

Fee Schedule Guidelines

Long Term Care Hospital

WSI

North Dakota Workforce
Safety & Insurance

January 2023

Notice

The five character numeric codes included in the North Dakota Fee Schedule are obtained from Current Procedural Terminology (CPT®), copyright 2022 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The five character alphanumeric codes included in the North Dakota Fee Schedule are obtained from HCPCS Level II, copyright 2022 by Optum360, LLC. HCPCS Level II codes are maintained jointly by The Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association (BCBSA), and the Health Insurance Association of America (HIAA).

The responsibility for the content of the North Dakota Fee Schedule is with WSI and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in North Dakota Fee Schedules. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, and are not part of CPT, and the AMA does not recommend their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of North Dakota Fee Schedule should refer to the most current Current Procedural Terminology, which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply. CPT is a registered trademark of the American Medical Association.

The WSI Fee Schedule is not a guarantee of payment. The fact that WSI assigns a procedure or service a HCPCS code and a payment rate does not imply coverage by WSI but indicates the maximum allowable payment for approved services. Services represented are subject to provisions of WSI including: compensability, claim payment logic, applicable medical policy, benefit limitations and exclusions, bundling logic, and licensing scope of practice limitations.

Any changes made to Pricing Methodology are subject to the North Dakota Public Hearing process. WSI reserves the right to implement changes to the Payment Parameters, Billing Requirements, and Reimbursement Procedures as needed. WSI incorporates all applicable changes into the relevant Fee Schedule Guideline at the time of implementation, and communicates these changes in Medical Providers News, available on the WSI website at www.workforcesafety.com/news/medical-providers. WSI reviews and updates all Fee Schedule rates on an annual basis, with additional updates made on a quarterly basis when applicable.

For reference purposes, the sections of the North Dakota Administrative Code (N.D.A.C.) that regulate medical services are **92-01-02-27 through 92-01-02-46**. The complete N.D.A.C. is accessible on the North Dakota Legislative Council [website](http://www.legis.nd.gov/agency-rules/north-dakota-administrative-code): <http://www.legis.nd.gov/agency-rules/north-dakota-administrative-code>.

Table of Contents

Long Term Care Hospital Pricing Methodology	4
Long Term Care Hospital Payment Parameters	6
Long Term Care Hospital Billing Requirements	7
Long Term Care Hospital Reimbursement Procedures	9
Long Term Care Hospital Short Stay Outlier Threshold	10

North Dakota Workforce Safety & Insurance

Long Term Care Hospital Pricing Methodology

Long Term Care Hospital (LTCH) Pricing Methodology outlines the methods used by Workforce Safety and Insurance (WSI) to determine the final rates represented on the Long Term Care Hospital Fee Schedule. The Long Term Care Hospital Fee Schedule uses Medicare Severity Diagnosis Related Groups (MS- DRGs) and their respective payment amounts. In accordance with [North Dakota Administrative Code 92-01-02-29.2](#), any provider who renders treatment to a claimant under the jurisdiction of WSI is reimbursed according to the rates assigned in the Inpatient Hospital Fee Schedule. A provider may access the complete [Long Term Care Hospital Fee Schedule](#) and other resources referenced within this document by visiting the Medical Provider section of the WSI website: www.workforcesafety.com.

Calculation of the Reimbursement Rates

Inpatient Long Term Care Hospital Services

WSI reimburses inpatient LTCH services based on Diagnosis Related Groups (DRGs). WSI uses the following formula to calculate the LTCH WSI DRG Rate:

$$\text{Base Rate} \quad \times \quad \text{Medicare's MS-DRG Weights} \quad = \quad \text{WSI LTCH DRG Reimbursement Rate}$$

For 2023, The Base Rate for the LTCH DRG payments is \$242,450.00.

If necessary, WSI adjusts the WSI base rate to account for aggregate weight changes. WSI does not adjust this formula for wage index factors, the LTCH Quality Reporting Program or other special Medicare programs.

High Cost Outlier Calculations

WSI uses the following formula for calculating the reimbursement rate for bills that reach the high cost outlier threshold:

$$\text{LTCH DRG Amount} \quad + \quad [(\text{Billed Charges} - (\text{DRG Amount} + \text{Threshold})) \times .80] \quad = \quad \text{Reimbursement Rate}$$

For 2023, the high cost outlier threshold is \$140,000.00.

WSI sets the outlier target for each year at an amount equal to 10% of the estimated LTCH DRG payments plus the anticipated outlier payments. Estimated DRG payments are based on claims paid between January 1 and September 30th of the current year. WSI multiplies the following year's conversion factor by the following year's weights to arrive at estimated DRG payments. WSI rounds the outlier threshold to the nearest \$500.

Short-Stay Outlier Calculations

WSI incorporates a short-stay outlier calculation in the LTCH Fee Schedule. The short-stay outlier calculations are used when the actual length of stay is less than or equal to 5/6 of the Average Length of Stay (ALOS) for the MS-LTCH-DRG assigned to the case.

WSI uses the following formula for calculating the reimbursement rate for bills that are subject to the short-stay outlier calculations:

$$[(\text{LTCH DRG Amount} / \text{ALOS}) \times \text{Actual LOS}] \quad \times \quad 1.2 \quad = \quad \text{Reimbursement Rate}$$

Annual Updates

WSI updates the LTCH Fee Schedule base rate each year based on the LTCH Market Basket increase published by Medicare in the LTCH Prospective Payment System final rule. WSI makes appropriate adjustments for DRG weight changes when necessary.

Limitations of the Inpatient Hospital Fee Schedule

The payment rates listed on the Inpatient Hospital Fee Schedule indicate the maximum allowable payment for approved services only. The fact that a procedure or service is assigned a HCPCS code and a payment rate does not imply coverage by WSI but indicates the maximum allowable payment for approved services. The final payment rate may be impacted by the payment parameters and billing requirements enforced by WSI. A hospital is encouraged to carefully review WSI's Payment Parameters, Billing Requirements, and Reimbursement Procedures to avoid unnecessary delays and denials of payment.

North Dakota Workforce Safety & Insurance

Long Term Care Hospital Payment Parameters

Long Term Care Hospital (LTCH) Payment Parameters outline the rules for payment adopted by WSI. While WSI has adopted many of Medicare's rules for payment, WSI has developed a set of unique rules that are applied to the final payment of approved services. The complete payment parameters enforced by WSI are as follows:

Advanced Beneficiary Notice (ABN) – A provider may utilize the ABN form to notify an injured employee of the costs associated with a recommended procedure that is: statutorily excluded from coverage, statutorily limited in quantity, deemed by WSI as not medically necessary to treat the work injury. To identify a charge accompanied with a signed ABN, a provider should append modifier GA to each applicable bill line. A provider should then submit the signed ABN along with the bill and medical documentation to WSI.

Authorization – All LTCH admissions must be prior authorized. A LTCH must submit the request for prior authorization at least 24 hours prior to the proposed admission or surgery.

End of Year Admission Reimbursement – For hospital admissions beginning in one year and spanning into the next year (e.g., 12/30/19 – 1/02/20), WSI issues reimbursement based on the fee schedule rate in effect at the date of admission.

Prospective Payments – WSI pays long term care hospital services at the rate indicated on the WSI Long Term Care Hospital Fee Schedule, regardless of the billed amount, except for codes assigned a status indicator of 'Z'. For codes assigned a status indicator of 'Z', WSI pays the "lesser of" the billed charge or the Fee Schedule amount.

North Dakota Workforce Safety & Insurance

Long Term Care Hospital Billing Requirements

Long Term Care Hospital (LTCH) Billing Requirements outline the rules for billing adopted by WSI. WSI returns or denies inappropriately submitted bills. WSI notifies a provider of inappropriately submitted bills via a return letter or remittance advice. A provider must correct any returned bills prior to resubmission.

Bill Form – A LTCH must submit a medical bill for an inpatient stay on a standard UB-04 form or via EDI.

Bill Form Submission – WSI offers the following options for bill submission:

Electronic Billing – A provider submitting more than 50 bills per year to WSI must send charges electronically through Carisk Intelligent Clearinghouse. This option allows for the electronic submission of professional (837p) and institutional (837i) charges along with supporting medical documentation. Contact Carisk at 888-238-4792 for additional information.

Paper Billing – A provider submitting less than 50 bills per year to WSI may send charges in red and white paper format with supporting medical documentation at the following address:

Workforce Safety & Insurance
PO Box 5585
Bismarck, ND 58506

Coding – A LTCH is required to bill using only current and appropriate CPT, HCPCS Level II, and MS-DRG codes for inpatient hospital and LTCH services.

Device Replacements – A LTCH must report a manufacturer's device replacement credit with Value Code FD when the credit is 50% of the cost or more.

Interrupted Stay Calculations – WSI incorporates the Medicare LTCH Interrupted Stay Calculations. When a patient discharge and subsequent re-admission meets the interrupted stay criteria, a LTCH must combine both stays into a single bill and submit as a single stay. The interrupted stay criteria are:

- All interruptions of 3 days or less
- Interruptions of 4-9 consecutive days – patient admitted to an inpatient acute care hospital
- Interruptions of 4-27 consecutive days – patient admitted to an Inpatient Rehab Facility
- Interruptions of 4-45 consecutive days – patient admitted to a SNF/Swing Bed facility

Interruptions that exceed the above criteria are billable and payable as separate stays.

Medical Documentation – A LTCH must submit medical documentation to support all billed charges. WSI's [Documentation Policies](#) are available for detailed information on documentation requirements.

Medical Necessity- A LTCH is required to bill using the same medical necessity guidelines used for Medicare.

National Provider Identification (NPI) – WSI requires entities who are eligible for NPI to be registered with National Plan & Provider Enumeration System. When applicable, WSI requires LTCHs to include the NPI at both the rendering provider and billing provider levels.

Timely Filing – A LTCH must submit bills to WSI within 365 days of the date of discharge.

North Dakota Workforce Safety & Insurance

Long Term Care Hospital Reimbursement Procedures

Long Term Care Hospital (LTCH) Reimbursement Procedures outline how WSI communicates bill processing information and issues payment to a LTCH. In addition, it outlines the WSI's requirements for reimbursement. A LTCH is encouraged to follow WSI Reimbursement Procedures to prevent delays in the payment processing of medical charges submitted to WSI.

Provider Registration – Prior to reimbursement for treatment, a provider is required to register the applicable Billing NPIs with WSI by completing the [Medical Provider Payee Registration](#) form. For additional information, visit the [Provider Registration](#) section of WSI's website.

Payment Address – WSI issues payment to the Pay-to Address registered on the [Medical Provider Payee Registration](#) form, regardless of the address submitted on the bill form. To update a payment address, a provider must resubmit the registration form for each applicable Billing NPI.

Remittance Advice – WSI issues remittance advices for processed medical bills each Friday. The remittance advice includes important information about a medical charge, including: patient name, date of service, procedure billed, billed amount, paid amount, and remittance advice reason codes. A provider should refer to the [How to Read the WSI Remittance Advice](#) document for assistance with interpretation of the remittance advice. This reference includes a sample remittance advice, along with definitions for significant fields within the remittance advice. Contact customer service at 1-800-777-5033 with questions or to obtain a duplicate remittance advice.

Reason Codes – The [WSI Remittance Advice Reason Codes](#) document provides a comprehensive listing and description of the reason codes utilized by WSI. Each reason code identifies a cause for the adjudication of a medical charge and specifies whether a provider may bill a patient. When a reason code specifies a provider may bill a patient, WSI sends a "Notice of Non-Payment" letter to the patient informing them of their responsibility for the charge. In accordance with [North Dakota Administrative Code 92-01-02-45.1](#), if a reason code does not state that a provider may bill a patient, the provider cannot bill the charge for the reduced or denied service to the patient, the employer, or another insurer.

Bill Status Inquiries – Bill status information is available 24/7 via myWSI. The Provider Bill Status application permits a registered user to view bill receipt status and processing details as well as export results. For access, a practice must submit a [myWSI Portal Registration \(M14\) form](#) for each group/billing NPI. With the availability of this resource, a provider or their TPA will not need to contact WSI via phone or email to inquire on the status of a billed charge.

Overpayments – When an overpayment occurs on a medical bill, WSI will notify the LTCH of the overpayment in a letter. WSI allows 30 days from the date of the letter for a LTCH to issue the requested refund. If a LTCH does not issue the refund within 30 days of the date of the letter, WSI will withhold the overpayment from future payments.

Medical Services Disputes – [North Dakota Administrative Code 92-01-02-46](#) provides the procedures followed for managed care disputes. A LTCH who wishes to dispute a denial or reduction of a service charge must submit the [Medical Bill Appeal \(M6\)](#) form, along with supporting documentation, within 30 days of the remittance advice issue date. WSI will not address a LTCH dispute submitted without the M6 form.

North Dakota Workforce Safety & Insurance
Long Term Care Hospital Short Stay Outlier Threshold

DRG	DRG Description	ALOS	Short Stay Threshold
001	Heart transplant or implant of heart assist system with MCC	0.0	0.0
002	Heart transplant or implant of heart assist system without MCC	0.0	0.0
003	ECMO or tracheostomy with MV >96 hours or principal diagnosis except face, mouth and neck with major O.R. procedures	57.5	47.9
004	Tracheostomy with MV >96 hours or principal diagnosis except face, mouth and neck without major O.R. procedures	45.5	37.9
005	Liver transplant with MCC or intestinal transplant	0.0	0.0
006	Liver transplant without MCC	0.0	0.0
007	Lung transplant	0.0	0.0
008	Simultaneous pancreas and kidney transplant	0.0	0.0
010	Pancreas transplant	0.0	0.0
011	Tracheostomy for face, mouth and neck diagnoses or laryngectomy with MCC	31.9	26.6
012	Tracheostomy for face, mouth and neck diagnoses or laryngectomy with CC	21.1	17.6
013	Tracheostomy for face, mouth and neck diagnoses or laryngectomy without CC/MCC	19.3	16.1
014	Allogeneic bone marrow transplant	19.3	16.1
016	Autologous bone marrow transplant with CC/MCC	19.3	16.1
017	Autologous bone marrow transplant without CC/MCC	19.3	16.1
018	Chimeric antigen receptor (CAR) T-cell and other immunotherapies	19.3	16.1
019	Simultaneous pancreas and kidney transplant with hemodialysis	0.0	0.0
020	Intracranial vascular procedures with principal diagnosis hemorrhage with MCC	22.9	19.1
021	Intracranial vascular procedures with principal diagnosis hemorrhage with CC	15.7	13.1
022	Intracranial vascular procedures with principal diagnosis hemorrhage without CC/MCC	15.7	13.1
023	Craniotomy with major device implant or acute complex CNS principal diagnosis with MCC or chemotherapy implant or epilepsy with neurostimulator	31.9	26.6
024	Craniotomy with major device implant or acute complex CNS principal diagnosis without MCC	15.7	13.1

DRG	DRG Description	ALOS	Short Stay Threshold
025	Craniotomy and endovascular intracranial procedures with MCC	19.3	16.1
026	Craniotomy and endovascular intracranial procedures with CC	15.7	13.1
027	Craniotomy and endovascular intracranial procedures without CC/MCC	15.7	13.1
028	Spinal procedures with MCC	19.3	16.1
029	Spinal procedures with CC or spinal neurostimulators	19.3	16.1
030	Spinal procedures without CC/MCC	19.3	16.1
031	Ventricular shunt procedures with MCC	19.3	16.1
032	Ventricular shunt procedures with CC	19.3	16.1
033	Ventricular shunt procedures without CC/MCC	15.7	13.1
034	Carotid artery stent procedures with MCC	20.4	17.0
035	Carotid artery stent procedures with CC	19.3	16.1
036	Carotid artery stent procedures without CC/MCC	19.3	16.1
037	Extracranial procedures with MCC	31.9	26.6
038	Extracranial procedures with CC	31.9	26.6
039	Extracranial procedures without CC/MCC	31.9	26.6
040	Peripheral, cranial nerve and other nervous system procedures with MCC	34.7	28.9
041	Peripheral, cranial nerve and other nervous system procedures with CC or peripheral neurostimulator	21.1	17.6
042	Peripheral, cranial nerve and other nervous system procedures without CC/MCC	21.1	17.6
052	Spinal disorders and injuries with CC/MCC	34.0	28.3
053	Spinal disorders and injuries without CC/MCC	15.7	13.1
054	Nervous system neoplasms with MCC	29.6	24.7
055	Nervous system neoplasms without MCC	22.8	19.0
056	Degenerative nervous system disorders with MCC	24.9	20.8
057	Degenerative nervous system disorders without MCC	22.8	19.0
058	Multiple sclerosis and cerebellar ataxia with MCC	15.7	13.1
059	Multiple sclerosis and cerebellar ataxia with CC	15.7	13.1
060	Multiple sclerosis and cerebellar ataxia without CC/MCC	15.7	13.1
061	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with MCC	23.5	19.6
062	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with CC	22.1	18.4

DRG	DRG Description	ALOS	Short Stay Threshold
063	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent without CC/MCC	15.7	13.1
064	Intracranial hemorrhage or cerebral infarction with MCC	22.9	19.1
065	Intracranial hemorrhage or cerebral infarction with CC or tPA in 24 hours	15.7	13.1
066	Intracranial hemorrhage or cerebral infarction without CC/MCC	15.7	13.1
067	Nonspecific CVA and precerebral occlusion without infarction with MCC	15.7	13.1
068	Nonspecific CVA and precerebral occlusion without infarction without MCC	15.7	13.1
069	Transient ischemia without thrombolytic	15.7	13.1
070	Nonspecific cerebrovascular disorders with MCC	23.5	19.6
071	Nonspecific cerebrovascular disorders with CC	22.1	18.4
072	Nonspecific cerebrovascular disorders without CC/MCC	15.7	13.1
073	Cranial and peripheral nerve disorders with MCC	21.1	17.6
074	Cranial and peripheral nerve disorders without MCC	19.3	16.1
075	Viral meningitis with CC/MCC	19.3	16.1
076	Viral meningitis without CC/MCC	19.3	16.1
077	Hypertensive encephalopathy with MCC	19.3	16.1
078	Hypertensive encephalopathy with CC	15.7	13.1
079	Hypertensive encephalopathy without CC/MCC	15.7	13.1
080	Nontraumatic stupor and coma with MCC	26.9	22.4
081	Nontraumatic stupor and coma without MCC	26.9	22.4
082	Traumatic stupor and coma >1 hour with MCC	26.3	21.9
083	Traumatic stupor and coma >1 hour with CC	19.3	16.1
084	Traumatic stupor and coma >1 hour without CC/MCC	15.7	13.1
085	Traumatic stupor and coma <1 hour with MCC	26.9	22.4
086	Traumatic stupor and coma <1 hour with CC	19.3	16.1
087	Traumatic stupor and coma <1 hour without CC/MCC	19.3	16.1
088	Concussion with MCC	26.9	22.4
089	Concussion with CC	19.3	16.1
090	Concussion without CC/MCC	19.3	16.1
091	Other disorders of nervous system with MCC	24.6	20.5
092	Other disorders of nervous system with CC*+	20.1	16.8

DRG	DRG Description	ALOS	Short Stay Threshold
093	Other disorders of nervous system without CC/MCC*+	20.1	16.8
094	Bacterial and tuberculous infections of nervous system with MCC	27.4	22.8
095	Bacterial and tuberculous infections of nervous system with CC*+	22.6	18.8
096	Bacterial and tuberculous infections of nervous system without CC/MCC*+	22.6	18.8
097	Non-bacterial infection of nervous system except viral meningitis with MCC	25.1	20.9
098	Non-bacterial infection of nervous system except viral meningitis with CC	19.3	16.1
099	Non-bacterial infection of nervous system except viral meningitis without CC/MCC	19.3	16.1
100	Seizures with MCC	21.1	17.6
101	Seizures without MCC	19.3	16.1
102	Headaches with MCC	26.9	22.4
103	Headaches without MCC	19.3	16.1
113	Orbital procedures with CC/MCC	21.1	17.6
114	Orbital procedures without CC/MCC	21.1	17.6
115	Extraocular procedures except orbit	21.1	17.6
116	Intraocular procedures with CC/MCC	21.1	17.6
117	Intraocular procedures without CC/MCC	21.1	17.6
121	Acute major eye infections with CC/MCC	19.3	16.1
122	Acute major eye infections without CC/MCC	19.3	16.1
123	Neurological eye disorders	19.3	16.1
124	Other disorders of the eye with MCC	21.1	17.6
125	Other disorders of the eye without MCC	19.3	16.1
135	Sinus and mastoid procedures with CC/MCC	21.1	17.6
136	Sinus and mastoid procedures without CC/MCC	21.1	17.6
137	Mouth procedures with CC/MCC	21.1	17.6
138	Mouth procedures without CC/MCC	21.1	17.6
139	Salivary gland procedures	21.1	17.6
140	Major head and neck procedures with MCC	21.1	17.6
141	Major head and neck procedures with CC	21.1	17.6
142	Major head and neck procedures without CC/MCC	21.1	17.6

DRG	DRG Description	ALOS	Short Stay Threshold
143	Other ear, nose, mouth and throat O.R. procedures with MCC	21.1	17.6
144	Other ear, nose, mouth and throat O.R. procedures with CC	21.1	17.6
145	Other ear, nose, mouth and throat O.R. procedures without CC/MCC	21.1	17.6
146	Ear, nose, mouth and throat malignancy with MCC	31.9	26.6
147	Ear, nose, mouth and throat malignancy with CC	26.9	22.4
148	Ear, nose, mouth and throat malignancy without CC/MCC	19.3	16.1
149	Dysequilibrium	19.3	16.1
150	Epistaxis with MCC	26.9	22.4
151	Epistaxis without MCC	19.3	16.1
152	Otitis media and URI with MCC	24.0	20.0
153	Otitis media and URI without MCC	19.3	16.1
154	Other ear, nose, mouth and throat diagnoses with MCC	26.9	22.4
155	Other ear, nose, mouth and throat diagnoses with CC	21.1	17.6
156	Other ear, nose, mouth and throat diagnoses without CC/MCC	19.3	16.1
157	Dental and oral diseases with MCC	26.9	22.4
158	Dental and oral diseases with CC	21.1	17.6
159	Dental and oral diseases without CC/MCC	19.3	16.1
163	Major chest procedures with MCC	42.3	35.3
164	Major chest procedures with CC	26.9	22.4
165	Major chest procedures without CC/MCC	26.9	22.4
166	Other respiratory system O.R. procedures with MCC	39.8	33.2
167	Other respiratory system O.R. procedures with CC	30.6	25.5
168	Other respiratory system O.R. procedures without CC/MCC	31.9	26.6
175	Pulmonary embolism with MCC or acute cor pulmonale*+	26.9	22.4
176	Pulmonary embolism without MCC*+	26.9	22.4
177	Respiratory infections and inflammations with MCC	21.0	17.5
178	Respiratory infections and inflammations with CC*	19.0	15.8
179	Respiratory infections and inflammations without CC/MCC*	18.7	15.6
180	Respiratory neoplasms with MCC	21.1	17.6
181	Respiratory neoplasms with CC	15.7	13.1

DRG	DRG Description	ALOS	Short Stay Threshold
182	Respiratory neoplasms without CC/MCC	15.7	13.1
183	Major chest trauma with MCC	21.1	17.6
184	Major chest trauma with CC	15.7	13.1
185	Major chest trauma without CC/MCC	15.7	13.1
186	Pleural effusion with MCC	18.1	15.1
187	Pleural effusion with CC	15.7	13.1
188	Pleural effusion without CC/MCC	15.7	13.1
189	Pulmonary edema and respiratory failure	21.4	17.8
190	Chronic obstructive pulmonary disease with MCC	18.9	15.8
191	Chronic obstructive pulmonary disease with CC	15.5	12.9
192	Chronic obstructive pulmonary disease without CC/MCC	15.7	13.1
193	Simple pneumonia and pleurisy with MCC	20.1	16.8
194	Simple pneumonia and pleurisy with CC	16.2	13.5
195	Simple pneumonia and pleurisy without CC/MCC	16.2	13.5
196	Interstitial lung disease with MCC	21.1	17.6
197	Interstitial lung disease with CC	19.3	16.1
198	Interstitial lung disease without CC/MCC	15.7	13.1
199	Pneumothorax with MCC	21.1	17.6
200	Pneumothorax with CC	15.7	13.1
201	Pneumothorax without CC/MCC	15.7	13.1
202	Bronchitis and asthma with CC/MCC	19.3	16.1
203	Bronchitis and asthma without CC/MCC	16.2	13.5
204	Respiratory signs and symptoms	21.1	17.6
205	Other respiratory system diagnoses with MCC	23.1	19.3
206	Other respiratory system diagnoses without MCC	19.3	16.1
207	Respiratory system diagnosis with ventilator support >96 hours	31.5	26.3
208	Respiratory system diagnosis with ventilator support <=96 hours	21.6	18.0
215	Other heart assist system implant	31.9	26.6
216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with MCC	31.9	26.6
217	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with CC	31.9	26.6

DRG	DRG Description	ALOS	Short Stay Threshold
218	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization without CC/MCC	31.9	26.6
219	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with MCC	31.9	26.6
220	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with CC	31.9	26.6
221	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization without CC/MCC	31.9	26.6
222	Cardiac defibrillator implant with cardiac catheterization with AMI, HF or shock with MCC	31.9	26.6
223	Cardiac defibrillator implant with cardiac catheterization with AMI, HF or shock without MCC	31.9	26.6
224	Cardiac defibrillator implant with cardiac catheterization without AMI, HF or shock with MCC	31.9	26.6
225	Cardiac defibrillator implant with cardiac catheterization without AMI, HF or shock without MCC	31.9	26.6
226	Cardiac defibrillator implant without cardiac catheterization with MCC	31.9	26.6
227	Cardiac defibrillator implant without cardiac catheterization without MCC	31.9	26.6
228	Other cardiothoracic procedures with MCC	31.9	26.6
229	Other cardiothoracic procedures without MCC	31.9	26.6
231	Coronary bypass with PTCA with MCC	31.9	26.6
232	Coronary bypass with PTCA without MCC	31.9	26.6
233	Coronary bypass with cardiac catheterization or open ablation with MCC	31.9	26.6
234	Coronary bypass with cardiac catheterization or open ablation without MCC	31.9	26.6
235	Coronary bypass without cardiac catheterization with MCC	31.9	26.6
236	Coronary bypass without cardiac catheterization without MCC	31.9	26.6
239	Amputation for circulatory system disorders except upper limb and toe with MCC	31.9	26.6
240	Amputation for circulatory system disorders except upper limb and toe with CC	26.9	22.4
241	Amputation for circulatory system disorders except upper limb and toe without CC/MCC	26.9	22.4
242	Permanent cardiac pacemaker implant with MCC	31.9	26.6
243	Permanent cardiac pacemaker implant with CC	31.9	26.6
244	Permanent cardiac pacemaker implant without CC/MCC	31.9	26.6
245	AICD generator procedures	31.9	26.6

DRG	DRG Description	ALOS	Short Stay Threshold
246	Percutaneous cardiovascular procedures with drug-eluting stent with MCC or 4+ arteries or stents	31.9	26.6
247	Percutaneous cardiovascular procedures with drug-eluting stent without MCC	31.9	26.6
248	Percutaneous cardiovascular procedures with non-drug-eluting stent with MCC or 4+ arteries or stents	31.9	26.6
249	Percutaneous cardiovascular procedures with non-drug-eluting stent without MCC	31.9	26.6
250	Percutaneous cardiovascular procedures without coronary artery stent with MCC	31.9	26.6
251	Percutaneous cardiovascular procedures without coronary artery stent without MCC	31.9	26.6
252	Other vascular procedures with MCC	31.9	26.6
253	Other vascular procedures with CC	31.9	26.6
254	Other vascular procedures without CC/MCC	31.9	26.6
255	Upper limb and toe amputation for circulatory system disorders with MCC	31.9	26.6
256	Upper limb and toe amputation for circulatory system disorders with CC	31.9	26.6
257	Upper limb and toe amputation for circulatory system disorders without CC/MCC	31.9	26.6
258	Cardiac pacemaker device replacement with MCC	31.9	26.6
259	Cardiac pacemaker device replacement without MCC	31.9	26.6
260	Cardiac pacemaker revision except device replacement with MCC	31.9	26.6
261	Cardiac pacemaker revision except device replacement with CC	31.9	26.6
262	Cardiac pacemaker revision except device replacement without CC/MCC	31.9	26.6
263	Vein ligation and stripping	30.6	25.5
264	Other circulatory system O.R. procedures	30.6	25.5
265	AICD lead procedures	31.9	26.6
266	Endovascular cardiac valve replacement and supplement procedures with MCC	31.9	26.6
267	Endovascular cardiac valve replacement and supplement procedures without MCC	31.9	26.6
268	Aortic and heart assist procedures except pulsation balloon with MCC	31.9	26.6
269	Aortic and heart assist procedures except pulsation balloon without MCC	31.9	26.6
270	Other major cardiovascular procedures with MCC	31.9	26.6
271	Other major cardiovascular procedures with CC	31.9	26.6

DRG	DRG Description	ALOS	Short Stay Threshold
272	Other major cardiovascular procedures without CC/MCC	31.9	26.6
273	Percutaneous and other intracardiac procedures with MCC	19.4	16.2
274	Percutaneous and other intracardiac procedures without MCC	15.7	13.1
280	Acute myocardial infarction, discharged alive with MCC	21.3	17.8
281	Acute myocardial infarction, discharged alive with CC	15.7	13.1
282	Acute myocardial infarction, discharged alive without CC/MCC	15.7	13.1
283	Acute myocardial infarction, expired with MCC	21.1	17.6
284	Acute myocardial infarction, expired with CC	15.7	13.1
285	Acute myocardial infarction, expired without CC/MCC	15.7	13.1
286	Circulatory disorders except AMI, with cardiac catheterization with MCC	26.9	22.4
287	Circulatory disorders except AMI, with cardiac catheterization without MCC	26.9	22.4
288	Acute and subacute endocarditis with MCC	25.0	20.8
289	Acute and subacute endocarditis with CC*+	24.5	20.4
290	Acute and subacute endocarditis without CC/MCC*+	24.5	20.4
291	Heart failure and shock with MCC	20.2	16.8
292	Heart failure and shock with CC	18.2	15.2
293	Heart failure and shock without CC/MCC	15.7	13.1
294	Deep vein thrombophlebitis with CC/MCC	20.4	17.0
295	Deep vein thrombophlebitis without CC/MCC	19.3	16.1
296	Cardiac arrest, unexplained with MCC	20.2	16.8
297	Cardiac arrest, unexplained with CC	18.2	15.2
298	Cardiac arrest, unexplained without CC/MCC	15.7	13.1
299	Peripheral vascular disorders with MCC	20.4	17.0
300	Peripheral vascular disorders with CC	19.3	16.1
301	Peripheral vascular disorders without CC/MCC	19.3	16.1
302	Atherosclerosis with MCC	26.9	22.4
303	Atherosclerosis without MCC	19.3	16.1
304	Hypertension with MCC	21.1	17.6
305	Hypertension without MCC	15.7	13.1
306	Cardiac congenital and valvular disorders with MCC	21.1	17.6

DRG	DRG Description	ALOS	Short Stay Threshold
307	Cardiac congenital and valvular disorders without MCC	15.7	13.1
308	Cardiac arrhythmia and conduction disorders with MCC	21.1	17.6
309	Cardiac arrhythmia and conduction disorders with CC	15.7	13.1
310	Cardiac arrhythmia and conduction disorders without CC/MCC	15.7	13.1
311	Angina pectoris	15.7	13.1
312	Syncope and collapse	26.9	22.4
313	Chest pain	15.7	13.1
314	Other circulatory system diagnoses with MCC	23.5	19.6
315	Other circulatory system diagnoses with CC*	20.4	17.0
316	Other circulatory system diagnoses without CC/MCC*	19.8	16.5
319	Other endovascular cardiac valve procedures with MCC	31.9	26.6
320	Other endovascular cardiac valve procedures without MCC	31.9	26.6
326	Stomach, esophageal and duodenal procedures with MCC	31.9	26.6
327	Stomach, esophageal and duodenal procedures with CC	21.0	17.5
328	Stomach, esophageal and duodenal procedures without CC/MCC	21.0	17.5
329	Major small and large bowel procedures with MCC	26.9	22.4
330	Major small and large bowel procedures with CC	21.1	17.6
331	Major small and large bowel procedures without CC/MCC	21.0	17.5
332	Rectal resection with MCC	21.0	17.5
333	Rectal resection with CC	21.0	17.5
334	Rectal resection without CC/MCC	21.0	17.5
335	Peritoneal adhesiolysis with MCC	26.9	22.4
336	Peritoneal adhesiolysis with CC	21.0	17.5
337	Peritoneal adhesiolysis without CC/MCC	21.0	17.5
338	Appendectomy with complicated principal diagnosis with MCC	24.0	20.0
339	Appendectomy with complicated principal diagnosis with CC	21.0	17.5
340	Appendectomy with complicated principal diagnosis without CC/MCC	21.0	17.5
341	Appendectomy without complicated principal diagnosis with MCC	24.0	20.0
342	Appendectomy without complicated principal diagnosis with CC	21.0	17.5

DRG	DRG Description	ALOS	Short Stay Threshold
343	Appendectomy without complicated principal diagnosis without CC/MCC	21.0	17.5
344	Minor small and large bowel procedures with MCC	24.0	20.0
345	Minor small and large bowel procedures with CC	21.0	17.5
346	Minor small and large bowel procedures without CC/MCC	21.0	17.5
347	Anal and stomal procedures with MCC	24.0	20.0
348	Anal and stomal procedures with CC	21.0	17.5
349	Anal and stomal procedures without CC/MCC	21.0	17.5
350	Inguinal and femoral hernia procedures with MCC	31.9	26.6
351	Inguinal and femoral hernia procedures with CC	21.0	17.5
352	Inguinal and femoral hernia procedures without CC/MCC	21.0	17.5
353	Hernia procedures except inguinal and femoral with MCC	26.9	22.4
354	Hernia procedures except inguinal and femoral with CC	21.0	17.5
355	Hernia procedures except inguinal and femoral without CC/MCC	21.0	17.5
356	Other digestive system O.R. procedures with MCC	32.4	27.0
357	Other digestive system O.R. procedures with CC	26.9	22.4
358	Other digestive system O.R. procedures without CC/MCC	26.9	22.4
368	Major esophageal disorders with MCC	21.1	17.6
369	Major esophageal disorders with CC	21.0	17.5
370	Major esophageal disorders without CC/MCC	19.3	16.1
371	Major gastrointestinal disorders and peritoneal infections with MCC	24.0	20.0
372	Major gastrointestinal disorders and peritoneal infections with CC*+	21.0	17.5
373	Major gastrointestinal disorders and peritoneal infections without CC/MCC*+	21.0	17.5
374	Digestive malignancy with MCC	15.7	13.1
375	Digestive malignancy with CC	15.7	13.1
376	Digestive malignancy without CC/MCC	15.7	13.1
377	Gastrointestinal hemorrhage with MCC	19.5	16.3
378	Gastrointestinal hemorrhage with CC	15.7	13.1
379	Gastrointestinal hemorrhage without CC/MCC	15.7	13.1
380	Complicated peptic ulcer with MCC	29.2	24.3
381	Complicated peptic ulcer with CC	26.9	22.4

DRG	DRG Description	ALOS	Short Stay Threshold
382	Complicated peptic ulcer without CC/MCC	15.7	13.1
383	Uncomplicated peptic ulcer with MCC*+	19.3	16.1
384	Uncomplicated peptic ulcer without MCC*+	19.3	16.1
385	Inflammatory bowel disease with MCC	31.9	26.6
386	Inflammatory bowel disease with CC	31.9	26.6
387	Inflammatory bowel disease without CC/MCC	31.9	26.6
388	Gastrointestinal obstruction with MCC	24.0	20.0
389	Gastrointestinal obstruction with CC	21.1	17.6
390	Gastrointestinal obstruction without CC/MCC	21.1	17.6
391	Esophagitis, gastroenteritis and miscellaneous digestive disorders with MCC	21.2	17.7
392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	17.4	14.5
393	Other digestive system diagnoses with MCC	25.9	21.6
394	Other digestive system diagnoses with CC*+	21.7	18.1
395	Other digestive system diagnoses without CC/MCC*+	21.7	18.1
405	Pancreas, liver and shunt procedures with MCC	31.9	26.6
406	Pancreas, liver and shunt procedures with CC	15.7	13.1
407	Pancreas, liver and shunt procedures without CC/MCC	15.7	13.1
408	Biliary tract procedures except only cholecystectomy with or without C.D.E. with MCC	21.7	18.1
409	Biliary tract procedures except only cholecystectomy with or without C.D.E. with CC	15.7	13.1
410	Biliary tract procedures except only cholecystectomy with or without C.D.E. without CC/MCC	15.7	13.1
411	Cholecystectomy with C.D.E. with MCC	29.2	24.3
412	Cholecystectomy with C.D.E. with CC	26.9	22.4
413	Cholecystectomy with C.D.E. without CC/MCC	15.7	13.1
414	Cholecystectomy except by laparoscope without C.D.E. with MCC	31.9	26.6
415	Cholecystectomy except by laparoscope without C.D.E. with CC	21.7	18.1
416	Cholecystectomy except by laparoscope without C.D.E. without CC/MCC	21.7	18.1
417	Laparoscopic cholecystectomy without C.D.E. with MCC	24.0	20.0
418	Laparoscopic cholecystectomy without C.D.E. with CC	21.0	17.5
419	Laparoscopic cholecystectomy without C.D.E. without CC/MCC	21.0	17.5

DRG	DRG Description	ALOS	Short Stay Threshold
420	Hepatobiliary diagnostic procedures with MCC	21.7	18.1
421	Hepatobiliary diagnostic procedures with CC	15.7	13.1
422	Hepatobiliary diagnostic procedures without CC/MCC	15.7	13.1
423	Other hepatobiliary or pancreas O.R. procedures with MCC	26.9	22.4
424	Other hepatobiliary or pancreas O.R. procedures with CC	15.7	13.1
425	Other hepatobiliary or pancreas O.R. procedures without CC/MCC	15.7	13.1
432	Cirrhosis and alcoholic hepatitis with MCC	19.1	15.9
433	Cirrhosis and alcoholic hepatitis with CC	21.1	17.6
434	Cirrhosis and alcoholic hepatitis without CC/MCC	21.1	17.6
435	Malignancy of hepatobiliary system or pancreas with MCC	19.3	16.1
436	Malignancy of hepatobiliary system or pancreas with CC	15.7	13.1
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	15.7	13.1
438	Disorders of pancreas except malignancy with MCC	25.0	20.8
439	Disorders of pancreas except malignancy with CC	19.3	16.1
440	Disorders of pancreas except malignancy without CC/MCC	19.3	16.1
441	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with MCC	23.6	19.7
442	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with CC	15.7	13.1
443	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis without CC/MCC	15.7	13.1
444	Disorders of the biliary tract with MCC+	23.8	19.8
445	Disorders of the biliary tract with CC+	22.2	18.5
446	Disorders of the biliary tract without CC/MCC	19.3	16.1
453	Combined anterior and posterior spinal fusion with MCC	23.2	19.3
454	Combined anterior and posterior spinal fusion with CC	21.1	17.6
455	Combined anterior and posterior spinal fusion without CC/MCC	21.1	17.6
456	Spinal fusion except cervical with spinal curvature, malignancy, infection or extensive fusions with MCC	23.2	19.3
457	Spinal fusion except cervical with spinal curvature, malignancy, infection or extensive fusions with CC	21.1	17.6
458	Spinal fusion except cervical with spinal curvature, malignancy, infection or extensive fusions without CC/MCC	21.1	17.6

DRG	DRG Description	ALOS	Short Stay Threshold
459	Spinal fusion except cervical with MCC	23.2	19.3
460	Spinal fusion except cervical without MCC	21.1	17.6
461	Bilateral or multiple major joint procedures of lower extremity with MCC	23.2	19.3
462	Bilateral or multiple major joint procedures of lower extremity without MCC	21.1	17.6
463	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders with MCC	34.1	28.4
464	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders with CC	32.7	27.3
465	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders without CC/MCC	19.3	16.1
466	Revision of hip or knee replacement with MCC	21.1	17.6
467	Revision of hip or knee replacement with CC	15.7	13.1
468	Revision of hip or knee replacement without CC/MCC	15.7	13.1
469	Major hip and knee joint replacement or reattachment of lower extremity with MCC or total ankle replacement	31.9	26.6
470	Major hip and knee joint replacement or reattachment of lower extremity without MCC	26.9	22.4
471	Cervical spinal fusion with MCC	21.1	17.6
472	Cervical spinal fusion with CC	21.1	17.6
473	Cervical spinal fusion without CC/MCC	21.1	17.6
474	Amputation for musculoskeletal system and connective tissue disorders with MCC	31.9	26.6
475	Amputation for musculoskeletal system and connective tissue disorders with CC	26.9	22.4
476	Amputation for musculoskeletal system and connective tissue disorders without CC/MCC	23.2	19.3
477	Biopsies of musculoskeletal system and connective tissue with MCC	31.9	26.6
478	Biopsies of musculoskeletal system and connective tissue with CC	23.2	19.3
479	Biopsies of musculoskeletal system and connective tissue without CC/MCC	23.2	19.3
480	Hip and femur procedures except major joint with MCC	31.9	26.6
481	Hip and femur procedures except major joint with CC	31.9	26.6
482	Hip and femur procedures except major joint without CC/MCC	31.9	26.6
483	Major joint or limb reattachment procedures of upper extremities	31.9	26.6

DRG	DRG Description	ALOS	Short Stay Threshold
485	Knee procedures with principal diagnosis of infection with MCC	31.9	26.6
486	Knee procedures with principal diagnosis of infection with CC	31.9	26.6
487	Knee procedures with principal diagnosis of infection without CC/MCC	31.9	26.6
488	Knee procedures without principal diagnosis of infection with CC/MCC	31.9	26.6
489	Knee procedures without principal diagnosis of infection without CC/MCC	31.9	26.6
492	Lower extremity and humerus procedures except hip, foot and femur with MCC	31.9	26.6
493	Lower extremity and humerus procedures except hip, foot and femur with CC	31.9	26.6
494	Lower extremity and humerus procedures except hip, foot and femur without CC/MCC	31.9	26.6
495	Local excision and removal of internal fixation devices except hip and femur with MCC	31.9	26.6
496	Local excision and removal of internal fixation devices except hip and femur with CC	31.9	26.6
497	Local excision and removal of internal fixation devices except hip and femur without CC/MCC	31.9	26.6
498	Local excision and removal of internal fixation devices of hip and femur with CC/MCC	31.9	26.6
499	Local excision and removal of internal fixation devices of hip and femur without CC/MCC	31.9	26.6
500	Soft tissue procedures with MCC*+	32.6	27.2
501	Soft tissue procedures with CC*+	32.6	27.2
502	Soft tissue procedures without CC/MCC	21.1	17.6
503	Foot procedures with MCC*+	19.3	16.1
504	Foot procedures with CC*+	19.3	16.1
505	Foot procedures without CC/MCC	19.3	16.1
506	Major thumb or joint procedures	19.3	16.1
507	Major shoulder or elbow joint procedures with CC/MCC	21.1	17.6
508	Major shoulder or elbow joint procedures without CC/MCC	15.7	13.1
509	Arthroscopy	15.7	13.1
510	Shoulder, elbow or forearm procedures, except major joint procedures with MCC	15.7	13.1
511	Shoulder, elbow or forearm procedures, except major joint procedures with CC	15.7	13.1
512	Shoulder, elbow or forearm procedures, except major joint procedures without CC/MCC	15.7	13.1

DRG	DRG Description	ALOS	Short Stay Threshold
513	Hand or wrist procedures, except major thumb or joint procedures with CC/MCC	19.3	16.1
514	Hand or wrist procedures, except major thumb or joint procedures without CC/MCC	19.3	16.1
515	Other musculoskeletal system and connective tissue O.R. procedures with MCC	30.1	25.1
516	Other musculoskeletal system and connective tissue O.R. procedures with CC	32.6	27.2
517	Other musculoskeletal system and connective tissue O.R. procedures without CC/MCC	32.6	27.2
518	Back and neck procedures except spinal fusion with MCC or disc device or neurostimulator	26.9	22.4
519	Back and neck procedures except spinal fusion with CC	21.1	17.6
520	Back and neck procedures except spinal fusion without CC/MCC	21.1	17.6
521	Hip replacement with principal diagnosis of hip fracture with MCC	21.1	17.6
522	Hip replacement with principal diagnosis of hip fracture without MCC	21.1	17.6
533	Fractures of femur with MCC	19.3	16.1
534	Fractures of femur without MCC	15.7	13.1
535	Fractures of hip and pelvis with MCC	21.1	17.6
536	Fractures of hip and pelvis without MCC	15.7	13.1
537	Sprains, strains, and dislocations of hip, pelvis and thigh with CC/MCC	21.1	17.6
538	Sprains, strains, and dislocations of hip, pelvis and thigh without CC/MCC	15.7	13.1
539	Osteomyelitis with MCC	29.7	24.8
540	Osteomyelitis with CC	26.5	22.1
541	Osteomyelitis without CC/MCC	21.1	17.6
542	Pathological fractures and musculoskeletal and connective tissue malignancy with MCC	26.9	22.4
543	Pathological fractures and musculoskeletal and connective tissue malignancy with CC	15.7	13.1
544	Pathological fractures and musculoskeletal and connective tissue malignancy without CC/MCC	15.7	13.1
545	Connective tissue disorders with MCC	26.9	22.4
546	Connective tissue disorders with CC	19.3	16.1
547	Connective tissue disorders without CC/MCC	19.3	16.1
548	Septic arthritis with MCC*+	25.8	21.5
549	Septic arthritis with CC*+	25.8	21.5

DRG	DRG Description	ALOS	Short Stay Threshold
550	Septic arthritis without CC/MCC	25.8	21.5
551	Medical back problems with MCC*+	24.8	20.7
552	Medical back problems without MCC*+	24.8	20.7
553	Bone diseases and arthropathies with MCC+	17.4	14.5
554	Bone diseases and arthropathies without MCC*	17.4	14.5
555	Signs and symptoms of musculoskeletal system and connective tissue with MCC	23.1	19.3
556	Signs and symptoms of musculoskeletal system and connective tissue without MCC	19.3	16.1
557	Tendonitis, myositis and bursitis with MCC	25.9	21.6
558	Tendonitis, myositis and bursitis without MCC	22.7	18.9
559	Aftercare, musculoskeletal system and connective tissue with MCC	23.5	19.6
560	Aftercare, musculoskeletal system and connective tissue with CC	22.0	18.3
561	Aftercare, musculoskeletal system and connective tissue without CC/MCC	19.3	16.1
562	Fracture, sprain, strain and dislocation except femur, hip, pelvis and thigh with MCC	21.1	17.6
563	Fracture, sprain, strain and dislocation except femur, hip, pelvis and thigh without MCC	21.1	17.6
564	Other musculoskeletal system and connective tissue diagnoses with MCC	23.2	19.3
565	Other musculoskeletal system and connective tissue diagnoses with CC	21.1	17.6
566	Other musculoskeletal system and connective tissue diagnoses without CC/MCC	21.1	17.6
570	Skin debridement with MCC	32.1	26.8
571	Skin debridement with CC*+	28.0	23.3
572	Skin debridement without CC/MCC*+	28.0	23.3
573	Skin graft for skin ulcer or cellulitis with MCC	45.2	37.7
574	Skin graft for skin ulcer or cellulitis with CC	26.9	22.4
575	Skin graft for skin ulcer or cellulitis without CC/MCC	26.9	22.4
576	Skin graft except for skin ulcer or cellulitis with MCC	26.9	22.4
577	Skin graft except for skin ulcer or cellulitis with CC	26.9	22.4
578	Skin graft except for skin ulcer or cellulitis without CC/MCC	26.9	22.4
579	Other skin, subcutaneous tissue and breast procedures with MCC	31.3	26.1

DRG	DRG Description	ALOS	Short Stay Threshold
580	Other skin, subcutaneous tissue and breast procedures with CC	30.2	25.2
581	Other skin, subcutaneous tissue and breast procedures without CC/MCC	28.0	23.3
582	Mastectomy for malignancy with CC/MCC	28.0	23.3
583	Mastectomy for malignancy without CC/MCC	28.0	23.3
584	Breast biopsy, local excision and other breast procedures with CC/MCC	28.0	23.3
585	Breast biopsy, local excision and other breast procedures without CC/MCC	28.0	23.3
592	Skin ulcers with MCC	24.0	20.0
593	Skin ulcers with CC	24.2	20.2
594	Skin ulcers without CC/MCC	15.7	13.1
595	Major skin disorders with MCC	21.1	17.6
596	Major skin disorders without MCC	21.1	17.6
597	Malignant breast disorders with MCC	21.1	17.6
598	Malignant breast disorders with CC	21.1	17.6
599	Malignant breast disorders without CC/MCC	21.1	17.6
600	Non-malignant breast disorders with CC/MCC	21.1	17.6
601	Non-malignant breast disorders without CC/MCC	21.1	17.6
602	Cellulitis with MCC	20.9	17.4
603	Cellulitis without MCC	17.3	14.4
604	Trauma to the skin, subcutaneous tissue and breast with MCC	31.9	26.6
605	Trauma to the skin, subcutaneous tissue and breast without MCC	15.7	13.1
606	Minor skin disorders with MCC	21.5	17.9
607	Minor skin disorders without MCC	19.3	16.1
614	Adrenal and pituitary procedures with CC/MCC	21.1	17.6
615	Adrenal and pituitary procedures without CC/MCC	21.1	17.6
616	Amputation of lower limb for endocrine, nutritional and metabolic disorders with MCC	31.9	26.6
617	Amputation of lower limb for endocrine, nutritional and metabolic disorders with CC	31.9	26.6
618	Amputation of lower limb for endocrine, nutritional and metabolic disorders without CC/MCC	31.9	26.6
619	O.R. procedures for obesity with MCC	26.9	22.4
620	O.R. procedures for obesity with CC	26.9	22.4

DRG	DRG Description	ALOS	Short Stay Threshold
621	O.R. procedures for obesity without CC/MCC	26.9	22.4
622	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders with MCC	33.8	28.2
623	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders with CC	26.8	22.3
624	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders without CC/MCC	19.3	16.1
625	Thyroid, parathyroid and thyroglossal procedures with MCC	32.5	27.1
626	Thyroid, parathyroid and thyroglossal procedures with CC	32.5	27.1
627	Thyroid, parathyroid and thyroglossal procedures without CC/MCC	21.7	18.1
628	Other endocrine, nutritional and metabolic O.R. procedures with MCC*+	32.5	27.1
629	Other endocrine, nutritional and metabolic O.R. procedures with CC*+	32.5	27.1
630	Other endocrine, nutritional and metabolic O.R. procedures without CC/MCC	21.7	18.1
637	Diabetes with MCC	25.3	21.1
638	Diabetes with CC	22.9	19.1
639	Diabetes without CC/MCC	15.7	13.1
640	Miscellaneous disorders of nutrition, metabolism, fluids and electrolytes with MCC	22.4	18.7
641	Miscellaneous disorders of nutrition, metabolism, fluids and electrolytes without MCC	19.2	16.0
642	Inborn and other disorders of metabolism	21.7	18.1
643	Endocrine disorders with MCC	21.1	17.6
644	Endocrine disorders with CC	19.3	16.1
645	Endocrine disorders without CC/MCC	19.3	16.1
650	Kidney transplant with hemodialysis with MCC	0.0	0.0
651	Kidney transplant with hemodialysis without MCC	0.0	0.0
652	Kidney transplant	0.0	0.0
653	Major bladder procedures with MCC	31.9	26.6
654	Major bladder procedures with CC	31.9	26.6
655	Major bladder procedures without CC/MCC	31.9	26.6
656	Kidney and ureter procedures for neoplasm with MCC	15.7	13.1
657	Kidney and ureter procedures for neoplasm with CC	15.7	13.1
658	Kidney and ureter procedures for neoplasm without CC/MCC	15.7	13.1

DRG	DRG Description	ALOS	Short Stay Threshold
659	Kidney and ureter procedures for non-neoplasm with MCC	31.9	26.6
660	Kidney and ureter procedures for non-neoplasm with CC	31.9	26.6
661	Kidney and ureter procedures for non-neoplasm without CC/MCC	31.9	26.6
662	Minor bladder procedures with MCC	31.9	26.6
663	Minor bladder procedures with CC	31.9	26.6
664	Minor bladder procedures without CC/MCC	31.9	26.6
665	Prostatectomy with MCC	31.9	26.6
666	Prostatectomy with CC	31.9	26.6
667	Prostatectomy without CC/MCC	31.9	26.6
668	Transurethral procedures with MCC	31.9	26.6
669	Transurethral procedures with CC	31.9	26.6
670	Transurethral procedures without CC/MCC	31.9	26.6
671	Urethral procedures with CC/MCC	19.3	16.1
672	Urethral procedures without CC/MCC	19.3	16.1
673	Other kidney and urinary tract procedures with MCC	29.3	24.4
674	Other kidney and urinary tract procedures with CC	26.9	22.4
675	Other kidney and urinary tract procedures without CC/MCC	19.3	16.1
682	Renal failure with MCC	21.9	18.3
683	Renal failure with CC	20.1	16.8
684	Renal failure without CC/MCC	19.3	16.1
686	Kidney and urinary tract neoplasms with MCC	15.7	13.1
687	Kidney and urinary tract neoplasms with CC	15.7	13.1
688	Kidney and urinary tract neoplasms without CC/MCC	15.7	13.1
689	Kidney and urinary tract infections with MCC	20.2	16.8
690	Kidney and urinary tract infections without MCC	16.0	13.3
693	Urinary stones with MCC	31.9	26.6
694	Urinary stones without MCC	15.7	13.1
695	Kidney and urinary tract signs and symptoms with MCC	31.9	26.6
696	Kidney and urinary tract signs and symptoms without MCC	31.9	26.6
697	Urethral stricture	20.6	17.2
698	Other kidney and urinary tract diagnoses with MCC	20.6	17.2

DRG	DRG Description	ALOS	Short Stay Threshold
699	Other kidney and urinary tract diagnoses with CC	21.1	17.6
700	Other kidney and urinary tract diagnoses without CC/MCC	21.1	17.6
707	Major male pelvic procedures with CC/MCC	26.2	21.8
708	Major male pelvic procedures without CC/MCC	26.2	21.8
709	Penis procedures with CC/MCC	31.9	26.6
710	Penis procedures without CC/MCC	21.1	17.6
711	Testes procedures with CC/MCC	26.2	21.8
712	Testes procedures without CC/MCC	26.2	21.8
713	Transurethral prostatectomy with CC/MCC	26.2	21.8
714	Transurethral prostatectomy without CC/MCC	26.2	21.8
715	Other male reproductive system O.R. procedures for malignancy with CC/MCC	19.3	16.1
716	Other male reproductive system O.R. procedures for malignancy without CC/MCC	19.3	16.1
717	Other male reproductive system O.R. procedures except malignancy with CC/MCC	31.9	26.6
718	Other male reproductive system O.R. procedures except malignancy without CC/MCC	19.3	16.1
722	Malignancy, male reproductive system with MCC	21.1	17.6
723	Malignancy, male reproductive system with CC	21.1	17.6
724	Malignancy, male reproductive system without CC/MCC	21.1	17.6
725	Benign prostatic hypertrophy with MCC	26.2	21.8
726	Benign prostatic hypertrophy without MCC	26.2	21.8
727	Inflammation of the male reproductive system with MCC	26.2	21.8
728	Inflammation of the male reproductive system without MCC	21.1	17.6
729	Other male reproductive system diagnoses with CC/MCC	19.3	16.1
730	Other male reproductive system diagnoses without CC/MCC	19.3	16.1
734	Pelvic evisceration, radical hysterectomy and radical vulvectomy with CC/MCC	26.9	22.4
735	Pelvic evisceration, radical hysterectomy and radical vulvectomy without CC/MCC	26.9	22.4
736	Uterine and adnexa procedures for ovarian or adnexal malignancy with MCC	26.9	22.4
737	Uterine and adnexa procedures for ovarian or adnexal malignancy with CC	26.9	22.4
738	Uterine and adnexa procedures for ovarian or adnexal malignancy without CC/MCC	26.9	22.4

DRG	DRG Description	ALOS	Short Stay Threshold
739	Uterine and adnexa procedures for non-ovarian and non-adnexal malignancy with MCC	32.5	27.1
740	Uterine and adnexa procedures for non-ovarian and non-adnexal malignancy with CC	32.5	27.1
741	Uterine and adnexa procedures for non-ovarian and non-adnexal malignancy without CC/MCC	21.0	17.5
742	Uterine and adnexa procedures for non-malignancy with CC/MCC	26.9	22.4
743	Uterine and adnexa procedures for non-malignancy without CC/MCC	26.9	22.4
744	D&C, conization, laparoscopy and tubal interruption with CC/MCC	15.7	13.1
745	D&C, conization, laparoscopy and tubal interruption without CC/MCC	15.7	13.1
746	Vagina, cervix and vulva procedures with CC/MCC	26.9	22.4
747	Vagina, cervix and vulva procedures without CC/MCC	26.9	22.4
748	Female reproductive system reconstructive procedures	26.9	22.4
749	Other female reproductive system O.R. procedures with CC/MCC	26.9	22.4
750	Other female reproductive system O.R. procedures without CC/MCC	26.9	22.4
754	Malignancy, female reproductive system with MCC	15.7	13.1
755	Malignancy, female reproductive system with CC	15.7	13.1
756	Malignancy, female reproductive system without CC/MCC	15.7	13.1
757	Infections, female reproductive system with MCC	26.9	22.4
758	Infections, female reproductive system with CC	21.1	17.6
759	Infections, female reproductive system without CC/MCC	15.7	13.1
760	Menstrual and other female reproductive system disorders with CC/MCC	15.7	13.1
761	Menstrual and other female reproductive system disorders without CC/MCC	15.7	13.1
768	Vaginal delivery with O.R. procedures except sterilization and/or D&C	15.7	13.1
769	Postpartum and post abortion diagnoses with O.R. procedures	15.7	13.1
770	Abortion with D&C, aspiration curettage or hysterotomy	15.7	13.1
776	Postpartum and post abortion diagnoses without O.R. procedures	15.7	13.1
779	Abortion without D&C	15.7	13.1
783	Cesarean section with sterilization with MCC	32.5	27.1
784	Cesarean section with sterilization with CC	32.5	27.1

DRG	DRG Description	ALOS	Short Stay Threshold
785	Cesarean section with sterilization without CC/MCC	32.5	27.1
786	Cesarean section without sterilization with MCC	32.5	27.1
787	Cesarean section without sterilization with CC	32.5	27.1
788	Cesarean section without sterilization without CC/MCC	32.5	27.1
789	Neonates, died or transferred to another acute care facility	15.7	13.1
790	Extreme immaturity or respiratory distress syndrome, neonate	15.7	13.1
791	Prematurity with major problems	15.7	13.1
792	Prematurity without major problems	15.7	13.1
793	Full term neonate with major problems	15.7	13.1
794	Neonate with other significant problems	15.7	13.1
795	Normal newborn	15.7	13.1
796	Vaginal delivery with sterilization and/or D&C with MCC	15.7	13.1
797	Vaginal delivery with sterilization and/or D&C with CC	15.7	13.1
798	Vaginal delivery with sterilization and/or D&C without CC/MCC	15.7	13.1
799	Splenectomy with MCC	32.4	27.0
800	Splenectomy with CC	26.9	22.4
801	Splenectomy without CC/MCC	26.9	22.4
802	Other O.R. procedures of the blood and blood forming organs with MCC	21.1	17.6
803	Other O.R. procedures of the blood and blood forming organs with CC	21.1	17.6
804	Other O.R. procedures of the blood and blood forming organs without CC/MCC	21.1	17.6
805	Vaginal delivery without sterilization or D&C with MCC	15.7	13.1
806	Vaginal delivery without sterilization or D&C with CC	15.7	13.1
807	Vaginal delivery without sterilization or D&C without CC/MCC	15.7	13.1
808	Major hematological and immunological diagnoses except sickle cell crisis and coagulation disorders with MCC*+	20.3	16.9
809	Major hematological and immunological diagnoses except sickle cell crisis and coagulation disorders with CC*+	20.3	16.9
810	Major hematological and immunological diagnoses except sickle cell crisis and coagulation disorders without CC/MCC	15.7	13.1
811	Red blood cell disorders with MCC	26.9	22.4
812	Red blood cell disorders without MCC	15.7	13.1

DRG	DRG Description	ALOS	Short Stay Threshold
813	Coagulation disorders	31.9	26.6
814	Reticuloendothelial and immunity disorders with MCC*	24.1	20.1
815	Reticuloendothelial and immunity disorders with CC+	24.1	20.1
816	Reticuloendothelial and immunity disorders without CC/MCC	24.1	20.1
817	Other antepartum diagnoses with O.R. procedures with MCC	15.7	13.1
818	Other antepartum diagnoses with O.R. procedures with CC	15.7	13.1
819	Other antepartum diagnoses with O.R. procedures without CC/MCC	15.7	13.1
820	Lymphoma and leukemia with major O.R. procedures with MCC	33.2	27.7
821	Lymphoma and leukemia with major O.R. procedures with CC	21.1	17.6
822	Lymphoma and leukemia with major O.R. procedures without CC/MCC	21.1	17.6
823	Lymphoma and non-acute leukemia with other procedures with MCC	21.1	17.6
824	Lymphoma and non-acute leukemia with other procedures with CC	21.1	17.6
825	Lymphoma and non-acute leukemia with other procedures without CC/MCC	21.1	17.6
826	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures with MCC	33.2	27.7
827	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures with CC	21.1	17.6
828	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures without CC/MCC	21.1	17.6
829	Myeloproliferative disorders or poorly differentiated neoplasms with other procedures with CC/MCC	21.1	17.6
830	Myeloproliferative disorders or poorly differentiated neoplasms with other procedures without CC/MCC	21.1	17.6
831	Other antepartum diagnoses without O.R. procedures with MCC	15.7	13.1
832	Other antepartum diagnoses without O.R. procedures with CC	15.7	13.1
833	Other antepartum diagnoses without O.R. procedures without CC/MCC	15.7	13.1
834	Acute leukemia without major O.R. procedures with MCC	21.1	17.6
835	Acute leukemia without major O.R. procedures with CC	21.1	17.6
836	Acute leukemia without major O.R. procedures without CC/MCC	21.1	17.6

DRG	DRG Description	ALOS	Short Stay Threshold
837	Chemotherapy with acute leukemia as secondary diagnosis or with high dose chemotherapy agent with MCC	21.1	17.6
838	Chemotherapy with acute leukemia as secondary diagnosis with CC or high dose chemotherapy agent	21.1	17.6
839	Chemotherapy with acute leukemia as secondary diagnosis without CC/MCC	21.1	17.6
840	Lymphoma and non-acute leukemia with MCC	21.1	17.6
841	Lymphoma and non-acute leukemia with CC	19.3	16.1
842	Lymphoma and non-acute leukemia without CC/MCC	19.3	16.1
843	Other myeloproliferative disorders or poorly differentiated neoplastic diagnoses with MCC	21.1	17.6
844	Other myeloproliferative disorders or poorly differentiated neoplastic diagnoses with CC	19.3	16.1
845	Other myeloproliferative disorders or poorly differentiated neoplastic diagnoses without CC/MCC	19.3	16.1
846	Chemotherapy without acute leukemia as secondary diagnosis with MCC	21.1	17.6
847	Chemotherapy without acute leukemia as secondary diagnosis with CC	21.1	17.6
848	Chemotherapy without acute leukemia as secondary diagnosis without CC/MCC	21.1	17.6
849	Radiotherapy	19.3	16.1
853	Infectious and parasitic diseases with O.R. procedures with MCC	34.9	29.1
854	Infectious and parasitic diseases with O.R. procedures with CC*+	31.9	26.6
855	Infectious and parasitic diseases with O.R. procedures without CC/MCC	31.9	26.6
856	Postoperative or post-traumatic infections with O.R. procedures with MCC	34.0	28.3
857	Postoperative or post-traumatic infections with O.R. procedures with CC	26.9	22.4
858	Postoperative or post-traumatic infections with O.R. procedures without CC/MCC	26.9	22.4
862	Postoperative and post-traumatic infections with MCC	25.2	21.0
863	Postoperative and post-traumatic infections without MCC	22.1	18.4
864	Fever and inflammatory conditions	19.3	16.1
865	Viral illness with MCC	26.9	22.4
866	Viral illness without MCC	19.3	16.1
867	Other infectious and parasitic diseases diagnoses with MCC	23.0	19.2

DRG	DRG Description	ALOS	Short Stay Threshold
868	Other infectious and parasitic diseases diagnoses with CC	19.3	16.1
869	Other infectious and parasitic diseases diagnoses without CC/MCC	19.3	16.1
870	Septicemia or severe sepsis with MV >96 hours	29.5	24.6
871	Septicemia or severe sepsis without MV >96 hours with MCC	22.7	18.9
872	Septicemia or severe sepsis without MV >96 hours without MCC	17.9	14.9
876	O.R. procedures with principal diagnosis of mental illness	22.9	19.1
880	Acute adjustment reaction and psychosocial dysfunction	17.7	14.8
881	Depressive neuroses	20.3	16.9
882	Neuroses except depressive	20.3	16.9
883	Disorders of personality and impulse control	20.3	16.9
884	Organic disturbances and intellectual disability	24.5	20.4
885	Psychoses	23.1	19.3
886	Behavioral and developmental disorders	17.7	14.8
887	Other mental disorder diagnoses	17.7	14.8
894	Alcohol, drug abuse or dependence, left AMA	17.7	14.8
895	Alcohol, drug abuse or dependence with rehabilitation therapy	25.4	21.2
896	Alcohol, drug abuse or dependence without rehabilitation therapy with MCC	22.9	19.1
897	Alcohol, drug abuse or dependence without rehabilitation therapy without MCC	20.3	16.9
901	Wound debridements for injuries with MCC+	32.4	27.0
902	Wound debridements for injuries with CC+	31.9	26.6
903	Wound debridements for injuries without CC/MCC	21.1	17.6
904	Skin grafts for injuries with CC/MCC	26.9	22.4
905	Skin grafts for injuries without CC/MCC	21.1	17.6
906	Hand procedures for injuries	26.9	22.4
907	Other O.R. procedures for injuries with MCC	33.2	27.7
908	Other O.R. procedures for injuries with CC	21.1	17.6
909	Other O.R. procedures for injuries without CC/MCC	21.1	17.6
913	Traumatic injury with MCC	19.3	16.1
914	Traumatic injury without MCC	19.3	16.1
915	Allergic reactions with MCC	21.1	17.6

DRG	DRG Description	ALOS	Short Stay Threshold
916	Allergic reactions without MCC	21.1	17.6
917	Poisoning and toxic effects of drugs with MCC	21.1	17.6
918	Poisoning and toxic effects of drugs without MCC	21.1	17.6
919	Complications of treatment with MCC	27.7	23.1
920	Complications of treatment with CC	22.2	18.5
921	Complications of treatment without CC/MCC	19.3	16.1
922	Other injury, poisoning and toxic effect diagnoses with MCC*+	19.3	16.1
923	Other injury, poisoning and toxic effect diagnoses without MCC*+	19.3	16.1
927	Extensive burns or full thickness burns with MV >96 hours with skin graft	31.9	26.6
928	Full thickness burn with skin graft or inhalation injury with CC/MCC	26.9	22.4
929	Full thickness burn with skin graft or inhalation injury without CC/MCC	26.9	22.4
933	Extensive burns or full thickness burns with MV >96 hours without skin graft	26.9	22.4
934	Full thickness burn without skin graft or inhalation injury	19.3	16.1
935	Non-extensive burns	23.1	19.3
939	O.R. procedures with diagnoses of other contact with health services with MCC	29.4	24.5
940	O.R. procedures with diagnoses of other contact with health services with CC	26.9	22.4
941	O.R. procedures with diagnoses of other contact with health services without CC/MCC	26.9	22.4
945	Rehabilitation with CC/MCC	20.5	17.1
946	Rehabilitation without CC/MCC	16.3	13.6
947	Signs and symptoms with MCC	19.8	16.5
948	Signs and symptoms without MCC	19.3	16.1
949	Aftercare with CC/MCC	21.2	17.7
950	Aftercare without CC/MCC	15.7	13.1
951	Other factors influencing health status	19.3	16.1
955	Craniotomy for multiple significant trauma	26.9	22.4
956	Limb reattachment, hip and femur procedures for multiple significant trauma	26.9	22.4
957	Other O.R. procedures for multiple significant trauma with MCC	26.9	22.4

DRG	DRG Description	ALOS	Short Stay Threshold
958	Other O.R. procedures for multiple significant trauma with CC	21.1	17.6
959	Other O.R. procedures for multiple significant trauma without CC/MCC	21.1	17.6
963	Other multiple significant trauma with MCC	26.9	22.4
964	Other multiple significant trauma with CC	26.9	22.4
965	Other multiple significant trauma without CC/MCC	26.9	22.4
969	HIV with extensive O.R. procedures with MCC	31.9	26.6
970	HIV with extensive O.R. procedures without MCC	31.9	26.6
974	HIV with major related condition with MCC	26.4	22.0
975	HIV with major related condition with CC*+	31.9	26.6
976	HIV with major related condition without CC/MCC	31.9	26.6
977	HIV with or without other related condition	21.1	17.6
981	Extensive O.R. procedures unrelated to principal diagnosis with MCC	42.1	35.1
982	Extensive O.R. procedures unrelated to principal diagnosis with CC	31.0	25.8
983	Extensive O.R. procedures unrelated to principal diagnosis without CC/MCC	19.3	16.1
987	Non-extensive O.R. procedures unrelated to principal diagnosis with MCC	39.5	32.9
988	Non-extensive O.R. procedures unrelated to principal diagnosis with CC	19.3	16.1
989	Non-extensive O.R. procedures unrelated to principal diagnosis without CC/MCC	19.3	16.1
998	Principal diagnosis invalid as discharge diagnosis	0.0	0.0
999	Ungroupable	0.0	0.0



**North Dakota Workforce
Safety & Insurance**

1600 E Century Ave, Suite 1
PO Box 5585
Bismarck, ND 58506-5585
701-328-3800
800-777-5033
Fax: 701-328-3820

www.workforcesafety.com