	2	4	7
337	29,532	2.0157	1	1	2	2	3
338	940	5.4851	1	2	3	7	13
339	1,481	4.7968	1	1	3	6	11
340	1	2.0000	2	2	2	2	2
341	3,580	3.2031	1	1	2	3	7
342	693	3.1977	1	1	2	4	7
344	3,580	2.5232	1	1	1	2	5
345	1,370	4.9051	1	1	3	6	11
346	4,890	5.8937	2	3	5	8	12
347	315	3.0762	1	1	2	4	7
348	3,401	4.3355	1	2	3	5	8
349	616	2.5049	1	1	2	3	5
350	6,748	4.4884	2	2	4	6	8
352	960	3.9740	1	2	3	5	7
353	2,600	6.4942	2	3	5	7	12
354	7,444	5.7016	3	3	4	6	10
355	5,590	3.1971	2	2	3	4	5
356	25,990	2.0785	1	1	2	3	3
357	5,663	8.3744	3	4	6	10	16
358	21,660	4.1750	2	2	3	5	7
359	32,036	2.5609	1	2	2	3	4
360	15,871	2.7521	1	1	2	3	4
361	346	3.2052	1	1	2	3	8
362	5	1.4000	1	1	1	2	2
363	2,527	3.6312	1	2	2	4	8
364	1,637	4.1307	1	1	3	5	8
365	1,843	8.1872	1	3	5	10	17
366	4,581	6.6619	1	3	5	8	14
367	487	3.0678	1	1	2	4	7
368	3,572	6.6551	2	3	5	8	13
369	3,482	3.3090	1	1	2	4	7
370	1,350	5.7911	2	3	4	5	9
371	1,691	3.4826	2	3	3	4	5
372	947	3.4805	2	2	2	3	5
373	4,145	2.2955	1	2	2	3	3
374	91	2.9341	1	2	2	3	6
376	325	3.4123	1	2	2	4	7
377	48	4.0833	1	2	3	5	8
378	175	2.5943	1	1	2	3	5
379	355	3.0028	1	1	2	3	5
380	99	1.9697	1	1	1	2	3
381	190	1.9053	1	1	1	2	4
382	49	1.6939	1	1	1	2	3
383	2,003	3.7913	1	1	3	4	7
384	129	2.6279	1	1	2	3	5
385	3	2.0000	1	1	2	3	3
387	1	55.0000	55	55	55	55	55
389	12	6.2500	2	3	5	9	10
392	2,271	9.6874	3	4	7	12	21
393	1	4.0000	4	4	4	4	4
394	2,605	7.5965	1	2	5	9	17
395	108,024	4.3238	1	2	3	5	9
396	17	4.4118	1	1	3	7	9
397	19,035	5.1743	1	2	4	6	10
398	18,162	5.8655	2	3	5	7	11
399	1,693	3.4826	1	2	3	4	6
401	5,845	11.5341	2	5	9	15	23
402	1,478	3.9831	1	1	3	5	9
403	31,947	8.1013	2	3	6	10	17
404	4,350	4.1069	1	2	3	5	8
405	1	31.0000	31	31	31	31	31
406	2,444	9.6579	2	4	7	12	20
407	643	4.0560	1	2	3	5	7
408	2,134	8.2291	1	2	5	10	20

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY—FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V21.0—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
409	2,154	6.1565	2	3	4	6	12
410	28,484	4.0951	1	2	4	5	6
411	7	2.2857	1	1	2	2	4
412	16	3.8125	1	1	3	6	7
413	5,349	7.0501	2	3	5	9	14
414	633	4.2354	1	2	3	5	8
415	43,349	14.3233	4	6	11	18	28
416	192,908	7.4362	2	4	6	9	14
417	38	5.8421	2	3	5	7	12
418	25,920	6.2986	2	3	5	8	12
419	16,446	4.5517	1	2	4	6	9
420	3,220	3.4202	1	2	3	4	6
421	10,745	4.0624	1	2	3	5	8
422	66	3.6970	1	2	2	4	6
423	8,116	8.3228	2	3	6	10	17
424	1,236	12.7929	2	4	9	15	26
425	16,189	3.7961	1	2	3	5	8
426	4,589	4.4655	1	2	3	6	9
427	1,596	4.3784	1	2	3	5	9
428	796	7.1382	1	2	5	8	14
429	27,249	5.8827	2	3	4	7	11
430	65,276	7.8291	2	3	6	10	16
431	314	6.8248	1	2	4	7	12
432	451	4.0111	1	2	3	4	7
433	5,554	3.1300	1	1	2	4	6
439	1,520	8.1855	1	3	5	9	17
440	5,771	9.0806	2	3	6	11	19
441	677	3.1374	1	1	2	4	6
442	17,571	8.5218	1	3	6	10	18
443	3,920	3.3663	1	1	3	4	7
444	5,754	4.2011	1	2	3	5	8
445	2,546	2.8610	1	1	2	4	5
447	6,514	2.5091	1	1	2	3	5
448	1	1.0000	1	1	1	1	1
449	33,181	3.7059	1	1	3	4	7
450	7,441	1.9790	1	1	1	2	4
451	1	1.0000	1	1	1	1	1
452	25,679	4.9178	1	2	3	6	10
453	5,687	2.7579	1	1	2	3	5
454	4,792	4.2398	1	2	3	5	8
455	1,070	2.4140	1	1	2	3	5
461	5,216	3.5861	1	1	2	4	8
462	9,650	10.8636	4	6	9	14	20
463	27,061	4.0439	1	2	3	5	8
464	7,232	2.9887	1	1	2	4	6
465	200	3.9100	1	1	1	3	6
466	1,737	4.0219	1	1	2	4	7
467	1,141	3.0035	1	1	2	3	6
468	52,318	12.7674	3	6	10	16	25
471	13,363	5.3722	3	3	4	6	8
473	8,095	12.4119	2	3	7	17	32
475	109,726	11.1546	2	5	9	15	22
476	3,657	11.0941	2	5	10	15	21
477	25,400	8.1660	1	3	6	11	17
478	108,112	7.3110	1	3	5	9	15
479	24,051	3.1906	1	1	2	4	7
480	611	21.0638	6	8	12	22	47
481	865	21.7584	13	17	20	25	33
482	5,296	12.5015	4	6	9	15	24
483	45,427	39.2033	15	22	33	48	70
484	336	14.5744	2	6	11	21	28
485	3,220	9.8264	4	5	7	11	19
486	2,094	12.7612	1	6	10	17	26
487	3,731	7.1702	1	3	6	9	15
488	769	16.9129	4	7	13	22	36
489	13,373	8.5374	2	3	6	10	17
490	5,462	5.4888	1	2	4	7	11
491	15,370	3.3853	1	2	3	4	6
492	3,140	14.9239	3	5	7	25	33

TABLE 7B.—MEDICARE PROSPECTIVE PAYMENT SYSTEM SELECTED PERCENTILE LENGTHS OF STAY—FY 2002 MEDPAR UPDATE DECEMBER 2002 GROUPER V21.0—Continued

DRG	Number of discharges	Arithmetic mean length of stay	10th percentile	25th percentile	50th percentile	75th percentile	90th percentile
493	59,615	5.9843	1	3	5	8	11
494	28,880	2.5293	1	1	2	3	5
495	192	16.4167	7	9	12	19	31
496	2,479	8.8709	3	4	6	11	18
497	21,955	6.2773	3	4	5	7	11
498	15,754	4.0072	2	3	4	5	6
499	34,688	4.5204	1	2	3	6	9
500	49,936	2.4069	1	1	2	3	4
501	2,608	10.6031	4	5	8	13	20
502	771	6.1647	3	4	5	7	11
503	5,970	3.9084	1	2	3	5	7
504	125	27.6560	7	13	21	37	55
505	134	5.6567	1	1	1	5	11
506	919	16.8836	4	7	13	21	35
507	341	9.0411	2	4	7	13	19
508	631	7.8051	2	3	5	10	17
509	160	4.2688	1	2	3	5	9
510	1,651	6.7274	1	3	5	8	15
511	581	4.6076	1	1	3	6	10
512	481	13.1185	6	8	10	15	23
513	207	9.7585	5	6	8	10	15
515	8,131	5.1646	1	1	3	7	12
516	84,846	4.6338	2	2	4	5	9
517	198,743	2.5406	1	1	1	3	5
518	56,613	3.2508	1	1	2	4	7
519	9,004	5.1313	1	1	3	6	12
520	13,003	2.1170	1	1	2	2	4
521	30,898	5.7395	2	3	4	7	11
522	6,069	9.5670	4	5	8	12	20
523	15,456	4.0538	1	2	3	5	7
524	132,651	3.3690	1	2	3	4	6
525	571	17.2907	1	4	9	18	37
528	1,354	17.0990	6	10	15	22	31
529	4,687	10.5078	2	3	7	14	24
530	2,842	3.9170	1	2	3	5	8
531	3,802	9.9408	2	4	7	13	21
532	2,910	3.9704	1	1	3	5	8
533	43,264	4.1077	1	1	2	5	9
534	52,354	2.0108	1	1	1	2	4
535	6,005	10.9189	2	5	9	14	21
536	20,565	5.7310	1	2	4	8	12
537	6,870	7.0199	1	3	5	9	14
538	6,442	2.8788	1	1	2	4	6
539	4,472	11.1456	2	4	8	15	24
540	1,899	4.0590	1	1	3	5	8
	11,713,347						

TABLE 8A.—STATEWIDE AVERAGE OPERATING COST-TO-CHARGE RATIOS FOR URBAN AND RURAL HOSPITALS (CASE WEIGHTED)—MARCH 2003

State	Urban	Rural
Alabama	0.326	0.393
Alaska	0.401	0.662
Arizona	0.334	0.453
Arkansas	0.424	0.413
California	0.322	0.411
Colorado	0.408	0.532
Connecticut	0.501	0.538
Delaware	0.592	0.483
District of Columbia	0.382
Florida	0.330	0.344
Georgia	0.449	0.444
Hawaii	0.402	0.447

TABLE 8A.—STATEWIDE AVERAGE OPERATING COST-TO-CHARGE RATIOS FOR URBAN AND RURAL HOSPITALS (CASE WEIGHTED)—MARCH 2003—Continued

State	Urban	Rural
Idaho	0.541	0.518
Illinois	0.384	0.476
Indiana	0.486	0.523
Iowa	0.456	0.587
Kansas	0.376	0.558
Kentucky	0.458	0.462
Louisiana	0.383	0.459
Maine	0.542	0.499
Maryland	0.760	0.820
Massachusetts	0.499	0.553
Michigan	0.438	0.534

TABLE 8A.—STATEWIDE AVERAGE OPERATING COST-TO-CHARGE RATIOS FOR URBAN AND RURAL HOSPITALS (CASE WEIGHTED)—MARCH 2003—Continued

State	Urban	Rural
Minnesota	0.460	0.619
Mississippi	0.431	0.419
Missouri	0.389	0.459
Montana	0.510	0.516
Nebraska	0.415	0.525
Nevada	0.284	0.461
New Hampshire	0.523	0.587
New Jersey	0.343
New Mexico	0.473	0.479
New York	0.470	0.579
North Carolina	0.503	0.468

TABLE 8A.—STATEWIDE AVERAGE OPERATING COST-TO-CHARGE RATIOS FOR URBAN AND RURAL HOSPITALS (CASE WEIGHTED)—MARCH 2003—Continued

State	Urban	Rural
North Dakota	0.640	0.628
Ohio	0.481	0.567
Oklahoma	0.371	0.466
Oregon	0.525	0.568
Pennsylvania	0.367	0.497
Puerto Rico	0.479	0.569
Rhode Island	0.484	
South Carolina	0.435	0.452
South Dakota	0.484	0.535
Tennessee	0.411	0.434
Texas	0.373	0.477
Utah	0.481	0.581
Vermont	0.522	0.596
Virginia	0.428	0.499
Washington	0.532	0.581
West Virginia	0.572	0.545
Wisconsin	0.509	0.583
Wyoming	0.442	0.618

TABLE 8B.—STATEWIDE AVERAGE CAPITAL COST-TO-CHARGE RATIOS (CASE WEIGHTED)—MARCH 2003

State	Ratio
Alabama	0.040
Alaska	0.053
Arizona	0.033
Arkansas	0.042
California	0.031
Colorado	0.043
Connecticut	0.036
Delaware	0.050
District of Columbia	0.026
Florida	0.039
Georgia	0.047
Hawaii	0.041
Idaho	0.045
Illinois	0.037
Indiana	0.051
Iowa	0.046
Kansas	0.045
Kentucky	0.045
Louisiana	0.043
Maine	0.035
Maryland	0.013
Massachusetts	0.049
Michigan	0.043
Minnesota	0.042
Mississippi	0.041
Missouri	0.040
Montana	0.049

TABLE 8B.—STATEWIDE AVERAGE CAPITAL COST-TO-CHARGE RATIOS (CASE WEIGHTED)—MARCH 2003—Continued

State	Ratio
Nebraska	0.047
Nevada	0.032
New Hampshire	0.059
New Jersey	0.030
New Mexico	0.044
New York	0.047
North Carolina	0.046
North Dakota	0.065
Ohio	0.044
Oklahoma	0.040
Oregon	0.043
Pennsylvania	0.035
Puerto Rico	0.043
Rhode Island	0.033
South Carolina	0.046
South Dakota	0.051
Tennessee	0.046
Texas	0.043
Utah	0.046
Vermont	0.046
Virginia	0.048
Washington	0.052
West Virginia	0.045
Wisconsin	0.050
Wyoming	0.050

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
010005	01	3440	3440
010008	01	5240	
010010	01	3440	3440
010012	01	2880	
010022	01	2880	
010029	0580	1800	
010035	01	1000	
010036	01	2750	
010043	01	1000	1000
010044	01	25	
010072	01	0450	0450
010089	01	1000	
010101	01	0450	0450
010118	01	5240	
010120	01	5160	
010121	01	5240	
010126	01	2180	
010150	01	5240	
010158	01	2030	
020008	02	0380	
030007	03	2620	
030012	03	6200	
030033	03	2620	
030043	03	8520	
040014	04	4400	
040017	04	26	
040019	04	4920	
040020	3700	4920	
040026	04	4400	
040027	04	7920	
040041	04	4400	
040066	04	4400	
040069	04	4920	
040072	04	4400	
040076	04	4400	
040078	04	4400	

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004—Continued

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
040080	04	3700	
040088	04	7680	
040091	04	8360	
040107	04	8360	
040119	04	4400	
050042	05	6690	
050045	05		7320
050071	7400	5775	
050073	8720	5775	
050101	8720	5775	
050150	05	6920	
050174	7500	8720	
050228	7360	5775	
050230	5945	4480	
050236	8735		4480
050236	8735	4480	
050251	05	6720	
050296	05	7120	
050325	05	5170	
050335	05	5170	
050419	05	6690	
050457	7360	5775	
050464	5170	8120	
050494	05	6920	
050510	7360	5775	
050541	7360	5775	
050549	8735	4480	
050569	05	7500	
050594	5945	4480	
050609	5945	4480	
050668	7360	5775	
050686	6780	5945	
060001	3060	2080	2080
060003	1125	2080	2080
060013	06	0200	
060023	2995	6520	
060027	1125	2080	2080
060044	06	2080	
060049	06	2080	
060057	06	2995	
060075	06	2995	
060076	06	3060	
060096	06	2080	
060103	1125	2080	2080
070006	5483	5600	
070018	5483	5600	
070033	5483	5600	
070034	5483	5600	
070036	3283	5483	
080002	08		0720
080004	2190	9160	
080006	08	2190	
080007	08	0560	
100022	5000	2680	
100023	10	5960	
100024	10	5000	
100045	2020		5960
100049	10	3980	
100098	10	8960	8960
100103	10	3600	3600
100105	10	4900	
100109	10	5960	
100150	10	5000	
100176	8960	2710	
100211	8280	3980	
100232	10	5790	2900
100239	8280	7510	
100249	10	8280	
100268	8960	2680	
110001	11		0520

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004—Continued

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
110001	11	0520	
110002	11	0520	
110003	11	3600	
110016	11	1800	
110023	11	0520	
110025	11		3600
110025	11	3600	
110029	11	0520	
110038	11	10	
110040	11	0500	0500
110041	11	0500	
110050	11	0520	
110054	11	0520	
110074	0500		0520
110075	11	7520	
110118	11	0120	
110122	11	10	
110150	11	4680	
110168	11	0520	
110187	11	0520	
110188	11	0520	
110189	11	0520	
110205	11	0520	
120028	12	3320	
130002	13	6340	
130003	13	50	
130011	13	50	
130018	13	6340	
130026	13	6340	
130028	6340	7160	
130049	13	7840	
130060	13	1080	
140014	6120	1040	
140015	14	7040	
140027	14	1960	
140031	14	1400	
140032	14	7040	
140034	14	7040	7040
140040	14	6120	
140043	14	6880	
140046	14	7040	
140058	14	7880	
140064	14	1960	
140086	14	7040	7040
140093	14	1400	
140102	14	7880	7880
140110	14	6120	
140141	14	7040	7040
140143	14	6120	
140160	14	6880	
140161	14	1600	
140164	14	7040	
140189	14	1400	
140230	14	1400	1400
140234	14	6120	
140245	14		7040
140271	14	7800	7800
150002	2960	1600	1600
150004	2960	1600	1600
150006	15	7800	
150008	2960	1600	1600
150011	15	3480	3480
150015	15	1600	1600
150027	15		3480
150030	15	3480	3480
150034	2960	1600	1600
150036	15	3850	
150048	15	3200	
150051	1020		3480
150062	15	3480	3480

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004—Continued

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
150065	15	3480	
150067	15		3480
150069	15	1640	1640
150076	15	7800	
150090	2960	1600	1600
150096	15	2330	
150102	15	7800	
150105	15	3480	
150112	15	3480	3480
150125	2960	1600	1600
150126	2960	1600	1600
150127	15	3480	
150132	2960	1600	1600
150133	15	2330	
150146	15	2330	
150147	2960	1600	1600
160001	16	2120	
160016	16	2120	
160026	16	2120	
160030	16	2120	
160037	16	24	
160057	16	3500	
160064	16	24	
160080	16	6880	
160088	16	2120	
160089	16	2120	
160094	16	8920	
160122	16	14	
160147	16	2120	
170001	17	9040	
170006	17	3710	
170010	17	8560	
170012	17	9040	
170013	17	9040	
170014	17	3760	
170020	17	9040	
170022	17	7000	
170023	17	9040	
170025	17	9040	
170033	17	9040	
170045	17	8440	
170058	17	3710	
170060	17	28	
170089	17	0320	
170094	17	8440	
170120	17	3710	
170131	17	8440	8440
170142	17	8440	
170145	17	8560	
170166	17	0320	
170175	17	9040	
180005	18	3400	
180011	18	4280	
180012	18	4520	
180013	18	5360	
180016	18	4520	
180018	18	4280	
180027	18	1660	
180028	18	3400	
180029	18	3660	
180044	18	3400	
180048	18	4280	
180054	18	1660	
180066	18	5360	
180069	18	3400	
180078	18	3400	
180102	18	1660	
180104	18	1660	
180116	18	1660	
180124	18	5360	

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004—Continued

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
180125	18	3400	
180127	18	4520	
180132	18	4280	
180139	18	4280	
190001	19		5560
190003	19	3880	
190010	19	5560	
190015	19	5560	
190025	19	3880	
190049	19		5560
190054	19	3880	
190083	19	5200	
190086	19	5200	
190099	19	3880	
190106	19	3880	
190131	19	5560	
190218	19	0220	
200002	20	6403	
200020	6403	1123	1123
200024	4243	6403	
200034	4243	6403	
200039	20	6403	
200040	6403		1123
200050	20	0733	
200063	20	6403	
220060	1123	0743	
220077	8003	3283	
220123	22	0743	
230022	23	0440	
230027	23	3000	3000
230030	23	6960	
230036	23	6960	
230037	23	0440	
230040	23	3720	3000
230054	23	3080	
230080	23	6960	
230093	23	3000	
230096	23	3720	
230097	23	3000	
230105	23	6960	
230106	23	3000	
230121	23	2640	2640
230188	23	6960	6960
230199	23	0870	0870
230235	23	6960	6960
230253	23	2160	
240011	24	5120	5120
240013	24	5120	
240014	24	5120	
240016	24	2520	
240018	24		5120
240023	24	5120	
240045	24	2240	
240052	24	2520	
240064	24	2240	
240069	24	6820	
240071	24		5120
240072	24	2240	
240075	24	6980	
240088	24	6980	
240089	24	5120	
240100	24	2985	
240119	24	2240	
240121	24	2240	
240139	24	5120	
240142	24	6980	
240152	24	5120	
240187	24	5120	
250002	25	2650	
250004	25	4920	

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004—Continued

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
250009	25	3580	
250025	25	01	
250030	25	3560	
250031	25	3560	
250034	25	4920	
250042	25	4920	
250058	25	3285	
250078	3285	0920	
250079	25	3560	
250081	25	3560	
250082	25	6240	
250084	25	19	
250088	25	0760	
250094	3285	0920	
250097	25	0760	
250100	25	8600	
250101	25	3560	
250104	25	3560	
250122	25	19	
250126	25	4920	
260009	26	3760	
260011	26	1740	
260015	26	3700	
260017	26	7040	
260022	26	1740	
260025	26	7040	
260034	26	3760	
260047	26	1740	
260064	26	1740	
260074	26	1740	
260078	26	7920	
260094	26	7920	
260110	26	7040	7040
260113	26	14	
260116	26	7040	
260119	26	3700	
260120	26	3700	
260127	26	7040	
260131	26	1740	
260164	26		7040
260183	26	7040	
260186	26	1740	
270002	27	0880	
270003	27	3040	
270011	27	3040	
270017	27	5140	
270051	27	5140	
270057	27	0880	
270082	27	3040	
280009	28	4360	
280023	28	4360	
280032	28	4360	
280054	28	4360	
280058	28	4360	
280061	28	53	
280065	28	3060	
280077	28	5920	
280111	28	5920	
280125	28	7720	
290006	29	6720	
290008	29	4120	
300003	30	1123	
300005	30	1123	
300019	30	1123	1123
300024	30		1123
310001	0875	5600	
310002	5640	5600	
310003	3640	5600	
310015	5640	0875	
310021	8480	5190	

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004—Continued

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
310031	6160	5190	
310032	8760	6160	6160
310038	5015	5600	
310045	0875	5600	
310047	0560	6160	
310048	5015	5640	
310064	0560	6160	
310070	5015	5600	
310076	5640	5600	
310087	8760	6160	
310088	0560	6160	
310119	5640	5600	
320005	32	0200	
320006	32	7490	
320011	32	7490	
320013	32	7490	
320063	32	5800	
320065	32	5800	
330001	5660	0875	0875
330004	33	2281	
330023	2281	5660	5600
330027	5380	5600	
330084	33	1303	
330085	33	8160	
330103	33		1280
330106	5380	5600	
330126	5660	0875	0875
330135	5660	0875	0875
330136	33	8160	
330157	33	8160	
330181	5380	5600	
330182	5380	5600	
330205	5660	0875	0875
330209	5660	0875	0875
330224	33	3283	
330235	8160		6840
330239	3610	2360	
330250	33	1303	
330264	5660	0875	0875
330307	33	8160	
330386	33	5660	
340003	34	3120	
340008	34	2560	
340010	2980	6640	
340013	34	1520	
340017	34	0480	
340021	34	1520	
340023	34	0480	
340027	34	3150	
340039	34		1520
340050	34	2560	
340051	34	3290	
340052	3120	1520	
340064	34	3120	
340068	34	9200	
340071	34	6640	6640
340088	34	0480	
340109	34	5720	5720
340115	34	6640	6640
340124	34	6640	6640
340126	34	6640	6640
340131	34	3150	
340143	3290	1520	
340147	6895	6640	
350003	35	1010	
350005	35	2985	
350006	35	1010	
350008	35	1010	
350009	35	2520	
350038	35	2985	

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004—Continued

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
360002	36		1680
360008	36	3400	
360010	36	0080	
360011	36	1840	1840
360013	36	2000	
360014	36	1840	
360024	36	1680	1680
360025	36	1680	1680
360036	36	0080	
360037	1680	0080	
360039	36	1840	1840
360046	3200		1640
360054	36	1480	
360056	3200		1640
360063	36	1680	
360065	36	1680	1680
360071	36	4320	4320
360076	3200		1640
360078	0080	1680	1680
360081	8400		2160
360084	1320	0080	
360088	36	1840	
360090	8400		2160
360092	36	1840	1840
360095	36	8400	
360107	36	8400	
360109	36	1840	1840
360112	8400	0440	
360121	36	0440	
360132	3200		1640
360142	36		1640
360144	1680	0080	
360150	0080		1680
360159	36	1840	
360175	36	3200	
360186	36	1640	
360197	36	1840	1840
360211	8080		6280
370004	37	3710	
370006	37	8560	
370014	37	7640	
370015	37	8560	
370018	37	8560	
370022	37	4200	
370023	37	4200	
370025	37	8560	
370034	37	2720	
370047	37	7640	
370048	37	8360	
370049	37	5880	
370054	37	5880	
370084	37	2720	
370103	37	45	
370153	37	4200	
370200	37	5880	
380001	38	6440	
380002	38	4890	
380006	38		6440
380022	38	1890	
380027	38	2400	
380040	38	2400	
380047	38	2400	
380050	38	4890	
380051	7080		6440
380065	38	2400	
380070	38	6440	
380090	38	2400	
390006	39	3240	
390008	39	6280	6280
390013	39	3240	

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004—Continued

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
390016	39	6280	6280
390017	39	6280	6280
390030	39	6680	6680
390031	39	6680	6680
390048	39	3240	
390052	39	0280	
390065	39	9280	9280
390079	39	0960	
390091	39	6280	
390093	39	6280	
390110	3680	6280	
390113	39	9320	
390133	0240	6160	
390138	39	8840	
390150	39	6280	
390151	39	8840	
390163	39	6280	
390181	39	6680	6680
390183	39	6680	6680
390189	39	3240	
390197	0240	6160	
390201	39	5640	5640
390263	0240	6160	
400018	40	1310	
410001	6483	1123	1123
410004	6483	1123	1123
410005	6483	1123	1123
410006	6483	1123	1123
410007	6483	1123	1123
410008	6483	1123	1123
410009	6483	1123	1123
410010	6483	1123	1123
410011	6483	1123	1123
410012	6483	1123	1123
410013	6483	1123	1123
420020	42	1440	
420030	42	1440	
420036	42	1520	
420059	42	2655	
420062	42	1520	
420068	42	0600	
420070	8140	1760	
420071	42	0600	
420080	42	7520	
420085	5330	9200	
430004	43	6660	
430008	43	24	
430012	43	7760	
430013	43	7760	
430014	43	2520	
430015	43	6660	
430047	43	28	
430048	43	53	
430089	43	7720	
440008	44	3580	
440020	44	3440	
440024	44	1560	
440050	44	0480	
440058	44	1560	
440059	44	5360	
440060	44	3580	
440067	44	3840	
440068	44	3840	
440072	44	4920	
440073	44	5360	
440148	44	5360	
440175	44	3440	
440180	44	3840	
440185	44	1560	
440186	44	5360	

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004—Continued

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
440187	44	18	
440192	44	5360	
440200	44	5360	
440203	44	1560	
450007	45	7240	
450014	45	8750	
450080	45	4420	
450085	45	9080	
450098	45	4420	
450099	45	0320	
450140	45	5800	
450144	45	5800	
450146	45	0320	
450163	45	1880	
450178	45	5800	
450187	45	3360	
450192	45	1920	
450194	45	1920	
450196	45	1920	
450211	45	3360	
450214	45	3360	
450224	45	8640	
450347	45	3360	
450351	45	2800	
450353	45	1880	
450373	45	4420	
450395	45	3360	
450400	45	8800	
450438	45	0640	
450447	45	1920	
450451	45	2800	
450484	45	3360	
450508	45	8640	
450534	45	0320	
450623	45	1920	
450626	45	8750	
450653	45	5800	
450656	45	8640	
450694	45	3360	
450747	45	1920	
450755	45	4600	
450763	45	0320	
450770	45	0640	
460011	46	6520	
460021	46	4120	
460027	46	6520	
460032	46	6520	
460036	46	6520	
460039	46	7160	
470001	47	30	
470011	47	1123	1123
470012	47	6323	
470018	47	1123	1123
490001	49	3660	
490004	49	1540	
490005	49	8840	
490013	49	4640	
490018	49	4640	
490038	49	3660	
490047	49	8840	
490066	5720	6760	
490079	49	3120	3120
490126	49	6800	
500002	50	6740	
500003	50	7600	
500007	50	0860	
500016	50	7600	
500031	50	5910	
500041	50	6440	
500059	50	7600	

TABLE 9.—HOSPITAL RECLASSIFICATIONS AND REDESIGNATIONS BY INDIVIDUAL HOSPITAL—FY 2004—Continued

Provider No.	Actual MSA or rural area	Wage index MSA reclassification	Standardized amount MSA reclassification
500072	50	7600	
500079	8200		7600
510001	51	6280	
510002	51	6800	
510006	51	6280	
510024	51	6280	6280
510028	51	1480	
510046	51	1480	
510047	51	6280	
510048	51	3400	
510062	51	1480	
510070	51	1480	
510071	51	1480	
520002	52	8940	
520006	52	8940	
520011	52	2290	
520021	3800	1600	1600
520028	52	4720	
520032	52	4720	
520037	52	8940	
520059	6600	5080	5080
520066	3620	4720	
520071	52	5080	5080
520076	52	4720	
520084	52	4720	
520088	52	5080	
520091	52	23	
520094	6600	5080	5080
520096	6600	5080	5080
520102	52	5080	5080
520107	52	3080	
520113	52	3080	
520116	52	5080	5080
520152	52	3080	
520173	52	2240	
520189	3800	1600	1600
530002	53	1350	
530008	53	1350	
530009	53	1350	
530015	53	6340	
530025	53	2670	
530032	53	7160	

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹

DRG	Cases	Mean + 1 standard deviation
1	23,157	\$71,862
2	11,535	\$41,916
3	3	\$57,168
6	350	\$15,743
7	14,489	\$55,309
8	4,031	\$33,403
9	1,677	\$27,210
10	18,339	\$25,124
11	3,244	\$17,654
12	51,660	\$17,776
13	6,919	\$16,312
14	233,816	\$24,738
15	92,167	\$19,059
16	9,810	\$25,016
17	2,700	\$13,796
18	29,250	\$20,071
19	8,385	\$14,298
20	6,112	\$57,114

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
21	1,869	\$30,726
22	2,746	\$21,754
23	11,062	\$16,410
24	58,122	\$19,963
25	26,945	\$12,212
26	18	\$22,836
27	4,348	\$27,026
28	13,770	\$26,999
29	5,226	\$14,276
30	2	\$19,365
31	3,834	\$18,092
32	1,866	\$11,256
34	23,474	\$19,760
35	7,325	\$12,760
36	2,079	\$11,821
37	1,351	\$21,123

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
38	94	\$9,781
39	547	\$12,494
40	1,508	\$17,526
42	1,553	\$14,008
43	93	\$11,353
44	1,185	\$13,306
45	2,622	\$14,326
46	3,418	\$16,038
47	1,373	\$10,908
49	2,341	\$34,744
50	2,385	\$15,810
51	241	\$16,991
52	216	\$15,789
53	2,435	\$23,943
55	1,458	\$18,384
56	458	\$16,976

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
57	700	\$21,430
59	113	\$16,063
61	249	\$24,772
62	2	\$20,652
63	2,964	\$28,015
64	3,064	\$27,189
65	39,700	\$11,389
66	7,690	\$11,535
67	379	\$15,758
68	11,373	\$12,869
69	3,665	\$9,805
70	29	\$6,582
71	79	\$13,057
72	949	\$13,674
73	7,561	\$16,376
75	42,731	\$60,129
76	43,909	\$56,525
77	2,427	\$23,987
78	38,870	\$24,907
79	165,957	\$32,680
80	7,866	\$16,846
81	5	\$20,229
82	63,317	\$28,781
83	6,565	\$19,177
84	1,552	\$10,644
85	21,981	\$24,242
86	2,201	\$13,781
87	60,101	\$27,456
88	396,200	\$17,702
89	523,048	\$20,511
90	47,344	\$11,871
91	44	\$14,737
92	15,549	\$24,280
93	1,738	\$14,448
94	12,597	\$22,970
95	1,622	\$12,263
96	55,628	\$14,761
97	28,174	\$10,803
98	9	\$14,090
99	20,984	\$13,983
100	8,129	\$10,369
101	21,861	\$17,290
102	5,503	\$10,797
103	484	\$378,244
104	20,223	\$150,559
105	28,716	\$108,046
106	3,432	\$136,812
107	81,816	\$99,133
108	6,341	\$109,106
109	56,282	\$73,253
110	53,777	\$81,343
111	9,323	\$49,746
113	39,244	\$56,405
114	8,198	\$33,220
115	19,499	\$69,161
116	114,338	\$44,903
117	4,622	\$27,878
118	8,168	\$31,457
119	1,211	\$27,147
120	37,745	\$46,550
121	161,616	\$30,683
122	75,737	\$19,715
123	38,021	\$32,143
124	133,344	\$27,371
125	90,371	\$20,832
126	5,309	\$51,405
127	663,251	\$20,085

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
128	7,042	\$14,239
129	3,774	\$20,775
130	87,289	\$18,660
131	26,583	\$11,113
132	140,158	\$12,462
133	8,475	\$10,723
134	40,649	\$11,970
135	7,697	\$17,958
136	1,166	\$11,432
138	204,872	\$16,521
139	86,072	\$10,173
140	54,193	\$10,288
141	107,180	\$14,813
142	51,782	\$11,382
143	245,795	\$10,741
144	93,108	\$24,851
145	7,201	\$11,714
146	10,627	\$52,920
147	2,602	\$29,373
148	132,078	\$67,116
149	19,892	\$27,061
150	20,888	\$57,096
151	5,067	\$25,243
152	4,490	\$37,305
153	2,025	\$21,509
154	27,969	\$82,200
155	6,498	\$25,001
156	4	\$16,997
157	8,150	\$25,875
158	4,273	\$12,709
159	17,842	\$26,972
160	11,973	\$15,839
161	10,620	\$22,659
162	6,290	\$12,519
163	8	\$9,397
164	5,322	\$45,313
165	2,297	\$22,967
166	4,142	\$27,527
167	4,013	\$16,618
168	1,406	\$26,010
169	802	\$14,782
170	15,473	\$57,315
171	1,495	\$23,568
172	30,878	\$28,013
173	2,414	\$15,971
174	247,933	\$19,856
175	34,337	\$11,032
176	13,301	\$21,548
177	8,939	\$18,108
178	3,315	\$13,584
179	12,973	\$21,773
180	88,999	\$19,227
181	26,699	\$10,651
182	268,140	\$16,395
183	89,558	\$11,492
184	69	\$9,542
185	5,256	\$17,532
186	6	\$17,504
187	609	\$15,462
188	82,829	\$22,197
189	12,856	\$12,176
190	75	\$16,578
191	9,340	\$88,382
192	1,299	\$36,558
193	4,733	\$68,254
194	638	\$31,775
195	3,957	\$59,356

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
196	969	\$30,122
197	17,996	\$50,435
198	5,289	\$23,379
199	1,609	\$48,963
200	1,069	\$62,346
201	2,100	\$75,551
202	26,307	\$26,667
203	29,543	\$28,095
204	64,510	\$22,991
205	27,001	\$24,271
206	2,015	\$14,280
207	32,214	\$22,980
208	9,967	\$13,150
209	394,702	\$35,979
210	121,348	\$33,587
211	29,657	\$22,493
212	9	\$31,925
213	9,818	\$37,689
216	8,691	\$41,935
217	17,092	\$61,011
218	23,524	\$30,313
219	19,672	\$19,359
223	13,125	\$20,384
224	11,574	\$14,926
225	6,390	\$22,849
226	5,793	\$30,350
227	4,783	\$15,628
228	2,495	\$22,908
229	1,245	\$13,667
230	2,430	\$25,765
232	809	\$18,306
233	9,829	\$40,036
234	5,300	\$24,173
235	5,032	\$14,695
236	39,468	\$13,922
237	1,748	\$11,857
238	8,729	\$27,480
239	45,525	\$20,661
240	11,846	\$26,301
241	3,110	\$12,646
242	2,542	\$23,380
243	94,969	\$15,031
244	14,423	\$14,330
245	5,746	\$9,757
246	1,473	\$11,896
247	20,113	\$11,410
248	13,674	\$17,154
249	12,784	\$13,336
250	3,727	\$14,018
251	2,332	\$9,097
253	21,753	\$14,893
254	10,593	\$8,759
256	6,586	\$16,469
257	15,517	\$16,712
258	15,055	\$13,056
259	3,486	\$17,996
260	4,160	\$12,825
261	1,747	\$17,565
262	653	\$18,615
263	22,868	\$41,675
264	3,819	\$21,268
265	4,031	\$31,156
266	2,516	\$17,172
267	238	\$20,021
268	895	\$23,309
269	9,688	\$35,630
270	2,743	\$16,079

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
271	18,989	\$20,610
272	5,658	\$20,167
273	1,313	\$12,601
274	2,264	\$24,353
275	223	\$12,616
276	1,304	\$13,267
277	98,858	\$17,235
278	31,750	\$10,661
279	10	\$15,979
280	17,551	\$13,991
281	7,377	\$9,589
283	5,976	\$14,555
284	1,992	\$8,504
285	6,869	\$41,732
286	2,477	\$39,318
287	6,166	\$37,798
288	5,471	\$41,746
289	6,830	\$18,048
290	9,803	\$16,847
291	58	\$13,308
292	6,420	\$55,995
293	356	\$28,741
294	96,631	\$15,356
295	3,475	\$16,050
296	275,298	\$17,000
297	47,552	\$9,995
298	109	\$9,503
299	1,253	\$18,904
300	18,462	\$22,372
301	3,554	\$12,547
302	8,653	\$61,825
303	21,521	\$46,383
304	12,430	\$47,807
305	3,009	\$23,106
306	6,967	\$24,014
307	1,983	\$11,422
308	7,203	\$31,717
309	4,094	\$17,613
310	24,593	\$22,507
311	7,407	\$11,963
312	1,502	\$21,429
313	547	\$13,534
314	2	\$815,660
315	33,535	\$41,732
316	117,415	\$26,424
317	1,994	\$16,978
318	5,685	\$24,541
319	403	\$14,083
320	184,548	\$17,149
321	30,606	\$11,011
322	49	\$9,127
323	19,641	\$16,239
324	6,874	\$9,611
325	9,136	\$13,204
326	2,696	\$8,569
327	7	\$7,111
328	732	\$15,295
329	93	\$10,358
331	50,553	\$21,469
332	4,905	\$12,274
333	254	\$19,142
334	10,300	\$27,789
335	12,490	\$19,981
336	35,495	\$16,280
337	29,140	\$10,776
338	929	\$23,997
339	1,460	\$22,362

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
341	3,545	\$25,849
342	686	\$14,916
344	3,549	\$26,710
345	1,354	\$22,352
346	4,775	\$21,343
347	308	\$11,845
348	3,361	\$15,104
349	604	\$9,831
350	6,602	\$14,657
352	945	\$14,499
353	2,491	\$35,744
354	7,324	\$28,230
355	5,481	\$16,312
356	25,562	\$14,230
357	5,570	\$44,892
358	21,321	\$22,339
359	31,420	\$14,957
360	15,538	\$16,445
361	339	\$21,352
362	5	\$16,578
363	2,471	\$18,875
364	1,610	\$18,054
365	1,815	\$42,185
366	4,504	\$25,764
367	477	\$11,799
368	3,503	\$23,599
369	3,419	\$12,532
370	1,327	\$18,299
371	1,662	\$11,458
372	927	\$10,237
373	4,076	\$6,914
374	89	\$13,913
376	316	\$11,055
377	47	\$21,747
378	171	\$14,743
379	349	\$7,238
380	98	\$8,554
381	188	\$10,611
382	48	\$4,333
383	1,956	\$10,030
384	129	\$7,214
385	3	\$34,210
389	12	\$23,975
392	2,248	\$66,268
394	2,567	\$38,588
395	105,976	\$16,486
396	17	\$16,006
397	18,727	\$25,519
398	17,860	\$24,884
399	1,671	\$13,548
401	5,768	\$59,903
402	1,454	\$22,863
403	31,365	\$37,680
404	4,277	\$18,437
406	2,391	\$53,929
407	634	\$24,003
408	2,081	\$44,985
409	2,127	\$25,574
410	28,001	\$21,908
411	7	\$7,483
412	15	\$11,456
413	5,253	\$27,415
414	622	\$15,291
415	42,746	\$75,112
416	189,451	\$32,070
417	38	\$22,076
418	25,456	\$21,447

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
419	16,128	\$17,016
420	3,139	\$12,214
421	10,563	\$14,503
422	66	\$12,891
423	7,972	\$36,726
424	1,224	\$49,024
425	15,914	\$13,506
426	4,462	\$10,410
427	1,557	\$10,483
428	782	\$14,266
429	26,797	\$15,953
430	64,123	\$13,703
431	310	\$12,670
432	443	\$12,980
433	5,479	\$5,805
439	1,493	\$34,068
440	5,673	\$36,892
441	668	\$18,081
442	17,291	\$48,763
443	3,848	\$19,622
444	5,629	\$14,813
445	2,485	\$9,965
447	6,390	\$10,119
449	32,589	\$16,465
450	7,304	\$8,328
452	25,308	\$20,911
453	5,591	\$10,522
454	4,691	\$16,299
455	1,043	\$9,576
461	5,133	\$24,128
462	9,531	\$19,503
463	26,512	\$13,669
464	7,075	\$9,864
465	192	\$13,169
466	1,684	\$14,122
467	1,106	\$10,115
468	51,680	\$77,692
470	52	\$504,684
471	13,167	\$54,184
473	7,976	\$72,650
475	108,084	\$75,747
476	3,608	\$46,392
477	25,103	\$37,665
478	106,238	\$48,149
479	23,387	\$27,938
480	610	\$193,008
481	819	\$122,102
482	5,175	\$70,600
483	44,784	\$328,441
484	334	\$110,056
485	3,178	\$61,849
486	2,077	\$99,908
487	3,701	\$40,225
488	760	\$99,624
489	13,168	\$37,620
490	5,356	\$21,486
491	15,098	\$31,213
492	3,052	\$82,667
493	58,870	\$35,610
494	28,431	\$18,981
495	191	\$165,379
496	2,444	\$112,012
497	21,734	\$66,414
498	15,556	\$49,426
499	34,350	\$27,633
500	49,302	\$17,736
501	2,580	\$51,260

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
502	761	\$27,677
503	5,883	\$24,011
504	125	\$257,167
505	134	\$36,044
506	916	\$87,492
507	337	\$37,309
508	612	\$27,746
509	155	\$13,241
510	1,625	\$23,313
511	571	\$13,248
512	481	\$101,931
513	206	\$107,611
515	8,028	\$105,722
516	83,464	\$45,394

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
517	194,015	\$35,730
518	55,225	\$36,574
519	8,892	\$47,738
520	12,823	\$29,760
521	30,454	\$14,130
522	6,008	\$10,049
523	15,103	\$7,817
524	130,318	\$14,293
525	562	\$247,370
526	73,724	\$42,080
527	194,015	\$33,802
528	1,343	\$140,528
529	4,633	\$63,385
530	2,807	\$24,282

TABLE 10.—MEAN AND STANDARD DEVIATION BY DIAGNOSIS-RELATED GROUPS (DRGS)—FY 2004¹—Continued

DRG	Cases	Mean + 1 standard deviation
531	3,766	\$64,237
532	2,888	\$30,290
533	42,601	\$32,675
534	51,346	\$20,340
535	5,896	\$156,207
536	20,103	\$118,567
537	6,765	\$36,526
538	6,350	\$19,355
539	4,388	\$69,606
540	1,866	\$25,633

¹Cases are taken from the FY 2002 MedPAR file; DRGs are from GROUPE V21.0.

TABLE 11.—PROPOSED LTC-DRGS RELATIVE WEIGHTS AND GEOMETRIC AND FIVE-SIXTHS OF THE AVERAGE LENGTH OF STAY—FY 2004

LTC-DRG	Description	Relative weight	Geo-metric average length of stay	5/6ths of the average length of stay
1	⁵ CRANIOTOMY AGE >17 W CC	1.9873	41.3	34.4
2	⁸ CRANIOTOMY AGE > 17 W/O CC	1.9873	41.3	34.4
3	⁸ CRANIOTOMY AGE 0-17	1.9873	41.3	34.4
6	⁸ CARPAL TUNNEL RELEASE	0.5711	20.8	17.3
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	1.5898	42.5	35.4
8	⁴ PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	1.4090	34.1	28.4
9	SPINAL DISORDERS & INJURIES	1.5189	34.7	28.9
10	NERVOUS SYSTEM NEOPLASMS W CC	0.7590	23.4	19.5
11	NERVOUS SYSTEM NEOPLASMS W/O CC	0.7322	21.2	17.6
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS	0.7760	26.4	22.0
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	0.8287	28.3	23.5
14	INTERCRANIAL HEMORRHAGE & STROKE W INFARCT	0.9449	27.5	22.9
15	NONSPECIFIC CVA & PRECEREBRAL OCCCLUSION W/O INFARCT	0.9058	28.9	24.0
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	0.9158	24.7	20.5
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	0.5478	20.0	16.6
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	0.8845	24.9	20.7
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	0.6378	22.6	18.8
20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	1.0135	25.1	20.9
21	² VIRAL MENINGITIS	0.7347	23.1	19.2
22	² HYPERTENSIVE ENCEPHALOPATHY	0.7347	23.1	19.2
23	NONTRAUMATIC STUPOR & COMA	1.0331	30.8	25.6
24	SEIZURE & HEADACHE AGE >17 W CC	1.0059	28.1	23.4
25	SEIZURE & HEADACHE AGE >17 W/O CC	0.8044	25.6	21.3
26	⁸ SEIZURE & HEADACHE AGE 0-17	0.7347	23.1	19.2
27	TRAUMATIC STUPOR & COMA, COMA >1 HR	1.1071	28.8	24.0
28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	1.0527	29.2	24.3
29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	0.9365	26.2	21.8
30	⁸ TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17	0.9785	27.4	22.8
31	³ CONCUSSION AGE >17 W CC	0.9785	27.4	22.8
32	³ CONCUSSION AGE >17 W/O CC	0.9785	27.4	22.8
33	⁸ CONCUSSION AGE 0-17	0.7347	23.1	19.2
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC	0.9885	28.5	23.7
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	0.7817	26.9	22.4
36	⁸ RETINAL PROCEDURES	0.5711	20.8	17.3
37	⁸ ORBITAL PROCEDURES	0.5711	20.8	17.3
38	⁸ PRIMARY IRIS PROCEDURES	0.5711	20.8	17.3
39	⁸ LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	0.5711	20.8	17.3
40	⁸ EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	0.5711	20.8	17.3
41	⁸ EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	0.5711	20.8	17.3
42	⁸ INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	0.5711	20.8	17.3
43	⁸ HYPHEMA	0.5711	20.8	17.3
44	¹ ACUTE MAJOR EYE INFECTIONS	0.5711	20.8	17.3
45	⁸ NEUROLOGICAL EYE DISORDERS	0.7347	23.1	19.2
46	² OTHER DISORDERS OF THE EYE AGE >17 W CC	0.7347	23.1	19.2

TABLE 11.—PROPOSED LTC—DRGS RELATIVE WEIGHTS AND GEOMETRIC AND FIVE-SIXTHS OF THE AVERAGE LENGTH OF STAY—FY 2004—Continued

LTC-DRG	Description	Relative weight	Geo-metric average length of stay	5/6ths of the average length of stay
47	¹ OTHER DISORDERS OF THE EYE AGE >17 W/O CC	0.5711	20.8	17.3
48	⁸ OTHER DISORDERS OF THE EYE AGE 0-17	0.5711	20.8	17.3
49	⁸ MAJOR HEAD & NECK PROCEDURES	1.4090	34.1	28.4
50	⁸ SIALOADENECTOMY	0.9785	27.4	22.8
51	⁸ SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	0.9785	27.4	22.8
52	⁸ CLEFT LIP & PALATE REPAIR	0.9785	27.4	22.8
53	² SINUS & MASTOID PROCEDURES AGE >17	0.7347	23.1	19.2
54	⁸ SINUS & MASTOID PROCEDURES AGE 0-17	0.9785	27.4	22.8
55	⁵ MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	1.9873	41.3	34.4
56	⁸ RHINOPLASTY	0.5711	20.8	17.3
57	⁸ T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	0.9785	27.4	22.8
58	⁸ T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	0.9785	27.4	22.8
59	⁸ TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	0.9785	27.4	22.8
60	⁸ TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	0.9785	27.4	22.8
61	⁸ MYRINGOTOMY W TUBE INSERTION AGE >17	1.4090	34.1	28.4
62	⁸ MYRINGOTOMY W TUBE INSERTION AGE 0-17	0.9785	27.4	22.8
63	³ OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	0.9785	27.4	22.8
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY	1.2957	27.9	23.2
65	¹ DYSEQUILIBRIUM	0.5711	20.8	17.3
66	¹ EPISTAXIS	0.5711	20.8	17.3
67	⁸ EPIGLOTTITIS	0.9785	27.4	22.8
68	OTITIS MEDIA & URI AGE &>17 W CC	0.8396	23.5	19.5
69	¹ OTITIS MEDIA & URI AGE &>17 W/O CC	0.5711	20.8	17.3
70	⁸ OTITIS MEDIA & URI AGE 0-17	0.5711	20.8	17.3
71	⁸ LARYNGOTRACHEITIS	0.7347	23.1	19.2
72	¹ NASAL TRAUMA & DEFORMITY	0.5711	20.8	17.3
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	0.9506	23.7	19.7
74	⁸ OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17	0.5711	20.8	17.3
75	⁵ MAJOR CHEST PROCEDURES	1.9873	41.3	34.4
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC	2.3848	42.2	35.1
77	⁵ OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	1.9873	41.3	34.4
78	PULMONARY EMBOLISM	0.9226	24.8	20.6
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	0.9853	23.7	19.7
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	0.8550	22.8	19.0
81	⁸ RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	0.5711	20.8	17.3
82	RESPIRATORY NEOPLASMS	0.7759	20.4	17.0
83	³ MAJOR CHEST TRAUMA W CC	0.9785	27.4	22.8
84	² MAJOR CHEST TRAUMA W/O CC	0.7347	23.1	19.2
85	PLEURAL EFFUSION W CC	0.9068	23.9	19.9
86	PLEURAL EFFUSION W/O CC	0.7121	24.9	20.7
87	PULMONARY EDEMA & RESPIRATORY FAILURE	1.7382	32.9	27.4
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	0.7996	21.0	17.5
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	0.8676	22.9	19.0
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	0.7429	21.7	18.0
91	⁸ SIMPLE PNEUMONIA & PLEURISY AGE 0-17	0.7347	23.1	19.2
92	INTERSTITIAL LUNG DISEASE W CC	0.8403	21.8	18.1
93	INTERSTITIAL LUNG DISEASE W/O CC	0.7332	20.2	16.8
94	⁷ PNEUMOTHORAX W CC	0.7917	21.1	17.5
95	⁷ PNEUMOTHORAX W/O CC	0.7917	21.1	17.5
96	BRONCHITIS & ASTHMA AGE >17 W CC	0.7787	20.7	17.2
97	BRONCHITIS & ASTHMA AGE >17 W/O CC	0.6616	22.5	18.7
98	⁸ BRONCHITIS & ASTHMA AGE 0-17	0.7347	23.1	19.2
99	RESPIRATORY SIGNS & SYMPTOMS W CC	1.0818	26.9	22.4
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	1.0374	26.0	21.6
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	1.0071	24.5	20.4
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	0.9460	24.2	20.1
103	⁶ HEART TRANSPLANT	0.0000	0.0	0.0
104	⁸ CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W CARDIAC CATH	1.9873	41.3	34.4
105	⁸ CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PROC W/O CARDIAC CATH	1.9873	41.3	34.4
106	⁸ CORONARY BYPASS W PTCA	1.9873	41.3	34.4
107	⁸ CORONARY BYPASS W CARDIAC CATH	1.9873	41.3	34.4
108	⁵ OTHER CARDIOTHORACIC PROCEDURES	1.9873	41.3	34.4
109	⁸ CORONARY BYPASS W/O PTCA OR CARDIAC CATH	1.9873	41.3	34.4
110	⁵ MAJOR CARDIOVASCULAR PROCEDURES W CC	1.9873	41.3	34.4
111	⁸ MAJOR CARDIOVASCULAR PROCEDURES W/O CC	1.9873	41.3	34.4
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	1.5870	40.5	33.7
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	1.4854	39.9	33.2
115	⁵ PRM CARD PACEM IMPL W AMI,HRT FAIL OR SHK,OR AICD LEAD OR GNRTR P	1.9873	41.3	34.4

TABLE 11.—PROPOSED LTC—DRGS RELATIVE WEIGHTS AND GEOMETRIC AND FIVE-SIXTHS OF THE AVERAGE LENGTH OF STAY—FY 2004—Continued

LTC—DRG	Description	Relative weight	Geo-metric average length of stay	5/6ths of the average length of stay
116	⁵ OTH PERM CARD PACEMAK IMPL OR PTCA W CORONARY ARTERY STENT IMPLNT ...	1.9873	41.3	34.4
117	³ CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	0.9785	27.4	22.8
118	⁵ CARDIAC PACEMAKER DEVICE REPLACEMENT	1.9873	41.3	34.4
119	³ VEIN LIGATION & STRIPPING	0.9785	27.4	22.8
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	1.2476	34.1	28.4
121	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE	0.7531	21.9	18.2
122	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE	0.6915	20.0	16.6
123	CIRCULATORY DISORDERS W AMI, EXPIRED	0.8856	19.0	15.8
124	⁴ CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG	1.4090	34.1	28.4
125	⁴ CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	1.4090	34.1	28.4
126	ACUTE & SUBACUTE ENDOCARDITIS	0.8902	25.7	21.4
127	HEART FAILURE & SHOCK	0.7968	21.9	18.2
128	¹ DEEP VEIN THROMBOPHLEBITIS	0.5711	20.8	17.3
129	CARDIAC ARREST, UNEXPLAINED	1.4170	28.5	23.7
130	PERIPHERAL VASCULAR DISORDERS W CC	0.8207	25.0	20.8
131	PERIPHERAL VASCULAR DISORDERS W/O CC	0.6269	22.4	18.6
132	ATHEROSCLEROSIS W CC	0.8211	22.5	18.7
133	ATHEROSCLEROSIS W/O CC	0.7264	22.6	18.8
134	HYPERTENSION	0.8971	28.4	23.6
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	0.9873	23.8	19.8
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	0.7492	22.9	19.0
137	⁸ CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	0.7347	23.1	19.2
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.9390	25.2	21.0
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	0.6224	21.9	18.2
140	ANGINA PECTORIS	0.6056	19.3	16.0
141	SYNCOPE & COLLAPSE W CC	0.6735	23.3	19.4
142	SYNCOPE & COLLAPSE W/O CC	0.5149	20.5	17.0
143	CHEST PAIN	0.7317	21.9	18.2
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	0.8588	22.9	19.0
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	0.7001	21.4	17.8
146	⁸ RECTAL RESECTION W CC	1.9873	41.3	34.4
147	⁸ RECTAL RESECTION W/O CC	1.9873	41.3	34.4
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	1.9660	36.8	30.6
149	¹ MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	0.5711	20.8	17.3
150	⁴ PERITONEAL ADHESIOLYSIS W CC	1.4090	34.1	28.4
151	⁸ PERITONEAL ADHESIOLYSIS W/O CC	1.4090	34.1	28.4
152	⁴ MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1.4090	34.1	28.4
153	⁸ MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	1.4090	34.1	28.4
154	⁵ STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	1.9873	41.3	34.4
155	⁸ STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC	1.9873	41.3	34.4
156	⁸ STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17	1.9873	41.3	34.4
157	⁸ ANAL & STOMAL PROCEDURES W CC	1.4090	34.1	28.4
158	³ ANAL & STOMAL PROCEDURES W/O CC	0.9785	27.4	22.8
159	⁸ HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	1.4090	34.1	28.4
160	⁸ HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC	1.4090	34.1	28.4
161	⁴ INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	1.4090	34.1	28.4
162	⁸ INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	0.5711	20.8	17.3
163	⁸ HERNIA PROCEDURES AGE 0-17	0.5711	20.8	17.3
164	⁸ APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1.9873	41.3	34.4
165	⁸ APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	0.5711	20.8	17.3
166	⁸ APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.9873	41.3	34.4
167	⁸ APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	0.5711	20.8	17.3
168	⁵ MOUTH PROCEDURES W CC	1.9873	41.3	34.4
169	⁸ MOUTH PROCEDURES W/O CC	0.5711	20.8	17.3
170	⁷ OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	1.7827	42.2	35.1
171	⁷ OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	1.7827	42.2	35.1
172	DIGESTIVE MALIGNANCY W CC	0.8857	22.4	18.6
173	DIGESTIVE MALIGNANCY W/O CC	0.7843	21.9	18.2
174	G.I. HEMORRHAGE W CC	0.8741	24.8	20.6
175	G.I. HEMORRHAGE W/O CC	0.6770	21.8	18.1
176	COMPLICATED PEPTIC ULCER	0.7835	20.6	17.1
177	² UNCOMPLICATED PEPTIC ULCER W CC	0.7347	23.1	19.2
178	¹ UNCOMPLICATED PEPTIC ULCER W/O CC	0.5711	20.8	17.3
179	INFLAMMATORY BOWEL DISEASE	1.0317	26.2	21.8
180	G.I. OBSTRUCTION W CC	0.9491	24.2	20.1
181	G.I. OBSTRUCTION W/O CC	0.7694	21.2	17.6
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	0.9666	25.5	21.2
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	0.7038	22.4	18.6

TABLE 11.—PROPOSED LTC—DRGS RELATIVE WEIGHTS AND GEOMETRIC AND FIVE-SIXTHS OF THE AVERAGE LENGTH OF STAY—FY 2004—Continued

LTC-DRG	Description	Relative weight	Geo-metric average length of stay	5/6ths of the average length of stay
184	⁸ ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17	0.7347	23.1	19.2
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17	0.6932	24.6	20.5
186	⁸ DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17	0.7347	23.1	19.2
187	⁸ DENTAL EXTRACTIONS & RESTORATIONS	0.7347	23.1	19.2
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	1.0481	26.0	21.6
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	0.8501	23.5	19.5
190	⁸ OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	0.7347	23.1	19.2
191	⁴ PANCREAS, LIVER & SHUNT PROCEDURES W CC	1.4090	34.1	28.4
192	¹ PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	0.5711	20.8	17.3
193	² BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	0.7347	23.1	19.2
194	² BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC	0.7347	23.1	19.2
195	⁴ CHOLECYSTECTOMY W C.D.E. W CC	1.4090	34.1	28.4
196	⁸ CHOLECYSTECTOMY W C.D.E. W/O CC	0.9785	27.4	22.8
197	³ CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	0.9785	27.4	22.8
198	⁸ CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC	0.9785	27.4	22.8
199	⁸ HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	0.7347	23.1	19.2
200	² HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	0.7347	23.1	19.2
201	⁵ OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	1.9873	41.3	34.4
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	0.7529	22.7	18.9
203	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	0.6801	19.2	16.0
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	1.0141	23.4	19.5
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	0.7334	22.3	18.5
206	² DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	0.7347	23.1	19.2
207	DISORDERS OF THE BILIARY TRACT W CC	0.7940	22.1	18.4
208	² DISORDERS OF THE BILIARY TRACT W/O CC	0.7347	23.1	19.2
209	⁵ MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	1.9873	41.3	34.4
210	⁴ HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	1.4090	34.1	28.4
211	² HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC	0.7347	23.1	19.2
212	⁸ HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	0.7347	23.1	19.2
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS	1.3912	34.9	29.0
216	⁵ BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	1.9873	41.3	34.4
217	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS	1.4438	39.3	32.7
218	³ LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC	0.9785	27.4	22.8
219	⁸ LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC	0.9785	27.4	22.8
220	⁸ LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17	0.9785	27.4	22.8
223	³ MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC	0.9785	27.4	22.8
224	⁸ SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC	0.7347	23.1	19.2
225	FOOT PROCEDURES	0.8912	26.7	22.2
226	⁴ SOFT TISSUE PROCEDURES W CC	1.4090	34.1	28.4
227	³ SOFT TISSUE PROCEDURES W/O CC	0.9785	27.4	22.8
228	³ MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC	0.9785	27.4	22.8
229	⁸ HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	0.7347	23.1	19.2
230	⁴ LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	1.4090	34.1	28.4
232	² ARTHROSCOPY	0.7347	23.1	19.2
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	0.9797	28.5	23.7
234	² OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	0.7347	23.1	19.2
235	FRACTURES OF FEMUR	0.8715	29.7	24.7
236	FRACTURES OF HIP & PELVIS	0.7598	27.2	22.6
237	² SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	0.7347	23.1	19.2
238	OSTEOMYELITIS	0.8818	28.5	23.7
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY	0.6892	22.4	18.6
240	CONNECTIVE TISSUE DISORDERS W CC	0.7118	21.4	17.8
241	CONNECTIVE TISSUE DISORDERS W/O CC	0.4744	19.4	16.1
242	SEPTIC ARTHRITIS	0.7814	26.2	21.8
243	MEDICAL BACK PROBLEMS	0.6867	23.5	19.5
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	0.5664	20.1	16.7
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	0.5134	19.5	16.2
246	NON-SPECIFIC ARTHROPATHIES	0.5556	23.0	19.1
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	0.5976	21.4	17.8
248	TENDONITIS, MYOSITIS & BURSTITIS	0.7623	24.9	20.7
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	0.8101	27.3	22.7
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC	0.8309	30.1	25.0
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC	0.6031	26.7	22.2
252	⁸ FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17	0.7347	23.1	19.2
253	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W CC	0.8406	27.1	22.5
254	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W/O CC	0.7028	25.8	21.5
255	⁸ FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE 0-17	0.7347	23.1	19.2
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	0.8577	26.6	22.1

TABLE 11.—PROPOSED LTC—DRGS RELATIVE WEIGHTS AND GEOMETRIC AND FIVE-SIXTHS OF THE AVERAGE LENGTH OF STAY—FY 2004—Continued

LTC—DRG	Description	Relative weight	Geo-metric average length of stay	5/6ths of the average length of stay
257	³ TOTAL MASTECTOMY FOR MALIGNANCY W CC	0.9785	27.4	22.8
258	⁸ TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	0.9785	27.4	22.8
259	⁸ SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	0.9785	27.4	22.8
260	⁸ SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	0.9785	27.4	22.8
261	⁵ BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION	1.9873	41.3	34.4
262	¹ BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	0.5711	20.8	17.3
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	1.4696	41.1	34.2
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC	1.2160	39.9	33.2
265	⁷ SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC	1.2294	34.7	28.9
266	⁷ SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC	1.2294	34.7	28.9
267	⁸ PERIANAL & PILONIDAL PROCEDURES	0.5711	20.8	17.3
268	⁴ SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	1.4090	34.1	28.4
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1.5232	45.2	37.6
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	1.0105	35.9	29.9
271	SKIN ULCERS	0.9795	29.9	24.9
272	MAJOR SKIN DISORDERS W CC	0.7163	22.7	18.9
273	¹ MAJOR SKIN DISORDERS W/O CC	0.5711	20.8	17.3
274	MALIGNANT BREAST DISORDERS W CC	0.9469	24.9	20.7
275	² MALIGNANT BREAST DISORDERS W/O CC	0.7347	23.1	19.2
276	¹ NON-MALIGANT BREAST DISORDERS	0.5711	20.8	17.3
277	CELLULITIS AGE >17 W CC	0.7762	24.1	20.0
278	CELLULITIS AGE >17 W/O CC	0.6373	21.6	18.0
279	CELLULITIS AGE 0-178	0.5711	20.8	17.3
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	0.9719	29.3	24.4
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	0.7915	27.8	23.1
282	⁸ TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	0.7347	23.1	19.2
283	MINOR SKIN DISORDERS W CC	0.6998	20.7	17.2
284	MINOR SKIN DISORDERS W/O CC	0.6259	23.0	19.1
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS	1.5856	38.6	32.1
286	ADRENAL & PITUITARY PROCEDURES8	1.4090	34.1	28.4
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS	1.4793	41.7	34.7
288	⁵ O.R. PROCEDURES FOR OBESITY	1.9873	41.3	34.4
289	⁸ PARATHYROID PROCEDURES	0.9785	27.4	22.8
290	⁸ THYROID PROCEDURES	0.9785	27.4	22.8
291	⁸ THYROGLOSSAL PROCEDURES	0.9785	27.4	22.8
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	1.5633	35.8	29.8
293	³ OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	0.9785	27.4	22.8
294	DIABETES AGE >35	0.8729	26.6	22.1
295	³ DIABETES AGE 0-35	0.9785	27.4	22.8
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	0.9560	26.3	21.9
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	0.7552	26.4	22.0
298	⁸ NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17	0.7347	23.1	19.2
299	² INBORN ERRORS OF METABOLISM	0.7347	23.1	19.2
300	ENDOCRINE DISORDERS W CC	0.8175	23.9	19.9
301	ENDOCRINE DISORDERS W/O CC	0.7287	22.9	19.0
302	⁶ KIDNEY TRANSPLANT	0.0000	0.0	0.0
303	⁸ KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM	1.9873	41.3	34.4
304	⁵ KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC	1.9873	41.3	34.4
305	¹ KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC	0.5711	20.8	17.3
306	⁴ PROSTATECTOMY W CC	1.4090	34.1	28.4
307	⁸ PROSTATECTOMY W/O CC	1.4090	34.1	28.4
308	⁴ MINOR BLADDER PROCEDURES W CC	1.4090	34.1	28.4
309	² MINOR BLADDER PROCEDURES W/O CC	0.7347	23.1	19.2
310	⁴ TRANSURETHRAL PROCEDURES W CC	1.4090	34.1	28.4
311	¹ TRANSURETHRAL PROCEDURES W/O CC	0.5711	20.8	17.3
312	⁴ URETHRAL PROCEDURES, AGE >17 W CC	1.4090	34.1	28.4
313	⁸ URETHRAL PROCEDURES, AGE >17 W/O CC	0.5711	20.8	17.3
314	⁸ URETHRAL PROCEDURES, AGE 0-17	0.5711	20.8	17.3
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	1.5690	36.4	30.3
316	RENAL FAILURE	0.9869	24.5	20.4
317	³ ADMIT FOR RENAL DIALYSIS	0.9785	27.4	22.8
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	0.7466	21.7	18.0
319	¹ KIDNEY & URINARY TRACT NEOPLASMS W/O CC	0.5711	20.8	17.3
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	0.7744	23.5	19.5
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	0.6641	23.0	19.1
322	⁸ KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	0.7347	23.1	19.2
323	² URINARY STONES W CC, &/OR ESW LITHOTRIPSY	0.7347	23.1	19.2
324	² URINARY STONES W/O CC	0.7347	23.1	19.2

TABLE 11.—PROPOSED LTC—DRGS RELATIVE WEIGHTS AND GEOMETRIC AND FIVE-SIXTHS OF THE AVERAGE LENGTH OF STAY—FY 2004—Continued

LTC—DRG	Description	Relative weight	Geo-metric average length of stay	5/6ths of the average length of stay
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	0.8854	27.2	22.6
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	0.7590	24.7	20.5
327	⁸ KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	0.7347	23.1	19.2
328	¹ URETHRAL STRICTURE AGE >17 W CC	0.5711	20.8	17.3
329	⁸ URETHRAL STRICTURE AGE >17 W/O CC	0.5711	20.8	17.3
330	⁸ URETHRAL STRICTURE AGE 0-17	0.5711	20.8	17.3
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	0.8847	23.8	19.8
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	0.6201	22.1	18.4
333	⁸ OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	0.5711	20.8	17.3
334	⁸ MAJOR MALE PELVIC PROCEDURES W CC	0.9785	27.4	22.8
335	⁸ MAJOR MALE PELVIC PROCEDURES W/O CC	0.9785	27.4	22.8
336	⁸ TRANSURETHRAL PROSTATECTOMY W CC	0.7347	23.1	19.2
337	⁸ TRANSURETHRAL PROSTATECTOMY W/O CC	0.7347	23.1	19.2
338	⁸ TESTES PROCEDURES, FOR MALIGNANCY	0.5711	20.8	17.3
339	¹ TESTES PROCEDURES, NON-MALIGNANCY AGE >17	0.5711	20.8	17.3
340	⁸ TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17	0.5711	20.8	17.3
341	² PENIS PROCEDURES	0.7347	23.1	19.2
342	¹ CIRCUMCISION AGE >17	0.5711	20.8	17.3
343	⁸ CIRCUMCISION AGE 0-17	0.5711	20.8	17.3
344	² OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY	0.7347	23.1	19.2
345	³ OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY	0.9785	27.4	22.8
346	⁷ MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	0.7787	22.3	18.5
347	⁷ MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	0.7787	22.3	18.5
348	¹ BENIGN PROSTATIC HYPERTROPHY W CC	0.5711	20.8	17.3
349	¹ BENIGN PROSTATIC HYPERTROPHY W/O CC	0.5711	20.8	17.3
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	1.1947	25.6	21.3
351	⁸ STERILIZATION, MALE	0.5711	20.8	17.3
352	³ OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	0.9785	27.4	22.8
353	⁸ PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY	1.9873	41.3	34.4
354	⁸ UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.9873	41.3	34.4
355	⁸ UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC	1.9873	41.3	34.4
356	⁸ FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1.4090	34.1	28.4
357	⁸ UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	1.4090	34.1	28.4
358	⁸ UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	1.4090	34.1	28.4
359	⁸ UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1.4090	34.1	28.4
360	⁴ VAGINA, CERVIX & VULVA PROCEDURES	1.4090	34.1	28.4
361	⁸ LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	0.5711	20.8	17.3
362	⁸ ENDOSCOPIC TUBAL INTERRUPTION	0.5711	20.8	17.3
363	⁸ D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	0.7347	23.1	19.2
364	⁸ D&C, CONIZATION EXCEPT FOR MALIGNANCY	0.7347	23.1	19.2
365	⁵ OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	1.9873	41.3	34.4
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	0.8153	23.0	19.1
367	² MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	0.7347	23.1	19.2
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	0.6911	20.1	16.7
369	³ MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	0.9785	27.4	22.8
370	⁸ CESAREAN SECTION W CC	0.9785	27.4	22.8
371	⁸ CESAREAN SECTION W/O CC	0.7347	23.1	19.2
372	⁸ VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.7347	23.1	19.2
373	⁸ VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.7347	23.1	19.2
374	⁸ VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.7347	23.1	19.2
375	⁸ VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	0.7347	23.1	19.2
376	¹ POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.5711	20.8	17.3
377	⁸ POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	0.7347	23.1	19.2
378	⁸ ECTOPIC PREGNANCY	0.9785	27.4	22.8
379	⁸ THREATENED ABORTION	0.5711	20.8	17.3
380	⁸ ABORTION W/O D&C	0.5711	20.8	17.3
381	⁸ ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.5711	20.8	17.3
382	⁸ FALSE LABOR	0.5711	20.8	17.3
383	⁸ OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	0.5711	20.8	17.3
384	⁸ OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	0.5711	20.8	17.3
385	¹ NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	0.5711	20.8	17.3
386	⁸ EXTREME IMMATUREITY	0.7347	23.1	19.2
387	⁸ PREMATUREITY W MAJOR PROBLEMS	0.7347	23.1	19.2
388	⁸ PREMATUREITY W/O MAJOR PROBLEMS	0.7347	23.1	19.2
389	⁸ FULL TERM NEONATE W MAJOR PROBLEMS	0.7347	23.1	19.2
390	⁸ NEONATE W OTHER SIGNIFICANT PROBLEMS	0.7347	23.1	19.2
391	⁸ NORMAL NEWBORN	0.5711	20.8	17.3
392	⁸ SPLENECTOMY AGE >17	0.7347	23.1	19.2

TABLE 11.—PROPOSED LTC—DRGS RELATIVE WEIGHTS AND GEOMETRIC AND FIVE-SIXTHS OF THE AVERAGE LENGTH OF STAY—FY 2004—Continued

LTC-DRG	Description	Relative weight	Geo-metric average length of stay	5/6ths of the average length of stay
393	⁸ SPLENECTOMY AGE 0-17	0.7347	23.1	19.2
394	³ OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS ⁴	1.4090	34.1	28.4
395	RED BLOOD CELL DISORDERS AGE >17	0.9050	26.8	22.3
396	⁸ RED BLOOD CELL DISORDERS AGE 0-17	0.5711	20.8	17.3
397	COAGULATION DISORDERS	1.0816	25.2	21.0
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	0.9248	23.0	19.1
399	¹ RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	0.5711	20.8	17.3
401	⁵ LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	1.9873	41.3	34.4
402	³ LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	0.9785	27.4	22.8
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	0.9099	22.7	18.9
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	0.7410	17.9	14.9
405	⁸ ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	0.7347	23.1	19.2
406	⁵ MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC	1.9873	41.3	34.4
407	⁸ MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC	0.9785	27.4	22.8
408	³ MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC	0.9785	27.4	22.8
409	RADIOTHERAPY	0.8961	25.1	20.9
410	³ CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS	0.9785	27.4	22.8
411	³ HISTORY OF MALIGNANCY W/O ENDOSCOPY	0.9785	27.4	22.8
412	⁵ HISTORY OF MALIGNANCY W ENDOSCOPY	1.9873	41.3	34.4
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	0.9603	25.2	21.0
414	² OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	0.7347	23.1	19.2
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	1.7239	40.9	34.0
416	SEPTICEMIA AGE >17	0.9553	25.2	21.0
417	⁸ SEPTICEMIA AGE 0-17	0.9785	27.4	22.8
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	0.8612	25.3	21.0
419	³ FEVER OF UNKNOWN ORIGIN AGE >17 W CC	0.9785	27.4	22.8
420	¹ FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	0.5711	20.8	17.3
421	² VIRAL ILLNESS AGE >17	0.7347	23.1	19.2
422	⁸ VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17	0.5711	20.8	17.3
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	0.9930	25.9	21.5
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	1.2281	44.2	36.8
425	ACUTE ADJUSTMENT REACTION & PSYCHOLOGICAL DYSFUNCTION	0.6040	26.9	22.4
426	DEPRESSIVE NEUROSES	0.5583	23.3	19.4
427	⁴ NEUROSES EXCEPT DEPRESSIVE	1.4090	34.1	28.4
428	¹ DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.5711	20.8	17.3
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	0.6562	27.4	22.8
430	PSYCHOSES	0.4808	22.6	18.8
431	¹ CHILDHOOD MENTAL DISORDERS	0.5711	20.8	17.3
432	¹ OTHER MENTAL DISORDER DIAGNOSES	0.5711	20.8	17.3
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0.3416	14.6	12.1
439	SKIN GRAFTS FOR INJURIES	1.4429	41.2	34.3
440	WOUND DEBRIDEMENTS FOR INJURIES	1.6794	39.4	32.8
441	⁵ HAND PROCEDURES FOR INJURIES	1.9873	41.3	34.4
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	1.6280	46.4	38.6
443	³ OTHER O.R. PROCEDURES FOR INJURIES W/O CC	0.9785	27.4	22.8
444	TRAUMATIC INJURY AGE >17 W CC	0.9311	30.7	25.5
445	TRAUMATIC INJURY AGE >17 W/O CC	0.8278	27.3	22.7
446	⁸ TRAUMATIC INJURY AGE 0-17	0.7347	23.1	19.2
447	³ ALLERGIC REACTIONS AGE >17	0.9785	27.4	22.8
448	⁸ ALLERGIC REACTIONS AGE 0-17	0.5711	20.8	17.3
449	³ POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	0.9785	27.4	22.8
450	³ POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	0.9785	27.4	22.8
451	⁸ POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	0.5711	20.8	17.3
452	COMPLICATIONS OF TREATMENT W CC	0.9830	25.5	21.2
453	COMPLICATIONS OF TREATMENT W/O CC	0.8894	25.5	21.2
454	² OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	0.7347	23.1	19.2
455	¹ OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	0.5711	20.8	17.3
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	1.4214	36.6	30.5
462	REHABILITATION	0.6528	22.7	18.9
463	SIGNS & SYMPTOMS W CC	0.7824	26.4	22.0
464	SIGNS & SYMPTOMS W/O CC	0.6259	25.2	21.0
465	¹ AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	0.5711	20.8	17.3
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	0.7783	22.6	18.8
467	OTHER FACTORS INFLUENCING HEALTH STATUS	1.4773	32.6	27.1
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	2.0716	43.7	36.4
469	⁶ PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	0.0000	0.0	0.0
470	⁶ UNGROUPEABLE	0.0000	0.0	0.0
471	⁵ BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	1.9873	41.3	34.4

TABLE 11.—PROPOSED LTC—DRGS RELATIVE WEIGHTS AND GEOMETRIC AND FIVE-SIXTHS OF THE AVERAGE LENGTH OF STAY—FY 2004—Continued

LTC-DRG	Description	Relative weight	Geo-metric average length of stay	5/6ths of the average length of stay
473	² ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	0.7347	23.1	19.2
475	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	2.0241	33.0	27.5
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1.0056	32.9	27.4
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1.8688	40.7	33.9
478	⁷ OTHER VASCULAR PROCEDURES W CC	1.3238	34.9	29.0
479	⁷ OTHER VASCULAR PROCEDURES W/O CC	1.3238	34.9	29.0
480	⁶ LIVER TRANSPLANT	0.0000	0.0	0.0
481	⁸ BONE MARROW TRANSPLANT	0.5711	20.8	17.3
482	⁵ TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES	1.9873	41.3	34.4
483	TRACH W MECH VENT 96+ HRS OR PDX EXCEPT FACE,MOUTH & NECK DIAG	3.1562	54.9	45.7
484	⁸ CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	1.9873	41.3	34.4
485	⁸ LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TR	1.9873	41.3	34.4
486	⁴ OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	1.4090	34.1	28.4
487	OTHER MULTIPLE SIGNIFICANT TRAUMA	1.2653	33.2	27.6
488	⁵ HIV W EXTENSIVE O.R. PROCEDURE	1.9873	41.3	34.4
489	HIV W MAJOR RELATED CONDITION	0.9656	22.1	18.4
490	HIV W OR W/O OTHER RELATED CONDITION	0.7956	20.5	17.0
491	⁸ MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY	1.9873	41.3	34.4
492	⁸ CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS OR W USE HIGH DOSE CHEMOTHERAPY AGENT.	0.9785	27.4	22.8
493	⁴ LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	1.4090	34.1	28.4
494	⁴ LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC	1.4090	34.1	28.4
495	⁶ LUNG TRANSPLANT	0.0000	0.0	0.0
496	⁸ COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	1.4090	34.1	28.4
497	³ SPINAL FUSION W CC	0.9785	27.4	22.8
498	³ SPINAL FUSION W/O CC	0.9785	27.4	22.8
499	⁵ BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC	1.9873	41.3	34.4
500	⁴ BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	1.4090	34.1	28.4
501	⁵ KNEE PROCEDURES W PDX OF INFECTION W CC	1.9873	41.3	34.4
502	² KNEE PROCEDURES W PDX OF INFECTION W/O CC	0.7347	23.1	19.2
503	³ KNEE PROCEDURES W/O PDX OF INFECTION	0.9785	27.4	22.8
504	⁸ EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	1.9873	41.3	34.4
505	³ EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT	0.9785	27.4	22.8
506	² FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	0.7347	23.1	19.2
507	² FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA	0.7347	23.1	19.2
508	² FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA	0.7347	23.1	19.2
509	¹ FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA	0.5711	20.8	17.3
510	² NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA	0.7347	23.1	19.2
511	¹ NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA	0.5711	20.8	17.3
512	⁶ SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	0.0000	0.0	0.0
513	⁶ PANCREAS TRANSPLANT	0.0000	0.0	0.0
515	⁵ CARDIAC DEFIBRILATOR IMPLANT W/O CARDIAC CATH	1.9873	41.3	34.4
516	⁸ PERCUTANEOUS CARDIOVASCULAR PROCEDURE W AMI	0.9785	27.4	22.8
517	⁴ PERCUTANEOUS CARDIOVASCULAR PROC W NON-DRUG ELUTING STENT W/O AMI	1.4090	34.1	28.4
518	³ PERCUTANEOUS CARDIOVASCULAR PROC W/O CORONARY ARTERY STENT OR AMI	0.9785	27.4	22.8
519	⁴ CERVICAL SPINAL FUSION W CC	1.4090	34.1	28.4
520	⁸ CERVICAL SPINAL FUSION W/O CC	0.9785	27.4	22.8
521	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC	0.5064	20.9	17.4
522	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY W/O CC	0.4221	19.5	16.2
523	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O CC	0.4366	21.9	18.2
524	TRANSIENT ISCHEMIA	0.6178	23.4	19.5
525	⁸ HEART ASSIST SYSTEM IMPLANT	1.9873	41.3	34.4
526	⁸ PERCUTANEOUS CARVIOVASCULAR PROC W DRUG-ELUTING STENT W AMI	1.4090	34.1	28.4
527	⁸ PERCUTANEOUS CARVIOVASCULAR PROC W DRUG-ELUTING STENT W/O AMI	1.4090	34.1	28.4
528	⁸ INTRACRANIAL VASCLUAR PROCEDURES WITH PDX HEMORRHAGE	1.9873	41.3	34.4
529	² VENTRICULAR SHUNT PROCEDURES WITH CC	0.7347	23.1	19.2
530	⁸ VENTRICULAR SHUNT PROCEDURES WITHOUT CC	0.7347	23.1	19.2
531	⁸ SPINAL PROCEDURES WITH CC	1.4090	34.1	28.4
532	⁴ SPINAL PROCEDURES WITHOUT CC	1.4090	34.1	28.4
533	⁸ EXTRACRANIAL VASCULAR PROCEDURES WITH CC	1.9873	41.3	34.4
534	⁵ EXTRACRANIAL VASCULAR PROCEDURES WITHOUT CC	1.9873	41.3	34.4
535	⁸ CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITH AMI/HF/SHOCK	1.9873	41.3	34.4
536	⁵ CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITHOUT AMI/HF/SHOCK	1.9873	41.3	34.4
537	⁸ LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC.	0.7347	23.1	19.2
538	⁴ LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC.	1.4090	34.1	28.4
539	⁸ LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC	1.9873	41.3	34.4

TABLE 11.—PROPOSED LTC–DRGS RELATIVE WEIGHTS AND GEOMETRIC AND FIVE-SIXTHS OF THE AVERAGE LENGTH OF STAY—FY 2004—Continued

LTC–DRG	Description	Relative weight	Geo-metric average length of stay	5/6ths of the average length of stay
540	¹ LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC	0.5711	20.8	17.3

¹ Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to proposed low volume quintile 1.
² Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to proposed low volume quintile 2.
³ Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to proposed low volume quintile 3.
⁴ Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to proposed low volume quintile 4.
⁵ Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to proposed low volume quintile 5.
⁶ Proposed relative weights for these proposed LTC–DRGs were assigned a value of 0.0000.
⁷ Proposed relative weights for these proposed LTC–DRGs were determined after adjusting to account for nonmonotonicity (see step 5 above).
⁸ Proposed relative weights for these proposed LTC–DRGs were determined by assigning these cases to the appropriate proposed low volume quintile because they had no LTCH cases in the FY 2002 MedPAR.

Appendix A—Regulatory Analysis of Impacts

I. Background and Summary

We have examined the impacts of this proposed rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review) and the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), and Executive Order 13132.

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year).

We have determined that this proposed rule is a major rule as defined in 5 U.S.C. 804(2). Based on the overall percentage change in payments per case estimated using our payment simulation model (a 2.5 percent increase), we estimate that the total impact of these proposed changes for FY 2004 payments compared to FY 2003 payments to be approximately a \$2.1 billion increase. This amount does not reflect changes in hospital admissions or case-mix intensity, which would also affect overall payment changes.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$5 million to \$25 million in any 1 year. For purposes of the RFA, all hospitals and other providers and suppliers are considered to be small entities. Individuals and States are not included in the definition of a small entity.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis for any proposed rule that may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. With the exception

of hospitals located in certain New England counties, for purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital with fewer than 100 beds that is located outside of a Metropolitan Statistical Area (MSA) or New England County Metropolitan Area (NECMA). Section 601(g) of the Social Security Amendments of 1983 (Pub. L. 98–21) designated hospitals in certain New England counties as belonging to the adjacent NECMA. Thus, for purposes of the acute care hospital inpatient prospective payment systems, we classify these hospitals as urban hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4) also requires that agencies assess anticipated costs and benefits before issuing any proposed rule (or a final rule that has been preceded by a proposed rule) that may result in an expenditure in any one year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$110 million. This proposed rule would not mandate any requirements for State, local, or tribal governments.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. We have reviewed this proposed rule in light of Executive Order 13132 and have determined that it would not have any negative impact on the rights, roles, and responsibilities of State, local, or tribal governments.

In accordance with the provisions of Executive Order 12866, this proposed rule was reviewed by the Office of Management and Budget.

The following analysis, in conjunction with the remainder of this document, demonstrates that this proposed rule is consistent with the regulatory philosophy and principles identified in Executive Order 12866, the RFA, and section 1102(b) of the Act. The proposed rule would affect payments to a substantial number of small rural hospitals as well as other classes of hospitals, and the effects on some hospitals may be significant.

II. Objectives

The primary objective of the IPPS is to create incentives for hospitals to operate efficiently and minimize unnecessary costs while at the same time ensuring that payments are sufficient to adequately compensate hospitals for their legitimate costs. In addition, we share national goals of preserving the Medicare Trust Fund.

We believe the changes in this proposed rule would further each of these goals while maintaining the financial viability of the hospital industry and ensuring access to high quality health care for Medicare beneficiaries. We expect that these proposed changes would ensure that the outcomes of this payment system are reasonable and equitable while avoiding or minimizing unintended adverse consequences.

III. Limitations of Our Analysis

The following quantitative analysis presents the projected effects of our proposed policy changes, as well as statutory changes effective for FY 2004, on various hospital groups. We estimate the effects of individual proposed policy changes by estimating payments per case while holding all other payment policies constant. We use the best data available, but we do not attempt to predict behavioral responses to our proposed policy changes, and we do not make adjustments for future changes in such variables as admissions, lengths of stay, or case-mix. As we have done in previous proposed rules, we are soliciting comments and information about the anticipated effects of these proposed changes on hospitals and our methodology for estimating them.

IV. Hospitals Included In and Excluded From the IPPS

The prospective payment systems for hospital inpatient operating and capital-related costs encompass nearly all general short-term, acute care hospitals that participate in the Medicare program. There were 45 Indian Health Service hospitals in our database, which we excluded from the analysis due to the special characteristics of the prospective payment method for these hospitals. Among other short-term, acute care hospitals, only the 48 such hospitals in Maryland remain excluded from the IPPS under the waiver at section 1814(b)(3) of the Act.

There are approximately 729 critical access hospitals (CAHs). These small, limited service hospitals are paid on the basis of reasonable costs rather than under the IPPS. The remaining 20 percent are specialty hospitals that are excluded from the IPPS. These specialty hospitals include psychiatric hospitals and units, rehabilitation hospitals and units, long-term care hospitals, children's hospitals, and cancer hospitals. The impacts of our proposed policy changes on these hospitals are discussed below.

Thus, as of April 2003, we have included 4,087 hospitals in our analysis. This represents about 80 percent of all Medicare-participating hospitals. The majority of this impact analysis focuses on this set of hospitals.

V. Impact on Excluded Hospitals and Hospital Units

As of April 2003, there were 1,085 specialty hospitals excluded from the IPPS that were paid instead on a reasonable cost basis subject to the rate-of-increase ceiling under § 413.40. Broken down by specialty, there were 484 psychiatric, 214 rehabilitation, 296 long-term care, 80 children's, and 11 cancer hospitals. In addition, there were 1,410 psychiatric units and 979 rehabilitation units in hospitals otherwise subject to the IPPS. Under § 413.40(a)(2)(i)(A), the rate-of-increase ceiling is not applicable to the 48 specialty hospitals and units in Maryland that are paid in accordance with the waiver at section 1814(b)(3) of the Act.

In the past, hospitals and units excluded from the IPPS have been paid based on their reasonable costs subject to limits as established by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). Hospitals that continue to be paid based on their reasonable costs are subject to TEFRA limits for FY 2004. For these hospitals, the proposed update is the percentage increase in the excluded hospital market basket (currently estimated at 3.5 percent).

Inpatient rehabilitation facilities (IRFs) are paid under a prospective payment system (IRF PPS) for cost reporting periods beginning on or after January 1, 2002. For cost reporting periods beginning during FY 2004, the IRF PPS is based on 100 percent of the adjusted Federal IRF prospective payment amount, updated annually. Therefore, these hospitals would not be impacted by this proposed rule.

Effective for cost reporting periods beginning on or after October 1, 2002, LTCHs are paid under a LTCH PPS, based on the adjusted Federal prospective payment amount, updated annually. LTCHs will receive a blended payment (Federal prospective payment and a reasonable cost-based payment) over a 5-year transition period. However, under the LTCH PPS, a LTCH may also elect to be paid at 100 percent of the Federal prospective rate at the beginning of any of its cost reporting periods during the 5-year transition period. For purposes of the update factor, the portion of the LTCH PPS transition blend payment based on reasonable costs for inpatient operating services would be determined by updating the LTCH's TEFRA limit by the

estimate of the excluded hospital market basket (or 3.5 percent).

The impact on excluded hospitals and hospital units of the update in the rate-of-increase limit depends on the cumulative cost increases experienced by each excluded hospital or unit since its applicable base period. For excluded hospitals and units that have maintained their cost increases at a level below the rate-of-increase limits since their base period, the major effect would be on the level of incentive payments these hospitals and hospital units receive. Conversely, for excluded hospitals and hospital units with per-case cost increases above the cumulative update in their rate-of-increase limits, the major effect would be the amount of excess costs that would not be reimbursed.

We note that, under § 413.40(d)(3), an excluded hospital or unit whose costs exceed 110 percent of its rate-of-increase limit receives its rate-of-increase limit plus 50 percent of the difference between its reasonable costs and 110 percent of the limit, not to exceed 110 percent of its limit. In addition, under the various provisions set forth in § 413.40, certain excluded hospitals and hospital units can obtain payment adjustments for justifiable increases in operating costs that exceed the limit. At the same time, however, by generally limiting payment increases, we continue to provide an incentive for excluded hospitals and hospital units to restrain the growth in their spending for patient services.

VI. Quantitative Impact Analysis of the Proposed Policy Changes Under the IPPS for Operating Costs

A. Basis and Methodology of Estimates

In this proposed rule, we are announcing policy changes and payment rate updates for the IPPS for operating and capital-related costs. Based on the overall percentage change in payments per case estimated using our payment simulation model (a 2.5 percent increase), we estimate the total impact of these changes for FY 2004 payments compared to FY 2003 payments to be approximately a \$2.1 billion increase. This amount does not reflect changes in hospital admissions or case-mix intensity, which would also affect overall payment changes.

We have prepared separate impact analyses of the proposed changes to each system. This section deals with changes to the operating prospective payment system. Our payment simulation model relies on available data to enable us to estimate the impacts on payments per case of certain changes we are proposing in this proposed rule. However, there are other changes we are proposing for which we do not have data available that would allow us to estimate the payment impacts using this model. For those proposals, we have attempted to predict the payment impacts of those proposed changes based upon our experience and other more limited data.

The data used in developing the quantitative analyses of changes in payments per case presented below are taken from the FY 2002 MedPAR file and the most current Provider-Specific File that is used for payment purposes. Although the analyses of

the changes to the operating PPS do not incorporate cost data, data from the most recently available hospital cost report were used to categorize hospitals. Our analysis has several qualifications. First, we do not make adjustments for behavioral changes that hospitals may adopt in response to these proposed policy changes, and we do not adjust for future changes in such variables as admissions, lengths of stay, or case-mix. Second, due to the interdependent nature of the IPPS payment components, it is very difficult to precisely quantify the impact associated with each proposed change. Third, we draw upon various sources for the data used to categorize hospitals in the tables. In some cases, particularly the number of beds, there is a fair degree of variation in the data from different sources. We have attempted to construct these variables with the best available source overall. However, for individual hospitals, some miscategorizations are possible.

Using cases in the FY 2002 MedPAR file, we simulated payments under the operating IPPS given various combinations of payment parameters. Any short-term, acute care hospitals not paid under the IPPSs (Indian Health Service hospitals and hospitals in Maryland) were excluded from the simulations. The impact of payments under the capital IPPS, or the impact of payments for costs other than inpatient operating costs, are not analyzed in this section. Estimated payment impacts of proposed FY 2004 changes to the capital IPPS are discussed in section IX. of this Appendix.

The proposed changes discussed separately below are the following:

- The effects of expanding the postacute care transfer policy to 19 additional DRGs.
- The effects of the proposed annual reclassification of diagnoses and procedures and the recalibration of the DRG relative weights required by section 1886(d)(4)(C) of the Act.
- The effects of the proposed changes in hospitals' wage index values reflecting wage data from hospitals' cost reporting periods beginning during FY 2000, compared to the FY 1999 wage data, including the effects of removing wage data for Part B costs of RCHs and FQHCs.
- The effects of geographic reclassifications by the MGCRB that will be effective in FY 2004.

- The total change in payments based on proposed FY 2004 policies relative to payments based on FY 2003 policies.

To illustrate the impacts of the proposed FY 2004 changes, our analysis begins with a FY 2004 baseline simulation model using: the FY 2003 DRG GROUPER (version 20.0); the current postacute care transfer policy for 10 DRGs; the FY 2003 wage index; and no MGCRB reclassifications. Outlier payments are set at 5.1 percent of total operating DRG and outlier payments.

Each proposed and statutory policy change is then added incrementally to this baseline model, finally arriving at an FY 2004 model incorporating all of the proposed changes. This allows us to isolate the effects of each proposed change.

Our final comparison illustrates the percent change in payments per case from FY

2003 to FY 2004. Five factors have significant impacts here. The first is the update to the standardized amounts. In accordance with section 1886(b)(3)(B)(i) of the Act, we are proposing to update the large urban and the other areas average standardized amounts for FY 2004 using the most recently forecasted hospital market basket increase for FY 2004 of 3.5 percent. Under section 1886(b)(3)(B)(iv) of the Act, the updates to the hospital-specific amounts for sole community hospitals (SCHs) and for Medicare-dependent small rural hospitals (MDHs) are also equal to the market basket increase, or 3.5 percent.

A second significant factor that impacts changes in hospitals' payments per case from FY 2003 to FY 2004 is the change in MGCRB status from one year to the next. That is, hospitals reclassified in FY 2003 that are no longer reclassified in FY 2004 may have a negative payment impact going from FY 2003 to FY 2004; conversely, hospitals not reclassified in FY 2003 that are reclassified in FY 2004 may have a positive impact. In some cases, these impacts can be quite substantial, so if a relatively small number of hospitals in a particular category lose their reclassification status, the percentage change in payments for the category may be below the national mean. However, this effect is alleviated by section 1886(d)(10)(D)(v) of the Act, which provides that reclassifications for purposes of the wage index are for a 3-year period.

A third significant factor is that we currently estimate that actual outlier payments during FY 2003 will be 5.5 percent of total DRG payments. When the FY 2003 final rule was published, we projected FY 2003 outlier payments would be 5.1 percent of total DRG plus outlier payments; the average standardized amounts were offset correspondingly. The effects of the higher than expected outlier payments during FY 2003 (as discussed in the Addendum to this proposed rule) are reflected in the analyses below comparing our current estimates of FY 2003 payments per case to estimated FY 2004 payments per case.

Fourth, we are proposing to expand the postacute care transfer policy to 19 additional DRGs. This proposed expansion would result in Medicare savings of \$160 million because we would no longer pay a full DRG payment for these cases. As a result, there would be a lower total increase in Medicare spending for FY 2004.

Fifth, section 402(b) of Pub. L. 108-7 provided that the large urban standardized amount of the Federal rate is applicable for all IPPS hospitals for discharges occurring on or after April 1, 2003, and before October 1, 2003. For discharges occurring on or after October 1, 2003, the Federal rate will again be based on separate average standardized amounts for hospitals in large urban areas and for hospitals in other areas. The effect is to reduce the percent increase in FY 2004 payments compared to those made in FY 2003.

B. Analysis of Table I

Table I demonstrates the results of our analysis. The table categorizes hospitals by various geographic and special payment consideration groups to illustrate the varying impacts on different types of hospitals. The top row of the table shows the overall impact on the 4,087 hospitals included in the analysis. This number is 143 fewer hospitals than were included in the impact analysis in the FY 2003 final rule (67 FR 50279). There are 98 new CAHs that were excluded from last year's analysis.

The next four rows of Table I contain hospitals categorized according to their geographic location: all urban, which is further divided into large urban and other urban; and rural. There are 2,582 hospitals located in urban areas (MSAs or NECMAs) included in our analysis. Among these, there are 1,493 hospitals located in large urban areas (populations over 1 million), and 1,089 hospitals in other urban areas (populations of 1 million or fewer). In addition, there are 1,505 hospitals in rural areas. The next two groupings are by bed-size categories, shown separately for urban and rural hospitals. The final groupings by geographic location are by census divisions, also shown separately for urban and rural hospitals.

The second part of Table I shows hospital groups based on hospitals' FY 2004 payment classifications, including any reclassifications under section 1886(d)(10) of the Act. For example, the rows labeled urban, large urban, other urban, and rural show that the number of hospitals paid based on these categorizations after consideration of geographic reclassifications are 2,591, 1,572, 1,019, and 1,496, respectively.

The next three groupings examine the impacts of the proposed changes on hospitals grouped by whether or not they have GME

residency programs (teaching hospitals that receive an IME adjustment) or receive DSH payments, or some combination of these two adjustments. There are 2,976 nonteaching hospitals in our analysis, 873 teaching hospitals with fewer than 100 residents, and 238 teaching hospitals with 100 or more residents.

In the DSH categories, hospitals are grouped according to their DSH payment status, and whether they are considered urban or rural after MGCRB reclassifications. Therefore, hospitals in the rural DSH categories represent hospitals that were not reclassified for purposes of the standardized amount or for purposes of the DSH adjustment. (However, they may have been reclassified for purposes of the wage index.)

The next category groups hospitals considered urban after geographic reclassification, in terms of whether they receive the IME adjustment, the DSH adjustment, both, or neither.

The next five rows examine the impacts of the proposed changes on rural hospitals by special payment groups (SCHs, rural referral centers (RRCs), and MDHs), as well as rural hospitals not receiving a special payment designation. The RRCs (149), SCHs (494), MDHs (254), and hospitals that are both SCH and RRC (78) shown here were not reclassified for purposes of the standardized amount.

The next two groupings are based on type of ownership and the hospital's Medicare utilization expressed as a percent of total patient days. These data are taken primarily from the FY 2000 Medicare cost report files, if available (otherwise FY 1999 data are used). Data needed to determine ownership status were unavailable for 120 hospitals. Similarly, the data needed to determine Medicare utilization were unavailable for 104 hospitals.

The next series of groupings concern the geographic reclassification status of hospitals. The first grouping displays all hospitals that were reclassified by the MGCRB for FY 2004. The next two groupings separate the hospitals in the first group by urban and rural status. The final row in Table I contains hospitals located in rural counties but deemed to be urban under section 1886(d)(8)(B) of the Act.

TABLE I.—IMPACT ANALYSIS OF PROPOSED CHANGES FOR FY 2004 OPERATING PROSPECTIVE PAYMENT SYSTEM
[Percent changes in payments per case]

	Number of hosps. ¹	Transfer changes 2004 base ²	DRG changes ³	New wage data ⁴	New wage index without nonphys. part B ⁵	DRG & wage index changes ⁶	MGCRB reclassification ⁷	ALL FY 2004 changes ⁸
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
By Geographic Location:								
All hospitals	4,087	-0.2	0.0	-0.4	0.1	0.0	0.0	2.5
Urban hospitals	2,582	-0.2	0.0	-0.5	0.1	0.0	-0.4	2.5
Large urban areas (populations over 1 million)	1,493	-0.2	0.0	-0.4	0.0	-0.1	-0.4	2.6

TABLE I.—IMPACT ANALYSIS OF PROPOSED CHANGES FOR FY 2004 OPERATING PROSPECTIVE PAYMENT SYSTEM—
Continued

[Percent changes in payments per case]

	Number of hosps. ¹	Transfer changes 2004 base ²	DRG changes ³	New wage data ⁴	New wage index without nonphys. part B ⁵	DRG & wage index changes ⁶	MCGRB reclassification ⁷	ALL FY 2004 changes ⁸
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Non special status hospitals	521	-0.3	0.1	-0.4	0.0	0.3	1.0	2.2
RRC	149	-0.2	-0.1	-0.1	0.0	0.6	5.9	2.6
SCH	494	-0.1	0.0	-0.1	0.0	0.5	0.3	3.9
Medicare-dependent hospitals (MDH)	254	-0.3	0.2	-0.2	0.0	0.8	0.7	3.3
SCH and RRC	78	0.0	-0.1	-0.1	0.0	0.3	1.4	3.3
Type of Ownership:								
Voluntary	2,435	-0.2	0.0	-0.5	0.1	0.0	0.0	2.5
Proprietary	699	-0.2	0.0	-0.2	0.1	0.2	0.0	2.6
Government	833	-0.2	0.0	-0.4	0.1	0.0	0.3	2.7
Unknown	120	-0.1	0.0	-1.1	0.0	-0.8	-0.4	1.8
Medicare Utilization as a Percent of Inpatient Days:								
0-25	304	-0.2	-0.1	0.0	0.0	0.1	-0.3	3.0
25-50	1,557	-0.2	0.0	-0.5	0.1	-0.1	-0.2	2.5
50-65	1,663	-0.2	0.0	-0.4	0.2	0.2	0.3	2.5
Over 65	459	-0.2	0.0	-0.1	0.1	0.4	0.7	2.7
Unknown	104	-0.2	-0.1	0.0	0.0	0.2	-0.6	3.0
Hospitals Reclassified by the Medicare Geographic Classification Review Board: FY 2004 Reclassifications:								
All Reclassified Hospitals	639	-0.2	0.0	-0.3	0.1	0.3	4.3	3.0
Standardized Amount Only	22	-0.2	0.0	-0.7	0.5	0.0	3.9	5.8
Wage Index Only	556	-0.2	0.0	-0.4	0.2	0.3	4.3	2.4
Both	33	-0.2	-0.1	-0.4	0.2	0.2	6.0	3.1
Nonreclassified Hospitals	3,442	-0.2	0.0	-0.4	0.1	0.0	-0.62.5	
All Reclassified Urban Hospitals	136	-0.2	0.0	-0.5	0.3	0.1	4.0	2.7
Standardized Amount Only	13	-0.2	-0.1	-1.4	0.2	-1.2	0.9	2.4
Wage Index Only	82	-0.2	0.0	-0.7	0.3	0.1	3.9	2.3
Both	41	-0.3	0.0	0.1	0.2	0.6	5.4	3.8
Urban Nonreclassified Hospitals	2,415	-0.2	0.0	-0.5	0.1	-0.1	-0.6	2.4
All Reclassified Rural Hospitals	503	-0.2	-0.1	-0.1	0.0	0.5	4.6	3.2
Standardized Amount Only	15	-0.2	0.1	-0.4	0.1	0.4	4.8	2.1
Wage Index Only	464	-0.1	-0.1	-0.1	0.0	0.5	4.2	3.2
Both	24	-0.2	0.0	-0.1	0.0	0.5	8.7	3.8
Rural Nonreclassified Hospitals	999	-0.2	0.1	-0.3	0.0	0.5	-0.5	2.8
Other Reclassified Hospitals (Section 1886(D)(8)(B))	34	-0.2	0.1	0.0	0.0	0.4	-2.0	1.8

¹ Because data necessary to classify some hospitals by category were missing, the total number of hospitals in each category may not equal the national total. Discharge data are from FY 2002, and hospital cost report data are from reporting periods beginning in FY 2000 and FY 1999.

² This column displays the payment impact of the expanded postacute care transfer policy.

³ This column displays the payment impact of the recalibration of the DRG weights based on FY 2002 MedPAR data and the DRG reclassification changes, in accordance with section 1886(d)(4)(C) of the Act.

⁴ This column displays the impact of updating the wage index with wage data from hospitals' FY 2000 cost reports.

⁵ This column displays the impact of removing nonphysician Part B costs and hours from cost report data (Worksheet S-3, Part II, Line 5.01).

⁶ This column displays the combined impact of the reclassification and recalibration of the DRGs, the updated and revised wage data used to calculate the wage index, the removal of nonphysician Part B costs and hours, and the budget neutrality adjustment factor for DRG and wage index changes, in accordance with sections 1886(d)(4)(C)(iii) and 1886(d)(3)(E) of the Act. Thus, it represents the combined impacts shown in columns 3, 4, and 5, and the proposed FY 2004 budget neutrality factor of 1.003133.

⁷ Shown here are the effects of geographic reclassifications by the Medicare Geographic Classification Review Board (MCGRB). The effects demonstrate the FY 2004 payment impact of going from no reclassifications to the reclassifications scheduled to be in effect for FY 2004. Reclassification for prior years has no bearing on the payment impacts shown here.

⁸ This column shows changes in payments from FY 2003 to FY 2004. It incorporates all of the changes displayed in columns 2, 6, and 7 (the changes displayed in columns 3, 4, and 5 are included in column 6). It also reflects the impact of the FY 2004 update, changes in hospitals' reclassification status in FY 2004 compared to FY 2003, and the difference in outlier payments from FY 2003 to FY 2004. The sum of these impacts may be different from the percentage changes shown here due to rounding and interactive effect.

C. Impact of the Proposed Changes to the Postacute Care Transfer Policy (Column 2)

In column 2 of Table I, we present the effects of the postacute care transfer policy expansion, as discussed in section IV.A. of

the preamble to this proposed rule. We compared aggregate payments using the FY 2003 DRG relative weights (GROPER version 21.0) with the expanded postacute care transfer policy to aggregate payments

using the proposed expanded postacute care transfer policy (with the additional 19 DRGs). The changes we are proposing to make would result in 0.2 percent lower payments to

hospitals overall. We estimate the total savings at approximately \$160 million.

To simulate the impact of this proposed policy, we calculated hospitals' transfer-adjusted discharges and case-mix index values, including the proposed additional 19 DRGs. The transfer-adjusted discharge fraction is calculated in one of two ways, depending on the transfer payment methodology. Under our current transfer payment methodology, for all but the three DRGs receiving special payment consideration (DRGs 209, 210, and 211), this adjustment is made by adding 1 to the length of stay and dividing that amount by the geometric mean length of stay for the DRG (with the resulting fraction not to exceed 1.0). For example, a transfer after 3 days from a DRG with a geometric mean length of stay of 6 days would have a transfer-adjusted discharge fraction of 0.667 $((3+1)/6)$.

For transfers from any one of the three DRGs receiving the alternative payment methodology, the transfer-adjusted discharge fraction is 0.5 (to reflect that these cases receive half the full DRG amount the first day), plus one half of the result of dividing 1 plus the length of stay prior to transfer by the geometric mean length of stay for the DRG. None of the proposed 19 additional DRGs would receive the alternative payment methodology. As with the above adjustment, the result is equal to the lesser of the transfer-adjusted discharge fraction or 1.

The transfer-adjusted case-mix index values are calculated by summing the transfer-adjusted DRG weights and dividing by the transfer-adjusted discharges. The transfer-adjusted DRG weights are calculated by multiplying the DRG weight by the lesser of 1 or the transfer-adjusted discharge fraction for the case, divided by the geometric mean length of stay for the DRG. In this way, simulated payments per case can be compared before and after the proposed change to the transfer policy.

This proposed expansion of the policy has a negative 0.2 percent payment impact overall among both urban and rural hospitals. There is very small variation among all of the hospital categories from this negative 0.2 percent impact. This outcome is different than the impacts exhibited when we implemented the postacute care transfer policy for the current 10 DRGs in the July 31, 1998 **Federal Register** (63 FR 41108). At that time, the impact of going from no postacute transfer policy to a postacute care transfer policy applicable to 10 DRGs was a 0.6 percent decrease in payments per case. In addition, at that time, the impact was greatest among urban hospitals (0.7 percent payment decrease, compared to 0.4 percent among rural hospitals).

The less dramatic impact observed for this proposed expansion to additional DRGs is not surprising. The movement to transfer more and more patients for postacute care sooner appears to have abated in recent years. While it does appear that many patients continue to be transferred for postacute care early in the course of their acute care treatment, the rapid expansion of this trend that was apparent during the mid-90s appears to have subsided. To a large extent, this decline probably stems from the

decreased payment incentives to transfer patients to postacute care settings as a result of the implementation of prospective payment systems for IRFs, SNFs, LTCHs, and HHAs.

D. Impact of the Proposed Changes to the DRG Reclassifications and Recalibration of Relative Weights (Column 3)

In column 3 of Table I, we present the combined effects of the DRG reclassifications and recalibration, as discussed in section II. of the preamble to this proposed rule. Section 1886(d)(4)(C)(i) of the Act requires us annually to make appropriate classification changes and to recalibrate the DRG weights in order to reflect changes in treatment patterns, technology, and any other factors that may change the relative use of hospital resources.

We compared aggregate payments using the FY 2003 DRG relative weights (GROUPEP version 20.0) to aggregate payments using the proposed FY 2004 DRG relative weights (GROUPEP version 21.0). Both simulations reflected the proposed expansion of the postacute care transfer policy. We note that, consistent with section 1886(d)(4)(C)(iii) of the Act, we have applied a budget neutrality factor to ensure that the overall payment impact of the DRG changes (combined with the wage index changes) is budget neutral. This proposed budget neutrality factor of 1.003133 is applied to payments in Column 6. Because this is a combined DRG reclassification and recalibration and wage index budget neutrality factor, it is not applied to payments in this column.

The major DRG classification changes we are proposing are: Creating additional DRGs that are split based on the presence or absence of CCs; creating a new DRG for cases with ruptured brain aneurysms; and creating a new DRG for cases involving the implantation of a cardiac defibrillator where the patient experiences acute myocardial infarction, heart failure, or shock. In the aggregate, these proposed changes would result in 0.0 percent change in overall payments to hospitals.

The overall level of the DRG weights are determined by the normalization factor intended to ensure that recalibration by itself neither increases nor decreases total payments under the IPPS. Because we count transfer cases as a fraction of a case in the recalibration process, expanding the postacute care transfer policy to 19 additional DRGs would affect the proposed relative weights for those DRGs. Therefore, we calculated the proposed FY 2004 normalization factor comparing the case-mix using the proposed FY 2004 DRG relative weights in which we treated postacute care transfer cases in the 19 additional DRGs being proposed for FY 2004 as a fraction of a case with the case-mix using the FY 2003 DRG relative weights without treating cases in these 19 additional DRGs as transfer cases. As noted above, the proposed expansion of the postacute care transfer policy impacts the overall level of the DRG weights, contributing to the impacts seen in this column.

Rural hospitals with fewer than 50 beds would experience a 0.2 percent increase due to these changes, while rural hospitals with

more than 150 beds will experience a 0.1 percent decrease. Also, RRCs and hospitals classified with both SCH and RRC would experience a 0.1 percent decrease. MDHs would experience a 0.2 percent increase. Hospitals in the urban Mountain census division would experience the largest change, with a 0.2 percent decrease. Again, these impacts are ultimately offset by the budget neutrality factor of 1.003133.

E. Impact of Proposed Wage Index Changes (Columns 4 and 5)

Section 1886(d)(3)(E) of the Act requires that, beginning October 1, 1993, we annually update the wage data used to calculate the wage index. In accordance with this requirement, the proposed wage index for FY 2004 is based on data submitted for hospital cost reporting periods beginning on or after October 1, 1999 and before October 1, 2000. As with column 3, the impact of the new data on hospital payments is isolated in column 4 by holding the other payment parameters constant in this simulation. That is, column 4 shows the percentage changes in payments when going from a model using the FY 2003 wage index (based on FY 1999 wage data to a model using the FY 2004 pre-reclassification wage index based on FY 2000 wage data).

The wage data collected on the FY 2000 cost reports are similar to the data used in the calculation of the FY 2003 wage index. Also, as described in section III.B of this preamble, the proposed FY 2004 wage index is calculated by removing the nonphysician Part B costs and hours of RHCs and FQHCs, shown in column 5.

Column 4 shows the impacts of updating the wage data using FY 2000 cost reports. Overall, the new wage data would lead to a 0.4 percent reduction, but this reduction is offset by the budget neutrality factor. Urban hospitals' wage indexes would decline by 0.5 percent, and rural hospitals' wage indexes would decline by 0.2 percent. Among regions, the largest impact of updating the wage data is seen in rural Puerto Rico (a 4.1 percent decrease). Rural hospitals in the Pacific and West South Central regions would experience the next largest impact, a 0.5 percent and 0.4 percent decrease, respectively. Rural New England and East North Central regions would experience an increase of 0.3 percent and 0.2 percent, respectively.

Among urban hospitals, New England and the Middle Atlantic regions would experience 1.0 percent decreases, respectively. These impacts result, respectively, from a 9.0 percent decrease in the proposed FY 2004 wage index for Springfield, Massachusetts, and a 6.1 percent decrease in the Pittsburgh, Pennsylvania wage index. The East South Central, West North Central, and Mountain regions would experience increases of 0.3 percent, 0.1 percent, and 0.5 percent, respectively.

The next column shows the impacts on the calculation of the proposed FY 2004 wage index of removing nonphysician Part B data for RHCs and FQHCs. Column 5 shows the impacts of removing nonphysician Part B costs for RHCs and FQHCs. The effects of this proposed change are relatively small with the

exception of New England, which would experience a 0.8 percent decrease.

We note that the wage data used for the proposed wage index are based upon the data available as of March 2003 and, therefore, do not reflect revision requests received and processed by the fiscal intermediaries after that date. To the extent these requests are granted by hospitals' fiscal intermediaries, these revisions will be reflected in the final rule. In addition, we continue to verify the accuracy of the data for hospitals with extraordinary changes in their data from the prior year.

The following chart compares the shifts in wage index values for labor market areas for FY 2004 relative to FY 2003. This chart demonstrates the impact of the changes for the proposed FY 2004 wage index, including updating to FY 2000 wage data. The majority of labor market areas (331) would experience less than a 5-percent change. A total of 13 labor market areas would experience an increase of more than 5 percent and less than 10 percent. Two areas would experience an increase greater than 10 percent. A total of 24 areas would experience decreases of more than 5 percent and less than 10 percent. Finally, 3 areas would experience declines of 10 percent or more.

Percentage change in area wage index values	Number of labor market areas	
	FY 2003	FY 2004
Increase more than 10 percent	3	2
Increase more than 5 percent and less than 10 percent	11	13
Increase or decrease less than 5 percent	343	331
Decrease more than 5 percent and less than 10 percent	15	24
Decrease more than 10 percent	1	3

Among urban hospitals, 45 would experience an increase of between 5 and 10 percent and 8 more than 10 percent. A total of 64 rural hospitals would experience increases greater than 5 percent, but none would experience greater than 10-percent increases. On the negative side, 109 urban hospitals would experience decreases in their wage index values of at least 5 percent but less than 10 percent. Nine urban hospitals and one rural hospital would experience decreases in their wage index values greater than 10 percent. There are 25 rural hospitals that would experience decreases in their wage index values of greater than 5 percent but less than 10 percent. The following chart shows the projected impact for urban and rural hospitals.

Percentage change in area wage index values	Number of hospitals	
	Urban	Rural
Increase more than 10 percent	8	0
Increase more than 5 percent and less than 10 percent	45	64

Percentage change in area wage index values	Number of hospitals	
	Urban	Rural
Increase or decrease less than 5 percent	2,436	1,714
Decrease more than 5 percent and less than 10 percent	109	25
Decrease more than 10 percent	9	1

F. Combined Impact of Proposed DRG and Wage Index Changes, Including Budget Neutrality Adjustment (Column 6)

The impact of the DRG reclassifications and recalibration on aggregate payments is required by section 1886(d)(4)(C)(iii) of the Act to be budget neutral. In addition, section 1886(d)(3)(E) of the Act specifies that any updates or adjustments to the wage index are to be budget neutral. As noted in the Addendum to this proposed rule, we compared simulated aggregate payments using the FY 2003 DRG relative weights and wage index to simulated aggregate payments using the proposed FY 2004 DRG relative weights and blended wage index. In addition, we are required to ensure that any add-on payments for new technology under section 1886(d)(5)(K) of the Act are budget neutral. As discussed in section II.E. of the preamble of this proposed rule, we are proposing to maintain the new technology status of Xigris™ (approved in last year's final rule at 67 FR 50013). We estimate the proposed total add-on payments for this new technology for FY 2004 would be \$50 million.

We computed a proposed wage and recalibration budget neutrality factor of 1.003133. The 0.0 percent impact for all hospitals demonstrates that these proposed changes, in combination with the proposed budget neutrality factor, are budget neutral. In Table I, the combined overall impacts of the effects of both the proposed DRG reclassifications and recalibration and the proposed updated wage index are shown in column 6. The proposed changes in this column are the sum of the proposed changes in columns 3, 4, and 5, combined with the budget neutrality factor and the wage index floor for urban areas required by section 4410 of Pub. L. 105-33 to be budget neutral. There also may be some variation of plus or minus 0.1 percentage point due to rounding.

G. Impact of MGCRB Reclassifications (Column 7)

Our impact analysis to this point has assumed hospitals are paid on the basis of their actual geographic location (with the exception of ongoing policies that provide that certain hospitals receive payments on bases other than where they are geographically located, such as hospitals in rural counties that are deemed urban under section 1886(d)(8)(B) of the Act). The changes in column 7 reflect the per case payment impact of moving from this baseline to a simulation incorporating the MGCRB decisions for FY 2004. These decisions affect hospitals' standardized amount and wage index area assignments.

By February 28 of each year, the MGCRB makes reclassification determinations that

will be effective for the next fiscal year, which begins on October 1. The MGCRB may approve a hospital's reclassification request for the purpose of using another area's standardized amount, wage index value, or both. The proposed FY 2004 wage index values incorporate all of the MGCRB's reclassification decisions for FY 2004. The wage index values also reflect any decisions made by the CMS Administrator through the appeals and review process as of February 28, 2003. Additional changes that result from the Administrator's review of MGCRB decisions or a request by a hospital to withdraw its application will be reflected in the final rule for FY 2004.

The overall effect of geographic reclassification is required by section 1886(d)(8)(D) of the Act to be budget neutral. Therefore, we applied an adjustment of 1.003133 to ensure that the effects of reclassification are budget neutral. (See section II.A.4.b. of the Addendum to this proposed rule.)

As a group, rural hospitals benefit from geographic reclassification. Their payments would rise 2.6 percent in column 7. Payments to urban hospitals would decline 0.4 percent. Hospitals in other urban areas would experience an overall decrease in payments of 0.2 percent, while large urban hospitals would lose 0.4 percent. Among urban hospital groups (that is, bed size, census division, and special payment status), payments generally would decline.

A positive impact is evident among most of the rural hospital groups. The smallest increases among the rural census divisions are 0.4 and 1.5 percent for the Puerto Rico and Mountain regions, respectively. The largest increases are in the rural South Atlantic and West South Central regions. These regions would experience increases of 2.9 and 3.7 percent, respectively.

Among all the hospitals that were reclassified for FY 2004 (including hospitals that received wage index reclassifications in FY 2002 or FY 2003 that extend for 3 years), the MGCRB changes are estimated to provide a 4.3 percent increase in payments. Urban hospitals reclassified for FY 2004 are expected to receive an increase of 4.0 percent, while rural reclassified hospitals are expected to benefit from the MGCRB changes with a 4.6 percent increase in payments. Overall, among hospitals that were reclassified for purposes of the standardized amount only, a payment increase of 3.9 percent is expected, while those reclassified for purposes of the wage index only show a 4.3 percent increase in payments. Payments to urban and rural hospitals that did not reclassify are expected to decrease slightly due to the MGCRB changes, decreasing by 0.6 percent for urban hospitals and 0.5 percent for rural hospitals.

H. All Changes (Column 8)

Column 8 compares our estimate of payments per case, incorporating all changes reflected in this proposed rule for FY 2004 (including statutory changes), to our estimate of payments per case in FY 2003. This column includes all of the proposed policy changes. Because the reclassifications shown in column 7 do not reflect FY 2003

reclassifications, the impacts of FY 2004 reclassifications only affect the impacts from FY 2003 to FY 2004 if the reclassification impacts for any group of hospitals are different in FY 2004 compared to FY 2003.

Column 8 includes the effects of the 3.5 percent update to the standardized amounts and the hospital-specific rates for MDHs and SCHs. It also reflects the 0.4 percentage point difference between the projected outlier payments in FY 2003 (5.1 percent of total DRG payments) and the current estimate of the percentage of actual outlier payments in FY 2003 (5.5 percent), as described in the introduction to this Appendix and the Addendum to this proposed rule. As a result, payments are projected to be 0.4 percent higher in FY 2003 than originally estimated, resulting in a 0.4 percent smaller increase than would otherwise occur.

Section 213 of Public Law 106-554 provides that all SCHs may receive payment on the basis of their costs per case during their cost reporting period that began during 1996. For FY 2004, eligible SCHs receive 100 percent of their 1996 hospital-specific rate. The impact of this provision is modeled in column 8 as well.

The proposed expansion of the postacute care transfer policy also reduces payments by paying for discharges to postacute care in 19 additional DRGs as transfers. Because FY 2003 payments reflect full DRG payments for all cases in these 19 DRGs, there is a negative impact due to the proposed expansion of this policy compared to FY 2003. The net effect of this proposed policy, as displayed in column 2, is also seen in the lower overall percent change shown in column 8 comparing FY 2004 simulated payments per case to FY 2003 payments.

Another influence on the overall change reflected in this column is the requirement of section 402(b) of Public Law 108-7 that all hospitals receive the large urban standardized amount for all discharges occurring on or after April 1, 2003, and before October 1, 2003. For discharges occurring on or after October 1, 2003, the Federal rate will again be calculated based on separate average standardized amounts for hospitals in large urban areas and for hospitals in other areas. The effect is to reduce the percent increase reflected in the "all changes" column.

There might also be interactive effects among the various factors comprising the payment system that we are not able to isolate. For these reasons, the values in column 8 may not equal the sum of the changes described above.

The overall change in payments per case for hospitals in FY 2004 would increase by 2.5 percent. Hospitals in urban areas would experience a 2.5 percent increase in payments per case compared to FY 2003. Hospitals in rural areas, meanwhile, would experience a 3.1 percent payment increase. Hospitals in large urban areas would experience a 2.6 percent increase in payments.

Among urban census divisions, the largest payment increase was 3.5 percent in the Mountain region. Hospitals in the urban East South Central region and in Puerto Rico would experience an overall increase of 3.1 percent and 2.9 percent, respectively. The smallest increase would occur in the Middle Atlantic, with an increase of 1.7 percent. These below average increases are primarily due to the inflated outlier payments for some of these hospitals during FY 2003 compared to FY 2004. Among rural regions, the only

hospital category that would experience overall payment decreases is Puerto Rico, where payments would decrease by 0.2 percent, largely due to the updated wage data. In the West North Central region, payments are projected to increase by 3.8 percent. West South Central and Pacific regions also would benefit, both with 3.5 percent increases.

Among special categories of rural hospitals, those hospitals receiving payment under the hospital-specific methodology (SCHs, MDHs, and SCH/RRCs) would experience payment increases of 3.9 percent, 3.3 percent, and 3.3 percent, respectively. This outcome is primarily related to the fact that, for hospitals receiving payments under the hospital-specific methodology, there are no outlier payments. Therefore, these hospitals would not experience negative payment impacts from the decline in outlier payments from FY 2003 to FY 2004 as would hospitals paid based on the national standardized amounts.

Hospitals that were reclassified for FY 2004 are estimated to receive a 3.0 percent increase in payments. Urban hospitals reclassified for FY 2004 are anticipated to receive an increase of 2.7 percent, while rural reclassified hospitals are expected to benefit from reclassification with a 3.2 percent increase in payments. Overall, among hospitals reclassified for purposes of the standardized amount, a payment increase of 5.8 percent is expected, while those hospitals reclassified for purposes of the wage index only would show an expected 2.4 percent increase in payments. Those hospitals located in rural counties but deemed to be urban under section 1886(d)(8)(B) of the Act are expected to receive an increase in payments of 1.8 percent.

TABLE II.—IMPACT ANALYSIS OF PROPOSED CHANGES FOR FY 2004 OPERATING PROSPECTIVE PAYMENT SYSTEM
[Payments per case]

	Number of hospitals	Average FY 2003 payment per case ¹	Average FY 2004 payment per case ¹	All FY 2004 changes
	(1)	(2)	(3)	(4)
By Geographic Location:				
All hospitals	4,087	7,423	7,612	2.5
Urban hospitals	2,582	7,890	8,084	2.5
Large urban areas (populations over 1 million)	1,493	8,368	8,586	2.6
Other urban areas (populations of 1 million or fewer)	1,089	7,257	7,418	2.2
Rural hospitals	1,505	5,393	5,558	3.1
Bed Size (Urban):				
0-99 beds	626	5,479	5,625	2.7
100-199 beds	916	6,658	6,829	2.6
200-299 beds	507	7,610	7,788	2.3
300-499 beds	377	8,445	8,660	2.5
500 or more beds	156	10,027	10,261	2.3
Bed Size (Rural):				
0-49 beds	690	4,468	4,620	3.4
50-99 beds	477	5,037	5,204	3.3
100-149 beds	202	5,430	5,582	2.8
150-199 beds	70	5,780	5,937	2.7
200 or more beds	66	6,792	6,993	3.0
Urban by Region:				
New England	134	8,326	8,555	2.7
Middle Atlantic	394	8,916	9,064	1.7
South Atlantic	372	7,454	7,640	2.5
East North Central	429	7,416	7,604	2.5
East South Central	155	7,156	7,376	3.1

TABLE II.—IMPACT ANALYSIS OF PROPOSED CHANGES FOR FY 2004 OPERATING PROSPECTIVE PAYMENT SYSTEM—
Continued
[Payments per case]

	Number of hospitals	Average FY 2003 payment per case ¹	Average FY 2004 payment per case ¹	All FY 2004 changes
	(1)	(2)	(3)	(4)
West North Central	176	7,659	7,875	2.8
West South Central	329	7,343	7,523	2.5
Mountain	131	7,697	7,967	3.5
Pacific	416	9,598	9,840	2.5
Puerto Rico	46	3,329	3,426	2.9
Rural by Region:				
New England	38	6,841	7,067	3.3
Middle Atlantic	67	5,426	5,565	2.6
South Atlantic	221	5,486	5,614	2.3
East North Central	199	5,451	5,622	3.1
East South Central	232	4,922	5,071	3.0
West North Central	254	5,294	5,497	3.8
West South Central	273	4,711	4,875	3.5
Mountain	127	6,235	6,436	3.2
Pacific	89	7,151	7,399	3.5
Puerto Rico	5	2,553	2,548	-0.2
By Payment Classification:				
Urban hospitals	2,591	7,886	8,080	2.5
Large urban areas (populations over 1 million)	1,572	8,283	8,502	2.7
Other urban areas (populations of 1 million of fewer)	1,019	7,302	7,460	2.2
Rural areas	1,496	5,355	5,516	3.0
Teaching Status:				
Non-teaching	2,976	6,132	6,293	2.6
Fewer than 100 Residents	873	7,666	7,867	2.6
100 or more Residents	238	11,347	11,603	2.3
Urban DSH:				
Non-DSH	1,381	6,624	6,803	2.7
100 or more beds	1,398	8,502	8,706	2.4
Less than 100 beds	276	5,447	5,579	2.4
Rural DSH:				
Sole Community (SCH)	484	5,239	5,434	3.7
Referral Center (RRC)	161	6,159	6,331	2.8
Other Rural: 100 or more beds	75	4,696	4,785	1.9
Less than 100 beds	312	4,278	4,386	2.5
Urban teaching and DSH:				
Both teaching and DSH	771	9,333	9,562	2.5
Teaching and no DSH	273	7,618	7,814	2.6
No teaching and DSH	903	6,852	7,009	2.3
No teaching and no DSH	644	6,174	6,341	2.7
Rural Hospital Types:				
Non special status hospitals	521	4,445	4,544	2.2
RRC	149	5,851	6,003	2.6
SCH	494	5,630	5,849	3.9
Medicare-dependent hospitals (MDH)	254	4,168	4,305	3.3
SCH and RRC	78	6,757	6,982	3.3
Type of Ownership:				
Voluntary	2,435	7,532	7,722	2.5
Proprietary	699	7,087	7,272	2.6
Government	833	7,164	7,356	2.7
Unknown	120	7,431	7,565	1.8
Medicare Utilization as a Percent of Inpatient Days:				
0-25	304	9,997	10,294	3.0
25-50	1,557	8,448	8,657	2.5
50-65	1,663	6,450	6,613	2.5
Over 65	459	5,764	5,916	2.7
Unknown	104	6,720	6,921	3.0
Hospitals Reclassified by the Medicare Geographic Classification Review Board: FY 2004 Reclassifications:				
All Reclassified Hospitals	639	6,883	7,088	3.0
Standardized Amount Only	22	5,590	5,912	5.8
Wage Index Only	556	6,914	7,077	2.4
Both	33	6,081	6,269	3.1
All Nonreclassified Hospitals	3,442	7,542	7,734	2.5
All Urban Reclassified Hospitals	136	8,787	9,020	2.7
Urban Nonreclassified Hospitals	13	6,211	6,358	2.4
Standardized Amount Only	82	9,866	10,098	2.3

TABLE II.—IMPACT ANALYSIS OF PROPOSED CHANGES FOR FY 2004 OPERATING PROSPECTIVE PAYMENT SYSTEM—
Continued
[Payments per case]

	Number of hospitals	Average FY 2003 payment per case ¹	Average FY 2004 payment per case ¹	All FY 2004 changes
	(1)	(2)	(3)	(4)
Wage Index Only	41	6,934	7,200	3.8
Both	2,415	7,853	8,045	2.4
All Reclassified Rural Hospitals	503	6,006	6,199	3.2
Standardized Amount Only	15	4,743	4,843	2.1
Wage Index Only	464	6,014	6,205	3.2
Both	24	6,242	6,482	3.8
Rural Nonreclassified Hospitals	999	4,624	4,756	2.8
Other Reclassified Hospitals (Section 1886(d)(8)(B))	34	4,950	5,039	1.8

¹ These payment amounts per case do not reflect any estimates of annual case-mix increase.

Table II presents the projected impact of the proposed changes for FY 2004 for urban and rural hospitals and for the different categories of hospitals shown in Table I. It compares the estimated payments per case for FY 2003 with the average estimated per case payments for FY 2004, as calculated under our models. Thus, this table presents, in terms of the average dollar amounts paid per discharge, the combined effects of the changes presented in Table I. The percentage changes shown in the last column of Table II equal the percentage changes in average payments from column 8 of Table I.

VII. Impact of Other Policy Changes

In addition to those proposed changes discussed above that we are able to model using our IPPS payment simulation model, we are proposing various other changes in this proposed rule. Generally, we have limited or no specific data available with which to estimate the impacts of these proposed changes. Our estimates of the likely impacts associated with these other proposed changes are discussed below.

A. Changes to Bed and Patient Day Counting Policies

1. Background

Under IPPS, both the IME and the DSH adjustments utilize statistics regarding the number of beds and patient days of a hospital to determine the level of the respective payment adjustment. For IME, hospitals receiving this adjustment want to minimize their numbers of beds in order to maximize their resident-to-bed ratio. For DSH, urban hospitals with 100 or more beds qualify for a higher payment adjustment, so some hospitals have an incentive to maximize their bed count to qualify for higher payments. Existing regulations specify that the number of beds is determined by counting the number of available bed days during the cost reporting period and dividing that number by the number of days in the cost reporting period.

2. Unoccupied Beds

Over the years, questions have arisen as to whether beds in rooms or entire units that are unoccupied for extended periods of time should continue to be counted on the basis

that, if there would ever be a need, they could be put into use. In section IV.C. of the preamble of this proposed rule, we are proposing to base the determination of whether a bed is available upon whether the unit where the bed is located is staffed for patient care. If the bed is located in a unit that was staffed by nurses to provide patient care at any time during the 3 preceding months, all of the beds in the unit would be counted for purposes of determining available bed days during the current month. If no patient care were provided in that unit during the 3 preceding months, the beds in the unit would be excluded from the determination of available bed days during the current month.

This proposal is primarily intended to establish clear and consistent guidelines for hospitals and fiscal intermediaries to use when determining whether beds should be counted. We do not anticipate this proposal would have a significant impact on payments. In some cases, previously uncounted beds would now be counted, such as when a hospital is undertaking to remodel a unit and that unit is temporarily unavailable for patient occupancy. Under the proposed policy, if the remodeling is completed in less than 3 months and patients are again being treated in the unit, all of the beds in the unit would be counted as available for the entire year.

3. Nonacute Care Beds and Days

The proposed rule would clarify that days attributable to a nonacute care unit or ward, regardless of whether the unit or ward is separately certified by Medicare or is adjacent to a unit or ward used to provide an acute level of care, would not be included in the count of bed or patient days. In a recent decision by the Ninth Circuit Court of Appeals (*Alhambra Hosp. v. Thompson*, 259 F.3d 1017 (9th Cir. 2001)), the court found that our policy for counting patient days did not preclude a hospital from counting the patient days attributable to a nonacute care unit adjacent to an area of the hospital subject to the IPPS. Under this ruling, hospitals within the jurisdiction of the Ninth Circuit would be able to count those patient days.

Because the *Alhambra* decision was based on a regulatory interpretation, this proposed

rule, when finalized, would supersede the *Alhambra* decision in the Ninth Circuit. We estimate that if all hospitals in the Ninth Circuit that could take advantage of this ruling were currently doing so, the impact of this provision of the proposed rule would be \$184 million in reduced Medicare program payments to the affected hospitals in FY 2004 for DSH. This estimate reflects the impact of adding all days of non-Medicare certified nursing facilities to the count of inpatient days for hospitals in the nine States under the jurisdiction of the Ninth Circuit. For example, in Alaska, nursing facility days constitute 11 percent of total Medicaid inpatient days. If all of these nursing facility days are currently included in the Medicaid inpatient days count, we estimate this proposed provision would reduce Medicare DSH payments to Alaska's hospitals by \$662,097.

We are unable to estimate the effect of this proposed provision on specific hospitals because we are not aware of specific hospitals that are presently including those inpatient days in their calculation of Medicaid days for purposes of determining their Medicare DSH percentage. However, we expect the impact on any particular hospital would be minimal (with no impact on the level of beneficiary services), because the days attributable to patients receiving these limited benefit programs should be only a small portion of the overall Medicaid days at any particular hospital. No other provider types would be affected. However, because our policy is to count patient days and beds consistently, inclusion of the days of postacute care units in the DSH calculation would lead to an offsetting negative payment impact for teaching hospitals. The inclusion of additional beds decreases the resident-to-bed ratios used to calculate the IME adjustments. Therefore, the actual potential impact on hospitals of this policy clarification is likely to be significantly less than \$184 million.

4. Observation and Swing-Beds

We are proposing to revise our regulations to clarify that swing-bed and observation bed days are to be excluded from the count of bed and patient days. Because this certification reflects our current policy, despite the fact

that there has been some confusion and we have had adverse court decisions, we do not anticipate this clarification would have a significant impact on payments. We do not have data available that would enable us to identify those hospitals that have not been applying this policy and, therefore, would be required to change their policy. Consequently, we are unable to quantify the impacts of this clarification.

5. Labor, Delivery, Recovery, and Postpartum Beds and Days

Similarly, in the case of labor, delivery, recovery, and postpartum rooms, we would clarify that it is necessary to apportion the days and costs of a patient stay between the labor/delivery ancillary cost centers and the routine adults and pediatrics cost center on the basis of the percentage of time during the entire stay associated with these various services. Because this is a clarification of existing policy, we do not anticipate this proposed change would have a significant payment impact. However, we do not have data available that would enable us to identify those hospitals that have not been applying this policy and, therefore, would be required to change their policy. Consequently, we are unable to quantify the impacts of this clarification.

6. Days Associated With Demonstration Projects Under Section 1115 of the Act

Some States have demonstration projects that provide family planning or outpatient drug benefits that are limited benefits that do not include Medicaid coverage for inpatient services. In this proposed rule, we also would clarify that any hospital inpatient days attributed to a patient who is not eligible for Medicaid inpatient hospital benefits either under the approved State plan or through a section 1115 waiver must not be counted in the calculation of Medicaid days for purposes of determining a hospital's DSH percentage.

We estimated the potential impact of the proposed clarification to our policy of excluding days associated with inpatients who are eligible only for Medicaid outpatient benefits. We identified the percentage of individuals receiving only outpatient family planning benefits under Medicaid compared to all Medicaid-eligible beneficiaries (this is currently the only outpatient-only category for which we have numbers of eligible beneficiaries). These percentages were calculated on a statewide basis for each State with a family planning benefit. Based on these percentages, assuming family planning beneficiaries use inpatient services at the same rate as all other Medicaid beneficiaries, we estimated the amount of total Medicare DSH payments for each State that may be attributable to family planning beneficiaries' use of inpatient services.

For example, in Alabama, total Medicare DSH payments in 1999 (the latest year for which a complete database of cost reports from all hospitals is available) were \$97.1 million. Because the percentage of family planning beneficiaries to total Medicaid eligible beneficiaries is 11.24 percent, we estimated 11.24 percent of \$97.1 million in Medicare DSH payments, or \$10.9 million, is the maximum amount of Medicare DSH that may currently be attributable to the inclusion

of inpatient days for individuals who are only eligible for outpatient family planning Medicaid benefits. Based on this analysis, we have identified the potential impact upon hospitals to be as much as \$290 million in reduced DSH payments from the Medicare program to those hospitals in FY 2004. Of this amount, \$170 million is attributable to California. This amount is not an impact on State programs nor does it require States to spend any additional money. We also note that we are not aware of any specific hospitals that are including inpatient days attributable to individuals with no inpatient Medicaid benefits. Therefore, this estimate reflects the maximum potential impact, but the actual impact is very likely to be much less.

We are unable to estimate the effect of this clarification on specific hospitals because we are not aware of specific hospitals that are presently including those inpatient days in their calculation of Medicaid days for purposes of determining their Medicare DSH percentage. However, we expect the impact on any particular hospital would be minimal (with no impact on the level of beneficiary services), because the days attributable to patients receiving these limited benefit programs should be only a small portion of the overall Medicaid days at any particular hospital. No other provider types would be affected.

7. Dual-Eligible Patient Days

We are proposing to change our policy for counting days for patients who are Medicare beneficiaries and also eligible for Medicaid, to begin to count in the Medicaid fraction of the DSH patient percentage the patient days of these dual-eligible Medicare beneficiaries whose Medicare coverage has expired. Our current policy regarding dual-eligible patient days is they are counted in the Medicare fraction and excluded from the Medicaid fraction, even if the patient has no Medicare Part A coverage or coverage has been exhausted. However, we recognize it is often difficult for fiscal intermediaries to differentiate the days for dual-eligible patients whose Part A coverage has been exhausted. We believe the impact of this proposed change would be minimal, both because situations where dual-eligible patients exhaust their Medicare benefits occur infrequently, and because, due to the administrative difficulty separately identifying these days, in many cases they are already included in the hospital's Medicaid fraction. Accordingly, we do not have data available to allow us to quantify the impact of this proposed change precisely.

8. Medicare+Choice (M+C) Days

We have received questions whether patients enrolled in a Medicare+Choice (M+C) Plan should be counted in the Medicare fraction or the Medicaid fraction of the DSH patient percentage calculation. The questions stem from whether M+C plan enrollees are entitled to Medicare Part A because M+C plans are administered through Medicare Part C. We are proposing to clarify that once a beneficiary elects Medicare Part C, those patient days attributable to the beneficiary should not be included in the Medicare fraction of the DSH patient

percentage. These patient days should be included in the count of total patient days in the Medicaid fraction (the denominator), and the patient's days for an M+C beneficiary who is also eligible for Medicaid would be included in the numerator of the Medicaid fraction.

We do not have data readily available to assess the impacts of this proposed change. In particular, it appears likely that there is some variation in how these days are currently being handled from one hospital and fiscal intermediary to the next. Nonetheless, we believe there should not be a major impact associated with this proposed change.

B. Costs of Approved Nursing and Allied Health Education Activities

1. Continuing Education

In section IV.E. of the preamble of this proposed rule, we are proposing to clarify further the distinction between continuing education, which is not eligible for pass-through payment, and approved educational programs, which are eligible for pass-through payment. An approved program that qualifies for pass-through payment is generally a program of long duration designed to develop trained practitioners in a nursing or allied health discipline, such as professional nursing, in which the individual learns "value-added" skills that enable him or her to work in a particular capacity upon completion of the program. Such a program is in contrast to a continuing education program in which a practitioner, such as a registered nurse, receives training in a specialized skill or a new technology. While such training is undoubtedly valuable in enabling the nurse to treat patients with special needs, the nurse, upon completion of the program, continues to function as a registered nurse, albeit one with an additional skill. We are proposing to clarify our policy concerning not allowing pass-through payment for continuing education because it has come to our attention that certain programs, which in our view constitute continuing education, such as pharmacy or clinical pastoral education, are inappropriately receiving pass-through payment.

To the extent that Medicare would no longer pay for such programs as pharmacy and clinical pastoral education, Medicare payments would be reduced. We believe that these two programs comprise a small fraction of the approximately \$230 million that are paid for all nursing and allied health education programs under Medicare.

2. Nonprovider-Operated Nursing and Allied Health Education Programs With Wholly Owned Subsidiary Educational Institutions

As discussed in section IV.E.3. of this proposed rule, we are proposing that Medicare would not recoup reasonable cost payment from hospitals that have received pass-through payment for portions of cost reporting periods occurring on or before October 1, 2003 (the effective date of finalizing this proposed rule) for costs of nursing or allied health education program(s) where the program(s) had originally been operated by the hospital, and then operation

of program(s) had been transferred by the hospital to a wholly owned subsidiary educational institution in order to meet accreditation standards prior to October 1, 2003, and where the hospital had continued to incur the costs of both the classroom and clinical training portions of the programs while the program(s) were operated by the educational institution. We estimate that the costs to the Medicare program of this proposal would be approximately \$10 to \$20 million. We do not believe many hospitals fit the criteria described above of previously receiving Medicare payment for direct operation of nursing or allied health education program(s) and then transferring operation of the program(s) to a wholly owned subsidiary educational institution, all the while incurring the classroom and clinical training costs of the program(s).

In addition, we are also proposing that, for portions of cost reporting periods beginning on or after October 1, 2003, a hospital that meets the criteria described above may continue to receive reasonable cost payments for clinical training costs incurred by the hospital for the nursing and allied health education program(s) that were operated by the hospital prior to the date the hospital transferred operation of the program(s) to its wholly owned subsidiary educational institution (and ceased to be a provider-operated program). We are further proposing that, with respect to classroom costs, only those classroom costs incurred by the hospital for the courses that were paid by Medicare on a reasonable cost basis and included in the hospital's provider-operated program(s) could continue to be reimbursed on a reasonable cost basis. We estimate the costs to the Medicare program for this proposal would be \$1 to \$2 million per year.

C. Prohibition Against Counting Residents Where Other Entities Have Previously Incurred the Training Costs

As we explain in section IV.F.2. of the preamble of this proposed rule, under section 1886(h) of the Act, hospitals may count the time that residents spend training in nonhospital sites if they meet certain conditions, including incurring "all or substantially all" of the costs of training at the nonhospital site. Legislative history indicates that the purpose of this provision is to encourage hospitals to provide more training outside the traditional hospital environment.

It has come to our attention that hospitals have been incurring the costs of and receiving direct GME and IME payment for residency training that had previously been occurring in nonhospital settings, without the financial support of the hospitals. We believe that where no new or additional training is provided in these nonhospital settings, the receipt of Medicare payment in such cases is contrary to Congressional intent and is, therefore, inappropriate. In addition, it violates Medicare's anti-redistribution principle, which states that Medicare will not share in the costs of educational activities of a hospital that represent a redistribution of costs from the community to the hospital. Accordingly, we are proposing to revise our policy concerning counting residents to

ensure that Medicare IME and direct GME payments are not made to hospitals for training that had already been in place in the absence of the hospital's financial support. We are proposing that effective October 1, 2003, in order for a hospital to receive IME and direct GME payment, the hospital must have been continuously incurring the direct GME costs of residents training in a particular program since the date the resident first began training in the program in order for the hospital to count the FTE residents.

By prohibiting payment for residency training that had been previously supported by nonhospital institutions, this proposal would reduce the amount of direct GME and IME payments received by hospitals. Although we cannot estimate the impact on programs nationally, we are aware that two hospitals in New York were receiving over \$10 million annually for payments for dental residents training in nonhospital sites (including a site in Hawaii). Another hospital in Boston was receiving over \$2 million annually for dental residents training at a dental school.

D. Rural Track GME Training Programs

1. Reduction in the Time Required for Training Residents in a Rural Area

As explained in section IV.F.3 of the preamble of this proposed rule, under existing regulations, if an urban hospital rotates residents to a separately accredited rural track program in a rural area for two-thirds of the duration of the training program, the urban hospital may receive an increase in its FTE cap to reflect the time those residents train at the urban hospital. When we first implemented these regulations, we did so based on our understanding that the Accreditation Council for Graduate Medical Education (ACGME) requires that at least two-thirds of the duration of the program be spent in a rural area. However, it has come to our attention that, while the ACGME generally follows a one-third/two-thirds model for accreditation, the rural training requirement is actually somewhat less than two-thirds of the duration of the program. Therefore, we are proposing to revise the regulations to state that if an urban hospital rotates residents to a separately accredited rural track program in a rural area for more than 50 percent of the duration of the training program, the urban hospital may receive an increase in its FTE cap to reflect the time those residents train at the urban hospital. We estimate that this proposal would only slightly increase Medicare payments for IME and direct GME costs.

2. Inclusion of Rural Track FTE Residents in the Rolling Average Calculation

As explained in section IV.F.4 of the preamble of this proposed rule, when we first issued the regulations concerning residents training in a rural track program, we inadvertently did not specify in regulations that these residents would be included in the hospital's rolling average count of FTE residents used for computing GME payment. We are proposing to make this technical clarification to the regulations. We believe that this proposed provision would not have a budget impact because it is a clarification of existing policy.

VIII. Impact of Proposed Changes in the Capital PPS

A. General Considerations

Fiscal year 2001 was the last year of the 10-year transition period established to phase in the PPS for hospital capital-related costs. During the transition period, hospitals were paid under one of two payment methodologies: Fully prospective or hold harmless. Under the fully prospective methodology, hospitals were paid a blend of the Federal rate and their hospital-specific rate (see § 412.340). Under the hold-harmless methodology, unless a hospital elected payment based on 100 percent of the Federal rate, hospitals were paid 85 percent of reasonable costs for old capital costs (100 percent for SCHs) plus an amount for new capital costs based on a proportion of the Federal rate (see § 412.344). As we state in section V. of the preamble of this proposed rule, with the 10-year transition period ending with hospital cost reporting periods beginning on or after October 1, 2001 (FY 2002), beginning in FY 2004 capital prospective payment system payments for most hospitals are based solely on the Federal rate. Therefore, we no longer include information on obligated capital costs or projections of old capital costs and new capital costs, which were factors needed to calculate payments during the transition period, for our impact analysis.

In accordance with § 412.312, the basic methodology for determining a capital prospective payment system payment is:

$$(\text{Standard Federal Rate}) \times (\text{DRG weight}) \times (\text{Geographic Adjustment Factor (GAF)}) \times (\text{Large Urban Add-on, if applicable}) \times (\text{COLA adjustment for hospitals located in Alaska and Hawaii}) \times (1 + \text{Disproportionate Share (DSH) Adjustment Factor} + \text{Indirect Medical Education (IME) Adjustment Factor, if applicable}).$$

In addition, hospitals may also receive outlier payments for those cases that qualify under the threshold established for each fiscal year.

The data used in developing the impact analysis presented below are taken from the December 2002 update of the FY 2002 MedPAR file and the December 2002 update of the Provider Specific File that is used for payment purposes. Although the analyses of the changes to the capital prospective payment system do not incorporate cost data, we used the December 2002 update of the most recently available hospital cost report data (FY 2000) to categorize hospitals. Our analysis has several qualifications. First, we do not make adjustments for behavioral changes that hospitals may adopt in response to policy changes. Second, due to the interdependent nature of the prospective payment system, it is very difficult to precisely quantify the impact associated with each proposed change. Third, we draw upon various sources for the data used to categorize hospitals in the tables. In some cases (for instance, the number of beds), there is a fair degree of variation in the data from different sources. We have attempted to construct these variables with the best available sources overall. However, for

individual hospitals, some miscategorizations are possible.

Using cases from the December 2002 update of the FY 2002 MedPAR file, we simulated payments under the capital prospective payment system for FY 2003 and FY 2004 for a comparison of total payments per case. Any short-term, acute care hospitals not paid under the general hospital inpatient prospective payment systems (Indian Health Service Hospitals and hospitals in Maryland) are excluded from the simulations.

As we explain in section III.A.4. of the Addendum of this proposed rule, payments will no longer be made under the regular exceptions provision under §§ 412.348(b) through (e). Therefore, we are no longer using the actuarial capital cost model (described in Appendix B of August 1, 2001 final rule (66 FR 40099)). We modeled payments for each hospital by multiplying the Federal rate by the GAF and the hospital's case-mix. We then added estimated payments for indirect medical education, disproportionate share, large urban add-on, and outliers, if applicable. For purposes of this impact analysis, the model includes the following assumptions:

- We estimate that the Medicare case-mix index would increase by 1.01505 percent in FY 2003 and would increase by 1.02010 percent in FY 2004.

- We estimate that the Medicare discharges will be 14,288,000 in FY 2003 and 14,507,000 in FY 2004 for a 1.5 percent increase from FY 2003 to FY 2004.

- The Federal capital rate was updated beginning in FY 1996 by an analytical framework that considers changes in the prices associated with capital-related costs and adjustments to account for forecast error, changes in the case-mix index, allowable changes in intensity, and other factors. The proposed FY 2004 update is 0.7 percent (see section III.A.1.a. of the Addendum to this proposed rule).

- In addition to the proposed FY 2004 update factor, the proposed FY 2004 Federal rate was calculated based on a GAF/DRG budget neutrality factor of 1.0038, an outlier adjustment factor of 0.9455, and a (special) exceptions adjustment factor of 0.9995.

2. Results

In the past, in this impact section we presented the redistributive effects that were expected to occur between "hold-harmless"

hospitals and "fully prospective" hospitals and a cross-sectional summary of hospital groupings by the capital prospective payment system transition period payment methodology. We are no longer including this information since all hospitals (except new hospitals under § 412.324(b) and under § 412.304(c)(2)) are paid 100 percent of the Federal rate in FY 2004.

We used the actuarial model described above to estimate the potential impact of our proposed changes for FY 2004 on total capital payments per case, using a universe of 3,922 hospitals. As described above, the individual hospital payment parameters are taken from the best available data, including the December 2002 update of the FY 2002 MedPAR file, the December 2002 update to the Provider-Specific File, and the most recent cost report data from the December 2002 update of HCRIS. In Table III, we present a comparison of total payments per case for FY 2003 compared to FY 2004 based on the proposed FY 2004 payment policies. Column 2 shows estimates of payments per case under our model for FY 2003. Column 3 shows estimates of payments per case under our model for FY 2004. Column 4 shows the total percentage change in payments from FY 2003 to FY 2004. The change represented in Column 4 includes the 0.7 percent update to the Federal rate, a 1.02010 percent increase in case-mix, changes in the adjustments to the Federal rate (for example, the effect of the new hospital wage index on the geographic adjustment factor), and reclassifications by the MGRCB, as well as changes in special exception payments. The comparisons are provided by: (1) Geographic location; (2) region; and (3) payment classification.

The simulation results show that, on average, capital payments per case can be expected to increase 1.0 percent in FY 2004. Our comparison by geographic location shows an overall increase in payments to hospitals in all areas. This comparison also shows that urban and rural hospitals will experience different rates of increase in capital payments per case (0.9 percent and 1.5 percent, respectively). This difference is due to a projection that rural hospitals will experience a larger increase in the GAF due to reclassifications from rural to urban and a slightly larger increase in DSH and IME payments from FY 2003 to FY 2004 compared to urban hospitals.

All regions are estimated to receive an increase in total capital payments per case. Changes by region vary from a minimum increase of 0.4 percent (Middle Atlantic urban region) to a maximum increase of 2.1 percent (New England rural region). Hospitals located in Puerto Rico are expected to experience an increase in total capital payments per case of 1.3 percent.

By type of ownership, government hospitals are projected to have the largest rate of increase of total payment changes (1.2 percent). Similarly, payments to voluntary hospitals will increase 1.0 percent, while payments to proprietary hospitals will increase 0.9 percent.

Section 1886(d)(10) of the Act established the MGRCB. Hospitals may apply for reclassification for purposes of the standardized amount, wage index, or both. Although the Federal capital rate is not affected, a hospital's geographic classification for purposes of the operating standardized amount does affect a hospital's capital payments as a result of the large urban adjustment factor and the disproportionate share adjustment for urban hospitals with 100 or more beds. Reclassification for wage index purposes also affects the geographic adjustment factor, since that factor is constructed from the hospital wage index.

To present the effects of the hospitals being reclassified for FY 2004 compared to the effects of reclassification for FY 2003, we show the average payment percentage increase for hospitals reclassified in each fiscal year and in total. The reclassified groups are compared to all other nonreclassified hospitals. These categories are further identified by urban and rural designation.

Hospitals reclassified for FY 2004 as a whole are projected to experience a 1.7 percent increase in payments. Payments to nonreclassified hospitals would increase almost half as much (0.9 percent) as reclassified hospitals, overall. Hospitals reclassified during both FY 2003 and FY 2004 are projected to receive an increase in payments of 1.4 percent. Hospitals reclassified during FY 2004 only are projected to receive an increase in payments of 4.9 percent. This increase is primarily due to changes in the GAF (wage index).

TABLE III.—COMPARISON OF TOTAL PAYMENTS PER CASE
[FY 2003 payments compared to proposed FY 2004 payments]

	Number of hospitals	Average FY 2003 payments/case	Average FY 2004 payments/case	Change
By Geographic Location:				
All hospitals	3,922	706	713	1.0
Large urban areas (populations over 1 million)	1,420	808	815	0.9
Other urban areas (populations of 1 million of fewer)	1,041	693	700	1.0
Rural areas	1,461	476	483	1.5
Urban hospitals	2,461	758	765	0.9
0–99 beds	549	529	535	1.0
100–199 beds	884	643	649	1.0
200–299 beds	501	728	735	0.9
300–499 beds	373	809	817	1.1
500 or more beds	154	959	967	0.8
Rural hospitals	1,461	476	483	1.5

TABLE III.—COMPARISON OF TOTAL PAYMENTS PER CASE—Continued
 [FY 2003 payments compared to proposed FY 2004 payments]

	Number of hospitals	Average FY 2003 payments/case	Average FY 2004 payments/case	Change
0–49 beds	659	390	396	1.6
50–99 beds	469	440	446	1.4
100–149 beds	198	483	488	1.2
150–199 beds	70	524	530	1.3
200 or more beds	65	594	606	2.0
By Region:				
Urban by Region	2,461	758	765	0.9
New England	131	808	820	1.5
Middle Atlantic	386	851	854	0.4
South Atlantic	356	724	729	0.8
East North Central	409	726	734	1.0
East South Central	152	684	695	1.6
West North Central	168	732	741	1.3
West South Central	303	711	715	0.6
Mountain	119	732	744	1.6
Pacific	393	893	904	1.2
Puerto Rico	44	317	322	1.3
Rural by Region	1,461	476	483	1.5
New England	38	591	603	2.1
Middle Atlantic	66	500	506	1.0
South Atlantic	218	490	496	1.2
East North Central	195	490	497	1.6
East South Central	229	435	443	1.6
West North Central	248	468	477	1.9
West South Central	263	426	432	1.5
Mountain	117	506	511	0.9
Pacific	82	564	574	1.7
By Payment Classification:				
All hospitals	3,922	706	713	1.0
Large urban areas (populations over 1 million)	1,497	799	807	1.0
Other urban areas (populations of 1 million or fewer)	972	697	703	0.9
Rural areas	1,453	474	479	1.2
Teaching Status:				
Non-teaching	2,829	580	586	1.0
Fewer than 100 Residents	857	733	741	1.1
100 or more Residents	236	1,074	1,083	0.8
Urban DSH:				
100 or more beds	1,373	798	806	1.0
Less than 100 beds	258	528	531	0.7
Rural DSH:				
Sole Community (SCH/EACH)	476	417	423	1.5
Referral Center (RRC/EACH)	161	546	553	1.2
Other Rural:				
100 or more beds	72	447	448	0.3
Less than 100 beds	301	405	410	1.3
Urban teaching and DSH:				
Both teaching and DSH	762	876	885	1.0
Teaching and no DSH	264	766	774	1.0
No teaching and DSH	869	644	650	0.8
No teaching and no DSH	574	627	634	1.1
Rural Hospital Types:				
Non special status hospitals	495	426	430	0.8
RRC/EACH	148	554	561	1.2
SCH/EACH	482	437	444	1.4
Medicare-dependent hospitals (MDH)	250	394	400	1.6
SCH, RRC and EACH	78	540	546	1.2
Hospitals Reclassified by the Medicare Geographic Classification Review Board:				
Reclassification Status During FY2003 and FY2004:				
Reclassified During Both FY2003 and FY2004	562	621	629	1.4
Reclassified During FY2004 Only	68	600	630	4.9
Reclassified During FY2003 Only	43	601	575	-4.2
FY2004 Reclassifications:				
All Reclassified Hospitals	630	619	630	1.7
All Nonreclassified Hospitals	3,258	723	729	0.9
All Urban Reclassified Hospitals	131	815	828	1.6
Urban Nonreclassified Hospitals	2,299	756	763	0.9
All Reclassified Rural Hospitals	499	528	537	1.8
Rural Nonreclassified Hospitals	959	410	414	0.9

TABLE III.—COMPARISON OF TOTAL PAYMENTS PER CASE—Continued
[FY 2003 payments compared to proposed FY 2004 payments]

	Number of hospitals	Average FY 2003 payments/case	Average FY 2004 payments/case	Change
Other Reclassified Hospitals (Section 1886(D)(8)(B))	34	486	472	-2.8
Type of Ownership:				
Voluntary	2,404	719	726	1.0
Proprietary	674	691	697	0.9
Government	813	645	652	1.2
Medicare Utilization as a Percent of Inpatient Days:				
0–25	291	901	914	1.4
25–50	1,529	804	812	0.9
50–65	1,645	615	621	1.0
Over 65	446	556	561	1.0

Appendix B: Recommendation of Update Factors for Operating Cost Rates of Payment for Inpatient Hospital Services

I. Background

Section 1886(e)(4)(A) of the Act requires that the Secretary, taking into consideration the recommendations of the Medicare Payment Advisory Commission (MedPAC), recommend update factors for inpatient hospital services for each fiscal year that take into account the amounts necessary for the efficient and effective delivery of medically appropriate and necessary care of high quality. Under section 1886(e)(5) of the Act, we are required to publish the proposed update factors recommended under section 1886(e)(4) of the Act in this proposed rule, and the final update factors recommended by the Secretary in the final rule. Accordingly, this Appendix provides the recommendations of appropriate update factors for the IPPS standardized amounts, the hospital-specific rates for SCHs and MDHs, and the rate-of-increase limits for hospitals and hospitals units excluded from the IPPS. We also discuss our update framework and respond to MedPAC’s recommendations concerning the update factors.

II. Secretary’s Recommendations

Section 1886(b)(3)(B)(i)(XIX) of the Act sets the FY 2004 percentage increase in the operating cost standardized amounts equal to the rate of increase in the hospital market basket for IPPS hospitals in all areas. Based on the Office of the Actuary’s first quarter 2003 forecast of the FY 2004 market basket increase, the proposed update to the standardized amounts is 3.5 percent (that is, the market basket rate of increase) for hospitals in both large urban and other areas.

Section 1886(b)(3)(B)(iv) of the Act sets the FY 2004 percentage increase in the hospital-specific rates applicable to SCHs and MDHs equal to the rate set forth in section 1886(b)(3)(B)(i) of the Act (that is, the same update factor as all other hospitals subject to the IPPS, or the rate of increase in the market basket). Therefore, the proposed update to the hospital-specific rate applicable to SCHs and MDHs is also 3.5 percent.

Under section 1886(b)(3)(B)(ii) of the Act, the FY 2004 percentage increase in the rate-

of-increase limits for hospitals and hospital units excluded from the IPPS (psychiatric hospitals and units, rehabilitation hospitals and units (now referred to as IRFs), LTCHs, cancer hospitals, and children’s hospitals) is the market basket percentage increase. In the past, hospitals and hospital units excluded from the IPPS have been paid based on their reasonable costs subject to limits as established by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA). However, some of these categories of excluded hospitals and units have begun to be paid under prospective payment systems. Hospitals and units that receive any hospital-specific payments will have those payments subject to TEFRA limits for FY 2004. For these hospitals, the proposed update is the percentage increase in the excluded hospital market basket (currently estimated at 3.5 percent).

IRFs are paid under the IRF PPS for cost reporting periods beginning on or after January 1, 2002. For cost reporting periods beginning during FY 2004, the Federal prospective payment for IRFs is based on 100 percent of the adjusted Federal IRF prospective payment amount, updated annually.

Effective for cost reporting periods beginning during FY 2003, LTCHs are paid under the LTCH PPS under which they receive payment based on a 5-year transition period (see the August 30, 2002 final rule (67 FR 55954)). An LTCH may elect to be paid on 100 percent of the Federal prospective rate at the start of any of its cost reporting periods during the 5-year transition period. For purposes of the update factor, the portion of the LTCH PPS transition blend payment based on reasonable costs for inpatient operating services is determined by updating the LTCH’s TEFRA limit by the current estimate of the excluded hospital market basket (or 3.5 percent).

III. Update Framework

Consistent with current law, we are proposing an update recommendation equal to the full market basket percentage increase for the IPPS operating cost standardized amounts for FY 2004. We also have analyzed changes in hospital productivity, scientific and technological advances, practice pattern changes, changes in case-mix, the effect of reclassification on recalibration, and forecast

error correction. A discussion of this analysis is below.

A. Productivity

Service level labor productivity is defined as the ratio of total service output to full-time equivalent employees (FTEs). While we recognize that productivity is a function of many variables (for example, labor, nonlabor material, and capital inputs), we use the portion of productivity attributed to direct labor since this update framework applies to operating payment. To recognize that we are apportioning the short-run output changes to the labor input and not considering the nonlabor inputs, we weight our productivity measure by the share of direct labor services in the market basket to determine the expected effect on cost per case.

Our recommendation for the service productivity component is based on historical trends in productivity and total output for both the hospital industry and the general economy, and projected levels of future hospital service output. MedPAC’s predecessor, the Prospective Payment Assessment Commission (ProPAC), estimated cumulative service productivity growth to be 4.9 percent from 1985 through 1989 or 1.2 percent annually. At the same time, ProPAC estimated total output growth at 3.4 percent annually, implying a ratio of service productivity growth to output growth of 0.35.

Absent a productivity measure specific to Medicare patients, we examined productivity (output per hour) and output (gross domestic product) for the economy. Depending on the exact time period, annual changes in productivity range from 0.30 to 0.35 percent of the change in output (that is, a 1.0 percent increase in output would be correlated with a 0.30 percent to a 0.35 percent change in output per hour).

Under our framework, the recommended update is based in part on expected productivity—that is, projected service output during the year, multiplied by the historical ratio of service productivity to total service output, multiplied by the share of direct labor in total operating inputs, as calculated in the hospital market basket. This method estimates an expected productivity improvement in the same proportion to expected total service growth that has occurred in the past and assumes that, at a minimum, growth in FTEs changes

proportionally to the growth in total service output. Thus, the recommendation allows for unit productivity to be smaller than the historical averages in years during which output growth is relatively low and larger in years during which output growth is higher than the historical averages. Based on the above estimates from both the hospital industry and the economy, we have chosen to employ the range of ratios of productivity change to output change of 0.30 to 0.35.

The expected change in total hospital service output is the product of projected growth in total admissions (adjusted for outpatient usage), projected real case-mix growth, expected quality-enhancing intensity growth, and net of expected decline in intensity due to reduction of cost-ineffective practice. Case-mix growth and intensity numbers for Medicare are used as proxies for those of the total hospital, since case-mix increases (used in the intensity measure as well) are unavailable for non-Medicare patients. Normally, the expected FY 2004 hospital output growth would be simply the sum of the expected change in intensity (1.0 percent), projected admissions change (1.6 percent), and projected real case-mix growth (1.0 percent—a definition of real case mix growth appears below), or 3.6 percent. However, as discussed below and in relation to the proposed capital update, we believe our intensity estimate is skewed by hospitals' charge data. Therefore, we are including only the projected changes in admissions and real case-mix in our calculation of productivity gains. This results in an estimate of 2.6 percent.

The share of direct labor services in the market basket (consisting of wages, salaries, and employee benefits) is 61.6 percent. Multiplying the expected change in total hospital service output (2.6 percent) by the ratio of historical service productivity change to total service growth of 0.30 to 0.35 and by the direct labor share percentage of 61.6 provides our productivity standard of -0.6 to -0.5 percent. Because productivity gains hold down the rate of increase in hospitals' costs, this factor is applied as a negative offset to the market basket increase.

B. Intensity

The intensity factor for the operating update framework reflects how hospital services are utilized to produce the final product, that is, the discharge. This component accounts for changes in the use of quality-enhancing services, changes in within-DRG severity, and expected modification of practice patterns to remove non-cost-effective services. Under the capital IPPS framework, we also make an adjustment for changes in intensity. We calculate this adjustment using the same methodology and data that are used in the framework for the operating IPPS.

We calculate case-mix constant intensity as the change in total Medicare charges per admission, adjusted for price level changes (the Consumer Price Index (CPI) for hospital and related services) and changes in real case-mix. The use of total charges in the calculation of the intensity factor makes it a total intensity factor, that is, charges for capital services are already built into the calculation of the factor.

However, as discussed above in relation to the proposed capital update, because our intensity calculation relies heavily upon charge data and we believe that this charge data may be inappropriately inflated due to manipulation of charges to maximize outlier payments, we are proposing a 0.0 percent adjustment for intensity in FY 2004. In past fiscal years (1996 through 2000) when we found intensity to be declining, we believed a zero (rather than negative) intensity adjustment was appropriate. Similarly, we believe that it is appropriate to propose a zero intensity adjustment for FY 2004 until we determine that any increase in charges can be tied to intensity, rather than to attempts to maximize outlier payments.

C. Change in Case-Mix

Our analysis takes into account projected changes in real case-mix, less the changes attributable to improved coding practices. We define real case-mix change as actual changes in the mix (and resource requirements) of Medicare patients, as opposed to changes in

coding behavior that result in assignment of cases to higher-weighted DRGs but do not reflect greater resource requirements. For our FY 2004 update recommendation, we are projecting a 1.0 percent increase in the case-mix index. We do not believe changes in coding behavior will impact the overall case-mix in FY 2004. As such, for FY 2004, we estimate that real case-mix is equal to projected change in case-mix. Thus, we are recommending a 0.0 percent adjustment for case-mix.

D. Effect of FY 2002 DRG Reclassification and Recalibration

We estimate that DRG reclassification and recalibration for FY 2002 (GROUPEr version 19.0) resulted in a 0 percent change in the case-mix index when compared with the case-mix index that would have resulted if we had not made the reclassification and recalibration changes to the GROUPEr (version 18.0). Therefore, we are recommending a 0 percent adjustment for the effect of FY 2002 DRG reclassification and recalibration.

E. Forecast Error Correction

We make a forecast error correction if the actual market basket changes differ from the forecasted market basket by 0.25 percentage points or more. There is a 2-year lag between the forecast and the measurement of forecast error. The estimated market basket percentage increase used to update the FY 2002 payment rates was 3.3 percent. Our most recent data indicates the actual FY 2002 increase was 2.9 percent. The resulting forecast error in the FY 2002 market basket rate of increase is (-0.4) percentage points. This overestimate was due largely to a lower-than-expected increase in energy costs that impacted natural gas and chemical prices. This follows consecutive years where the market basket was under-forecast by 0.7 percentage points each year.

The following is a summary of the update range supported by our analyses:

HHS'S FY 2004 UPDATE RECOMMENDATION

Market basket	MB
Policy Adjustment Factors:	
Productivity	- 0.6 to - 0.5
Intensity	0.0
Subtotal	- 0.6 to - 0.5
Case-Mix Adjustment Factors:	
Projected Case-Mix Change	1.0
Real Across DRG Change	- 1.0
Subtotal	0.0
Effect of FY 2002 DRG Reclassification and Recalibration	0.0
Forecast Error Correction	- 0.4
Total Recommendation Update	- 1.0 to - 0.9

IV. MedPAC Recommendations for Assessing Payment Adequacy and Updating Payments in Traditional Medicare

In the past, MedPAC recommended specific adjustments to its update recommendation for each of the factors discussed under section III. of this Appendix.

In its March 2003 Report to Congress, MedPAC assesses the adequacy of current payments and costs and the relationship between payments and an appropriate cost base. MedPAC stresses that the issue at hand is whether payments are too high or too low, and not how they became such.

In the first portion of MedPAC's analysis on the assessment of payment adequacy, the Commission reviews the relationship between costs and payments (typically represented as a margin). Based on the latest cost report data available, MedPAC estimated an inpatient Medicare operating margin for

FY 2000 of 10.8 percent (down from 12.3 percent for FY 1999).

MedPAC also projects margins through FY 2003, making certain assumptions about changes in payments and costs. On the payment side, MedPAC applied the annual payment updates (as specified by law for FYs 2001 through 2003) and then modeled the effects of other policy changes that have affected the level of payments. On the cost side, MedPAC estimated the increases in cost per unit of output over the same time period at the rate of inflation as measured by the applicable market basket index generated by CMS adjusted downward, anticipating improvements in productivity. While no specific Medicare inpatient margin is identified for a calendar year beyond 2000, MedPAC projected an overall Medicare margin for FY 2003 of 3.9 percent (page 41). The FY 2000 overall Medicare margin, as estimated by MedPAC, was 5.0 percent.

In addition to considering the relationship between estimated payments and costs, MedPAC also considered the following three factors to assess whether current payments are adequate (page 42):

- Changes in access to or quality of care;
- Changes in the volume of services or number of providers; and
- Change in providers' access to capital.

MedPAC's assessment of aggregate Medicare payments finds that payments were at least adequate as of FY 2003.

MedPAC's recommendation related to updating payments under the IPPS is that the Congress should increase the payment rates for the IPPS by the rate of increase in the hospital market basket, less 0.4 percent, for FY 2004. MedPAC focuses on the operating update exclusively because operating costs account for about 92 percent of total hospital costs and because the operating update is of most interest to Congress. Based on the

current market basket estimate for FY 2003 of 3.5 percent, this update would increase Medicare inpatient payments to hospitals covered by IPPS by 3.1 percent.

Response: As described above, we are recommending a full market basket update for FY 2004 consistent with current law. We believe this will appropriately balance incentives for hospitals to operate efficiently with the need to provide sufficient payments to maintain access to quality care for Medicare beneficiaries.

Because the operating and capital prospective payment systems remain separate, CMS continues to use separate updates for operating and capital payments. The proposed update to the capital payment rate is discussed in section III. of the Addendum to this proposed rule.

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