



H·CUP

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EXECUTIVE SUMMARY

Background

The Agency for Healthcare Research and Quality (AHRQ) creates hospital-wide cost-to-charge ratios (CCR) for each hospital in the Healthcare Cost and Utilization Project (HCUP). Each year, the agency collects accounting data from the Centers for Medicare and Medicaid Services (CMS) and the American Hospital Association (AHA). There is a known problem with the hospital-wide CCR in that it does not account for variations among service departments in the hospital. In particular, we know that there is a higher markup (the inverse of CCR) for ancillary services as a whole than for routine bed-unit services.

Previous studies examined 2003 and 2006 HCUP data for individual services and cost centers to develop cost estimates and adjustment factors (AFs) for each All Patient Refined-Diagnosis Related Group (APR-DRG) and for each Clinical Classification Software (CCS) category. In the present study, we use 2009 data to develop a more extensive methodology. We create AFs for each Medicare-Diagnosis Related Group (MS-DRG) and for each CCS category. It is intended that users of HCUP databases can multiply the ordinary hospital-wide CCR by the appropriate AF for the patient's MS-DRG or CCS category to get a more accurate CCR and, hence, a more accurate cost estimate.

Method

The data sources for this study were: (1) all states in the HCUP State Inpatient Databases (SID) for 2009 where hospitals reported detailed charges, (2) standard accounting reports publicly released by CMS cost data for fiscal year 2009, and (3) HCUP Crosswalk data for hospitals in 2009. Thirty-four states were included in the analyses. Among them, 27 states used the standard UB04 revenue codes for detailed charges and seven states had bucketed charges that could be mapped to CMS cost-center clusters. For the great majority of hospitals and cases, the sum of the detailed charges was within \$300 of the reported total charges.

For each hospital, 13 cost-center clusters were defined. The CCRs for the clusters were calculated for services from the: routine bed unit, specialty care unit, sub-provider, nursery, sub-

acute and long-term care units, operating room, radiology department, laboratories, various therapies, pharmacy, clinic, and all ancillary units.

We then applied the cost-center specific and hospital-wide CCRs to qualified SID discharges for each MS-DRG or CCS category. The relative cost of each MS-DRG (or CCS category) was calculated as mean cost per case, in that MS-DRG (or CCS category) was divided by mean cost across all MS-DRGs (or CCS categories). The AF was the ratio of relative cost based on cost-center specific CCRs to the relative cost based on the hospital-wide CCR. We only used a specific MS-DRG or CCS category if it had a minimum of 10 hospitals with at least 30 cases each. The remaining diagnostic categories were combined in the final results.

Results

We defined 746 MS-DRG categories and 262 CCS categories. We calculated relative cost and AFs for 449 distinct MS-DRG categories and 227 distinct CCS categories. For the remaining 297 MS-DRG and 35 CCS categories, we could only calculate a group AF.

The resulting AFs ranged between 0.815 and 1.383 for MS-DRGs (0.864 and 1.396 for CCS categories). However, 87.5% of distinct AFs for MS-DRGs were between 0.90 and 1.10; 82.8% of distinct AFs were within this range for CCS categories. Both of the grouped AFs for the MS-DRG and CCS categories were in the range of 0.90 and 1.10. If we included the grouped categories, 92.5% of AFs for MS-DRGs and 85.1% of AFs for CCS categories were between 0.90 and 1.10, respectively.

Cases with high AFs (above 1.0) tended to involve long stays for mental conditions and complications from deliveries. Cases with low AFs (below 1.0) included patients requiring extensive diagnostic services such as imaging, laboratory testing, drugs, and select surgeries.

Conclusion

In general, department-specific CCRs are more accurate for deriving the cost of a hospital stay than hospital-wide CCRs. However, not all statewide data agencies ask hospitals to report detailed charges for every case, and not all hospitals have usable CMS accounting reports. It is

possible to form a more accurate estimate of cost by DRG by applying an adjustment to the hospital-wide CCR; the adjustment itself is derived by diagnostic group from hospitals in the states with complete data. The adjustment by DRG can be applied to every relevant case in any hospital with a hospital-wide CCR.

For the vast majority of DRGs (much more than is needed to get legislation through the U.S. Congress), the AF is between 0.90 and 1.10. The relatively small number of exceptions may be important in individual studies. We provide our latest estimates of AFs in Appendices as an option to researchers concerned about the accuracy of cost estimation.

PROJECT DESCRIPTION

Data Source

The data sources for this study were: (1) all states in the HCUP State Inpatient Databases (SID) for 2009 where hospitals reported detailed charges, (2) standard accounting reports publicly released by CMS cost data for fiscal year 2009, and (3) HCUP Crosswalk data for hospitals in 2009. The SID files were merged with Crosswalk data by DSHOSPID to obtain IDNUMBER, which was then used to merge the SID with CMS accounting reports. We only used 2009 accounting reports that were available as of March 31, 2011 and complete with the necessary schedules. The data passed several screens for credible cost and charge numbers. We only used the hospital reports that met these criteria for the study. Nationally, about 85% of HCUP hospitals had usable accounting data.

Cost-Center Clusters

Because of the substantial variation in how hospitals report detailed charges, we combined a number of the standard cost centers into clusters that could be adapted to all hospitals in the study. In previous research, AHRQ found that variations were most common between four types of frequently used cost-center clusters: routine bed units, specialty care units (e.g., intensive care units), labor and delivery services, and other ancillary services. The 2006 study (Song and Friedman, HCUP Methods Series report, 2008, #4) determined that variations are most dependent on the relative use of routine bed unit services. We began with a more extensive classification of cost-center clusters (see Table 1). These were based on both related services and similar national CCRs of the component standard cost centers.

Table 1: Cost-Center Clusters

Cluster #	Cluster Description	Cluster Abbreviation	CMS Cost Center #	CMS Cost Center Description
1	Routine Bed Units	RBU	25	
2	Special Care Units	SCU	26	ICU
			27	CCU
			28	Burn
			29	Surgical ICU

Cluster #	Cluster Description	Cluster Abbreviation	CMS Cost Center #	CMS Cost Center Description
			30	Other Special care unit
3	Subprovider	SUB	31	Subprovider
4	Nursery and lab/del	NUR	33	Nursery
			39	Labor and delivery
5	sub-acute & LTC	LTC	34, 35, 36	SNF and other LTC units
6	operating room & related	OR	37	OR
			38	recovery room
			55	Supplies
7	Radiology & related	RAD	41	diagnostic Radiology
			42	therapeutic Radiology
			43	Radioisotope
			53	electrocardiology
			54	electroencephalography
8	Laboratory	LAB	44	
9	Therapies	THER	48	IV
			49	Respiratory
			50	PT
			51	OT
			52	Speech path
			57	Renal dialysis
10	Pharmacy	DRUG	56	
11	Clinic & related high CCR	CLIN	60	clinic
			63	Other outpatient
			65	Ambulance
			66	DME – rent
			67	DME – sold
			68	Other reimbursable
12	all other ancillary	OANC	40	Anesthesiology & Acupuncture
			45	PBP Clinical Lab Service Program Only
			46	Whole Blood & Packed Red Blood Cells
			47	Blood Storing, Processing, & Transfusing
			58	ASC (Non-Distinct Part)
			59	Other Ancillary (specify)
			61	Emergency
			62	Observation Beds
			64	Home Program Dialysis
13	all ancillary	ANC		All 31 centers

For each included hospital, we constructed a CCR for cost-center cluster in addition to the hospital-wide CCR. Table 2 indicates that the mean CCRs vary substantially by cluster.

Table 2: Cluster CCR Averages and Variation

	N	Mean	Median	Mode	Std Dev
Routine Bed Units CCR	4329	1.0250672	0.8604353	0.2180611	0.6439416
Special Care Units CCR	4329	0.9713335	0.7604788	0.1982261	0.7513084
Subprovider CCR	4329	1.016376	0.8280324	0.2180611	0.7100458
Nursery and Labor/Delivery CCR	4329	0.8918826	0.6757846	0.201718	0.7934251
Sub-acute & LTC CCR	971	1.0491186	1.041917	.	0.3908009
Operating Room & Related CCR	4329	0.4100708	0.3476293	0.0990382	0.4065125
Radiology & Related CCR	4329	0.301077	0.2002515	0.095637	2.1856856
Laboratory CCR	4329	0.2770327	0.2220566	0.1122622	0.5844218
Therapies CCR	4329	0.4383002	0.369855	0.2139084	0.7488969
Pharmacy CCR	4329	0.3207426	0.2809506	0.1173669	0.2104414
Clinic & Related High CCR	4059	0.6530485	0.5461275	0.1758624	0.4415277
All Other Ancillary CCR	4329	0.5463567	0.3038534	0	7.9151666
All Ancillary CCR	4329	0.3241843	0.2837492	0.1626348	0.1873302
Hospital Wide CCR	4329	0.5085122	0.4325078	0.1863892	0.2892531

Maps of SID Detail Charges to Cost-Center Clusters

For all of the states, we were able to map detailed charges to the 13 clusters. Appendix A provides tables that illustrate the mapping for UB-04 revenue codes for 27 UB-04 states, and the separate mappings for bucket charges in the other 7 states, to the 13 clusters. Note that 096x, 097x, 098x, and 099x were ignored in CCR cluster mapping because SID total charges also excluded these charges.

Hospital and Discharges Selection

The 34 states with detailed charge data in 2009 were: Arkansas, Arizona, Colorado, Connecticut, Florida, Georgia, Iowa, Illinois, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Jersey, North Carolina, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, West Virginia, and Wisconsin.

In each state, we calculated the difference between the sum of detailed charges and TOTCHG_X for every case and applied the following exclusion criteria:

- A case was considered *invalid* if the absolute value of (sum of detailed charges – TOTCHG_X) was greater than 300.
- A hospital was considered *unreliable* if 5% or more of its cases were invalid.

Development of Adjustment Factor by MS-DRG

To make sure that we had enough data for developing the MS-DRG AF, we only created pooled AFs for some MS-DRGs. We selected individual MS-DRGs if they had least 10 hospitals in the final sample with a minimum of 30 cases each. The MS-DRGs that did not satisfy this condition were evaluated together as pooled MS-DRG. Out of 746 defined MS-DRGs, including the category for those that could not be grouped (999), 297 MS-DRG categories were pooled.

For each discharge, we calculated two sets of costs for each MS-DRG, first using cost-center specific CCRs and then using hospital-wide CCRs. The relative cost of MS-DRG d was calculated as mean cost per case of MS-DRG d , divided by mean cost across all MS-DRGs.

We called relative costs based on cluster CCR $RC-CC$, and relative costs based on hospital-wide CCR $RC-HW$; the AF was the ratio of $RC-CC$ to $RC-HW$.

Development of the Adjustment Factor by DXCCS1

In addition to MS-DRG AFs, we also developed CCS category AFs. Again, we only use a specific CCS category if it had at least 10 hospitals in the final sample with 30 cases each. The CCS categories not satisfying this condition were combined as pooled CCS categories. Out of 262 defined CCS categories, 35 CCS category values were pooled.

Findings

The calculations of relative cost and AFs are provided in Appendix B for MS-DRG categories and Appendix C for CCS categories.

We defined 746 MS-DRG categories and 262 CCS categories. We calculated relative cost and AFs for 449 distinct MS-DRG categories and 227 distinct CCS categories. For the remaining 297 MS-DRG and 35 CCS categories, we could only calculate a group AF.

The resulting AFs ranged between 0.815 and 1.383 for MS-DRGs (0.864 and 1.396 for CCS categories). However, 87.5% of distinct AFs for MS-DRGs were between 0.90 and 1.10; 82.8% of distinct AFs were within this range for CCS categories. Both of the grouped AFs for the MS-DRG and CCS categories were in the range of 0.90 and 1.10. If we included the grouped categories, 92.5% of AFs for MS-DRGs and 85.1% of AFs for CCS categories were between 0.90 and 1.10, respectively.

Highest AFs (CCS categories)

The following 10 categories had the highest AFs among CCS categories:

- Delirium, dementia, and amnesia; other cognitive disorders
- Umbilical cord complication
- Obstetric-related trauma to perineum and vulva
- Forceps delivery
- Mood disorders
- Normal pregnancy and/or delivery
- Adjustment disorders
- Schizophrenia and other psychotic disorders
- Hemolytic jaundice and perinatal jaundice
- Attention-deficit, conduct, and disruptive behavior disorders.

Lowest AFs (CCS categories)

The following 10 categories had the lowest AFs among CCS categories:

- Nonspecific chest pain
- Transient cerebral ischemia
- Abdominal pain
- Coagulation and hemorrhagic disorders
- Conditions associated with dizziness or vertigo

- Appendicitis and other appendiceal conditions
- Syncope
- Headache; including migraine
- Maintenance chemotherapy; radiotherapy
- Open wounds of head, neck, and trunk.

Cases with high AFs (above 1.0) tended to involve long stays for mental conditions and complications from deliveries. Cases with low AFs (below 1.0) included patients requiring extensive diagnostic services such as imaging, laboratory testing, drugs, and select surgeries.

Conclusions

In general, department-specific CCRs are more accurate for estimating the cost of a hospital stay than hospital-wide CCRs. However, not all states ask hospitals to report detailed charges for every case, and not all hospitals have usable CMS accounting reports. It is possible to form a more accurate estimate of cost by DRG by applying an adjustment to the hospital-wide CCR. The adjustment is derived by DRG from hospitals in the states with complete data. The adjustment by DRG can be applied to every relevant case in any hospital with a hospital-wide CCR.

For the vast majority of DRGs (much more than is needed to get legislation through the U.S. Congress), the AF is between 0.90 and 1.10. The relatively small number of exceptions may be important in individual studies. We provide our latest estimates of AFs in Appendices as an option to researchers concerned about the accuracy of cost estimation.

Appendix A: Map UB04 and Charge Buckets to Cost-Center Clusters

Table A1: Map of UB-04 Revenue Code to Cost-Center Clusters

UB-04 Revenue Code	Cluster
0001: Total Charge	Ignore
002x: Health Insurance-Prospective Payment System (HIPPS) Rate Code	ignore
00xx: Not defined	HW
010x: All Inclusive Rate	HW
011x: Room & Board -Private	RBU
012x: Room & Board -Semi-Private 2 bed	RBU
013x: Room & Board -Semi-Private 3-4 bed	RBU
014x: Room & Board -Private Deluxe	RBU
015x: Room & Board -Ward	RBU
016x: Room & Board -Other	RBU
017x: Nursery	NUR
018x: Leave of Absence	RBU
019x: Subacute Care	LTC
020x: Intensive Care	SCU
021x: Coronary Care	SCU
022x: Special Charges	SCU
023x: Incremental Nursing Charge Rate	SCU
024x: All inclusive Ancillary	ANC
025x: Pharmacy	DRUG
026x: IV Therapy	THER
027x: Med/Surg Supplies and Devices	OR
028x: Oncology	OANC
029x: Durable medical equipment	CLIN
030x: Laboratory	LAB
031x: Laboratory pathology	LAB
032x: Radiology -Diagnostic	RAD
033x: Radiology -Therapeutic	RAD
034x: Nuclear Medicine	RAD
035x: CT scan	RAD
036x: Operating Room	OR
037x: Anesthesia	OR
038x: Blood	OANC
039x: Blood administration & storage	OANC
040x: Other Imaging Services	RAD

UB-04 Revenue Code	Cluster
041x: Respiratory Services	THER
042x: Physical Therapy	THER
043x: Occupational Therapy	THER
044x: Speech Pathology	THER
045x: Emergency Room	OR
046x: Pulmonary Function	THER
047x: Audiology	OANC
048x: Cardiology	OANC
049x: Ambulatory Surgical Care	OR
050x: Outpatient Services	CLIN
051x: Clinic	CLIN
052x: Free-standing clinic	CLIN
053x: Osteopathic services	OANC
054x: Ambulance	CLIN
055x: Skilled Nursing	LTC
056x: Medical Social Services	OANC
057x: Home Health Aide	OANC
058x: Home Health Other Visit	OANC
060x: Home Health Oxygen	CLIN
061x: Magnetic Resonance Technology	RAD
062x: Med/Surg Supplies and Devices	OR
063x: Pharmacy	DRUG
064x: Home IV Therapy Services	OANC
065x: Hospice	OANC
066x: Respite Care	OANC
067x: Outpatient Special Residence	OANC
068x: Trauma Response	OANC
069x: Not Assigned	HW
070x: Cast Room	OANC
071x: Recovery Room	OR
072x: Labor Room/Delivery	NUR
073x: Electrocardiogram	RAD
074x: Electroencephalogram	RAD
075x: Gastro-intestinal services	OANC
076x: Treatment/Observation Room	CLIN
077x: Preventive Care Services	CLIN
078x: Telemedicine	OANC
079x: Extra-Corporeal Shock Wave Therapy	OR
080x: Renal Dialysis -Inpatient	THER
081x: Organ Acquisition	OANC
082x: Hemodialysis -OP or home	OANC

UB-04 Revenue Code	Cluster
083x: Peritoneal Dialysis -OP or home	OANC
084x: Continuous ambulatory peritoneal dialysis (CAPD) -OP or home	OANC
085x: Continuous cycling peritoneal dialysis (CCPD) -OP or home	OANC
088x: Dialysis -Miscellaneous	THER
089x: Reserved	ANC
090x: Behavioral Health Treatment	CLIN
091x: Behavioral Health Treatment	CLIN
092x: Other Diagnostic Services	CLIN
093x: Medical Rehab Day Program	LTC
094x: Other Therapeutic Services	THER
095x: Other Therapeutic Services	THER
096x: Professional Fees	Ignore
097x: Professional Fees	Ignore
098x: Professional Fees	Ignore
099x: Convenience Items	Ignore
100x: Behavioral Health Accommodations	LTC
310x: Adult Care	LTC
Out of range --- MOSTLY VIRGINIA	ignore

Table A2: Map of Arizona Bucket Charges to Cost-Center Clusters

CHGn	Description	UB-04 Revenue Codes	Cluster
CHG1	All Inclusive Room and Board	10x	RBU
CHG10	ICU	20x	SCU
CHG11	CCU	21x	SCU
CHG12	Special Charges	22x	SCU
CHG13	Incremental Nursing Charges	23x	SCU
CHG14	All Inclusive Ancillary	24x	ANC
CHG15	Pharmacy	25x	DRUG
CHG16	IV Therapy	26x	THER
CHG17	Medical/Surgical Supplies and Devices	27x	OR
CHG18	Oncology	28x	OANC
CHG19	DME (Other than renal)	29x	CLIN
CHG2	Room and Board, Private	11x	RBU
CHG20	Laboratory	30x	LAB
CHG21	Laboratory Pathology	31x	LAB
CHG22	Radiology, Diagnostic	32x	RAD
CHG23	Radiology, Therapeutic	33x	RAD
CHG24	Nuclear Medicine	34x	RAD
CHG25	CT Scan	35x	RAD
CHG26	Operating Room	36x	OR

<u>CHGn</u>	<u>Description</u>	<u>UB-04 Revenue Codes</u>	<u>Cluster</u>
CHG27	Anesthesia	37x	OR
CHG28	Blood	38x	OANC
CHG29	Blood Storage/Processing	39x	OANC
CHG3	Room and Board, Two Beds	12x	RBU
CHG30	Other Imaging	40x	RAD
CHG31	Respiratory Services	41x	THER
CHG32	Physical Therapy	42x	THER
CHG33	Occupational Therapy	43x	THER
CHG34	Speech Therapy	44x	THER
CHG35	Emergency Room	45x	OR
CHG36	Pulmonary Function	46x	THER
CHG37	Audiology	47x	OANC
CHG38	Cardiology	48x	OANC
CHG39	Outpatient Services	50x	CLIN
CHG4	Room and Board, 3-4 Beds	13x	RBU
CHG40	Osteopathic Services	53x	CLIN
CHG41	MRI	61x	RAD
CHG42	Medical Surgical Supplies (extension of 27x)	62x	OR
CHG43	Pharmacy (extension of 25x)	63x	DRUG
CHG44	Trauma Response	68x	CLIN
CHG45	Cast Room	70x	THER
CHG46	Recovery Room	71x	OR
CHG47	Labor/Delivery Room	72x	NUR
CHG48	EKG/ECG	73x	RAD
CHG49	EEG	74x	RAD
CHG5	Private (Deluxe)	14x	RBU
CHG50	Gastro Intestinal Services	75x	OANC
CHG51	Treatment/Observation Room	76x	OR
CHG52	Preventive Care Services	77x	CLIN
CHG53	Telemedicine	78x	CLIN
CHG54	Extra-Corporeal Shock Wave Therapy	79x	THER
CHG55	Inpatient Renal Dialysis	80x	THER
CHG56	Organ Acquisition	81x	OANC
CHG57	Miscellaneous Dialysis	88x	THER
CHG58	Behavioral Health Treatment/Services	90x	CLIN
CHG59	Behavioral Health Treatment/Services (extension of 90x)	91x	CLIN
CHG6	Room and Board, Ward	15x	RBU
CHG60	Other Diagnostic Services	92x	LAB
CHG61	Other Therapeutic Services	94x	THER
CHG62	Other Therapeutic Services (extension of 94x)	95x	THER
CHG63	Professional Fees	96x	Ignore
CHG64	Professional Fees (extension of 96x)	97x	Ignore
CHG65	Professional Fees (extension of 96x & 97x)	98x	Ignore

CHGn	Description	UB-04 Revenue Codes	Cluster
CHG66	Patient Convenience Items	99x	Ignore
CHG67	Alternative Therapy Services	210x	CLIN
CHG68	All Other Categories (excluding 017x)	310x	ANC
CHG69	Nursery - General Classification	170	NUR
CHG7	Room and Board, Other	16x	RBU
CHG70	Nursery - Newborn Level I	171	NUR
CHG71	Nursery - Newborn Level II	172	NUR
CHG72	Nursery - Newborn Level III	173	NUR
CHG73	Nursery - Newborn Level IV	174	NUR
CHG74	Nursery - Other	179	NUR
CHG8	Leave of Absence	18x	RBU
CHG9	Subacute Care	19x	LTC

Table A3: Map of Colorado Bucket Charges to Cost-Center Clusters

CHGn	Description	UB-92/UB-04 Revenue Codes	Cluster
CHG1	Routine Charges	100-239	RBU
CHG2	Laboratory Charges	300-319	LAB
CHG3	Radiology Charges	320-359, 400-409, 610-619	RAD
CHG4	Pharmacy Charges	250-259, 260-269, 630-639	DRUG
CHG5	All Other Charges	---	ANC

Table A4: Map of Connecticut Bucket Charges to Cost-Center Clusters

CHGn	Description	UB-92 Revenue Codes	Cluster
CHG1	Room and Board	110-239	RBU
CHG2	Nursery	170-179, 231	NUR
CHG3	ICU	200-219, 233-234	SCU
CHG4	Pharmacy	250-259, 630-637	DRUG
CHG5	Med/Surg Supplies	270-279, 621-623	OR
CHG6	Laboratory	300-319	LAB
CHG7	Radiology	320-339, 350-359, 400-409, 610-619	RAD
CHG8	Nuclear Medicine	340-349	RAD
CHG9	Operating Room	360-369	OR
CHG10	Anesthesia	370-379	OR
CHG11	Respiratory	410-419	THER
CHG12	Physical Therapy	420-429	THER
CHG13	Emergency Room	450-459	OR
CHG14	Recovery Room	710-719	OR
CHG15	Labor/Delivery Room	720-729	NUR

CHG16	Other	--	HW
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Table A5: Map of Florida Bucket Charges to Cost-Center Clusters

CHGn	Description	UB-92 Revenue Codes	Cluster
CHG1	Room Charges	11x-16x	RBU
CHG2	Nursery	170-172; 174-179	NUR
CHG3	Level III Nursery	173	NUR
CHG4	Intensive Care	20x	SCU
CHG5	Coronary Care	21x	SCU
CHG6	Pharmacy	25x; 63x	DRUG
CHG7	Medical/Surgical Supplies & Devices	27x; 62x	DRUG
CHG8	Oncology	28x	OANC
CHG9	Laboratory	30x-31x	LAB
CHG10	Radiology/Other Imaging	32x-35x; 40x; 61x	LAB
CHG11	Operating Room Service	36x	OR
CHG12	Anesthesia	37x	OR
CHG13	Respiratory Services	41x; 46x	THER
CHG14	Physical/Occupational Therapy	42x-44x	THER
CHG15	Emergency Room	45x	OR
CHG16	Cardiology	48x	OANC
CHG17	Trauma Response	68x	OANC
CHG18	Recovery Room	71x	OR
CHG19	Labor Room/Delivery	72x	NUR
CHG20	Treatment or Observation Room	76x	CLIN
CHG21	Behavioral Health	90x-91x; 100x	CLIN
CHG22	Other (not covered by preceding revenue code groups)	Does not include 960-999 - professional fees and person convenience items	OANC

Table A6: Map of Rhode Island Bucket Charges to Cost-Center Clusters

CHGn	Revenue Codes	Description	Cluster
CHG1	011X - 018X (Excluding 0174)	Inpatient room&board general	RBU
CHG2	020X - 021X, 0174	Inpatient room&board special	RBU
CHG3	036X, 071X, 072X	Inpatient or/recovery room charges	OR

CHGn	Revenue Codes	Description	Cluster
CHG4	037X	Inpatient anesthesia charges	OR
CHG5	027X, 029X, 062X	Inpatient supplies & equip charges	OR
CHG6	030X, 031X	Inpatient laboratory charges	LAB
CHG7	032X, 0341, 0343, 035X, 040X, 046X, 0470, 0471, 0479, 048X, 061X, 073X, 074X, 075X, 092X	Inpatient diagnostic charges	OANC
CHG8	026X, 028X, 033X, 0340, 0342, 0344, 0349, 041X, 042X, 043X, 044X, 0472, 053X, 070X, 0760, 0761, 077X, 079X, 080X, 081X, 088X, 094X, 095X, 210X	Inpatient therapy charges	THER
CHG9	038X, 039X	Inpatient blood charges	OANC
CHG10	025X, 063X	Inpatient pharmacy charges	DRUG
CHG11	050X, 054X, 096X, 097X, 098X (Excluding 0981)	Inpatient other ancillary charges	OANC
CHG12	099X	Inpatient patient conv item charges	Ignore
CHG13		981 ER professional fees	Ignore
CHG14	045X	ER charges	OR
CHG15		762 Observation charges	CLIN
CHG16	90X, 91X	Inpatient Behavioral charges	CLIN
CHG17	036X, 071X, 072X	Emergency dept or/recovery room charges	OR
CHG18	037X	Emergency dept anesthesia charges	OR
CHG19	027X, 029X, 062X	Emergency dept supplies & equip charges	OR
CHG20	030X, 031X	Emergency dept laboratory charges	LAB
CHG21	032X, 0341, 0343, 035X, 040X, 046X, 0470, 0471, 0479, 048X, 061X, 073X, 074X, 075X, 092X	Emergency dept diagnostic charges	OR
CHG22	026X, 028X, 033X, 0340, 0342, 0344, 0349, 041X, 042X, 043X, 044X, 0472, 053X, 070X, 0760, 0761, 077X, 079X, 080X, 081X, 088X, 094X, 095X, 210X	Emergency dept therapy charges	OR
CHG23	038X, 039X	Emergency dept blood charges	OANC
CHG24	025X, 063X	Emergency dept pharmacy charges	DRUG
CHG25	050X, 054X, 096X, 097X, 098X (Excluding 0981)	Emergency dept other ancillary charges	OANC
CHG26	099X	Emergency dept patient conv item charges	Ignore
CHG27	90X, 91X	Emergency dept behavioral charges	CLIN
CHG28	036X, 071X, 072X	Observation stay or/recovery room charges	CLIN

CHGn	Revenue Codes	Description	Cluster
CHG29	037X	Observation stay anesthesia charges	OR
CHG30	027X, 029X, 062X	Observation stay supplies & equip charges	OR
CHG31	030X, 031X	Observation stay laboratory charges	LAB
CHG32	032X, 0341, 0343, 035X, 040X, 046X, 0470, 0471, 0479, 048X, 061X, 073X, 074X, 075X, 092X	Observation stay diagnostic charges	RAD
CHG33	026X, 028X, 033X, 0340, 0342, 0344, 0349, 041X, 042X, 043X, 044X, 0472, 053X, 070X, 0760, 0761, 077X, 079X, 080X, 081X, 088X, 094X, 095X, 210X	Observation stay therapy charges	THER
CHG34	038X, 039X	Observation stay blood charges	OANC
CHG35	025X, 063X	Observation stay pharmacy charges	DRUG
CHG36	050X, 054X, 096X, 097X, 098X (Excluding 0981)	Observation stay other ancillary charges	OANC
CHG37	099X	Observation stay patient conv item charges	Ignore

Table A7: Map of South Carolina Bucket Charges to Cost-Center Clusters

CHGn	Description	UB-92 Revenue Codes	Cluster
CHG1	Room and Board - All Inclusive Rate	100-101	RBU
CHG2	Room and Board - General medical charges	110, 120, 130, 140, 150, 111-113, 121-123, 190-194, 199, 151-133, 131-143, 151-153	RBU
CHG3	Room and Board - Psych charges	114, 124, 134, 144, 154	RBU
CHG4	Room and Board - Hospice charges	115, 125, 135, 145, 155	RBU
CHG5	Room and Board - Detox charges	116, 126, 136, 146, 156	RBU
CHG6	Room and Board - Oncology charges	117, 127, 137, 147, 157	RBU
CHG7	Room and Board - Rehab charges	118, 128, 138, 148, 158	RBU
CHG8	Room and Board - Other charges	119, 129, 139, 149, 159, 160, 164, 180, 183, 167, 169, 181-182, 184-185, 189, 224	RBU
CHG9	Nursery - Levels I and Other charges	170, 723, 171, 179	NUR
CHG10	Nursery - Level II	172	NUR
CHG11	Nursery - Level III	173	NUR
CHG12	Nursery - Level IV	174	NUR
CHG13	ICU charges	200, 201, 202, 208, 209	SCU
CHG14	ICU - Pediatric charges	203	SCU
CHG15	ICU - Psych charges	204	SCU
CHG16	ICU - Intermediate ICU charges	206	SCU
CHG17	ICU - Burn Unit charges	207	SCU
CHG18	Coronary Care charges	210, 211, 212, 213, 219	SCU
CHG19	Coronary Care - Intermediate CCU charges	214	SCU

CHGn	Description	UB-92 Revenue Codes	Cluster
CHG20	Special charges	220-229	SCU
CHG21	Nursing acuity charges	230, 231-235, 239	SCU
CHG22	All Inclusive Ancillary	240-249	ANC
CHG23	Pharmacy charges	250, 253-256, 258, 634-636, 251, 252, 257, 259, 630-633, 637	DRUG
CHG24	IV Therapy charges	260-264, 269, 640-649	THER
CHG25	Supplies charges	270-279, 621-624	OR
CHG26	Oncology charges	280, 289	OANC
CHG27	Equipment charges	290-299	THER
CHG28	Laboratory charges	300-309, 310, 311, 312, 314, 319	LAB
CHG29	Radiology - Diagnostic charges	320, 321-324, 329	RAD
CHG30	Radiology - Therapeutic services charges	330, 333, 339	RAD
CHG31	Chemotherapy charges	331, 332, 335	CLIN
CHG32	Linear Accelerator	not specified	RAD
CHG33	Nuclear medicine charges	340-349	RAD
CHG34	CT scan charges	350-359	RAD
CHG35	Operating room charges	360-369	OR
CHG36	Anesthesia charges	370-379	OR
CHG37	Blood charges	380-389, 390-399, 999	OANC
CHG38	Other Imaging charges	404-403, 409	RAD
CHG39	PET Scan charges	404	RAD
CHG40	Respiratory therapy charges	410-413, 419	THER
CHG41	Physical therapy charges	420-429	THER
CHG42	Occupational therapy charges	430-439	THER
CHG43	Speech and Audiology charges	440-449, 470-479	THER
CHG44	Emergency room charges	450-459	OR
CHG45	Pulmonary function charges	460-469	THER
CHG46	Cardiology charges	480, 482-489	OANC
CHG47	Cath lab charges	481	OR
CHG48	Ambulatory surgical care (ASC) charges	490-499	OR
CHG49	Outpatient services - general charges	500, 509, 761	CLIN
CHG50	Outpatient Clinic services charges	510-517, 519	CLIN
CHG51	Outpatient Clinic - freestanding charges	520-523, 526, 529	CLIN
CHG52	Other Inpatient services charges	530-539, 560-569, 700, 709, 780-789, 920-929	OANC
CHG53	Ambulance services charges	540-549	CLIN
CHG54	Skilled Nursing charges	550-559	OANC
CHG55	Home Health Agency (HHA) charges	570-572, 579, 580-583, 589, 590, 599, 600-604, 609, 660-663, 669	OANC
CHG56	MRI charges	610-619	RAD
CHG57	Hospice charges	650-659	CLIN
CHG58	Outpatient Special Resident charges	670-672, 679	CLIN
CHG59	Recovery room charges	710-719	OR
CHG60	Labor room/delivery charges	720-729	NUR

CHGn	Description	UB-92 Revenue Codes	Cluster
CHG61	EKG charges	730-739	RAD
CHG62	EEG charges	740-749	RAD
CHG63	Gastro Intestinal charges	750-759	OANC
CHG64	Observation Beds charges	760, 762, 769	OR
CHG65	Preventative Care services charges	770, 779	CLIN
CHG66	Vaccine Administration charges	771	CLIN
CHG67	Lithotripsy charges	790-799	THER
CHG68	Renal Dialysis - Inpatient charges	800-804, 809	THER
CHG69	Organ acquisition charges	810-814, 819	OANC
CHG70	Dialysis Outpatient charges	820-825 829, 830-835, 839, 840-845, 849, 850-855, 859, 880-882, 889	THER
CHG71	Psychiatric/Psychol services charges	900-907, 909-919	CLIN
CHG72	Other Therapy Rehabilitation charges	940-942, 946-947, 949	CLIN
CHG73	Cardiac rehabilitation charges	943	CLIN
CHG74	Alcohol and Drug rehabilitation charges	944-945	CLIN
CHG75	Professional fees - Providers and Other Specialists charges	960-964, 969	Ignore
CHG76	Professional fees - Therapies and Lab charges	971-979	Ignore
CHG77	Professional fees - Other and Outpatient services charges	981-989	Ignore
CHG78	Patient Convenience charges	990-998	Ignore

Table A8: Map of South Dakota Bucket Charges to Cost-Center Clusters

CHGn	Description	UB-92 Revenue Codes	Cluster
CHG1	Room	10x-16x, 190-199, 230, 232, 235, 239	RBU
CHG2	Nursery	17x, 231	NUR
CHG3	Intensive Care Unit	20x, 21x, 233, 234	SCU
CHG4	Pharmacy	250-252, 254-259, 63x	DRUG
CHG5	Medical/Surgical Supplies	27x, 290-0293, 299, 62x	OR
CHG6	Laboratory	30x, 31x	LAB
CHG7	MRI and CAT Scans	35x, 61x	RAD
CHG8	Therapeutic Radiology	33x	RAD
CHG9	Other imaging services	32x, 40x	RAD
CHG10	Nuclear Medicine	34x	RAD
CHG11	Operating Room	36x	OR
CHG12	Anesthesia	37x	OR
CHG13	Respiratory Therapy	41x	THER
CHG14	Physical Therapy/OT/Speech	42x, 43x, 44x	THER
CHG15	Uncovered	253, 99x	ANC
CHG16	Professional Fees	96x, 97x, 98x	Ignore
CHG17	Treatment or Observation Room	76x	CLIN
CHG18	Ambulatory Surgical Care	49x	OR
CHG19	Emergency Room	45x	OR

CHGn	Description	UB-92 Revenue Codes	Cluster
CHG20	Recovery Room	71x	OR
CHG21	Labor/Delivery Room	72x	NUR
CHG22	Other	All Others	ANC
CHG23	Professional component charges (Valid through 2002)	Not applicable	Ignore
CHG23	Ambulance Charges (Valid beginning 2007)	054x	CLIN

Appendix B: Cost Adjustment Factors for MS-DRGs

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
1	2012	19.1339	20.1959	0.94742	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC
2	1094796	1.6514	1.7114	0.96491	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC
3	33274	12.9761	13.5079	0.96063	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.
4	29297	8.1549	8.3445	0.97728	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.
5	2716	10.8234	12.2128	0.88623	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT
6	1180	6.5856	7.6134	0.86501	LIVER TRANSPLANT W/O MCC
7	1094796	1.6514	1.7114	0.96491	LUNG TRANSPLANT
8	1094796	1.6514	1.7114	0.96491	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT
9	9590	8.0326	8.4411	0.95161	BONE MARROW TRANSPLANT
10	1094796	1.6514	1.7114	0.96491	PANCREAS TRANSPLANT
11	1094796	1.6514	1.7114	0.96491	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W MCC
12	3884	2.9279	2.9452	0.99414	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W CC
13	2338	1.9714	1.9603	1.00563	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W/O CC/MCC
20	3297	7.6849	8.1721	0.94039	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC
21	1094796	1.6514	1.7114	0.96491	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC
22	1094796	1.6514	1.7114	0.96491	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC
23	8514	4.3208	4.6492	0.92936	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT
24	3531	2.9454	3.114	0.94584	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC
25	22475	3.8034	3.9841	0.95464	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC
26	23333	2.4941	2.6068	0.95677	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC
27	34897	1.873	1.9863	0.94298	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC
28	3840	4.1498	4.2774	0.97015	SPINAL PROCEDURES W MCC
29	8746	2.3439	2.4013	0.97606	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS
30	11168	1.4408	1.4556	0.98982	SPINAL PROCEDURES W/O CC/MCC
31	3067	3.5106	3.5737	0.98235	VENTRICULAR SHUNT PROCEDURES W MCC
32	7671	1.5163	1.5542	0.97561	VENTRICULAR SHUNT PROCEDURES W CC
33	6098	1.1362	1.1684	0.97244	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC
34	1094796	1.6514	1.7114	0.96491	CAROTID ARTERY STENT PROCEDURE W MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
35	1094796	1.6514	1.7114	0.96491	CAROTID ARTERY STENT PROCEDURE W CC
36	6174	1.2626	1.3805	0.91459	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC
37	1094796	1.6514	1.7114	0.96491	EXTRACRANIAL PROCEDURES W MCC
38	14832	1.2131	1.2542	0.96716	EXTRACRANIAL PROCEDURES W CC
39	48595	0.8247	0.8577	0.96161	EXTRACRANIAL PROCEDURES W/O CC/MCC
40	7209	2.8955	2.9993	0.96539	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC
41	11207	1.5993	1.6431	0.97333	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM
42	8219	1.3265	1.3893	0.95483	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC
52	1094796	1.6514	1.7114	0.96491	SPINAL DISORDERS & INJURIES W CC/MCC
53	1094796	1.6514	1.7114	0.96491	SPINAL DISORDERS & INJURIES W/O CC/MCC
54	12746	1.1442	1.2353	0.92625	NERVOUS SYSTEM NEOPLASMS W MCC
55	23333	0.8065	0.8898	0.90639	NERVOUS SYSTEM NEOPLASMS W/O MCC
56	14568	1.4022	1.2568	1.11574	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC
57	65449	1.0725	0.8333	1.28707	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC
58	1094796	1.6514	1.7114	0.96491	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC
59	5677	0.8574	0.9	0.9527	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC
60	9760	0.6481	0.7056	0.91848	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC
61	1094796	1.6514	1.7114	0.96491	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC
62	1094796	1.6514	1.7114	0.96491	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC
63	1094796	1.6514	1.7114	0.96491	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC
64	77845	1.422	1.4785	0.96181	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC
65	123598	0.9394	0.986	0.95272	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC
66	92395	0.68	0.757	0.89824	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC
67	1094796	1.6514	1.7114	0.96491	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC
68	11566	0.6815	0.7732	0.88136	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC
69	114364	0.5373	0.6139	0.87522	TRANSIENT ISCHEMIA
70	12831	1.3002	1.3252	0.98114	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC
71	11748	0.8563	0.8573	0.99882	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
72	7908	0.5653	0.6315	0.89509	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC
73	14382	0.9517	0.969	0.98213	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
74	51871	0.647	0.6843	0.9455	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC
75	1094796	1.6514	1.7114	0.96491	VIRAL MENINGITIS W CC/MCC
76	13691	0.5031	0.5336	0.94289	VIRAL MENINGITIS W/O CC/MCC
77	1094796	1.6514	1.7114	0.96491	HYPERTENSIVE ENCEPHALOPATHY W MCC
78	1094796	1.6514	1.7114	0.96491	HYPERTENSIVE ENCEPHALOPATHY W CC
79	1094796	1.6514	1.7114	0.96491	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC
80	1094796	1.6514	1.7114	0.96491	NONTRAUMATIC STUPOR & COMA W MCC
81	1094796	1.6514	1.7114	0.96491	NONTRAUMATIC STUPOR & COMA W/O MCC
82	4166	1.7408	1.8785	0.92671	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC
83	3916	1.1696	1.238	0.94474	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC
84	7882	0.66	0.7539	0.87546	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC
85	9310	1.5632	1.6156	0.96759	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC
86	15470	0.9146	0.9503	0.9624	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC
87	28924	0.5352	0.58	0.92277	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC
88	1094796	1.6514	1.7114	0.96491	CONCUSSION W MCC
89	5787	0.632	0.7372	0.85737	CONCUSSION W CC
90	13511	0.4271	0.5242	0.81486	CONCUSSION W/O CC/MCC
91	14710	1.2805	1.3211	0.96929	OTHER DISORDERS OF NERVOUS SYSTEM W MCC
92	25898	0.7315	0.7593	0.96339	OTHER DISORDERS OF NERVOUS SYSTEM W CC
93	29048	0.5434	0.5966	0.91084	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC
94	1094796	1.6514	1.7114	0.96491	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC
95	1094796	1.6514	1.7114	0.96491	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC
96	1094796	1.6514	1.7114	0.96491	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC
97	1094796	1.6514	1.7114	0.96491	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC
98	1094796	1.6514	1.7114	0.96491	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC
99	1094796	1.6514	1.7114	0.96491	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC
100	34148	1.0808	1.1376	0.95008	SEIZURES W MCC
101	142841	0.526	0.5735	0.91708	SEIZURES W/O MCC
102	1094796	1.6514	1.7114	0.96491	HEADACHES W MCC
103	53673	0.4945	0.5467	0.90454	HEADACHES W/O MCC
113	1094796	1.6514	1.7114	0.96491	ORBITAL PROCEDURES W CC/MCC
114	1094796	1.6514	1.7114	0.96491	ORBITAL PROCEDURES W/O CC/MCC
115	1094796	1.6514	1.7114	0.96491	EXTRAOCULAR PROCEDURES EXCEPT ORBIT

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
116	1094796	1.6514	1.7114	0.96491	INTRAOCULAR PROCEDURES W CC/MCC
117	1094796	1.6514	1.7114	0.96491	INTRAOCULAR PROCEDURES W/O CC/MCC
121	1094796	1.6514	1.7114	0.96491	ACUTE MAJOR EYE INFECTIONS W CC/MCC
122	1094796	1.6514	1.7114	0.96491	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC
123	6225	0.5668	0.6607	0.85787	NEUROLOGICAL EYE DISORDERS
124	1094796	1.6514	1.7114	0.96491	OTHER DISORDERS OF THE EYE W MCC
125	10866	0.4734	0.4873	0.9716	OTHER DISORDERS OF THE EYE W/O MCC
129	2897	1.9906	2.0469	0.97251	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE
130	1094796	1.6514	1.7114	0.96491	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC
131	4302	1.7333	1.7961	0.96503	CRANIAL/FACIAL PROCEDURES W CC/MCC
132	10470	1.0678	1.1062	0.96525	CRANIAL/FACIAL PROCEDURES W/O CC/MCC
133	8593	1.3033	1.3213	0.98639	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC
134	24709	0.625	0.6274	0.99618	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC
135	1094796	1.6514	1.7114	0.96491	SINUS & MASTOID PROCEDURES W CC/MCC
136	1094796	1.6514	1.7114	0.96491	SINUS & MASTOID PROCEDURES W/O CC/MCC
137	1094796	1.6514	1.7114	0.96491	MOUTH PROCEDURES W CC/MCC
138	1094796	1.6514	1.7114	0.96491	MOUTH PROCEDURES W/O CC/MCC
139	1094796	1.6514	1.7114	0.96491	SALIVARY GLAND PROCEDURES
146	1094796	1.6514	1.7114	0.96491	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC
147	1094796	1.6514	1.7114	0.96491	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC
148	1094796	1.6514	1.7114	0.96491	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC
149	48309	0.4562	0.5109	0.89303	DYSEQUILIBRIUM
150	1094796	1.6514	1.7114	0.96491	EPISTAXIS W MCC
151	1094796	1.6514	1.7114	0.96491	EPISTAXIS W/O MCC
152	9741	0.9103	0.9326	0.97603	OTITIS MEDIA & URI W MCC
153	85614	0.3893	0.3849	1.01136	OTITIS MEDIA & URI W/O MCC
154	1094796	1.6514	1.7114	0.96491	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC
155	9679	0.659	0.6719	0.98072	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC
156	11864	0.4481	0.4558	0.98313	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC
157	1094796	1.6514	1.7114	0.96491	DENTAL & ORAL DISEASES W MCC
158	9133	0.6469	0.6636	0.97481	DENTAL & ORAL DISEASES W CC
159	8320	0.429	0.4411	0.97273	DENTAL & ORAL DISEASES W/O CC/MCC
163	23505	3.5866	3.6235	0.9898	MAJOR CHEST PROCEDURES W MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
164	29438	1.9738	1.9571	1.00854	MAJOR CHEST PROCEDURES W CC
165	23284	1.3977	1.3914	1.00451	MAJOR CHEST PROCEDURES W/O CC/MCC
166	30478	2.7849	2.8915	0.96314	OTHER RESP SYSTEM O.R. PROCEDURES W MCC
167	25312	1.4839	1.5511	0.95668	OTHER RESP SYSTEM O.R. PROCEDURES W CC
168	8481	1.0026	1.0463	0.95818	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC
175	23009	1.2155	1.2314	0.98703	PULMONARY EMBOLISM W MCC
176	65220	0.8073	0.8125	0.99369	PULMONARY EMBOLISM W/O MCC
177	77653	1.5427	1.5399	1.00178	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC
178	64477	1.1342	1.1299	1.00387	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC
179	22481	0.88	0.8835	0.996	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC
180	28678	1.2917	1.3709	0.94227	RESPIRATORY NEOPLASMS W MCC
181	34485	0.89	0.9622	0.92499	RESPIRATORY NEOPLASMS W CC
182	1094796	1.6514	1.7114	0.96491	RESPIRATORY NEOPLASMS W/O CC/MCC
183	1094796	1.6514	1.7114	0.96491	MAJOR CHEST TRAUMA W MCC
184	7349	0.7142	0.7845	0.91039	MAJOR CHEST TRAUMA W CC
185	1094796	1.6514	1.7114	0.96491	MAJOR CHEST TRAUMA W/O CC/MCC
186	13327	1.1786	1.2074	0.97615	PLEURAL EFFUSION W MCC
187	12700	0.7954	0.8337	0.9541	PLEURAL EFFUSION W CC
188	1094796	1.6514	1.7114	0.96491	PLEURAL EFFUSION W/O CC/MCC
189	108791	1.165	1.1494	1.01363	PULMONARY EDEMA & RESPIRATORY FAILURE
190	164358	0.9229	0.9171	1.00631	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC
191	152493	0.7466	0.7438	1.00383	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC
192	184280	0.5788	0.5797	0.99849	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC
193	148273	1.1158	1.125	0.99188	SIMPLE PNEUMONIA & PLEURISY W MCC
194	271640	0.7422	0.7539	0.98447	SIMPLE PNEUMONIA & PLEURISY W CC
195	197971	0.5186	0.5258	0.9862	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC
196	1094796	1.6514	1.7114	0.96491	INTERSTITIAL LUNG DISEASE W MCC
197	1094796	1.6514	1.7114	0.96491	INTERSTITIAL LUNG DISEASE W CC
198	1094796	1.6514	1.7114	0.96491	INTERSTITIAL LUNG DISEASE W/O CC/MCC
199	1094796	1.6514	1.7114	0.96491	PNEUMOTHORAX W MCC
200	13601	0.7449	0.7568	0.98424	PNEUMOTHORAX W CC
201	13083	0.5234	0.509	1.0283	PNEUMOTHORAX W/O CC/MCC
202	105461	0.6094	0.5956	1.02316	BRONCHITIS & ASTHMA W CC/MCC
203	199761	0.3984	0.3765	1.0581	BRONCHITIS & ASTHMA W/O CC/MCC
204	44631	0.5288	0.5743	0.92085	RESPIRATORY SIGNS & SYMPTOMS

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
205	11319	1.0122	1.0372	0.97588	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC
206	35236	0.5548	0.5985	0.92703	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC
207	55031	4.5302	4.6587	0.97241	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS
208	96234	1.7281	1.7891	0.96589	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS
215	1094796	1.6514	1.7114	0.96491	OTHER HEART ASSIST SYSTEM IMPLANT
216	12825	6.7961	7.0899	0.95857	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC
217	7832	4.5985	4.7828	0.96147	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC
218	1094796	1.6514	1.7114	0.96491	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC
219	19339	5.5578	5.8292	0.95343	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC
220	22325	3.7868	3.9524	0.9581	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC
221	7114	3.1842	3.3812	0.94174	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC
222	1094796	1.6514	1.7114	0.96491	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC
223	4509	4.3939	4.5686	0.96175	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC
224	1094796	1.6514	1.7114	0.96491	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC
225	5810	4.2593	4.5338	0.93946	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC
226	10241	4.7402	4.8934	0.9687	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC
227	35870	3.6284	3.7744	0.96131	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC
228	6158	6.4819	6.9456	0.93323	OTHER CARDIOTHORACIC PROCEDURES W MCC
229	7023	3.8275	4.0888	0.9361	OTHER CARDIOTHORACIC PROCEDURES W CC
230	2618	2.7453	2.9295	0.93713	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC
231	1094796	1.6514	1.7114	0.96491	CORONARY BYPASS W PTCA W MCC
232	1094796	1.6514	1.7114	0.96491	CORONARY BYPASS W PTCA W/O MCC
233	23775	4.8219	5.0298	0.95866	CORONARY BYPASS W CARDIAC CATH W MCC
234	40803	3.4452	3.6106	0.95419	CORONARY BYPASS W CARDIAC CATH W/O MCC
235	15091	3.9905	4.1306	0.9661	CORONARY BYPASS W/O CARDIAC CATH W MCC
236	37423	2.7379	2.8343	0.966	CORONARY BYPASS W/O CARDIAC CATH W/O MCC
237	32479	4.1012	4.3467	0.94352	MAJOR CARDIOVASC PROCEDURES W MCC OR THORACIC AORTIC ANEURYSM REPAIR
238	50070	2.2925	2.423	0.94615	MAJOR CARDIOVASC PROCEDURES W/O MCC
239	10966	3.191	3.2129	0.99319	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC
240	10234	1.9307	1.9038	1.0141	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
					LIMB & TOE W CC
241	1094796	1.6514	1.7114	0.96491	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC
242	21378	2.5608	2.6132	0.97991	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC
243	33103	1.8955	1.9716	0.96136	PERMANENT CARDIAC PACEMAKER IMPLANT W CC
244	44034	1.495	1.5723	0.95084	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC
245	4453	2.9185	3.018	0.96702	AICD GENERATOR PROCEDURES
246	44787	2.36	2.6073	0.90513	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS
247	226794	1.5501	1.7614	0.88003	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC
248	19859	2.2659	2.4709	0.91702	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS
249	67962	1.4624	1.6568	0.88266	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC
250	11695	2.2877	2.4614	0.92944	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC
251	61783	1.5429	1.713	0.90071	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC
252	43614	2.302	2.4063	0.95666	OTHER VASCULAR PROCEDURES W MCC
253	47262	1.8395	1.9332	0.95155	OTHER VASCULAR PROCEDURES W CC
254	47466	1.2724	1.3747	0.92559	OTHER VASCULAR PROCEDURES W/O CC/MCC
255	1094796	1.6514	1.7114	0.96491	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC
256	1094796	1.6514	1.7114	0.96491	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC
257	1094796	1.6514	1.7114	0.96491	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC
258	1094796	1.6514	1.7114	0.96491	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC
259	1094796	1.6514	1.7114	0.96491	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC
260	1094796	1.6514	1.7114	0.96491	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC
261	1094796	1.6514	1.7114	0.96491	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC
262	1094796	1.6514	1.7114	0.96491	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC
263	1094796	1.6514	1.7114	0.96491	VEIN LIGATION & STRIPPING
264	22977	1.8736	1.9003	0.98591	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES
265	1094796	1.6514	1.7114	0.96491	AICD LEAD PROCEDURES
280	78316	1.326	1.3498	0.98244	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC
281	47145	0.8709	0.9175	0.94911	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC
282	52228	0.6682	0.7329	0.91176	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
283	13064	1.2974	1.3773	0.94195	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC
284	1094796	1.6514	1.7114	0.96491	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC
285	1094796	1.6514	1.7114	0.96491	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC
286	39666	1.5548	1.6379	0.94931	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC
287	213109	0.8275	0.9326	0.88728	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC
288	1094796	1.6514	1.7114	0.96491	ACUTE & SUBACUTE ENDOCARDITIS W MCC
289	1094796	1.6514	1.7114	0.96491	ACUTE & SUBACUTE ENDOCARDITIS W CC
290	1094796	1.6514	1.7114	0.96491	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC
291	230761	1.0871	1.0731	1.0131	HEART FAILURE & SHOCK W MCC
292	201932	0.7319	0.7229	1.01238	HEART FAILURE & SHOCK W CC
293	133409	0.549	0.5515	0.99545	HEART FAILURE & SHOCK W/O CC/MCC
294	1094796	1.6514	1.7114	0.96491	DEEP VEIN THROMBOPHLEBITIS W CC/MCC
295	1094796	1.6514	1.7114	0.96491	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC
296	1094796	1.6514	1.7114	0.96491	CARDIAC ARREST, UNEXPLAINED W MCC
297	1094796	1.6514	1.7114	0.96491	CARDIAC ARREST, UNEXPLAINED W CC
298	1094796	1.6514	1.7114	0.96491	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC
299	34155	1.0278	1.0305	0.99743	PERIPHERAL VASCULAR DISORDERS W MCC
300	56761	0.7104	0.6967	1.01962	PERIPHERAL VASCULAR DISORDERS W CC
301	46435	0.5177	0.5038	1.02762	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC
302	10082	0.7638	0.7936	0.96243	ATHEROSCLEROSIS W MCC
303	61616	0.456	0.4974	0.9169	ATHEROSCLEROSIS W/O MCC
304	1094796	1.6514	1.7114	0.96491	HYPERTENSION W MCC
305	64406	0.4574	0.4925	0.92877	HYPERTENSION W/O MCC
306	1094796	1.6514	1.7114	0.96491	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC
307	8150	0.6964	0.699	0.99635	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC
308	73256	0.9329	0.9292	1.00394	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC
309	105376	0.6335	0.637	0.99448	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
310	188070	0.4438	0.4563	0.9727	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC
311	24548	0.4161	0.4689	0.88728	ANGINA PECTORIS
312	206636	0.5088	0.556	0.91509	SYNCOPE & COLLAPSE
313	339211	0.3946	0.4571	0.86313	CHEST PAIN
314	75344	1.3771	1.4064	0.97912	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC
315	39373	0.791	0.8062	0.98111	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
316	20164	0.5113	0.5457	0.93699	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC
326	18206	4.2466	4.3588	0.97427	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC
327	19468	2.0866	2.0794	1.00346	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC
328	25797	1.055	1.062	0.99338	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC
329	66790	3.6776	3.7961	0.96878	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC
330	98452	1.9139	1.9194	0.99715	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
331	56285	1.3077	1.3062	1.00116	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC
332	1094796	1.6514	1.7114	0.96491	RECTAL RESECTION W MCC
333	8720	1.8634	1.831	1.01766	RECTAL RESECTION W CC
334	6365	1.3487	1.325	1.01791	RECTAL RESECTION W/O CC/MCC
335	10569	3.0158	3.0941	0.97469	PERITONEAL ADHESIOLYSIS W MCC
336	22452	1.673	1.6932	0.98804	PERITONEAL ADHESIOLYSIS W CC
337	21083	1.1234	1.1442	0.98179	PERITONEAL ADHESIOLYSIS W/O CC/MCC
338	1094796	1.6514	1.7114	0.96491	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC
339	10982	1.367	1.4518	0.94158	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC
340	28084	0.9535	1.028	0.92752	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC
341	1094796	1.6514	1.7114	0.96491	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC
342	13018	0.8913	0.9965	0.89444	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC
343	112000	0.6512	0.7451	0.87407	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC
344	1094796	1.6514	1.7114	0.96491	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC
345	7029	1.2644	1.2115	1.0436	MINOR SMALL & LARGE BOWEL PROCEDURES W CC
346	7696	0.9612	0.928	1.03579	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC
347	1094796	1.6514	1.7114	0.96491	ANAL & STOMAL PROCEDURES W MCC
348	8607	0.9789	0.9857	0.99309	ANAL & STOMAL PROCEDURES W CC
349	14183	0.5988	0.6044	0.99077	ANAL & STOMAL PROCEDURES W/O CC/MCC
350	1094796	1.6514	1.7114	0.96491	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC
351	1094796	1.6514	1.7114	0.96491	INGUINAL & FEMORAL HERNIA PROCEDURES W CC
352	11719	0.6532	0.673	0.97057	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC
353	1094796	1.6514	1.7114	0.96491	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC
354	16217	1.2247	1.2292	0.99633	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC
355	29498	0.8482	0.8674	0.97792	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
356	10411	2.8013	2.9428	0.95191	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC
357	11378	1.5604	1.62	0.96317	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
358	1094796	1.6514	1.7114	0.96491	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC
368	1094796	1.6514	1.7114	0.96491	MAJOR ESOPHAGEAL DISORDERS W MCC
369	1094796	1.6514	1.7114	0.96491	MAJOR ESOPHAGEAL DISORDERS W CC
370	1094796	1.6514	1.7114	0.96491	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC
371	33700	1.3783	1.3931	0.98935	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC
372	36341	0.8956	0.9022	0.99264	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC
373	24903	0.6099	0.6249	0.97589	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC
374	13914	1.4645	1.5666	0.93483	DIGESTIVE MALIGNANCY W MCC
375	24712	0.9412	1.0114	0.93053	DIGESTIVE MALIGNANCY W CC
376	1094796	1.6514	1.7114	0.96491	DIGESTIVE MALIGNANCY W/O CC/MCC
377	70407	1.1914	1.228	0.97019	G.I. HEMORRHAGE W MCC
378	138808	0.7447	0.7687	0.96876	G.I. HEMORRHAGE W CC
379	73464	0.5359	0.5624	0.95292	G.I. HEMORRHAGE W/O CC/MCC
380	1094796	1.6514	1.7114	0.96491	COMPLICATED PEPTIC ULCER W MCC
381	1094796	1.6514	1.7114	0.96491	COMPLICATED PEPTIC ULCER W CC
382	1094796	1.6514	1.7114	0.96491	COMPLICATED PEPTIC ULCER W/O CC/MCC
383	1094796	1.6514	1.7114	0.96491	UNCOMPLICATED PEPTIC ULCER W MCC
384	13294	0.5913	0.6639	0.89071	UNCOMPLICATED PEPTIC ULCER W/O MCC
385	1094796	1.6514	1.7114	0.96491	INFLAMMATORY BOWEL DISEASE W MCC
386	24301	0.7812	0.8209	0.95166	INFLAMMATORY BOWEL DISEASE W CC
387	21744	0.6068	0.645	0.94071	INFLAMMATORY BOWEL DISEASE W/O CC/MCC
388	28041	1.1039	1.1438	0.96511	G.I. OBSTRUCTION W MCC
389	61496	0.6907	0.7209	0.95812	G.I. OBSTRUCTION W CC
390	69982	0.4774	0.5127	0.9312	G.I. OBSTRUCTION W/O CC/MCC
391	82914	0.8201	0.8627	0.95054	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC
392	517642	0.504	0.5499	0.91662	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC
393	33512	1.2261	1.2726	0.96345	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC
394	65862	0.7264	0.7522	0.96583	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC
395	43529	0.4907	0.5256	0.9336	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC
405	8452	4.2406	4.4505	0.95284	PANCREAS, LIVER & SHUNT PROCEDURES W MCC
406	10495	2.257	2.2936	0.98406	PANCREAS, LIVER & SHUNT PROCEDURES W CC
407	5255	1.6228	1.6325	0.99407	PANCREAS, LIVER & SHUNT PROCEDURES W/O

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
					CC/MCC
408	1094796	1.6514	1.7114	0.96491	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC
409	1094796	1.6514	1.7114	0.96491	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC
410	1094796	1.6514	1.7114	0.96491	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC
411	1094796	1.6514	1.7114	0.96491	CHOLECYSTECTOMY W C.D.E. W MCC
412	1094796	1.6514	1.7114	0.96491	CHOLECYSTECTOMY W C.D.E. W CC
413	1094796	1.6514	1.7114	0.96491	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC
414	1094796	1.6514	1.7114	0.96491	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC
415	1094796	1.6514	1.7114	0.96491	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
416	9252	1.0728	1.1492	0.93357	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC
417	33502	1.6095	1.7381	0.926	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC
418	53080	1.1443	1.2473	0.91746	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
419	113804	0.8232	0.9071	0.90755	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC
420	1094796	1.6514	1.7114	0.96491	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC
421	1094796	1.6514	1.7114	0.96491	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC
422	1094796	1.6514	1.7114	0.96491	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC
423	1094796	1.6514	1.7114	0.96491	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC
424	1094796	1.6514	1.7114	0.96491	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC
425	1094796	1.6514	1.7114	0.96491	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC
432	31494	1.3083	1.3732	0.95271	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC
433	19415	0.6776	0.7241	0.93581	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC
434	1094796	1.6514	1.7114	0.96491	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC
435	19618	1.29	1.3832	0.93264	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC
436	17288	0.8588	0.9434	0.91038	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC
437	1094796	1.6514	1.7114	0.96491	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC
438	32194	1.3656	1.4616	0.9343	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC
439	57627	0.7849	0.8424	0.93172	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC
440	69240	0.5304	0.585	0.90676	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC
441	32376	1.4067	1.4804	0.95018	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
442	29700	0.7294	0.7652	0.95327	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC
443	14022	0.5398	0.587	0.91957	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC
444	20257	1.1228	1.2191	0.92101	DISORDERS OF THE BILIARY TRACT W MCC
445	24777	0.7724	0.8547	0.90367	DISORDERS OF THE BILIARY TRACT W CC
446	30256	0.5151	0.5916	0.87074	DISORDERS OF THE BILIARY TRACT W/O CC/MCC
453	1094796	1.6514	1.7114	0.96491	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC
454	6326	4.9225	5.1971	0.94718	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC
455	8362	3.791	4.0226	0.94243	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC
456	1094796	1.6514	1.7114	0.96491	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC
457	5945	4.9546	5.2502	0.94369	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC
458	5268	4.1925	4.5015	0.93135	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC
459	6325	4.242	4.5222	0.93804	SPINAL FUSION EXCEPT CERVICAL W MCC
460	126782	2.7787	2.9581	0.93933	SPINAL FUSION EXCEPT CERVICAL W/O MCC
461	1094796	1.6514	1.7114	0.96491	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC
462	22136	2.3199	2.4632	0.94186	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC
463	1094796	1.6514	1.7114	0.96491	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC
464	10659	2.3663	2.3585	1.00329	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC
465	5271	1.5272	1.5291	0.99875	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC
466	1094796	1.6514	1.7114	0.96491	REVISION OF HIP OR KNEE REPLACEMENT W MCC
467	22862	2.2657	2.4054	0.94194	REVISION OF HIP OR KNEE REPLACEMENT W CC
468	22737	1.8787	1.9716	0.9529	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC
469	33332	2.246	2.3371	0.96102	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC
470	565832	1.5397	1.6314	0.94379	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC
471	1094796	1.6514	1.7114	0.96491	CERVICAL SPINAL FUSION W MCC
472	17736	1.942	2.0441	0.95005	CERVICAL SPINAL FUSION W CC
473	79409	1.4349	1.5333	0.93584	CERVICAL SPINAL FUSION W/O CC/MCC
474	1094796	1.6514	1.7114	0.96491	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC
475	1094796	1.6514	1.7114	0.96491	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC
476	1094796	1.6514	1.7114	0.96491	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
477	1094796	1.6514	1.7114	0.96491	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC
478	9411	1.6303	1.7183	0.94877	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC
479	6947	1.1799	1.2382	0.95289	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC
480	28667	2.1557	2.2279	0.9676	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC
481	73670	1.4525	1.5099	0.96204	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC
482	47913	1.1747	1.2215	0.96172	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC
483	11112	1.7564	1.8984	0.92519	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC
484	22580	1.4435	1.5767	0.91552	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC
485	1094796	1.6514	1.7114	0.96491	KNEE PROCEDURES W PDX OF INFECTION W MCC
486	1094796	1.6514	1.7114	0.96491	KNEE PROCEDURES W PDX OF INFECTION W CC
487	1094796	1.6514	1.7114	0.96491	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC
488	1094796	1.6514	1.7114	0.96491	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC
489	13286	1.017	1.0505	0.96807	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC
490	33919	1.3464	1.3775	0.97746	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM
491	95359	0.7555	0.7701	0.98095	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC
492	8048	2.179	2.2655	0.9618	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC
493	31188	1.4756	1.5374	0.95976	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC
494	86976	1.0072	1.0602	0.95008	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC
495	1094796	1.6514	1.7114	0.96491	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC
496	11192	1.3696	1.3875	0.98707	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC
497	14865	0.932	0.9513	0.9797	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC
498	1094796	1.6514	1.7114	0.96491	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC
499	1094796	1.6514	1.7114	0.96491	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC
500	1094796	1.6514	1.7114	0.96491	SOFT TISSUE PROCEDURES W MCC
501	11010	1.1852	1.1973	0.98983	SOFT TISSUE PROCEDURES W CC
502	16529	0.8232	0.8406	0.97932	SOFT TISSUE PROCEDURES W/O CC/MCC
503	1094796	1.6514	1.7114	0.96491	FOOT PROCEDURES W MCC
504	1094796	1.6514	1.7114	0.96491	FOOT PROCEDURES W CC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
505	8420	0.9058	0.9404	0.96319	FOOT PROCEDURES W/O CC/MCC
506	1094796	1.6514	1.7114	0.96491	MAJOR THUMB OR JOINT PROCEDURES
507	1094796	1.6514	1.7114	0.96491	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC
508	1094796	1.6514	1.7114	0.96491	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC
509	1094796	1.6514	1.7114	0.96491	ARTHROSCOPY
510	1094796	1.6514	1.7114	0.96491	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC
511	1094796	1.6514	1.7114	0.96491	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC
512	20116	0.7987	0.8509	0.93856	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC
513	1094796	1.6514	1.7114	0.96491	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC
514	5167	0.6388	0.6477	0.98635	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC
515	1094796	1.6514	1.7114	0.96491	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC
516	13078	1.5687	1.6339	0.96013	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
517	17352	1.2013	1.2636	0.95065	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC
533	1094796	1.6514	1.7114	0.96491	FRACTURES OF FEMUR W MCC
534	1094796	1.6514	1.7114	0.96491	FRACTURES OF FEMUR W/O MCC
535	1094796	1.6514	1.7114	0.96491	FRACTURES OF HIP & PELVIS W MCC
536	32428	0.596	0.5866	1.01601	FRACTURES OF HIP & PELVIS W/O MCC
537	1094796	1.6514	1.7114	0.96491	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC
538	1094796	1.6514	1.7114	0.96491	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC
539	1094796	1.6514	1.7114	0.96491	OSTEOMYELITIS W MCC
540	1094796	1.6514	1.7114	0.96491	OSTEOMYELITIS W CC
541	1094796	1.6514	1.7114	0.96491	OSTEOMYELITIS W/O CC/MCC
542	8238	1.4581	1.5321	0.95169	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC
543	19058	0.9145	0.9791	0.934	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC
544	1094796	1.6514	1.7114	0.96491	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC
545	8096	1.9512	2.0752	0.94025	CONNECTIVE TISSUE DISORDERS W MCC
546	10095	0.9003	0.9447	0.95299	CONNECTIVE TISSUE DISORDERS W CC
547	10241	0.6579	0.7016	0.93779	CONNECTIVE TISSUE DISORDERS W/O CC/MCC
548	1094796	1.6514	1.7114	0.96491	SEPTIC ARTHRITIS W MCC
549	1094796	1.6514	1.7114	0.96491	SEPTIC ARTHRITIS W CC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
550	1094796	1.6514	1.7114	0.96491	SEPTIC ARTHRITIS W/O CC/MCC
551	14932	1.0903	1.1289	0.96581	MEDICAL BACK PROBLEMS W MCC
552	112258	0.5825	0.6192	0.94073	MEDICAL BACK PROBLEMS W/O MCC
553	1094796	1.6514	1.7114	0.96491	BONE DISEASES & ARTHROPATHIES W MCC
554	25126	0.6099	0.611	0.99822	BONE DISEASES & ARTHROPATHIES W/O MCC
555	1094796	1.6514	1.7114	0.96491	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC
556	28674	0.5114	0.5465	0.93579	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC
557	1094796	1.6514	1.7114	0.96491	TENDONITIS, MYOSITIS & BURSITIS W MCC
558	26067	0.5752	0.5904	0.97415	TENDONITIS, MYOSITIS & BURSITIS W/O MCC
559	1094796	1.6514	1.7114	0.96491	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC
560	1094796	1.6514	1.7114	0.96491	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC
561	7996	0.5876	0.5577	1.05365	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC
562	1094796	1.6514	1.7114	0.96491	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC
563	46688	0.5061	0.5234	0.9668	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC
564	1094796	1.6514	1.7114	0.96491	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC
565	1094796	1.6514	1.7114	0.96491	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC
566	1094796	1.6514	1.7114	0.96491	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC
573	1094796	1.6514	1.7114	0.96491	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W MCC
574	12294	1.3626	1.3185	1.03346	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC
575	9556	0.8059	0.7937	1.01548	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC/MCC
576	1094796	1.6514	1.7114	0.96491	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W MCC
577	4109	1.5669	1.5622	1.00304	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W CC
578	6784	1.0242	1.0219	1.0022	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC
579	1094796	1.6514	1.7114	0.96491	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC
580	23180	1.1247	1.1555	0.97333	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC
581	35561	0.8881	0.9316	0.95325	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC
582	9224	1.0104	1.0699	0.94442	MASTECTOMY FOR MALIGNANCY W CC/MCC
583	15895	0.9301	0.9832	0.94599	MASTECTOMY FOR MALIGNANCY W/O CC/MCC
584	1094796	1.6514	1.7114	0.96491	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
585	7801	1.0152	1.0369	0.97911	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC
592	1094796	1.6514	1.7114	0.96491	SKIN ULCERS W MCC
593	11896	0.8754	0.8392	1.04316	SKIN ULCERS W CC
594	1094796	1.6514	1.7114	0.96491	SKIN ULCERS W/O CC/MCC
595	1094796	1.6514	1.7114	0.96491	MAJOR SKIN DISORDERS W MCC
596	8491	0.6469	0.6468	1.00015	MAJOR SKIN DISORDERS W/O MCC
597	1094796	1.6514	1.7114	0.96491	MALIGNANT BREAST DISORDERS W MCC
598	1094796	1.6514	1.7114	0.96491	MALIGNANT BREAST DISORDERS W CC
599	1094796	1.6514	1.7114	0.96491	MALIGNANT BREAST DISORDERS W/O CC/MCC
600	1094796	1.6514	1.7114	0.96491	NON-MALIGNANT BREAST DISORDERS W CC/MCC
601	1094796	1.6514	1.7114	0.96491	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC
602	42150	1.0315	1.0211	1.01027	CELLULITIS W MCC
603	300903	0.55	0.5285	1.04062	CELLULITIS W/O MCC
604	1094796	1.6514	1.7114	0.96491	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC
605	33803	0.4924	0.5402	0.91159	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC
606	1094796	1.6514	1.7114	0.96491	MINOR SKIN DISORDERS W MCC
607	17658	0.475	0.4705	1.00957	MINOR SKIN DISORDERS W/O MCC
614	5196	2.0979	2.1675	0.96787	ADRENAL & PITUITARY PROCEDURES W CC/MCC
615	5396	1.237	1.2801	0.96635	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC
616	1094796	1.6514	1.7114	0.96491	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC
617	11356	1.4848	1.4862	0.99901	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC
618	1094796	1.6514	1.7114	0.96491	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC
619	1094796	1.6514	1.7114	0.96491	O.R. PROCEDURES FOR OBESITY W MCC
620	10400	1.4068	1.5011	0.93718	O.R. PROCEDURES FOR OBESITY W CC
621	62339	1.1109	1.1691	0.95017	O.R. PROCEDURES FOR OBESITY W/O CC/MCC
622	1094796	1.6514	1.7114	0.96491	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC
623	1094796	1.6514	1.7114	0.96491	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC
624	1094796	1.6514	1.7114	0.96491	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC
625	1094796	1.6514	1.7114	0.96491	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC
626	6883	0.9806	1.0022	0.97844	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC
627	35517	0.6666	0.6749	0.98764	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC
628	1094796	1.6514	1.7114	0.96491	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
					MCC
629	1094796	1.6514	1.7114	0.96491	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
630	1094796	1.6514	1.7114	0.96491	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC
637	46818	0.9175	0.9388	0.97726	DIABETES W MCC
638	82371	0.6163	0.6224	0.9903	DIABETES W CC
639	85896	0.4374	0.4421	0.98936	DIABETES W/O CC/MCC
640	88998	0.8086	0.8166	0.99017	NUTRITIONAL & MISC METABOLIC DISORDERS W MCC
641	258373	0.4866	0.4876	0.99799	NUTRITIONAL & MISC METABOLIC DISORDERS W/O MCC
642	5094	0.9141	0.9517	0.96051	INBORN ERRORS OF METABOLISM
643	1094796	1.6514	1.7114	0.96491	ENDOCRINE DISORDERS W MCC
644	16722	0.7651	0.7877	0.97141	ENDOCRINE DISORDERS W CC
645	14417	0.4936	0.529	0.93301	ENDOCRINE DISORDERS W/O CC/MCC
652	10642	4.5897	5.1816	0.88576	KIDNEY TRANSPLANT
653	1094796	1.6514	1.7114	0.96491	MAJOR BLADDER PROCEDURES W MCC
654	5335	2.3905	2.4028	0.99487	MAJOR BLADDER PROCEDURES W CC
655	1094796	1.6514	1.7114	0.96491	MAJOR BLADDER PROCEDURES W/O CC/MCC
656	6171	2.588	2.6438	0.97892	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC
657	11663	1.5485	1.5616	0.99158	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC
658	14838	1.1965	1.2004	0.99679	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC
659	7091	2.4044	2.4844	0.96777	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC
660	17193	1.292	1.327	0.97366	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC
661	18538	1.0365	1.0586	0.9791	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC
662	1094796	1.6514	1.7114	0.96491	MINOR BLADDER PROCEDURES W MCC
663	1094796	1.6514	1.7114	0.96491	MINOR BLADDER PROCEDURES W CC
664	4981	0.8158	0.8445	0.96597	MINOR BLADDER PROCEDURES W/O CC/MCC
665	1094796	1.6514	1.7114	0.96491	PROSTATECTOMY W MCC
666	1094796	1.6514	1.7114	0.96491	PROSTATECTOMY W CC
667	1094796	1.6514	1.7114	0.96491	PROSTATECTOMY W/O CC/MCC
668	1094796	1.6514	1.7114	0.96491	TRANSURETHRAL PROCEDURES W MCC
669	24575	0.8002	0.8532	0.9379	TRANSURETHRAL PROCEDURES W CC
670	15882	0.6215	0.6496	0.95662	TRANSURETHRAL PROCEDURES W/O CC/MCC
671	1094796	1.6514	1.7114	0.96491	URETHRAL PROCEDURES W CC/MCC
672	1094796	1.6514	1.7114	0.96491	URETHRAL PROCEDURES W/O CC/MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
673	13932	2.2677	2.3099	0.98173	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC
674	10515	1.6449	1.6787	0.97986	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC
675	1094796	1.6514	1.7114	0.96491	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC
682	111440	1.2156	1.2266	0.991	RENAL FAILURE W MCC
683	133438	0.7794	0.7823	0.99625	RENAL FAILURE W CC
684	38016	0.5138	0.5262	0.97639	RENAL FAILURE W/O CC/MCC
685	5412	0.5007	0.5038	0.99396	ADMIT FOR RENAL DIALYSIS
686	1094796	1.6514	1.7114	0.96491	KIDNEY & URINARY TRACT NEOPLASMS W MCC
687	1094796	1.6514	1.7114	0.96491	KIDNEY & URINARY TRACT NEOPLASMS W CC
688	1094796	1.6514	1.7114	0.96491	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC
689	88262	0.8366	0.8412	0.99459	KIDNEY & URINARY TRACT INFECTIONS W MCC
690	255705	0.5467	0.559	0.97809	KIDNEY & URINARY TRACT INFECTIONS W/O MCC
691	1094796	1.6514	1.7114	0.96491	URINARY STONES W ESW LITHOTRIPSY W CC/MCC
692	1094796	1.6514	1.7114	0.96491	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC
693	1094796	1.6514	1.7114	0.96491	URINARY STONES W/O ESW LITHOTRIPSY W MCC
694	51742	0.4493	0.5084	0.88362	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC
695	1094796	1.6514	1.7114	0.96491	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC
696	12908	0.474	0.4906	0.96607	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC
697	1094796	1.6514	1.7114	0.96491	URETHRAL STRICTURE
698	33094	1.154	1.1723	0.9844	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC
699	30377	0.7361	0.749	0.98273	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC
700	15122	0.5247	0.5429	0.96656	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC
707	10311	1.4166	1.4685	0.9647	MAJOR MALE PELVIC PROCEDURES W CC/MCC
708	42827	1.043	1.0926	0.95461	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC
709	1094796	1.6514	1.7114	0.96491	PENIS PROCEDURES W CC/MCC
710	1094796	1.6514	1.7114	0.96491	PENIS PROCEDURES W/O CC/MCC
711	1094796	1.6514	1.7114	0.96491	TESTES PROCEDURES W CC/MCC
712	1094796	1.6514	1.7114	0.96491	TESTES PROCEDURES W/O CC/MCC
713	9217	0.9003	0.9003	0.99997	TRANSURETHRAL PROSTATECTOMY W CC/MCC
714	23872	0.5363	0.5368	0.99912	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC
715	1094796	1.6514	1.7114	0.96491	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC
716	1094796	1.6514	1.7114	0.96491	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC
717	1094796	1.6514	1.7114	0.96491	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
718	1094796	1.6514	1.7114	0.96491	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC
722	1094796	1.6514	1.7114	0.96491	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC
723	1094796	1.6514	1.7114	0.96491	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC
724	1094796	1.6514	1.7114	0.96491	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC
725	1094796	1.6514	1.7114	0.96491	BENIGN PROSTATIC HYPERTROPHY W MCC
726	1094796	1.6514	1.7114	0.96491	BENIGN PROSTATIC HYPERTROPHY W/O MCC
727	1094796	1.6514	1.7114	0.96491	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC
728	13277	0.5407	0.5446	0.99282	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC
729	1094796	1.6514	1.7114	0.96491	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC
730	1094796	1.6514	1.7114	0.96491	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC
734	3619	1.826	1.8765	0.97305	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC
735	4165	1.0126	1.0516	0.96293	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC
736	1094796	1.6514	1.7114	0.96491	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC
737	7052	1.5161	1.5645	0.96908	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC
738	1094796	1.6514	1.7114	0.96491	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC
739	1094796	1.6514	1.7114	0.96491	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC
740	8970	1.1968	1.2335	0.97022	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
741	15724	0.8584	0.8978	0.95606	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC
742	59216	0.9962	1.048	0.95053	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC
743	248863	0.7026	0.7411	0.94806	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC
744	1094796	1.6514	1.7114	0.96491	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC
745	1094796	1.6514	1.7114	0.96491	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC
746	1094796	1.6514	1.7114	0.96491	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC
747	14081	0.6658	0.6922	0.96183	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC
748	28897	0.6967	0.739	0.94276	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
749	1094796	1.6514	1.7114	0.96491	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC
750	1094796	1.6514	1.7114	0.96491	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC
754	1094796	1.6514	1.7114	0.96491	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
					MCC
755	5501	0.8111	0.8974	0.90385	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC
756	1094796	1.6514	1.7114	0.96491	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC
757	1094796	1.6514	1.7114	0.96491	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC
758	1094796	1.6514	1.7114	0.96491	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC
759	10048	0.4497	0.492	0.91409	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC
760	7854	0.5126	0.5657	0.90624	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC
761	14378	0.3659	0.4088	0.89506	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC
765	294457	0.8159	0.6991	1.16694	CESAREAN SECTION W CC/MCC
766	550908	0.6005	0.5061	1.18654	CESAREAN SECTION W/O CC/MCC
767	51053	0.6428	0.5549	1.15838	VAGINAL DELIVERY W STERILIZATION &/OR D&C
768	1094796	1.6514	1.7114	0.96491	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C
769	1094796	1.6514	1.7114	0.96491	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
770	10111	0.4989	0.5123	0.97376	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
774	207836	0.5502	0.4176	1.31759	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
775	1388118	0.4318	0.3123	1.38281	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
776	36710	0.47	0.4628	1.01554	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
777	14464	0.6108	0.6564	0.9305	ECTOPIC PREGNANCY
778	43960	0.4641	0.3535	1.31276	THREATENED ABORTION
779	11441	0.3779	0.3401	1.11131	ABORTION W/O D&C
780	1094796	1.6514	1.7114	0.96491	FALSE LABOR
781	136896	0.4739	0.4177	1.13461	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS
782	26626	0.4055	0.3257	1.24534	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS
789	39460	1.8197	1.6415	1.10854	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY
790	57099	7.3714	5.7446	1.28317	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE
791	48842	3.0595	2.2948	1.3332	PREMATURITY W MAJOR PROBLEMS
792	122870	0.787	0.5766	1.36494	PREMATURITY W/O MAJOR PROBLEMS
793	109562	1.0472	0.8542	1.22606	FULL TERM NEONATE W MAJOR PROBLEMS
794	444247	0.2158	0.1741	1.23991	NEONATE W OTHER SIGNIFICANT PROBLEMS
795	1768705	0.1234	0.0965	1.27858	NORMAL NEWBORN
799	1094796	1.6514	1.7114	0.96491	SPLENECTOMY W MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
800	1094796	1.6514	1.7114	0.96491	SPLENECTOMY W CC
801	1094796	1.6514	1.7114	0.96491	SPLENECTOMY W/O CC/MCC
802	1094796	1.6514	1.7114	0.96491	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC
803	1094796	1.6514	1.7114	0.96491	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC
804	1094796	1.6514	1.7114	0.96491	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC
808	15004	1.8455	1.9736	0.93511	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC
809	30857	1.0107	1.0666	0.94764	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC
810	6723	0.7136	0.7685	0.92858	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC
811	45445	0.9636	1.0091	0.95489	RED BLOOD CELL DISORDERS W MCC
812	158146	0.5781	0.6003	0.96303	RED BLOOD CELL DISORDERS W/O MCC
813	22440	1.1112	1.2585	0.88289	COAGULATION DISORDERS
814	1094796	1.6514	1.7114	0.96491	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC
815	1094796	1.6514	1.7114	0.96491	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC
816	8599	0.4984	0.5154	0.96704	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC
820	1094796	1.6514	1.7114	0.96491	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC
821	1094796	1.6514	1.7114	0.96491	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC
822	4269	1.0521	1.0923	0.96315	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC
823	1094796	1.6514	1.7114	0.96491	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC
824	1094796	1.6514	1.7114	0.96491	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
825	1094796	1.6514	1.7114	0.96491	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC
826	1094796	1.6514	1.7114	0.96491	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC
827	1094796	1.6514	1.7114	0.96491	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC
828	1094796	1.6514	1.7114	0.96491	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC
829	1094796	1.6514	1.7114	0.96491	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC
830	1094796	1.6514	1.7114	0.96491	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC
834	7745	4.857	5.3626	0.90571	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC
835	5647	2.7821	3.0321	0.91758	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC
836	3878	1.3592	1.4973	0.90771	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
					CC/MCC
837	4064	4.768	5.2774	0.90348	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC
838	6528	2.5033	2.765	0.90535	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT
839	10049	1.007	1.0628	0.94748	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC
840	13066	2.1791	2.3757	0.91724	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC
841	12204	1.2526	1.3751	0.91098	LYMPHOMA & NON-ACUTE LEUKEMIA W CC
842	6923	0.8478	0.9499	0.89257	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC
843	1094796	1.6514	1.7114	0.96491	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC
844	1094796	1.6514	1.7114	0.96491	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC
845	1094796	1.6514	1.7114	0.96491	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC
846	7192	1.6739	1.8365	0.91149	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC
847	70416	0.8539	0.9526	0.89636	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC
848	5521	0.6585	0.7243	0.90916	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC
849	1094796	1.6514	1.7114	0.96491	RADIOTHERAPY
853	47167	3.9076	4.1189	0.94871	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC
854	8718	1.7733	1.839	0.96427	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC
855	1094796	1.6514	1.7114	0.96491	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC
856	10430	3.2841	3.3408	0.98303	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC
857	18486	1.4824	1.4467	1.02471	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC
858	1094796	1.6514	1.7114	0.96491	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC
862	19044	1.3633	1.4085	0.96795	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC
863	45952	0.7034	0.6883	1.02199	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC
864	48471	0.533	0.5592	0.95325	FEVER
865	1094796	1.6514	1.7114	0.96491	VIRAL ILLNESS W MCC
866	35262	0.4341	0.4477	0.96959	VIRAL ILLNESS W/O MCC
867	8952	1.9123	2.0335	0.94038	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC
868	1094796	1.6514	1.7114	0.96491	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC
869	1094796	1.6514	1.7114	0.96491	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC
870	30084	4.4206	4.6762	0.94533	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
871	292743	1.3854	1.4258	0.9717	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC
872	96235	0.8075	0.8231	0.98104	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC
876	1094796	1.6514	1.7114	0.96491	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS
880	27349	0.5536	0.5154	1.07413	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION
881	86997	0.5386	0.406	1.32663	DEPRESSIVE NEUROSES
882	30260	0.5792	0.4309	1.34426	NEUROSES EXCEPT DEPRESSIVE
883	9207	1.0708	0.8268	1.29514	DISORDERS OF PERSONALITY & IMPULSE CONTROL
884	36818	1.0963	0.8195	1.33784	ORGANIC DISTURBANCES & MENTAL RETARDATION
885	799295	0.8578	0.6299	1.3619	PSYCHOSES
886	19031	0.9205	0.7052	1.30539	BEHAVIORAL & DEVELOPMENTAL DISORDERS
887	2486	0.988	0.8136	1.21435	OTHER MENTAL DISORDER DIAGNOSES
894	33964	0.2772	0.2741	1.01123	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA
895	29629	0.8992	0.7252	1.23984	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY
896	21629	1.0661	1.0485	1.0168	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC
897	229884	0.4486	0.4003	1.12047	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC
901	1094796	1.6514	1.7114	0.96491	WOUND DEBRIDEMENTS FOR INJURIES W MCC
902	1094796	1.6514	1.7114	0.96491	WOUND DEBRIDEMENTS FOR INJURIES W CC
903	1094796	1.6514	1.7114	0.96491	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC
904	1094796	1.6514	1.7114	0.96491	SKIN GRAFTS FOR INJURIES W CC/MCC
905	1094796	1.6514	1.7114	0.96491	SKIN GRAFTS FOR INJURIES W/O CC/MCC
906	3932	0.9004	0.9108	0.98858	HAND PROCEDURES FOR INJURIES
907	13074	2.9503	3.0761	0.95911	OTHER O.R. PROCEDURES FOR INJURIES W MCC
908	17608	1.418	1.4468	0.98007	OTHER O.R. PROCEDURES FOR INJURIES W CC
909	15901	0.8735	0.9022	0.96822	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC
913	1094796	1.6514	1.7114	0.96491	TRAUMATIC INJURY W MCC
914	14052	0.4985	0.5533	0.90104	TRAUMATIC INJURY W/O MCC
915	1094796	1.6514	1.7114	0.96491	ALLERGIC REACTIONS W MCC
916	13289	0.3538	0.3433	1.0303	ALLERGIC REACTIONS W/O MCC
917	54553	1.0695	1.1087	0.96458	POISONING & TOXIC EFFECTS OF DRUGS W MCC
918	126648	0.4434	0.4467	0.9927	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC
919	16023	1.3351	1.3804	0.96718	COMPLICATIONS OF TREATMENT W MCC
920	23731	0.7709	0.7779	0.99112	COMPLICATIONS OF TREATMENT W CC
921	17145	0.4731	0.4732	0.99979	COMPLICATIONS OF TREATMENT W/O CC/MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
922	1094796	1.6514	1.7114	0.96491	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC
923	8413	0.4867	0.5167	0.94182	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC
927	1094796	1.6514	1.7114	0.96491	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT
928	2138	3.239	3.1147	1.0399	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC
929	2104	1.5179	1.4254	1.06487	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC
933	1094796	1.6514	1.7114	0.96491	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT
934	1094796	1.6514	1.7114	0.96491	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ
935	11551	0.8105	0.7641	1.06079	NON-EXTENSIVE BURNS
939	1094796	1.6514	1.7114	0.96491	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC
940	4960	1.912	1.8481	1.03454	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC
941	5360	1.0395	1.0499	0.9901	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC
945	246959	1.7298	1.4967	1.1557	REHABILITATION W CC/MCC
946	71756	1.2007	0.9955	1.20614	REHABILITATION W/O CC/MCC
947	19644	0.8801	0.9114	0.96564	SIGNS & SYMPTOMS W MCC
948	82412	0.5468	0.5654	0.96699	SIGNS & SYMPTOMS W/O MCC
949	5326	1.4137	1.3843	1.02118	AFTERCARE W CC/MCC
950	1094796	1.6514	1.7114	0.96491	AFTERCARE W/O CC/MCC
951	15071	0.4556	0.4258	1.06979	OTHER FACTORS INFLUENCING HEALTH STATUS
955	1094796	1.6514	1.7114	0.96491	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
956	5735	3.5867	3.7701	0.95134	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA
957	5182	5.3335	5.748	0.92789	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC
958	5232	3.0906	3.2874	0.94015	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC
959	1094796	1.6514	1.7114	0.96491	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC
963	3103	2.3622	2.5845	0.91399	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC
964	6229	1.1908	1.2977	0.91757	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC
965	3701	0.8005	0.9125	0.87733	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC
969	1094796	1.6514	1.7114	0.96491	HIV W EXTENSIVE O.R. PROCEDURE W MCC
970	1094796	1.6514	1.7114	0.96491	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC
974	15943	2.1699	2.3311	0.93083	HIV W MAJOR RELATED CONDITION W MCC
975	12696	1.1031	1.1819	0.93332	HIV W MAJOR RELATED CONDITION W CC
976	6720	0.7513	0.8179	0.9186	HIV W MAJOR RELATED CONDITION W/O CC/MCC

DRG	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DRG Label
977	9570	0.844	0.9125	0.92495	HIV W OR W/O OTHER RELATED CONDITION
981	31487	3.7693	3.9135	0.96314	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
982	23624	2.0343	2.0993	0.96902	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC
983	14734	1.1714	1.2348	0.94869	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC
984	1094796	1.6514	1.7114	0.96491	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
985	1094796	1.6514	1.7114	0.96491	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC
986	1094796	1.6514	1.7114	0.96491	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC
987	11216	2.6327	2.6966	0.9763	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC
988	14210	1.355	1.3937	0.97221	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC
989	9221	0.8116	0.8417	0.96421	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC
998	1094796	1.6514	1.7114	0.96491	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS
999	1094796	1.6514	1.7114	0.96491	UNGROUPABLE

Appendix C: Cost Adjustment Factors for Principal CCS Categories

DXCCS1	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DXCCS1 Label
1	84445	1.18135	1.19507	0.98852	Tuberculosis
2	495858	1.87167	1.94537	0.96212	Septicemia (except in labor)
3	5628	1.31801	1.33808	0.985	Bacterial infection; unspecified site
4	16757	1.80741	1.9113	0.94565	Mycoses
5	35956	1.63382	1.7572	0.92979	HIV infection
6	25342	1.18234	1.28063	0.92325	Hepatitis
7	51226	0.60318	0.62447	0.96591	Viral infection
8	13561	0.98239	1.03208	0.95186	Other infections; including parasitic
9	84445	1.18135	1.19507	0.98852	Sexually transmitted infections (not HIV or hepatitis)
10	84445	1.18135	1.19507	0.98852	Immunizations and screening for infectious disease
11	19958	2.01733	2.06312	0.9778	Cancer of head and neck
12	8144	2.2179	2.2945	0.96662	Cancer of esophagus
13	14557	2.30069	2.36489	0.97285	Cancer of stomach
14	62402	1.92761	1.97114	0.97792	Cancer of colon
15	26827	1.93955	1.96693	0.98608	Cancer of rectum and anus
16	13648	1.61808	1.74411	0.92774	Cancer of liver and intrahepatic bile duct
17	22790	1.79028	1.86466	0.96011	Cancer of pancreas
18	12995	2.1127	2.1937	0.96307	Cancer of other GI organs; peritoneum
19	93535	1.63286	1.69467	0.96352	Cancer of bronchus; lung
20	84445	1.18135	1.19507	0.98852	Cancer; other respiratory and intrathoracic
21	9653	2.1013	2.17567	0.96582	Cancer of bone and connective tissue
22	84445	1.18135	1.19507	0.98852	Melanomas of skin
23	4021	1.42096	1.46236	0.97169	Other non-epithelial cancer of skin
24	58411	1.02506	1.09976	0.93208	Cancer of breast
25	25143	1.17173	1.22077	0.95983	Cancer of uterus
26	12350	0.96365	1.03646	0.92975	Cancer of cervix
27	15921	1.5454	1.61217	0.95859	Cancer of ovary
28	4131	1.16409	1.21149	0.96088	Cancer of other female genital organs
29	60309	1.07459	1.13293	0.9485	Cancer of prostate
30	84445	1.18135	1.19507	0.98852	Cancer of testis
31	84445	1.18135	1.19507	0.98852	Cancer of other male genital organs
32	23206	1.5452	1.57254	0.98261	Cancer of bladder
33	30078	1.50208	1.53058	0.98138	Cancer of kidney and renal pelvis
34	84445	1.18135	1.19507	0.98852	Cancer of other urinary organs
35	22940	2.10504	2.24674	0.93693	Cancer of brain and nervous system
36	17606	0.77861	0.81212	0.95874	Cancer of thyroid

DXCCS1	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DXCCS1 Label
37	84445	1.18135	1.19507	0.98852	Hodgkin`s disease
38	26109	2.46337	2.66626	0.9239	Non-Hodgkin`s lymphoma
39	26853	3.89789	4.25288	0.91653	Leukemias
40	11353	2.58738	2.71857	0.95174	Multiple myeloma
41	4496	2.18345	2.31637	0.94262	Cancer; other and unspecified primary
42	141831	1.48567	1.56413	0.94984	Secondary malignancies
43	84445	1.18135	1.19507	0.98852	Malignant neoplasm without specification of site
44	30659	1.42852	1.5136	0.94379	Neoplasms of unspecified nature or uncertain behavior
45	108722	1.23137	1.35879	0.90623	Maintenance chemotherapy; radiotherapy
46	112890	0.73898	0.7662	0.96448	Benign neoplasm of uterus
47	99604	1.38732	1.42113	0.97621	Other and unspecified benign neoplasm
48	29271	0.74777	0.76243	0.98076	Thyroid disorders
49	14924	0.43192	0.42636	1.01305	Diabetes mellitus without complication
50	318887	0.92535	0.94509	0.97912	Diabetes mellitus with complications
51	34254	0.88597	0.89777	0.98685	Other endocrine disorders
52	84445	1.18135	1.19507	0.98852	Nutritional deficiencies
53	84445	1.18135	1.19507	0.98852	Disorders of lipid metabolism
54	11417	0.63326	0.63003	1.00512	Gout and other crystal arthropathies
55	313579	0.57003	0.57576	0.99006	Fluid and electrolyte disorders
56	7582	2.31261	2.34703	0.98534	Cystic fibrosis
57	84445	1.18135	1.19507	0.98852	Immunity disorders
58	117507	1.13653	1.18519	0.95894	Other nutritional; endocrine; and metabolic disorders
59	140967	0.71938	0.77333	0.93024	Deficiency and other anemia
60	16451	0.73613	0.7745	0.95047	Acute posthemorrhagic anemia
61	58437	0.78967	0.77647	1.01699	Sickle cell anemia
62	25589	1.25099	1.40221	0.89216	Coagulation and hemorrhagic disorders
63	44755	1.13949	1.20977	0.94191	Diseases of white blood cells
64	84445	1.18135	1.19507	0.98852	Other hematologic conditions
76	25227	0.94368	0.98962	0.95358	Meningitis (except that caused by tuberculosis or sexually transmitted disease)
77	6165	2.20629	2.37996	0.92703	Encephalitis (except that caused by tuberculosis or sexually transmitted disease)
78	5721	2.95608	3.12704	0.94533	Other CNS infection and poliomyelitis
79	9040	0.98654	0.99161	0.99489	Parkinson`s disease
80	15084	0.78031	0.82356	0.94749	Multiple sclerosis
81	29286	1.22416	1.23402	0.99201	Other hereditary and degenerative nervous system conditions
82	5414	1.71631	1.79136	0.95811	Paralysis
83	182478	0.7101	0.76464	0.92868	Epilepsy; convulsions
84	50729	0.52546	0.5825	0.90209	Headache; including migraine

DXCCS1	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DXCCS1 Label
85	12097	1.12793	1.17365	0.96105	Coma; stupor; and brain damage
86	84445	1.18135	1.19507	0.98852	Cataract
87	84445	1.18135	1.19507	0.98852	Retinal detachments; defects; vascular occlusion; and retinopathy
88	84445	1.18135	1.19507	0.98852	Glaucoma
89	84445	1.18135	1.19507	0.98852	Blindness and vision defects
90	12260	0.59418	0.60448	0.98295	Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease)
91	4603	0.68304	0.736	0.92804	Other eye disorders
92	8669	0.55242	0.55253	0.9998	Otitis media and related conditions
93	49059	0.46924	0.52347	0.89641	Conditions associated with dizziness or vertigo
94	5684	0.72089	0.7504	0.96068	Other ear and sense organ disorders
95	154666	1.0217	1.06932	0.95547	Other nervous system disorders
96	67243	3.75573	3.89982	0.96305	Heart valve disorders
97	48498	1.96752	2.06026	0.95499	Peri-; endo-; and myocarditis; cardiomyopathy (except that caused by tuberculosis or sexually)
98	49767	0.50042	0.54237	0.92266	Essential hypertension
99	144871	1.10436	1.14711	0.96273	Hypertension with complications and secondary hypertension
100	383218	1.84292	1.99726	0.92272	Acute myocardial infarction
101	500683	1.6368	1.77262	0.92338	Coronary atherosclerosis and other heart disease
102	413607	0.46789	0.54156	0.86398	Nonspecific chest pain
103	112607	1.14869	1.1731	0.97919	Pulmonary heart disease
104	84445	1.18135	1.19507	0.98852	Other and ill-defined heart disease
105	43003	1.69565	1.7708	0.95756	Conduction disorders
106	499636	0.99288	1.03033	0.96364	Cardiac dysrhythmias
107	10858	2.17753	2.32307	0.93735	Cardiac arrest and ventricular fibrillation
108	621734	1.13534	1.14219	0.994	Congestive heart failure; nonhypertensive
109	346852	1.38665	1.46496	0.94654	Acute cerebrovascular disease
110	83576	0.96651	1.01601	0.95128	Occlusion or stenosis of precerebral arteries
111	19335	1.73934	1.87156	0.92935	Other and ill-defined cerebrovascular disease
112	115768	0.56098	0.63826	0.87893	Transient cerebral ischemia
113	12113	1.01232	0.99593	1.01646	Late effects of cerebrovascular disease
114	118887	1.52023	1.60999	0.94425	Peripheral and visceral atherosclerosis
115	55041	2.94945	3.1236	0.94425	Aortic; peripheral; and visceral artery aneurysms
116	19688	1.94817	2.04292	0.95362	Aortic and peripheral arterial embolism or thrombosis
117	88494	0.83727	0.87708	0.95461	Other circulatory disease
118	108868	0.85939	0.85815	1.00145	Phlebitis; thrombophlebitis and thromboembolism
119	84445	1.18135	1.19507	0.98852	Varicose veins of lower extremity
120	20513	0.62432	0.64549	0.96721	Hemorrhoids
121	17000	1.09942	1.10316	0.99661	Other diseases of veins and lymphatics

DXCCS1	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DXCCS1 Label
122	697404	0.97407	0.99171	0.98221	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)
123	52971	0.80618	0.80904	0.99647	Influenza
124	19089	0.41551	0.41897	0.99174	Acute and chronic tonsillitis
125	113121	0.51785	0.4882	1.06073	Acute bronchitis
126	50088	0.47434	0.48121	0.98573	Other upper respiratory infections
127	438225	0.82235	0.82364	0.99843	Chronic obstructive pulmonary disease and bronchiectasis
128	274788	0.59282	0.58282	1.01716	Asthma
129	117392	1.40161	1.3995	1.00151	Aspiration pneumonitis; food/vomitus
130	75035	1.3466	1.35846	0.99127	Pleurisy; pneumothorax; pulmonary collapse
131	228351	2.27486	2.31672	0.98193	Respiratory failure; insufficiency; arrest (adult)
132	84445	1.18135	1.19507	0.98852	Lung disease due to external agents
133	89350	0.94978	0.99499	0.95457	Other lower respiratory disease
134	28476	0.86121	0.85845	1.00321	Other upper respiratory disease
135	145949	0.78486	0.79638	0.98553	Intestinal infection
136	16407	0.87499	0.89298	0.97985	Disorders of teeth and jaw
137	13588	0.74761	0.75533	0.98978	Diseases of mouth; excluding dental
138	91263	0.77048	0.80862	0.95283	Esophageal disorders
139	27436	1.29062	1.37651	0.9376	Gastroduodenal ulcer (except hemorrhage)
140	66379	0.67884	0.73658	0.92162	Gastritis and duodenitis
141	46195	0.97742	1.00398	0.97355	Other disorders of stomach and duodenum
142	181471	0.84575	0.93802	0.90163	Appendicitis and other appendiceal conditions
143	120299	1.26011	1.29061	0.97637	Abdominal hernia
144	63882	1.03406	1.07111	0.96541	Regional enteritis and ulcerative colitis
145	214286	1.12396	1.16649	0.96353	Intestinal obstruction without hernia
146	195791	0.99434	1.03851	0.95747	Diverticulosis and diverticulitis
147	31589	0.86404	0.87016	0.99297	Anal and rectal conditions
148	17985	1.52584	1.62014	0.94179	Peritonitis and intestinal abscess
149	290806	1.0315	1.12361	0.91802	Biliary tract disease
151	72344	1.27626	1.35955	0.93874	Other liver diseases
152	185480	0.99933	1.07506	0.92956	Pancreatic disorders (not diabetes)
153	220862	0.90719	0.94433	0.96067	Gastrointestinal hemorrhage
154	91001	0.52086	0.56922	0.91504	Noninfectious gastroenteritis
155	132860	1.12348	1.14632	0.98007	Other gastrointestinal disorders
156	5494	1.05595	1.09831	0.96143	Nephritis; nephrosis; renal sclerosis
157	244730	1.06207	1.07073	0.99192	Acute and unspecified renal failure
158	14912	1.33524	1.42112	0.93957	Chronic renal failure
159	358762	0.65954	0.67011	0.98424	Urinary tract infections

DXCCS1	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DXCCS1 Label
160	101521	0.67059	0.73182	0.91633	Calculus of urinary tract
161	28349	0.9839	1.02146	0.96323	Other diseases of kidney and ureters
162	15818	1.15028	1.16265	0.98936	Other diseases of bladder and urethra
163	22275	0.67498	0.69841	0.96645	Genitourinary symptoms and ill-defined conditions
164	37346	0.64686	0.64641	1.00069	Hyperplasia of prostate
165	16602	0.67295	0.68046	0.98898	Inflammatory conditions of male genital organs
166	8024	0.9982	0.99204	1.00621	Other male genital disorders
167	14136	0.74643	0.7415	1.00664	Nonmalignant breast conditions
168	26655	0.72798	0.77713	0.93675	Inflammatory diseases of female pelvic organs
169	26602	0.75913	0.80116	0.94754	Endometriosis
170	73655	0.76547	0.81053	0.94441	Prolapse of female genital organs
171	66800	0.68323	0.73877	0.92483	Menstrual disorders
172	26420	0.67947	0.7342	0.92545	Ovarian cyst
173	84445	1.18135	1.19507	0.98852	Menopausal disorders
174	84445	1.18135	1.19507	0.98852	Female infertility
175	43355	0.77862	0.8229	0.94619	Other female genital disorders
176	84445	1.18135	1.19507	0.98852	Contraceptive and procreative management
177	8462	0.40849	0.42137	0.96944	Spontaneous abortion
178	84445	1.18135	1.19507	0.98852	Induced abortion
179	84445	1.18135	1.19507	0.98852	Postabortion complications
180	14473	0.61201	0.65784	0.93033	Ectopic pregnancy
181	327741	0.47408	0.39314	1.20587	Other complications of pregnancy
182	31617	0.72012	0.59158	1.21729	Hemorrhage during pregnancy; abruptio placenta; placenta previa
183	148541	0.68439	0.56284	1.21595	Hypertension complicating pregnancy; childbirth and the puerperium
184	121494	0.56368	0.43673	1.29067	Early or threatened labor
185	153185	0.49116	0.3787	1.29699	Prolonged pregnancy
186	56325	0.50201	0.39791	1.26161	Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium
187	97419	0.62031	0.51764	1.19834	Malposition; malpresentation
188	49229	0.61692	0.50319	1.22601	Fetopelvic disproportion; obstruction
189	329165	0.54948	0.47015	1.16874	Previous C-section
190	129885	0.61105	0.49918	1.22411	Fetal distress and abnormal forces of labor
191	116136	0.62165	0.48254	1.28828	Polyhydramnios and other problems of amniotic cavity
192	115729	0.43552	0.3127	1.39276	Umbilical cord complication
193	474802	0.43438	0.31352	1.38551	OB-related trauma to perineum and vulva
194	12251	0.46852	0.33854	1.38394	Forceps delivery
195	424936	0.56089	0.45214	1.24052	Other complications of birth; puerperium affecting management of mother
196	154318	0.42107	0.30722	1.37057	Normal pregnancy and/or delivery

DXCCS1	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DXCCS1 Label
197	388024	0.67801	0.65996	1.02734	Skin and subcutaneous tissue infections
198	7487	1.08525	1.09736	0.98896	Other inflammatory condition of skin
199	40291	1.55206	1.50232	1.03311	Chronic ulcer of skin
200	8809	0.88126	0.87165	1.01102	Other skin disorders
201	51157	1.59907	1.607	0.99507	Infective arthritis and osteomyelitis (except that caused by tuberculosis or sexually transmit
202	10110	1.13789	1.19248	0.95422	Rheumatoid arthritis and related disease
203	573851	1.55313	1.64771	0.9426	Osteoarthritis
204	28972	0.89781	0.93802	0.95713	Other non-traumatic joint disorders
205	415953	1.54439	1.62958	0.94772	Spondylosis; intervertebral disc disorders; other back problems
206	84445	1.18135	1.19507	0.98852	Osteoporosis
207	43421	1.40691	1.46567	0.95991	Pathological fracture
208	4444	1.07423	1.10544	0.97177	Acquired foot deformities
209	35429	2.66585	2.83139	0.94154	Other acquired deformities
210	12968	1.37387	1.46429	0.93825	Systemic lupus erythematosus and connective tissue disorders
211	91861	0.8921	0.92155	0.96804	Other connective tissue disease
212	57098	1.77462	1.88115	0.94337	Other bone disease and musculoskeletal deformities
213	28925	3.99127	4.28577	0.93128	Cardiac and circulatory congenital anomalies
214	13933	1.91895	1.73016	1.10912	Digestive congenital anomalies
215	7334	1.36687	1.37028	0.99751	Genitourinary congenital anomalies
216	5482	2.03831	1.95227	1.04407	Nervous system congenital anomalies
217	31235	2.24269	2.25063	0.99647	Other congenital anomalies
218	2504764	0.38899	0.30387	1.28012	Liveborn
219	11737	5.92138	5.00786	1.18242	Short gestation; low birth weight; and fetal growth retardation
220	84445	1.18135	1.19507	0.98852	Intrauterine hypoxia and birth asphyxia
221	5738	7.38576	5.78316	1.27711	Respiratory distress syndrome
222	23953	0.26472	0.19983	1.32478	Hemolytic jaundice and perinatal jaundice
223	84445	1.18135	1.19507	0.98852	Birth trauma
224	45716	2.00936	1.64419	1.2221	Other perinatal conditions
225	20033	1.20715	1.26798	0.95202	Joint disorders and dislocations; trauma-related
226	191861	1.52203	1.57826	0.96437	Fracture of neck of femur (hip)
227	8730	4.65576	4.89809	0.95053	Spinal cord injury
228	34456	1.07691	1.1624	0.92646	Skull and face fractures
229	92612	1.07253	1.13691	0.94337	Fracture of upper limb
230	161331	1.36689	1.43443	0.95291	Fracture of lower limb
231	134856	1.2386	1.30587	0.94849	Other fractures
232	22662	0.70328	0.73937	0.95118	Sprains and strains
233	126717	1.71109	1.82505	0.93756	Intracranial injury

DXCCS1	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DXCCS1 Label
234	62706	1.85481	1.98376	0.93499	Crushing injury or internal injury
235	21605	0.78894	0.86879	0.90809	Open wounds of head; neck; and trunk
236	26165	0.95767	0.9793	0.97791	Open wounds of extremities
237	418692	1.75378	1.82009	0.96357	Complication of device; implant or graft
238	319094	1.24389	1.25552	0.99074	Complications of surgical procedures or medical care
239	28408	0.60822	0.64252	0.94662	Superficial injury; contusion
240	22261	2.20551	2.19036	1.00692	Burns
241	54553	0.62108	0.61713	1.00641	Poisoning by psychotropic agents
242	90541	0.65841	0.67472	0.97582	Poisoning by other medications and drugs
243	12286	0.85603	0.93946	0.91119	Poisoning by nonmedicinal substances
244	61307	0.87841	0.93707	0.9374	Other injuries and conditions due to external causes
245	168903	0.54643	0.60581	0.90198	Syncope
246	47838	0.57383	0.60423	0.94969	Fever of unknown origin
247	11196	0.60438	0.62946	0.96016	Lymphadenitis
248	22704	2.16822	2.1933	0.98856	Gangrene
249	84445	1.18135	1.19507	0.98852	Shock
250	30043	0.5719	0.60279	0.94876	Nausea and vomiting
251	106366	0.54722	0.61794	0.88555	Abdominal pain
252	20192	0.64738	0.68311	0.9477	Malaise and fatigue
253	16961	0.51501	0.51021	1.0094	Allergic reactions
254	338002	1.63513	1.41034	1.15939	Rehabilitation care; fitting of prostheses; and adjustment of devices
255	84445	1.18135	1.19507	0.98852	Administrative/social admission
256	4753	0.29755	0.25666	1.15932	Medical examination/evaluation
257	15081	1.2269	1.19619	1.02567	Other aftercare
258	84445	1.18135	1.19507	0.98852	Other screening for suspected conditions (not mental disorders or infectious disease)
259	79239	0.72994	0.74729	0.97678	Residual codes; unclassified
650	29372	0.41883	0.31142	1.34489	Adjustment disorders
651	29006	0.64936	0.51893	1.25136	Anxiety disorders
652	14236	0.91924	0.70362	1.30645	Attention-deficit, conduct, and disruptive behavior disorders
653	80784	1.18648	0.84985	1.39609	Delirium, dementia, and amnestic and other cognitive disorders
654	84445	1.18135	1.19507	0.98852	Developmental disorders
655	3069	1.15222	0.91424	1.26031	Disorders usually diagnosed in infancy, childhood, or adolescence
656	8240	0.88701	0.68321	1.29831	Impulse control disorders, NEC
657	625216	0.74729	0.54258	1.37728	Mood disorders
658	84445	1.18135	1.19507	0.98852	Personality disorders
659	252380	1.04826	0.78923	1.32819	Schizophrenia and other psychotic disorders

DXCCS1	Discharges	Relative Cost Based on Cost Center CCR	Relative Cost Based on Hospital CCR	Cost Adjustment Factor	DXCCS1 Label
660	176948	0.58416	0.53253	1.09694	Alcohol-related disorders
661	173332	0.53375	0.48504	1.10041	Substance-related disorders
662	84445	1.18135	1.19507	0.98852	Suicide and intentional self-inflicted injury
663	46131	1.22048	1.29491	0.94252	Screening and history of mental health and substance abuse codes
670	29774	0.69186	0.58671	1.17922	Miscellaneous disorders

Appendix D: Errata

This report, The Methods Series Report #2011-04, [Tools for More Accurate Inpatient Cost Estimates with HCUP Databases, 2009](#), has an [error](#) in the appendix Table A1. Discharges with UB04 revenue codes 45x were incorrectly classified into the cost cluster OR (Operating Room). The correct cost cluster for UB04 revenue code 45x should have been OANC (All Other Ancillary).

The All Other Ancillary tends to have a higher CCR due to the relatively greater share of costs for labor. The Operating Room tends to have a lower CCR. In the Methods Series Report, Table 2 shows that the All Other Ancillary has a CCR of 0.54 while the Operating Room has a CCR of 0.41 in the 2009 data. Consequently, this incorrect classification caused the UB04 45x charges were assigned a lower CCR of 0.41 when they should actually be higher at 0.54. This affects 3% of the total 281 million discharges.

This will be corrected in the future Methods Series Report productions.

We apologize for any inconvenience this may cause your organization. If you have further questions, please contact User Support at hcup@ahrq.gov.

Sincerely,
The HCUP Methods Series Team