

Fee Schedule Guidelines

Long Term Care Hospital



**North Dakota Workforce
Safety & Insurance**

January 2020

Notice

The five character numeric codes included in the North Dakota Fee Schedule are obtained from Current Procedural Terminology (CPT®), copyright 2019 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 2019 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	7
Long Term Care Hospital Billing Requirements	8
Long Term Care Hospital Reimbursement Procedures	10
Long Term Care Hospital Transfer Fee Schedule	11

North Dakota Workforce Safety & Insurance

Long Term Care Hospital Pricing Methodology

Long Term Care Hospital 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 Long-Term Care Hospital (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 2020, The Base Rate for the LTCH DRG payments is \$237,000.00.

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 2020, the high cost outlier threshold is \$700,000.00.

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:

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

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 Payment Parameters outlines 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 worker 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.

North Dakota Workforce Safety & Insurance

Long Term Care Hospital Billing Requirements

Long Term Care Hospital Billing Requirements outlines 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 hospital may submit medical charges via EDI through one of WSI's clearinghouses:

- **Carisk (fka iHCFA):** This option allows a provider to electronically submit professional (837p) and institutional (837i) charges along with supporting medical documentation. Contact Carisk EDI Support Services at 973-795-1641 (option 2) for additional information.
- **Noridian:** This option allows a provider to submit professional (837p) and institutional (837i) charges without medical documentation attachment. A provider must mail all supporting medical documentation to WSI at the address provided below or fax it to 701-328-3793. Contact Noridian EDI Support Services at 800-967-7902 for additional information.

Paper Billing- A LTCH may submit bills in red and white paper format along with supporting medical documentation to WSI 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 Reimbursement Procedures outlines 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- A LTCH must refer to the WSI Remittance Advice for bill status information when possible. WSI requests a LTCH allow 2 months from the date of bill submission prior to contacting WSI for bill status, which permits adequate time for bill receipt, bill processing, and payment and/or remittance advice mailing. WSI will not process requests for bill status inquiries of large volume or repetitive requests for the status of processed medical bills that do not meet the above requirements.

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 W MCC	0.0	0.0
002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	0.0	0.0
003	ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	55.9	46.6
004	TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	44.4	37.0
005	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	0.0	0.0
006	LIVER TRANSPLANT W/O MCC	0.0	0.0
007	LUNG TRANSPLANT	0.0	0.0
008	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	0.0	0.0
010	PANCREAS TRANSPLANT	0.0	0.0
011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	15.8	13.2
012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	15.8	13.2
013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	15.8	13.2
014	ALLOGENEIC BONE MARROW TRANSPLANT	18.6	15.5
016	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	18.6	15.5
017	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	18.6	15.5
020	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	22.4	18.7
021	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	18.6	15.5
022	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	15.8	13.2
023	CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPILEPSY W NEUROSTIMULATOR	33.6	28.0
024	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	15.8	13.2
025	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	26.2	21.8
026	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	15.8	13.2
027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	15.8	13.2
028	SPINAL PROCEDURES W MCC	26.2	21.8
029	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	18.6	15.5
030	SPINAL PROCEDURES W/O CC/MCC	18.6	15.5

DRG	DRG Description	ALOS	Short Stay Threshold
031	VENTRICULAR SHUNT PROCEDURES W MCC	33.6	28.0
032	VENTRICULAR SHUNT PROCEDURES W CC	18.6	15.5
033	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	18.6	15.5
034	CAROTID ARTERY STENT PROCEDURE W MCC	39.5	32.9
035	CAROTID ARTERY STENT PROCEDURE W CC	39.5	32.9
036	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	39.5	32.9
037	EXTRACRANIAL PROCEDURES W MCC	33.6	28.0
038	EXTRACRANIAL PROCEDURES W CC	33.6	28.0
039	EXTRACRANIAL PROCEDURES W/O CC/MCC	33.6	28.0
040	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	35.7	29.8
041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	18.6	15.5
042	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	18.6	15.5
052	SPINAL DISORDERS & INJURIES W CC/MCC	37.9	31.6
053	SPINAL DISORDERS & INJURIES W/O CC/MCC	37.9	31.6
054	NERVOUS SYSTEM NEOPLASMS W MCC	33.6	28.0
055	NERVOUS SYSTEM NEOPLASMS W/O MCC	33.6	28.0
056	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	25.0	20.8
057	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	22.4	18.7
058	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	21.8	18.2
059	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	18.6	15.5
060	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	18.6	15.5
061	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	23.0	19.2
062	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	19.4	16.2
063	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	15.8	13.2
064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	22.4	18.7
065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	18.6	15.5
066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	15.8	13.2
067	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	19.4	16.2
068	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	15.8	13.2
069	TRANSIENT ISCHEMIA W/O THROMBOLYTIC	15.8	13.2
070	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	23.0	19.2

DRG	DRG Description	ALOS	Short Stay Threshold
071	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	19.4	16.2
072	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	15.8	13.2
073	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	23.7	19.8
074	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	18.6	15.5
075	VIRAL MENINGITIS W CC/MCC	18.6	15.5
076	VIRAL MENINGITIS W/O CC/MCC	18.6	15.5
077	HYPERTENSIVE ENCEPHALOPATHY W MCC	18.6	15.5
078	HYPERTENSIVE ENCEPHALOPATHY W CC	18.6	15.5
079	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	18.6	15.5
080	NONTRAUMATIC STUPOR & COMA W MCC	26.2	21.8
081	NONTRAUMATIC STUPOR & COMA W/O MCC	21.8	18.2
082	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	24.5	20.4
083	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	15.8	13.2
084	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	15.8	13.2
085	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	21.8	18.2
086	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	21.8	18.2
087	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	15.8	13.2
088	CONCUSSION W MCC	21.8	18.2
089	CONCUSSION W CC	21.8	18.2
090	CONCUSSION W/O CC/MCC	15.8	13.2
091	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	25.5	21.3
092	OTHER DISORDERS OF NERVOUS SYSTEM W CC	20.1	16.8
093	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	15.8	13.2
094	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	27.5	22.9
095	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	23.5	19.6
096	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	15.8	13.2
097	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	23.3	19.4
098	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	18.6	15.5
099	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	18.6	15.5
100	SEIZURES W MCC	21.5	17.9
101	SEIZURES W/O MCC	21.8	18.2

DRG	DRG Description	ALOS	Short Stay Threshold
102	HEADACHES W MCC	15.8	13.2
103	HEADACHES W/O MCC	15.8	13.2
113	ORBITAL PROCEDURES W CC/MCC	15.8	13.2
114	ORBITAL PROCEDURES W/O CC/MCC	15.8	13.2
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	33.6	28.0
116	INTRAOCULAR PROCEDURES W CC/MCC	33.6	28.0
117	INTRAOCULAR PROCEDURES W/O CC/MCC	15.8	13.2
121	ACUTE MAJOR EYE INFECTIONS W CC/MCC	21.8	18.2
122	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	15.8	13.2
123	NEUROLOGICAL EYE DISORDERS	21.8	18.2
124	OTHER DISORDERS OF THE EYE W MCC	18.6	15.5
125	OTHER DISORDERS OF THE EYE W/O MCC	15.8	13.2
129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	33.6	28.0
130	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	15.8	13.2
131	CRANIAL/FACIAL PROCEDURES W CC/MCC	15.8	13.2
132	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	15.8	13.2
133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	33.6	28.0
134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	15.8	13.2
135	SINUS & MASTOID PROCEDURES W CC/MCC	15.8	13.2
136	SINUS & MASTOID PROCEDURES W/O CC/MCC	15.8	13.2
137	MOUTH PROCEDURES W CC/MCC	26.2	21.8
138	MOUTH PROCEDURES W/O CC/MCC	15.8	13.2
139	SALIVARY GLAND PROCEDURES	33.6	28.0
146	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	21.8	18.2
147	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	21.8	18.2
148	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	21.8	18.2
149	DYSEQUILIBRIUM	15.8	13.2
150	EPISTAXIS W MCC	18.6	15.5
151	EPISTAXIS W/O MCC	18.6	15.5
152	OTITIS MEDIA & URI W MCC	26.2	21.8
153	OTITIS MEDIA & URI W/O MCC	26.2	21.8
154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	18.6	15.5

DRG	DRG Description	ALOS	Short Stay Threshold
155	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	15.8	13.2
156	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	15.8	13.2
157	DENTAL & ORAL DISEASES W MCC	26.2	21.8
158	DENTAL & ORAL DISEASES W CC	18.6	15.5
159	DENTAL & ORAL DISEASES W/O CC/MCC	15.8	13.2
163	MAJOR CHEST PROCEDURES W MCC	40.7	33.9
164	MAJOR CHEST PROCEDURES W CC	26.2	21.8
165	MAJOR CHEST PROCEDURES W/O CC/MCC	26.2	21.8
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	40.5	33.8
167	OTHER RESP SYSTEM O.R. PROCEDURES W CC	31.8	26.5
168	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	31.8	26.5
175	PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	17.9	14.9
176	PULMONARY EMBOLISM W/O MCC	18.6	15.5
177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	21.5	17.9
178	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	19.4	16.2
179	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	19.4	16.2
180	RESPIRATORY NEOPLASMS W MCC	26.2	21.8
181	RESPIRATORY NEOPLASMS W CC	21.8	18.2
182	RESPIRATORY NEOPLASMS W/O CC/MCC	21.8	18.2
183	MAJOR CHEST TRAUMA W MCC	15.8	13.2
184	MAJOR CHEST TRAUMA W CC	15.8	13.2
185	MAJOR CHEST TRAUMA W/O CC/MCC	15.8	13.2
186	PLEURAL EFFUSION W MCC	20.5	17.1
187	PLEURAL EFFUSION W CC	18.6	15.5
188	PLEURAL EFFUSION W/O CC/MCC	18.6	15.5
189	PULMONARY EDEMA & RESPIRATORY FAILURE	21.5	17.9
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	19.1	15.9
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	16.1	13.4
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	16.1	13.4
193	SIMPLE PNEUMONIA & PLEURISY W MCC	19.3	16.1
194	SIMPLE PNEUMONIA & PLEURISY W CC	16.3	13.6
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	15.8	13.2

DRG	DRG Description	ALOS	Short Stay Threshold
196	INTERSTITIAL LUNG DISEASE W MCC	20.1	16.8
197	INTERSTITIAL LUNG DISEASE W CC	21.8	18.2
198	INTERSTITIAL LUNG DISEASE W/O CC/MCC	21.8	18.2
199	PNEUMOTHORAX W MCC	20.2	16.8
200	PNEUMOTHORAX W CC	15.8	13.2
201	PNEUMOTHORAX W/O CC/MCC	33.6	28.0
202	BRONCHITIS & ASTHMA W CC/MCC	15.8	13.2
203	BRONCHITIS & ASTHMA W/O CC/MCC	17.5	14.6
204	RESPIRATORY SIGNS & SYMPTOMS	17.5	14.6
205	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	18.6	15.5
206	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	23.8	19.8
207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	18.6	15.5
208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	32.1	26.8
215	OTHER HEART ASSIST SYSTEM IMPLANT	21.6	18.0
216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	28.6	23.8
217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	28.6	23.8
218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	28.6	23.8
219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	28.6	23.8
220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	28.6	23.8
221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	28.6	23.8
222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	28.6	23.8
223	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	33.6	28.0
224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	33.6	28.0
225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	33.6	28.0
226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	33.6	28.0
227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	33.6	28.0
228	OTHER CARDIOTHORACIC PROCEDURES W MCC	33.6	28.0
229	OTHER CARDIOTHORACIC PROCEDURES W/O MCC	21.8	18.2
231	CORONARY BYPASS W PTCA W MCC	21.8	18.2
232	CORONARY BYPASS W PTCA W/O MCC	28.6	23.8

DRG	DRG Description	ALOS	Short Stay Threshold
233	CORONARY BYPASS W CARDIAC CATH W MCC	28.6	23.8
234	CORONARY BYPASS W CARDIAC CATH W/O MCC	28.6	23.8
235	CORONARY BYPASS W/O CARDIAC CATH W MCC	28.6	23.8
236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	28.6	23.8
239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	28.6	23.8
240	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	39.5	32.9
241	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	33.6	28.0
242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	33.6	28.0
243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	33.6	28.0
244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	21.8	18.2
245	AICD GENERATOR PROCEDURES	15.8	13.2
246	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W DRUG-ELUTING STENT W MCC OR 4+ ARTERIES OR STENTS	33.6	28.0
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	33.6	28.0
248	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W NON-DRUG-ELUTING STENT W MCC OR 4+ ARTERIES OR STENTS	21.8	18.2
249	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	15.8	13.2
250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	15.8	13.2
251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	33.6	28.0
252	OTHER VASCULAR PROCEDURES W MCC	15.8	13.2
253	OTHER VASCULAR PROCEDURES W CC	28.6	23.8
254	OTHER VASCULAR PROCEDURES W/O CC/MCC	21.8	18.2
255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	21.8	18.2
256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	33.6	28.0
257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	21.8	18.2
258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	21.8	18.2
259	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	33.6	28.0
260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	33.6	28.0
261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	33.6	28.0
262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	21.8	18.2
263	VEIN LIGATION & STRIPPING	21.8	18.2
264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	18.6	15.5

DRG	DRG Description	ALOS	Short Stay Threshold
265	AICD LEAD PROCEDURES	32.2	26.8
266	ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	21.8	18.2
267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	21.8	18.2
268	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	21.8	18.2
269	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	28.6	23.8
270	OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	28.6	23.8
271	OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	33.6	28.0
272	OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	21.8	18.2
273	PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	21.8	18.2
274	PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	33.6	28.0
280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	33.6	28.0
281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	21.8	18.2
282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	18.8	15.7
283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	15.8	13.2
284	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	21.8	18.2
285	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	21.8	18.2
286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	21.8	18.2
287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	33.6	28.0
288	ACUTE & SUBACUTE ENDOCARDITIS W MCC	33.6	28.0
289	ACUTE & SUBACUTE ENDOCARDITIS W CC	26.0	21.7
290	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	27.0	22.5
291	HEART FAILURE & SHOCK W MCC	27.0	22.5
292	HEART FAILURE & SHOCK W CC	20.0	16.7
293	HEART FAILURE & SHOCK W/O CC/MCC	18.8	15.7
294	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	15.8	13.2
295	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	20.0	16.7
296	CARDIAC ARREST, UNEXPLAINED W MCC	18.6	15.5
297	CARDIAC ARREST, UNEXPLAINED W CC	15.8	13.2
298	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	15.8	13.2
299	PERIPHERAL VASCULAR DISORDERS W MCC	15.8	13.2
300	PERIPHERAL VASCULAR DISORDERS W CC	22.1	18.4

DRG	DRG Description	ALOS	Short Stay Threshold
301	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	20.0	16.7
302	ATHEROSCLEROSIS W MCC	18.6	15.5
303	ATHEROSCLEROSIS W/O MCC	19.7	16.4
304	HYPERTENSION W MCC	18.6	15.5
305	HYPERTENSION W/O MCC	21.8	18.2
306	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	18.6	15.5
307	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	19.8	16.5
308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	19.8	16.5
309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	20.7	17.3
310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	18.6	15.5
311	ANGINA PECTORIS	15.8	13.2
312	SYNCOPE & COLLAPSE	15.8	13.2
313	CHEST PAIN	21.8	18.2
314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	15.8	13.2
315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	24.2	20.2
316	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	21.3	17.8
319	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	18.6	15.5
320	OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	21.8	18.2
326	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	21.8	18.2
327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	33.6	28.0
328	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	15.8	13.2
329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	15.8	13.2
330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	33.6	28.0
331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	33.6	28.0
332	RECTAL RESECTION W MCC	15.8	13.2
333	RECTAL RESECTION W CC	33.6	28.0
334	RECTAL RESECTION W/O CC/MCC	18.7	15.6
335	PERITONEAL ADHESIOLYSIS W MCC	15.8	13.2
336	PERITONEAL ADHESIOLYSIS W CC	23.1	19.3
337	PERITONEAL ADHESIOLYSIS W/O CC/MCC	18.7	15.6
338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	15.8	13.2
339	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	23.1	19.3

DRG	DRG Description	ALOS	Short Stay Threshold
340	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	18.7	15.6
341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	15.8	13.2
342	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	18.6	15.5
343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	18.6	15.5
344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	18.6	15.5
345	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	26.2	21.8
346	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	18.7	15.6
347	ANAL & STOMAL PROCEDURES W MCC	15.8	13.2
348	ANAL & STOMAL PROCEDURES W CC	33.6	28.0
349	ANAL & STOMAL PROCEDURES W/O CC/MCC	18.7	15.6
350	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	15.8	13.2
351	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	23.1	19.3
352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	18.7	15.6
353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	15.8	13.2
354	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	33.6	28.0
355	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	18.7	15.6
356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	15.8	13.2
357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	34.0	28.3
358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	26.2	21.8
368	MAJOR ESOPHAGEAL DISORDERS W MCC	26.2	21.8
369	MAJOR ESOPHAGEAL DISORDERS W CC	26.2	21.8
370	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	26.2	21.8
371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	26.2	21.8
372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	23.1	19.3
373	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	18.7	15.6
374	DIGESTIVE MALIGNANCY W MCC	15.8	13.2
375	DIGESTIVE MALIGNANCY W CC	23.8	19.8
376	DIGESTIVE MALIGNANCY W/O CC/MCC	23.8	19.8
377	G.I. HEMORRHAGE W MCC	23.8	19.8
378	G.I. HEMORRHAGE W CC	20.9	17.4
379	G.I. HEMORRHAGE W/O CC/MCC	21.8	18.2

DRG	DRG Description	ALOS	Short Stay Threshold
380	COMPLICATED PEPTIC ULCER W MCC	15.8	13.2
381	COMPLICATED PEPTIC ULCER W CC	26.4	22.0
382	COMPLICATED PEPTIC ULCER W/O CC/MCC	21.8	18.2
383	UNCOMPLICATED PEPTIC ULCER W MCC	21.8	18.2
384	UNCOMPLICATED PEPTIC ULCER W/O MCC	26.2	21.8
385	INFLAMMATORY BOWEL DISEASE W MCC	15.8	13.2
386	INFLAMMATORY BOWEL DISEASE W CC	33.6	28.0
387	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	18.6	15.5
388	G.I. OBSTRUCTION W MCC	18.6	15.5
389	G.I. OBSTRUCTION W CC	23.4	19.5
390	G.I. OBSTRUCTION W/O CC/MCC	18.7	15.6
391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	18.7	15.6
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	24.6	20.5
393	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	17.6	14.7
394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	26.2	21.8
395	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	22.6	18.8
405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	22.6	18.8
406	PANCREAS, LIVER & SHUNT PROCEDURES W CC	26.2	21.8
407	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	21.8	18.2
408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	15.8	13.2
409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	20.9	17.4
410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	21.8	18.2
411	CHOLECYSTECTOMY W C.D.E. W MCC	15.8	13.2
412	CHOLECYSTECTOMY W C.D.E. W CC	20.9	17.4
413	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	21.8	18.2
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	15.8	13.2
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	33.6	28.0
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	18.6	15.5
417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	18.6	15.5
418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	26.2	21.8
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	18.6	15.5

DRG	DRG Description	ALOS	Short Stay Threshold
420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	18.6	15.5
421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	18.6	15.5
422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	18.6	15.5
423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	18.6	15.5
424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	26.2	21.8
425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	26.2	21.8
432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	18.6	15.5
433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	21.6	18.0
434	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	18.6	15.5
435	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC	18.6	15.5
436	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC	26.2	21.8
437	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC	15.8	13.2
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	15.8	13.2
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	20.9	17.4
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	22.0	18.3
441	DISORDERS OF LIVER EXCEPT MALIG, CIRRH, ALC HEPA W MCC	15.8	13.2
442	DISORDERS OF LIVER EXCEPT MALIG, CIRRH, ALC HEPA W CC	20.6	17.2
443	DISORDERS OF LIVER EXCEPT MALIG, CIRRH, ALC HEPA W/O CC/MCC	18.6	15.5
444	DISORDERS OF THE BILIARY TRACT W MCC	18.6	15.5
445	DISORDERS OF THE BILIARY TRACT W CC	23.0	19.2
446	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	21.8	18.2
453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	21.8	18.2
454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	23.8	19.8
455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	22.6	18.8
456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	15.8	13.2
457	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	23.8	19.8
458	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	22.6	18.8
459	SPINAL FUSION EXCEPT CERVICAL W MCC	15.8	13.2
460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	23.8	19.8
461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	22.6	18.8
462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	23.8	19.8

DRG	DRG Description	ALOS	Short Stay Threshold
463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	22.6	18.8
464	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	36.7	30.6
465	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	32.5	27.1
466	REVISION OF HIP OR KNEE REPLACEMENT W MCC	21.8	18.2
467	REVISION OF HIP OR KNEE REPLACEMENT W CC	40.4	33.7
468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	21.8	18.2
469	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REPLACEMENT	21.8	18.2
470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	40.4	33.7
471	CERVICAL SPINAL FUSION W MCC	21.8	18.2
472	CERVICAL SPINAL FUSION W CC	33.6	28.0
473	CERVICAL SPINAL FUSION W/O CC/MCC	22.6	18.8
474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	15.8	13.2
475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	40.4	33.7
476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	21.8	18.2
477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	21.8	18.2
478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	33.6	28.0
479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	33.6	28.0
480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	33.6	28.0
481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	26.2	21.8
482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	26.2	21.8
483	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	26.2	21.8
485	KNEE PROCEDURES W PDX OF INFECTION W MCC	15.8	13.2
486	KNEE PROCEDURES W PDX OF INFECTION W CC	33.6	28.0
487	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	33.6	28.0
488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	33.6	28.0
489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	18.6	15.5
492	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	18.6	15.5
493	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	18.6	15.5
494	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	18.6	15.5

DRG	DRG Description	ALOS	Short Stay Threshold
495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	18.6	15.5
496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	26.2	21.8
497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	21.8	18.2
498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	21.8	18.2
499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	26.2	21.8
500	SOFT TISSUE PROCEDURES W MCC	26.2	21.8
501	SOFT TISSUE PROCEDURES W CC	32.7	27.3
502	SOFT TISSUE PROCEDURES W/O CC/MCC	26.2	21.8
503	FOOT PROCEDURES W MCC	26.2	21.8
504	FOOT PROCEDURES W CC	33.6	28.0
505	FOOT PROCEDURES W/O CC/MCC	21.8	18.2
506	MAJOR THUMB OR JOINT PROCEDURES	21.8	18.2
507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	15.8	13.2
508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	21.8	18.2
509	ARTHROSCOPY	15.8	13.2
510	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	15.8	13.2
511	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	26.2	21.8
512	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	21.8	18.2
513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	15.8	13.2
514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	26.2	21.8
515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	26.2	21.8
516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	35.6	29.7
517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	35.6	29.7
518	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	35.6	29.7
519	BACK & NECK PROC EXC SPINAL FUSION W CC	33.6	28.0
520	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	22.6	18.8
533	FRACTURES OF FEMUR W MCC	15.8	13.2
534	FRACTURES OF FEMUR W/O MCC	26.2	21.8
535	FRACTURES OF HIP & PELVIS W MCC	26.2	21.8
536	FRACTURES OF HIP & PELVIS W/O MCC	18.6	15.5

DRG	DRG Description	ALOS	Short Stay Threshold
537	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	15.8	13.2
538	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	18.6	15.5
539	OSTEOMYELITIS W MCC	15.8	13.2
540	OSTEOMYELITIS W CC	28.5	23.8
541	OSTEOMYELITIS W/O CC/MCC	26.4	22.0
542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	26.4	22.0
543	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	21.8	18.2
544	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	21.8	18.2
545	CONNECTIVE TISSUE DISORDERS W MCC	21.8	18.2
546	CONNECTIVE TISSUE DISORDERS W CC	28.0	23.3
547	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	26.2	21.8
548	SEPTIC ARTHRITIS W MCC	26.2	21.8
549	SEPTIC ARTHRITIS W CC	28.8	24.0
550	SEPTIC ARTHRITIS W/O CC/MCC	21.6	18.0
551	MEDICAL BACK PROBLEMS W MCC	15.8	13.2
552	MEDICAL BACK PROBLEMS W/O MCC	28.7	23.9
553	BONE DISEASES & ARTHROPATHIES W MCC	21.8	18.2
554	BONE DISEASES & ARTHROPATHIES W/O MCC	21.8	18.2
555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	21.8	18.2
556	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	21.8	18.2
557	TENDONITIS, MYOSITIS & BURSITIS W MCC	18.6	15.5
558	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	26.8	22.3
559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	22.3	18.6
560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	25.2	21.0
561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	24.4	20.3
562	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	15.8	13.2
563	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	21.8	18.2
564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	21.8	18.2
565	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	23.8	19.8
566	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	22.6	18.8

DRG	DRG Description	ALOS	Short Stay Threshold
570	SKIN DEBRIDEMENT W MCC	15.8	13.2
571	SKIN DEBRIDEMENT W CC	32.6	27.2
572	SKIN DEBRIDEMENT W/O CC/MCC	28.7	23.9
573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	28.7	23.9
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	42.5	35.4
575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	33.6	28.0
576	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	26.2	21.8
577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	33.6	28.0
578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	18.6	15.5
579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	18.6	15.5
580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	35.1	29.3
581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	32.6	27.2
582	MASTECTOMY FOR MALIGNANCY W CC/MCC	32.6	27.2
583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	28.7	23.9
584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	28.7	23.9
585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	28.7	23.9
592	SKIN ULCERS W MCC	28.7	23.9
593	SKIN ULCERS W CC	25.3	21.1
594	SKIN ULCERS W/O CC/MCC	23.4	19.5
595	MAJOR SKIN DISORDERS W MCC	23.4	19.5
596	MAJOR SKIN DISORDERS W/O MCC	21.8	18.2
597	MALIGNANT BREAST DISORDERS W MCC	15.8	13.2
598	MALIGNANT BREAST DISORDERS W CC	21.8	18.2
599	MALIGNANT BREAST DISORDERS W/O CC/MCC	15.8	13.2
600	NON-MALIGNANT BREAST DISORDERS W CC/MCC	15.8	13.2
601	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	21.8	18.2
602	CELLULITIS W MCC	15.8	13.2
603	CELLULITIS W/O MCC	22.7	18.9
604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	18.0	15.0
605	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	25.6	21.3
606	MINOR SKIN DISORDERS W MCC	18.6	15.5
607	MINOR SKIN DISORDERS W/O MCC	23.4	19.5

DRG	DRG Description	ALOS	Short Stay Threshold
614	ADRENAL & PITUITARY PROCEDURES W CC/MCC	18.6	15.5
615	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	18.6	15.5
616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	15.8	13.2
617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	34.7	28.9
618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	30.6	25.5
619	O.R. PROCEDURES FOR OBESITY W MCC	21.8	18.2
620	O.R. PROCEDURES FOR OBESITY W CC	33.6	28.0
621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	26.2	21.8
622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	26.2	21.8
623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	34.2	28.5
624	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	29.8	24.8
625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	18.6	15.5
626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	33.5	27.9
627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	26.2	21.8
628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	22.6	18.8
629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	33.5	27.9
630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	26.2	21.8
637	DIABETES W MCC	22.6	18.8
638	DIABETES W CC	24.5	20.4
639	DIABETES W/O CC/MCC	23.3	19.4
640	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	15.8	13.2
641	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	22.9	19.1
642	INBORN AND OTHER DISORDERS OF METABOLISM	18.6	15.5
643	ENDOCRINE DISORDERS W MCC	33.6	28.0
644	ENDOCRINE DISORDERS W CC	18.6	15.5
645	ENDOCRINE DISORDERS W/O CC/MCC	18.6	15.5
652	KIDNEY TRANSPLANT	15.8	13.2
653	MAJOR BLADDER PROCEDURES W MCC	0.0	0.0
654	MAJOR BLADDER PROCEDURES W CC	21.8	18.2
655	MAJOR BLADDER PROCEDURES W/O CC/MCC	21.8	18.2
656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	21.8	18.2

DRG	DRG Description	ALOS	Short Stay Threshold
657	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	26.2	21.8
658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	26.2	21.8
659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	26.2	21.8
660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	26.2	21.8
661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	21.8	18.2
662	MINOR BLADDER PROCEDURES W MCC	21.8	18.2
663	MINOR BLADDER PROCEDURES W CC	26.2	21.8
664	MINOR BLADDER PROCEDURES W/O CC/MCC	18.6	15.5
665	PROSTATECTOMY W MCC	15.8	13.2
666	PROSTATECTOMY W CC	18.6	15.5
667	PROSTATECTOMY W/O CC/MCC	18.6	15.5
668	TRANSURETHRAL PROCEDURES W MCC	18.6	15.5
669	TRANSURETHRAL PROCEDURES W CC	21.8	18.2
670	TRANSURETHRAL PROCEDURES W/O CC/MCC	21.8	18.2
671	URETHRAL PROCEDURES W CC/MCC	21.8	18.2
672	URETHRAL PROCEDURES W/O CC/MCC	20.9	17.4
673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	20.9	17.4
674	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	31.1	25.9
675	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	26.2	21.8
682	RENAL FAILURE W MCC	20.9	17.4
683	RENAL FAILURE W CC	22.9	19.1
684	RENAL FAILURE W/O CC/MCC	20.9	17.4
686	KIDNEY & URINARY TRACT NEOPLASMS W MCC	20.9	17.4
687	KIDNEY & URINARY TRACT NEOPLASMS W CC	26.2	21.8
688	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	26.2	21.8
689	KIDNEY & URINARY TRACT INFECTIONS W MCC	18.4	15.3
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	20.8	17.3
693	URINARY STONES W MCC	16.6	13.8
694	URINARY STONES W/O MCC	21.8	18.2
695	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	15.8	13.2
696	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	26.2	21.8
697	URETHRAL STRICTURE	26.2	21.8

DRG	DRG Description	ALOS	Short Stay Threshold
698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	23.0	19.2
699	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	23.0	19.2
700	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	18.4	15.3
707	MAJOR MALE PELVIC PROCEDURES W CC/MCC	15.8	13.2
708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	26.2	21.8
709	PENIS PROCEDURES W CC/MCC	26.2	21.8
710	PENIS PROCEDURES W/O CC/MCC	33.6	28.0
711	TESTES PROCEDURES W CC/MCC	18.4	15.3
712	TESTES PROCEDURES W/O CC/MCC	33.6	28.0
713	TRANSURETHRAL PROSTATECTOMY W CC/MCC	20.9	17.4
714	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	33.6	28.0
715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	33.6	28.0
716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	20.9	17.4
717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	20.9	17.4
718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	26.2	21.8
722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	20.9	17.4
723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	15.8	13.2
724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	15.8	13.2
725	BENIGN PROSTATIC HYPERTROPHY W MCC	15.8	13.2
726	BENIGN PROSTATIC HYPERTROPHY W/O MCC	15.8	13.2
727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	15.8	13.2
728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	23.9	19.9
729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	20.3	16.9
730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	21.8	18.2
734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	21.8	18.2
735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	21.8	18.2
736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	21.8	18.2
737	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	21.8	18.2
738	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	21.8	18.2
739	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	21.8	18.2

DRG	DRG Description	ALOS	Short Stay Threshold
740	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	33.5	27.9
741	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	26.2	21.8
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	15.8	13.2
743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	21.8	18.2
744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	21.8	18.2
745	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	21.8	18.2
746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	21.8	18.2
747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	21.8	18.2
748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	21.8	18.2
749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	21.8	18.2
750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	21.8	18.2
754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	21.8	18.2
755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	21.8	18.2
756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	21.8	18.2
757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	21.8	18.2
758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	24.7	20.6
759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	18.6	15.5
760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	18.6	15.5
761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	33.6	28.0
768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	20.9	17.4
769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	18.6	15.5
770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	18.6	15.5
776	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	18.6	15.5
779	ABORTION W/O D&C	33.6	28.0
783	CESAREAN SECTION W STERILIZATION W MCC	18.6	15.5
784	CESAREAN SECTION W STERILIZATION W CC	26.2	21.8
785	CESAREAN SECTION W STERILIZATION W/O CC/MCC	26.2	21.8
786	CESAREAN SECTION W/O STERILIZATION W MCC	26.2	21.8
787	CESAREAN SECTION W/O STERILIZATION W CC	26.2	21.8
788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	26.2	21.8
789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	26.2	21.8

DRG	DRG Description	ALOS	Short Stay Threshold
790	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	18.6	15.5
791	PREMATURITY W MAJOR PROBLEMS	18.6	15.5
792	PREMATURITY W/O MAJOR PROBLEMS	18.6	15.5
793	FULL TERM NEONATE W MAJOR PROBLEMS	18.6	15.5
794	NEONATE W OTHER SIGNIFICANT PROBLEMS	18.6	15.5
795	NORMAL NEWBORN	18.6	15.5
796	VAGINAL DELIVERY W STERILIZATION/D&C W MCC	18.6	15.5
797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	18.6	15.5
798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	18.6	15.5
799	SPLENECTOMY W MCC	18.6	15.5
800	SPLENECTOMY W CC	34.0	28.3
801	SPLENECTOMY W/O CC/MCC	26.2	21.8
802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	26.2	21.8
803	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	18.6	15.5
804	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	18.6	15.5
805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	18.6	15.5
806	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	21.8	18.2
807	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	21.8	18.2
808	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	21.8	18.2
809	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	21.8	18.2
810	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	21.8	18.2
811	RED BLOOD CELL DISORDERS W MCC	21.8	18.2
812	RED BLOOD CELL DISORDERS W/O MCC	33.6	28.0
813	COAGULATION DISORDERS	18.6	15.5
814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	26.2	21.8
815	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	21.8	18.2
816	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	18.6	15.5
817	OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	18.6	15.5
818	OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	18.6	15.5
819	OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	18.6	15.5
820	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	18.6	15.5

DRG	DRG Description	ALOS	Short Stay Threshold
821	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	18.6	15.5
822	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	18.6	15.5
823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	18.6	15.5
824	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	21.8	18.2
825	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	21.8	18.2
826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	21.8	18.2
827	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	18.6	15.5
828	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	18.6	15.5
829	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	18.6	15.5
830	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	18.6	15.5
831	OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	18.6	15.5
832	OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	18.6	15.5
833	OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	18.6	15.5
834	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	18.6	15.5
835	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	18.6	15.5
836	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	18.6	15.5
837	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	18.6	15.5
838	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	15.8	13.2
839	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	15.8	13.2
840	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	15.8	13.2
841	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	21.4	17.8
842	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	15.8	13.2
843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	15.8	13.2
844	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	26.2	21.8
845	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	15.8	13.2
846	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	15.8	13.2
847	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	26.2	21.8
848	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	15.8	13.2
849	RADIOTHERAPY	15.8	13.2

DRG	DRG Description	ALOS	Short Stay Threshold
853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	33.6	28.0
854	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	37.7	31.4
855	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	24.4	20.3
856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	24.4	20.3
857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	35.1	29.3
858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	31.4	26.2
862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	31.4	26.2
863	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	25.7	21.4
864	FEVER AND INFLAMMATORY CONDITIONS	22.2	18.5
865	VIRAL ILLNESS W MCC	33.6	28.0
866	VIRAL ILLNESS W/O MCC	21.8	18.2
867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	21.8	18.2
868	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	22.7	18.9
869	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	22.7	18.9
870	SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	22.7	18.9
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	29.9	24.9
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	22.7	18.9
876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	19.0	15.8
880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	22.9	19.1
881	DEPRESSIVE NEUROSES	17.7	14.8
882	NEUROSES EXCEPT DEPRESSIVE	20.3	16.9
883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	20.3	16.9
884	ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	20.3	16.9
885	PSYCHOSES	24.5	20.4
886	BEHAVIORAL & DEVELOPMENTAL DISORDERS	23.1	19.3
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 W REHABILITATION THERAPY	17.7	14.8
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	25.4	21.2
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	22.9	19.1
901	WOUND DEBRIDEMENTS FOR INJURIES W MCC	20.3	16.9

DRG	DRG Description	ALOS	Short Stay Threshold
902	WOUND DEBRIDEMENTS FOR INJURIES W CC	34.0	28.3
903	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	31.3	26.1
904	SKIN GRAFTS FOR INJURIES W CC/MCC	31.3	26.1
905	SKIN GRAFTS FOR INJURIES W/O CC/MCC	26.2	21.8
906	HAND PROCEDURES FOR INJURIES	26.2	21.8
907	OTHER O.R. PROCEDURES FOR INJURIES W MCC	38.4	32.0
908	OTHER O.R. PROCEDURES FOR INJURIES W CC	38.4	32.0
909	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	21.8	18.2
913	TRAUMATIC INJURY W MCC	21.8	18.2
914	TRAUMATIC INJURY W/O MCC	15.8	13.2
915	ALLERGIC REACTIONS W MCC	15.8	13.2
916	ALLERGIC REACTIONS W/O MCC	15.8	13.2
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	15.8	13.2
918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	26.2	21.8
919	COMPLICATIONS OF TREATMENT W MCC	15.8	13.2
920	COMPLICATIONS OF TREATMENT W CC	27.5	22.9
921	COMPLICATIONS OF TREATMENT W/O CC/MCC	22.7	18.9
922	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	21.8	18.2
923	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	26.2	21.8
927	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	18.6	15.5
928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	21.8	18.2
929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	21.8	18.2
933	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	21.8	18.2
934	FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	26.2	21.8
935	NON-EXTENSIVE BURNS	18.6	15.5
939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	21.8	18.2
940	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	30.5	25.4
941	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	30.0	25.0
945	REHABILITATION W CC/MCC	18.6	15.5
946	REHABILITATION W/O CC/MCC	20.5	17.1
947	SIGNS & SYMPTOMS W MCC	16.3	13.6

DRG	DRG Description	ALOS	Short Stay Threshold
948	SIGNS & SYMPTOMS W/O MCC	20.5	17.1
949	AFTERCARE W CC/MCC	18.6	15.5
950	AFTERCARE W/O CC/MCC	21.0	17.5
951	OTHER FACTORS INFLUENCING HEALTH STATUS	14.2	11.8
955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	33.6	28.0
956	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	21.8	18.2
957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	15.8	13.2
958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	33.6	28.0
959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	26.2	21.8
963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	21.8	18.2
964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	26.2	21.8
965	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	21.8	18.2
969	HIV W EXTENSIVE O.R. PROCEDURE W MCC	18.6	15.5
970	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	33.6	28.0
974	HIV W MAJOR RELATED CONDITION W MCC	33.6	28.0
975	HIV W MAJOR RELATED CONDITION W CC	22.5	18.8
976	HIV W MAJOR RELATED CONDITION W/O CC/MCC	22.5	18.8
977	HIV W OR W/O OTHER RELATED CONDITION	18.6	15.5
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	33.6	28.0
982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	40.4	33.7
983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	30.1	25.1
987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	21.8	18.2
988	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	36.9	30.8
989	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	27.7	23.1
998	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	15.8	13.2
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