

Fee Schedule Guidelines

Long Term Care Hospital

WSI

North Dakota Workforce
Safety & Insurance

January 2022

Notice

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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>.

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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 2022, The Base Rate for the LTCH DRG payments is \$232,900.00.

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 2022, 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.

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Long Term Care Hospital Payment Parameters

Long Term Care Hospital 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.

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Long Term Care Hospital Billing Requirements

Long Term Care Hospital 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.

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Long Term Care Hospital Reimbursement Procedures

Long Term Care Hospital 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.

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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	54.9	45.8
004	Tracheostomy with MV >96 hours or principal diagnosis except face, mouth and neck without major O.R. procedures	43.4	36.2
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	19.3	16.1
012	Tracheostomy for face, mouth and neck diagnoses or laryngectomy with CC	19.3	16.1
013	Tracheostomy for face, mouth and neck diagnoses or laryngectomy without CC/MCC	19.3	16.1
014	Allogeneic bone marrow transplant	16.9	14.1
016	Autologous bone marrow transplant with CC/MCC	16.9	14.1
017	Autologous bone marrow transplant without CC/MCC	16.9	14.1
018	Chimeric antigen receptor (CAR) T-cell and other immunotherapies	16.9	14.1
019	Simultaneous pancreas and kidney transplant with hemodialysis	0.0	0.0
020	Intracranial vascular procedures with principal diagnosis hemorrhage with MCC	24.9	20.8
021	Intracranial vascular procedures with principal diagnosis hemorrhage with CC	24.9	20.8
022	Intracranial vascular procedures with principal diagnosis hemorrhage without CC/MCC	24.9	20.8
023	Craniotomy with major device implant or acute complex CNS principal diagnosis with MCC or chemotherapy implant or epilepsy with neurostimulator	19.3	16.1
024	Craniotomy with major device implant or acute complex CNS principal diagnosis without MCC	19.3	16.1
025	Craniotomy and endovascular intracranial procedures with MCC	36.8	30.7

DRG	DRG Description	ALOS	Short Stay Threshold
026	Craniotomy and endovascular intracranial procedures with CC	19.3	16.1
027	Craniotomy and endovascular intracranial procedures without CC/MCC	19.3	16.1
028	Spinal procedures with MCC	36.8	30.7
029	Spinal procedures with CC or spinal neurostimulators	24.8	20.7
030	Spinal procedures without CC/MCC	24.8	20.7
031	Ventricular shunt procedures with MCC	23.6	19.7
032	Ventricular shunt procedures with CC	23.6	19.7
033	Ventricular shunt procedures without CC/MCC	23.6	19.7
034	Carotid artery stent procedures with MCC	36.8	30.7
035	Carotid artery stent procedures with CC	36.8	30.7
036	Carotid artery stent procedures without CC/MCC	36.8	30.7
037	Extracranial procedures with MCC	36.8	30.7
038	Extracranial procedures with CC	36.8	30.7
039	Extracranial procedures without CC/MCC	36.8	30.7
040	Peripheral, cranial nerve and other nervous system procedures with MCC	34.6	28.8
041	Peripheral, cranial nerve and other nervous system procedures with CC or peripheral neurostimulator	19.3	16.1
042	Peripheral, cranial nerve and other nervous system procedures without CC/MCC	19.3	16.1
052	Spinal disorders and injuries with CC/MCC	33.0	27.5
053	Spinal disorders and injuries without CC/MCC	33.0	27.5
054	Nervous system neoplasms with MCC	25.2	21.0
055	Nervous system neoplasms without MCC	19.3	16.1
056	Degenerative nervous system disorders with MCC	24.0	20.0
057	Degenerative nervous system disorders without MCC	22.5	18.8
058	Multiple sclerosis and cerebellar ataxia with MCC*	19.3	16.1
059	Multiple sclerosis and cerebellar ataxia with CC*	19.3	16.1
060	Multiple sclerosis and cerebellar ataxia without CC/MCC	19.3	16.1
061	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with MCC	23.4	19.5
062	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with CC	20.1	16.8
063	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent without CC/MCC	19.3	16.1

DRG	DRG Description	ALOS	Short Stay Threshold
064	Intracranial hemorrhage or cerebral infarction with MCC	24.9	20.8
065	Intracranial hemorrhage or cerebral infarction with CC or tPA in 24 hours	16.9	14.1
066	Intracranial hemorrhage or cerebral infarction without CC/MCC	16.9	14.1
067	Nonspecific CVA and precerebral occlusion without infarction with MCC	19.3	16.1
068	Nonspecific CVA and precerebral occlusion without infarction without MCC	19.3	16.1
069	Transient ischemia without thrombolytic	16.9	14.1
070	Nonspecific cerebrovascular disorders with MCC	23.4	19.5
071	Nonspecific cerebrovascular disorders with CC	20.1	16.8
072	Nonspecific cerebrovascular disorders without CC/MCC	19.3	16.1
073	Cranial and peripheral nerve disorders with MCC	24.8	20.7
074	Cranial and peripheral nerve disorders without MCC*	24.8	20.7
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	19.3	16.1
079	Hypertensive encephalopathy without CC/MCC	19.3	16.1
080	Nontraumatic stupor and coma with MCC	36.8	30.7
081	Nontraumatic stupor and coma without MCC	16.9	14.1
082	Traumatic stupor and coma >1 hour with MCC	28.9	24.1
083	Traumatic stupor and coma >1 hour with CC	23.6	19.7
084	Traumatic stupor and coma >1 hour without CC/MCC	16.9	14.1
085	Traumatic stupor and coma <1 hour with MCC	25.7	21.4
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	36.8	30.7
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	23.3	19.4
092	Other disorders of nervous system with CC*	23.3	19.4
093	Other disorders of nervous system without CC/MCC*	23.3	19.4

DRG	DRG Description	ALOS	Short Stay Threshold
094	Bacterial and tuberculous infections of nervous system with MCC	27.2	22.7
095	Bacterial and tuberculous infections of nervous system with CC	20.5	17.1
096	Bacterial and tuberculous infections of nervous system without CC/MCC	16.9	14.1
097	Non-bacterial infection of nervous system except viral meningitis with MCC	21.9	18.3
098	Non-bacterial infection of nervous system except viral meningitis with CC	23.6	19.7
099	Non-bacterial infection of nervous system except viral meningitis without CC/MCC	23.6	19.7
100	Seizures with MCC	21.5	17.9
101	Seizures without MCC	19.3	16.1
102	Headaches with MCC	19.3	16.1
103	Headaches without MCC	19.3	16.1
113	Orbital procedures with CC/MCC	19.3	16.1
114	Orbital procedures without CC/MCC	19.3	16.1
115	Extraocular procedures except orbit	19.3	16.1
116	Intraocular procedures with CC/MCC	19.3	16.1
117	Intraocular procedures without CC/MCC	19.3	16.1
121	Acute major eye infections with CC/MCC	25.2	21.0
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	19.3	16.1
125	Other disorders of the eye without MCC	19.3	16.1
135	Sinus and mastoid procedures with CC/MCC	19.3	16.1
136	Sinus and mastoid procedures without CC/MCC	19.3	16.1
137	Mouth procedures with CC/MCC	19.3	16.1
138	Mouth procedures without CC/MCC	19.3	16.1
139	Salivary gland procedures	16.9	14.1
140	Major head and neck procedures with MCC	16.9	14.1
141	Major head and neck procedures with CC	16.9	14.1
142	Major head and neck procedures without CC/MCC	16.9	14.1
143	Other ear, nose, mouth and throat O.R. procedures with MCC*	19.3	16.1
144	Other ear, nose, mouth and throat O.R. procedures with CC*	19.3	16.1

DRG	DRG Description	ALOS	Short Stay Threshold
145	Other ear, nose, mouth and throat O.R. procedures without CC/MCC	19.3	16.1
146	Ear, nose, mouth and throat malignancy with MCC	23.6	19.7
147	Ear, nose, mouth and throat malignancy with CC	19.3	16.1
148	Ear, nose, mouth and throat malignancy without CC/MCC	16.9	14.1
149	Dysequilibrium	16.9	14.1
150	Epistaxis with MCC	23.6	19.7
151	Epistaxis without MCC	23.6	19.7
152	Otitis media and URI with MCC	23.6	19.7
153	Otitis media and URI without MCC	19.3	16.1
154	Other ear, nose, mouth and throat diagnoses with MCC	36.8	30.7
155	Other ear, nose, mouth and throat diagnoses with CC	19.3	16.1
156	Other ear, nose, mouth and throat diagnoses without CC/MCC	19.3	16.1
157	Dental and oral diseases with MCC	25.2	21.0
158	Dental and oral diseases with CC	23.6	19.7
159	Dental and oral diseases without CC/MCC	19.3	16.1
163	Major chest procedures with MCC	45.2	37.7
164	Major chest procedures with CC	23.6	19.7
165	Major chest procedures without CC/MCC	23.6	19.7
166	Other respiratory system O.R. procedures with MCC	40.0	33.3
167	Other respiratory system O.R. procedures with CC	29.1	24.3
168	Other respiratory system O.R. procedures without CC/MCC	29.1	24.3
175	Pulmonary embolism with MCC or acute cor pulmonale	20.6	17.2
176	Pulmonary embolism without MCC*	20.6	17.2
177	Respiratory infections and inflammations with MCC	21.7	18.1
178	Respiratory infections and inflammations with CC	18.6	15.5
179	Respiratory infections and inflammations without CC/MCC*	18.6	15.5
180	Respiratory neoplasms with MCC	23.6	19.7
181	Respiratory neoplasms with CC	16.9	14.1
182	Respiratory neoplasms without CC/MCC	16.9	14.1
183	Major chest trauma with MCC	19.3	16.1
184	Major chest trauma with CC	19.3	16.1
185	Major chest trauma without CC/MCC	19.3	16.1

DRG	DRG Description	ALOS	Short Stay Threshold
186	Pleural effusion with MCC	20.6	17.2
187	Pleural effusion with CC	19.3	16.1
188	Pleural effusion without CC/MCC	19.3	16.1
189	Pulmonary edema and respiratory failure	21.3	17.8
190	Chronic obstructive pulmonary disease with MCC	18.9	15.8
191	Chronic obstructive pulmonary disease with CC	16.3	13.6
192	Chronic obstructive pulmonary disease without CC/MCC*	16.3	13.6
193	Simple pneumonia and pleurisy with MCC	19.0	15.8
194	Simple pneumonia and pleurisy with CC	17.9	14.9
195	Simple pneumonia and pleurisy without CC/MCC	16.9	14.1
196	Interstitial lung disease with MCC*	19.3	16.1
197	Interstitial lung disease with CC*	16.9	14.1
198	Interstitial lung disease without CC/MCC*	16.9	14.1
199	Pneumothorax with MCC	17.9	14.9
200	Pneumothorax with CC*	17.9	14.9
201	Pneumothorax without CC/MCC*	17.9	14.9
202	Bronchitis and asthma with CC/MCC	25.2	21.0
203	Bronchitis and asthma without CC/MCC	16.9	14.1
204	Respiratory signs and symptoms	36.8	30.7
205	Other respiratory system diagnoses with MCC	23.1	19.3
206	Other respiratory system diagnoses without MCC	23.6	19.7
207	Respiratory system diagnosis with ventilator support >96 hours	32.0	26.7
208	Respiratory system diagnosis with ventilator support <=96 hours	22.1	18.4
215	Other heart assist system implant	33.8	28.2
216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with MCC	33.8	28.2
217	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with CC	33.8	28.2
218	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization without CC/MCC	33.8	28.2
219	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with MCC	33.8	28.2
220	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with CC	33.8	28.2

DRG	DRG Description	ALOS	Short Stay Threshold
221	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization without CC/MCC	33.8	28.2
222	Cardiac defibrillator implant with cardiac catheterization with AMI, HF or shock with MCC	36.8	30.7
223	Cardiac defibrillator implant with cardiac catheterization with AMI, HF or shock without MCC	36.8	30.7
224	Cardiac defibrillator implant with cardiac catheterization without AMI, HF or shock with MCC	25.2	21.0
225	Cardiac defibrillator implant with cardiac catheterization without AMI, HF or shock without MCC	25.2	21.0
226	Cardiac defibrillator implant without cardiac catheterization with MCC	25.2	21.0
227	Cardiac defibrillator implant without cardiac catheterization without MCC	25.2	21.0
228	Other cardiothoracic procedures with MCC	25.2	21.0
229	Other cardiothoracic procedures without MCC	25.2	21.0
231	Coronary bypass with PTCA with MCC	33.8	28.2
232	Coronary bypass with PTCA without MCC	33.8	28.2
233	Coronary bypass with cardiac catheterization with MCC	33.8	28.2
234	Coronary bypass with cardiac catheterization without MCC	33.8	28.2
235	Coronary bypass without cardiac catheterization with MCC	33.8	28.2
236	Coronary bypass without cardiac catheterization without MCC	33.8	28.2
239	Amputation for circulatory system disorders except upper limb and toe with MCC	39.8	33.2
240	Amputation for circulatory system disorders except upper limb and toe with CC	36.8	30.7
241	Amputation for circulatory system disorders except upper limb and toe without CC/MCC	36.8	30.7
242	Permanent cardiac pacemaker implant with MCC	36.8	30.7
243	Permanent cardiac pacemaker implant with CC	25.2	21.0
244	Permanent cardiac pacemaker implant without CC/MCC	25.2	21.0
245	AICD generator procedures	25.2	21.0
246	Percutaneous cardiovascular procedures with drug-eluting stent with MCC or 4+ arteries or stents	36.8	30.7
247	Percutaneous cardiovascular procedures with drug-eluting stent without MCC	36.8	30.7
248	Percutaneous cardiovascular procedures with non-drug-eluting stent with MCC or 4+ arteries or stents	36.8	30.7
249	Percutaneous cardiovascular procedures with non-drug-eluting stent without MCC	36.8	30.7

DRG	DRG Description	ALOS	Short Stay Threshold
250	Percutaneous cardiovascular procedures without coronary artery stent with MCC	36.8	30.7
251	Percutaneous cardiovascular procedures without coronary artery stent without MCC	36.8	30.7
252	Other vascular procedures with MCC	33.8	28.2
253	Other vascular procedures with CC	33.8	28.2
254	Other vascular procedures without CC/MCC	33.8	28.2
255	Upper limb and toe amputation for circulatory system disorders with MCC	36.8	30.7
256	Upper limb and toe amputation for circulatory system disorders with CC	36.8	30.7
257	Upper limb and toe amputation for circulatory system disorders without CC/MCC	36.8	30.7
258	Cardiac pacemaker device replacement with MCC	25.2	21.0
259	Cardiac pacemaker device replacement without MCC	25.2	21.0
260	Cardiac pacemaker revision except device replacement with MCC	36.8	30.7
261	Cardiac pacemaker revision except device replacement with CC	36.8	30.7
262	Cardiac pacemaker revision except device replacement without CC/MCC	25.2	21.0
263	Vein ligation and stripping	32.1	26.8
264	Other circulatory system O.R. procedures	32.1	26.8
265	AICD lead procedures	25.2	21.0
266	Endovascular cardiac valve replacement and supplement procedures with MCC	32.1	26.8
267	Endovascular cardiac valve replacement and supplement procedures without MCC	32.1	26.8
268	Aortic and heart assist procedures except pulsation balloon with MCC	19.3	16.1
269	Aortic and heart assist procedures except pulsation balloon without MCC	19.3	16.1
270	Other major cardiovascular procedures with MCC	36.8	30.7
271	Other major cardiovascular procedures with CC	25.2	21.0
272	Other major cardiovascular procedures without CC/MCC	25.2	21.0
273	Percutaneous and other intracardiac procedures with MCC	25.2	21.0
274	Percutaneous and other intracardiac procedures without MCC	25.2	21.0
280	Acute myocardial infarction, discharged alive with MCC	23.4	19.5
281	Acute myocardial infarction, discharged alive with CC	16.9	14.1

DRG	DRG Description	ALOS	Short Stay Threshold
282	Acute myocardial infarction, discharged alive without CC/MCC	16.9	14.1
283	Acute myocardial infarction, expired with MCC	17.5	14.6
284	Acute myocardial infarction, expired with CC	16.9	14.1
285	Acute myocardial infarction, expired without CC/MCC	16.9	14.1
286	Circulatory disorders except AMI, with cardiac catheterization with MCC	36.8	30.7
287	Circulatory disorders except AMI, with cardiac catheterization without MCC	25.2	21.0
288	Acute and subacute endocarditis with MCC	25.5	21.3
289	Acute and subacute endocarditis with CC	23.5	19.6
290	Acute and subacute endocarditis without CC/MCC*	23.5	19.6
291	Heart failure and shock with MCC	21.3	17.8
292	Heart failure and shock with CC	18.2	15.2
293	Heart failure and shock without CC/MCC*	18.2	15.2
294	Deep vein thrombophlebitis with CC/MCC	23.6	19.7
295	Deep vein thrombophlebitis without CC/MCC	23.6	19.7
296	Cardiac arrest, unexplained with MCC	16.9	14.1
297	Cardiac arrest, unexplained with CC	16.9	14.1
298	Cardiac arrest, unexplained without CC/MCC	16.9	14.1
299	Peripheral vascular disorders with MCC	22.6	18.8
300	Peripheral vascular disorders with CC	18.6	15.5
301	Peripheral vascular disorders without CC/MCC	18.6	15.5
302	Atherosclerosis with MCC	24.8	20.7
303	Atherosclerosis without MCC	19.3	16.1
304	Hypertension with MCC	36.8	30.7
305	Hypertension without MCC	25.2	21.0
306	Cardiac congenital and valvular disorders with MCC	22.5	18.8
307	Cardiac congenital and valvular disorders without MCC	16.9	14.1
308	Cardiac arrhythmia and conduction disorders with MCC	19.7	16.4
309	Cardiac arrhythmia and conduction disorders with CC*	19.7	16.4
310	Cardiac arrhythmia and conduction disorders without CC/MCC*	16.9	14.1
311	Angina pectoris	16.9	14.1
312	Syncope and collapse	25.2	21.0

DRG	DRG Description	ALOS	Short Stay Threshold
313	Chest pain	16.9	14.1
314	Other circulatory system diagnoses with MCC	24.7	20.6
315	Other circulatory system diagnoses with CC	20.3	16.9
316	Other circulatory system diagnoses without CC/MCC*	20.3	16.9
319	Other endovascular cardiac valve procedures with MCC	36.8	30.7
320	Other endovascular cardiac valve procedures without MCC	36.8	30.7
326	Stomach, esophageal and duodenal procedures with MCC	36.8	30.7
327	Stomach, esophageal and duodenal procedures with CC	25.2	21.0
328	Stomach, esophageal and duodenal procedures without CC/MCC	16.9	14.1
329	Major small and large bowel procedures with MCC	36.8	30.7
330	Major small and large bowel procedures with CC	36.8	30.7
331	Major small and large bowel procedures without CC/MCC	16.9	14.1
332	Rectal resection with MCC	18.9	15.8
333	Rectal resection with CC	18.9	15.8
334	Rectal resection without CC/MCC	16.9	14.1
335	Peritoneal adhesiolysis with MCC	36.8	30.7
336	Peritoneal adhesiolysis with CC	18.9	15.8
337	Peritoneal adhesiolysis without CC/MCC	16.9	14.1
338	Appendectomy with complicated principal diagnosis with MCC	23.3	19.4
339	Appendectomy with complicated principal diagnosis with CC	18.9	15.8
340	Appendectomy with complicated principal diagnosis without CC/MCC	16.9	14.1
341	Appendectomy without complicated principal diagnosis with MCC	23.6	19.7
342	Appendectomy without complicated principal diagnosis with CC	23.6	19.7
343	Appendectomy without complicated principal diagnosis without CC/MCC	23.6	19.7
344	Minor small and large bowel procedures with MCC	23.6	19.7
345	Minor small and large bowel procedures with CC	18.9	15.8
346	Minor small and large bowel procedures without CC/MCC	16.9	14.1
347	Anal and stomal procedures with MCC	18.9	15.8
348	Anal and stomal procedures with CC	18.9	15.8
349	Anal and stomal procedures without CC/MCC	16.9	14.1

DRG	DRG Description	ALOS	Short Stay Threshold
350	Inguinal and femoral hernia procedures with MCC	23.3	19.4
351	Inguinal and femoral hernia procedures with CC	18.9	15.8
352	Inguinal and femoral hernia procedures without CC/MCC	16.9	14.1
353	Hernia procedures except inguinal and femoral with MCC	25.2	21.0
354	Hernia procedures except inguinal and femoral with CC	18.9	15.8
355	Hernia procedures except inguinal and femoral without CC/MCC	16.9	14.1
356	Other digestive system O.R. procedures with MCC	35.2	29.3
357	Other digestive system O.R. procedures with CC	23.6	19.7
358	Other digestive system O.R. procedures without CC/MCC	23.6	19.7
368	Major esophageal disorders with MCC	25.2	21.0
369	Major esophageal disorders with CC	16.9	14.1
370	Major esophageal disorders without CC/MCC	16.9	14.1
371	Major gastrointestinal disorders and peritoneal infections with MCC	23.3	19.4
372	Major gastrointestinal disorders and peritoneal infections with CC	18.9	15.8
373	Major gastrointestinal disorders and peritoneal infections without CC/MCC	16.9	14.1
374	Digestive malignancy with MCC	25.2	21.0
375	Digestive malignancy with CC	19.3	16.1
376	Digestive malignancy without CC/MCC	19.3	16.1
377	Gastrointestinal hemorrhage with MCC	20.2	16.8
378	Gastrointestinal hemorrhage with CC	19.3	16.1
379	Gastrointestinal hemorrhage without CC/MCC	19.3	16.1
380	Complicated peptic ulcer with MCC	27.5	22.9
381	Complicated peptic ulcer with CC	27.5	22.9
382	Complicated peptic ulcer without CC/MCC	27.5	22.9
383	Uncomplicated peptic ulcer with MCC	16.9	14.1
384	Uncomplicated peptic ulcer without MCC	16.9	14.1
385	Inflammatory bowel disease with MCC	23.2	19.3
386	Inflammatory bowel disease with CC*	23.2	19.3
387	Inflammatory bowel disease without CC/MCC	23.2	19.3
388	Gastrointestinal obstruction with MCC	22.8	19.0

DRG	DRG Description	ALOS	Short Stay Threshold
389	Gastrointestinal obstruction with CC	20.6	17.2
390	Gastrointestinal obstruction without CC/MCC	20.6	17.2
391	Esophagitis, gastroenteritis and miscellaneous digestive disorders with MCC	22.7	18.9
392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC	19.9	16.6
393	Other digestive system diagnoses with MCC	26.7	22.3
394	Other digestive system diagnoses with CC	22.5	18.8
395	Other digestive system diagnoses without CC/MCC*	22.5	18.8
405	Pancreas, liver and shunt procedures with MCC	36.8	30.7
406	Pancreas, liver and shunt procedures with CC	18.9	15.8
407	Pancreas, liver and shunt procedures without CC/MCC	16.9	14.1
408	Biliary tract procedures except only cholecystectomy with or without C.D.E. with MCC	23.6	19.7
409	Biliary tract procedures except only cholecystectomy with or without C.D.E. with CC	18.9	15.8
410	Biliary tract procedures except only cholecystectomy with or without C.D.E. without CC/MCC	16.9	14.1
411	Cholecystectomy with C.D.E. with MCC	23.6	19.7
412	Cholecystectomy with C.D.E. with CC	18.9	15.8
413	Cholecystectomy with C.D.E. without CC/MCC	16.9	14.1
414	Cholecystectomy except by laparoscope without C.D.E. with MCC	19.3	16.1
415	Cholecystectomy except by laparoscope without C.D.E. with CC	18.9	15.8
416	Cholecystectomy except by laparoscope without C.D.E. without CC/MCC	16.9	14.1
417	Laparoscopic cholecystectomy without C.D.E. with MCC	36.8	30.7
418	Laparoscopic cholecystectomy without C.D.E. with CC	16.9	14.1
419	Laparoscopic cholecystectomy without C.D.E. without CC/MCC	16.9	14.1
420	Hepatobiliary diagnostic procedures with MCC	25.2	21.0
421	Hepatobiliary diagnostic procedures with CC	25.2	21.0
422	Hepatobiliary diagnostic procedures without CC/MCC	25.2	21.0
423	Other hepatobiliary or pancreas O.R. procedures with MCC	36.8	30.7
424	Other hepatobiliary or pancreas O.R. procedures with CC	16.9	14.1
425	Other hepatobiliary or pancreas O.R. procedures without CC/MCC	16.9	14.1
432	Cirrhosis and alcoholic hepatitis with MCC	20.9	17.4

DRG	DRG Description	ALOS	Short Stay Threshold
433	Cirrhosis and alcoholic hepatitis with CC*	20.9	17.4
434	Cirrhosis and alcoholic hepatitis without CC/MCC	20.9	17.4
435	Malignancy of hepatobiliary system or pancreas with MCC	23.6	19.7
436	Malignancy of hepatobiliary system or pancreas with CC	16.9	14.1
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	16.9	14.1
438	Disorders of pancreas except malignancy with MCC	25.3	21.1
439	Disorders of pancreas except malignancy with CC	23.6	19.7
440	Disorders of pancreas except malignancy without CC/MCC	16.9	14.1
441	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with MCC	21.7	18.1
442	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with CC	19.3	16.1
443	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis without CC/MCC	16.9	14.1
444	Disorders of the biliary tract with MCC	22.3	18.6
445	Disorders of the biliary tract with CC	20.2	16.8
446	Disorders of the biliary tract without CC/MCC	16.9	14.1
453	Combined anterior and posterior spinal fusion with MCC	36.8	30.7
454	Combined anterior and posterior spinal fusion with CC	24.8	20.7
455	Combined anterior and posterior spinal fusion without CC/MCC	24.8	20.7
456	Spinal fusion except cervical with spinal curvature, malignancy, infection or extensive fusions with MCC	24.5	20.4
457	Spinal fusion except cervical with spinal curvature, malignancy, infection or extensive fusions with CC	24.8	20.7
458	Spinal fusion except cervical with spinal curvature, malignancy, infection or extensive fusions without CC/MCC	24.8	20.7
459	Spinal fusion except cervical with MCC	24.5	20.4
460	Spinal fusion except cervical without MCC	24.8	20.7
461	Bilateral or multiple major joint procedures of lower extremity with MCC	24.5	20.4
462	Bilateral or multiple major joint procedures of lower extremity without MCC	24.8	20.7
463	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders with MCC	37.7	31.4
464	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders with CC	33.2	27.7

DRG	DRG Description	ALOS	Short Stay Threshold
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	36.8	30.7
467	Revision of hip or knee replacement with CC	24.8	20.7
468	Revision of hip or knee replacement without CC/MCC	24.8	20.7
469	Major hip and knee joint replacement or reattachment of lower extremity with MCC or total ankle replacement	40.4	33.7
470	Major hip and knee joint replacement or reattachment of lower extremity without MCC	24.8	20.7
471	Cervical spinal fusion with MCC	24.5	20.4
472	Cervical spinal fusion with CC	24.8	20.7
473	Cervical spinal fusion without CC/MCC	24.8	20.7
474	Amputation for musculoskeletal system and connective tissue disorders with MCC	40.4	33.7
475	Amputation for musculoskeletal system and connective tissue disorders with CC*	40.4	33.7
476	Amputation for musculoskeletal system and connective tissue disorders without CC/MCC*	23.6	19.7
477	Biopsies of musculoskeletal system and connective tissue with MCC	36.8	30.7
478	Biopsies of musculoskeletal system and connective tissue with CC	23.6	19.7
479	Biopsies of musculoskeletal system and connective tissue without CC/MCC	23.6	19.7
480	Hip and femur procedures except major joint with MCC	36.8	30.7
481	Hip and femur procedures except major joint with CC	36.8	30.7
482	Hip and femur procedures except major joint without CC/MCC	36.8	30.7
483	Major joint or limb reattachment procedures of upper extremities	19.3	16.1
485	Knee procedures with principal diagnosis of infection with MCC	25.2	21.0
486	Knee procedures with principal diagnosis of infection with CC	25.2	21.0
487	Knee procedures with principal diagnosis of infection without CC/MCC	25.2	21.0
488	Knee procedures without principal diagnosis of infection with CC/MCC	36.8	30.7
489	Knee procedures without principal diagnosis of infection without CC/MCC	36.8	30.7
492	Lower extremity and humerus procedures except hip, foot and femur with MCC	36.8	30.7

DRG	DRG Description	ALOS	Short Stay Threshold
493	Lower extremity and humerus procedures except hip, foot and femur with CC	23.6	19.7
494	Lower extremity and humerus procedures except hip, foot and femur without CC/MCC	23.6	19.7
495	Local excision and removal of internal fixation devices except hip and femur with MCC	36.8	30.7
496	Local excision and removal of internal fixation devices except hip and femur with CC	23.6	19.7
497	Local excision and removal of internal fixation devices except hip and femur without CC/MCC	23.6	19.7
498	Local excision and removal of internal fixation devices of hip and femur with CC/MCC	36.8	30.7
499	Local excision and removal of internal fixation devices of hip and femur without CC/MCC	36.8	30.7
500	Soft tissue procedures with MCC	34.3	28.6
501	Soft tissue procedures with CC*	34.3	28.6
502	Soft tissue procedures without CC/MCC*	16.9	14.1
503	Foot procedures with MCC*	25.2	21.0
504	Foot procedures with CC*	25.2	21.0
505	Foot procedures without CC/MCC	25.2	21.0
506	Major thumb or joint procedures	16.9	14.1
507	Major shoulder or elbow joint procedures with CC/MCC	16.9	14.1
508	Major shoulder or elbow joint procedures without CC/MCC	16.9	14.1
509	Arthroscopy	16.9	14.1
510	Shoulder, elbow or forearm procedures, except major joint procedures with MCC	19.3	16.1
511	Shoulder, elbow or forearm procedures, except major joint procedures with CC	19.3	16.1
512	Shoulder, elbow or forearm procedures, except major joint procedures without CC/MCC	19.3	16.1
513	Hand or wrist procedures, except major thumb or joint procedures with CC/MCC	23.6	19.7
514	Hand or wrist procedures, except major thumb or joint procedures without CC/MCC	23.6	19.7
515	Other musculoskeletal system and connective tissue O.R. procedures with MCC	31.7	26.4
516	Other musculoskeletal system and connective tissue O.R. procedures with CC	19.3	16.1
517	Other musculoskeletal system and connective tissue O.R. procedures without CC/MCC	19.3	16.1

DRG	DRG Description	ALOS	Short Stay Threshold
518	Back and neck procedures except spinal fusion with MCC or disc device or neurostimulator	36.8	30.7
519	Back and neck procedures except spinal fusion with CC	24.8	20.7
520	Back and neck procedures except spinal fusion without CC/MCC	24.8	20.7
521	Hip replacement with principal diagnosis of hip fracture with MCC	24.8	20.7
522	Hip replacement with principal diagnosis of hip fracture without MCC	24.8	20.7
533	Fractures of femur with MCC	25.2	21.0
534	Fractures of femur without MCC	25.2	21.0
535	Fractures of hip and pelvis with MCC	25.2	21.0
536	Fractures of hip and pelvis without MCC	16.9	14.1
537	Sprains, strains, and dislocations of hip, pelvis and thigh with CC/MCC	25.2	21.0
538	Sprains, strains, and dislocations of hip, pelvis and thigh without CC/MCC	16.9	14.1
539	Osteomyelitis with MCC	29.2	24.3
540	Osteomyelitis with CC	26.7	22.3
541	Osteomyelitis without CC/MCC	19.3	16.1
542	Pathological fractures and musculoskeletal and connective tissue malignancy with MCC	25.2	21.0
543	Pathological fractures and musculoskeletal and connective tissue malignancy with CC	16.9	14.1
544	Pathological fractures and musculoskeletal and connective tissue malignancy without CC/MCC	16.9	14.1
545	Connective tissue disorders with MCC	25.2	21.0
546	Connective tissue disorders with CC	16.9	14.1
547	Connective tissue disorders without CC/MCC	16.9	14.1
548	Septic arthritis with MCC	25.1	20.9
549	Septic arthritis with CC	23.3	19.4
550	Septic arthritis without CC/MCC	19.3	16.1
551	Medical back problems with MCC	27.7	23.1
552	Medical back problems without MCC	19.3	16.1
553	Bone diseases and arthropathies with MCC	36.8	30.7
554	Bone diseases and arthropathies without MCC	23.6	19.7
555	Signs and symptoms of musculoskeletal system and connective tissue with MCC	25.2	21.0

DRG	DRG Description	ALOS	Short Stay Threshold
556	Signs and symptoms of musculoskeletal system and connective tissue without MCC	19.3	16.1
557	Tendonitis, myositis and bursitis with MCC	26.0	21.7
558	Tendonitis, myositis and bursitis without MCC	25.7	21.4
559	Aftercare, musculoskeletal system and connective tissue with MCC	24.5	20.4
560	Aftercare, musculoskeletal system and connective tissue with CC	24.0	20.0
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	25.2	21.0
563	Fracture, sprain, strain and dislocation except femur, hip, pelvis and thigh without MCC	25.2	21.0
564	Other musculoskeletal system and connective tissue diagnoses with MCC	24.5	20.4
565	Other musculoskeletal system and connective tissue diagnoses with CC	24.8	20.7
566	Other musculoskeletal system and connective tissue diagnoses without CC/MCC*	24.8	20.7
570	Skin debridement with MCC	33.6	28.0
571	Skin debridement with CC	30.8	25.7
572	Skin debridement without CC/MCC	23.6	19.7
573	Skin graft for skin ulcer or cellulitis with MCC	46.0	38.3
574	Skin graft for skin ulcer or cellulitis with CC	36.8	30.7
575	Skin graft for skin ulcer or cellulitis without CC/MCC	25.2	21.0
576	Skin graft except for skin ulcer or cellulitis with MCC	36.8	30.7
577	Skin graft except for skin ulcer or cellulitis with CC	23.6	19.7
578	Skin graft except for skin ulcer or cellulitis without CC/MCC	23.6	19.7
579	Other skin, subcutaneous tissue and breast procedures with MCC	32.8	27.3
580	Other skin, subcutaneous tissue and breast procedures with CC	30.8	25.7
581	Other skin, subcutaneous tissue and breast procedures without CC/MCC	16.9	14.1
582	Mastectomy for malignancy with CC/MCC	36.8	30.7
583	Mastectomy for malignancy without CC/MCC	19.3	16.1
584	Breast biopsy, local excision and other breast procedures with CC/MCC	25.2	21.0

DRG	DRG Description	ALOS	Short Stay Threshold
585	Breast biopsy, local excision and other breast procedures without CC/MCC	25.2	21.0
592	Skin ulcers with MCC	26.7	22.3
593	Skin ulcers with CC	23.8	19.8
594	Skin ulcers without CC/MCC*	23.8	19.8
595	Major skin disorders with MCC	23.6	19.7
596	Major skin disorders without MCC	16.9	14.1
597	Malignant breast disorders with MCC	19.3	16.1
598	Malignant breast disorders with CC	19.3	16.1
599	Malignant breast disorders without CC/MCC	19.3	16.1
600	Non-malignant breast disorders with CC/MCC	23.6	19.7
601	Non-malignant breast disorders without CC/MCC	16.9	14.1
602	Cellulitis with MCC	21.2	17.7
603	Cellulitis without MCC	18.1	15.1
604	Trauma to the skin, subcutaneous tissue and breast with MCC	24.1	20.1
605	Trauma to the skin, subcutaneous tissue and breast without MCC	19.3	16.1
606	Minor skin disorders with MCC	24.2	20.2
607	Minor skin disorders without MCC	23.6	19.7
614	Adrenal and pituitary procedures with CC/MCC	23.6	19.7
615	Adrenal and pituitary procedures without CC/MCC	23.6	19.7
616	Amputation of lower limb for endocrine, nutritional and metabolic disorders with MCC	38.0	31.7
617	Amputation of lower limb for endocrine, nutritional and metabolic disorders with CC	36.4	30.3
618	Amputation of lower limb for endocrine, nutritional and metabolic disorders without CC/MCC	36.4	30.3
619	O.R. procedures for obesity with MCC	23.6	19.7
620	O.R. procedures for obesity with CC	23.6	19.7
621	O.R. procedures for obesity without CC/MCC	23.6	19.7
622	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders with MCC	34.1	28.4
623	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders with CC	29.0	24.2
624	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders without CC/MCC	23.6	19.7
625	Thyroid, parathyroid and thyroglossal procedures with MCC	32.1	26.8

DRG	DRG Description	ALOS	Short Stay Threshold
626	Thyroid, parathyroid and thyroglossal procedures with CC	25.2	21.0
627	Thyroid, parathyroid and thyroglossal procedures without CC/MCC	22.5	18.8
628	Other endocrine, nutritional and metabolic O.R. procedures with MCC	32.1	26.8
629	Other endocrine, nutritional and metabolic O.R. procedures with CC	25.2	21.0
630	Other endocrine, nutritional and metabolic O.R. procedures without CC/MCC	22.5	18.8
637	Diabetes with MCC	25.5	21.3
638	Diabetes with CC	22.7	18.9
639	Diabetes without CC/MCC	16.9	14.1
640	Miscellaneous disorders of nutrition, metabolism, fluids and electrolytes with MCC	23.0	19.2
641	Miscellaneous disorders of nutrition, metabolism, fluids and electrolytes without MCC	19.1	15.9
642	Inborn and other disorders of metabolism	25.2	21.0
643	Endocrine disorders with MCC	23.6	19.7
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	23.6	19.7
654	Major bladder procedures with CC	23.6	19.7
655	Major bladder procedures without CC/MCC	23.6	19.7
656	Kidney and ureter procedures for neoplasm with MCC	25.2	21.0
657	Kidney and ureter procedures for neoplasm with CC	23.6	19.7
658	Kidney and ureter procedures for neoplasm without CC/MCC	23.6	19.7
659	Kidney and ureter procedures for non-neoplasm with MCC	36.8	30.7
660	Kidney and ureter procedures for non-neoplasm with CC	23.6	19.7
661	Kidney and ureter procedures for non-neoplasm without CC/MCC	23.6	19.7
662	Minor bladder procedures with MCC	25.2	21.0
663	Minor bladder procedures with CC	23.6	19.7
664	Minor bladder procedures without CC/MCC	23.6	19.7

DRG	DRG Description	ALOS	Short Stay Threshold
665	Prostatectomy with MCC	19.3	16.1
666	Prostatectomy with CC	19.3	16.1
667	Prostatectomy without CC/MCC	19.3	16.1
668	Transurethral procedures with MCC	36.8	30.7
669	Transurethral procedures with CC	25.2	21.0
670	Transurethral procedures without CC/MCC	25.2	21.0
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	31.0	25.8
674	Other kidney and urinary tract procedures with CC	24.9	20.8
675	Other kidney and urinary tract procedures without CC/MCC	19.3	16.1
682	Renal failure with MCC	22.6	18.8
683	Renal failure with CC	20.7	17.3
684	Renal failure without CC/MCC	19.3	16.1
686	Kidney and urinary tract neoplasms with MCC	25.2	21.0
687	Kidney and urinary tract neoplasms with CC	16.9	14.1
688	Kidney and urinary tract neoplasms without CC/MCC	16.9	14.1
689	Kidney and urinary tract infections with MCC	20.3	16.9
690	Kidney and urinary tract infections without MCC	17.7	14.8
693	Urinary stones with MCC	16.9	14.1
694	Urinary stones without MCC	16.9	14.1
695	Kidney and urinary tract signs and symptoms with MCC	16.9	14.1
696	Kidney and urinary tract signs and symptoms without MCC	16.9	14.1
697	Urethral stricture	22.9	19.1
698	Other kidney and urinary tract diagnoses with MCC	22.9	19.1
699	Other kidney and urinary tract diagnoses with CC	18.5	15.4
700	Other kidney and urinary tract diagnoses without CC/MCC*	18.5	15.4
707	Major male pelvic procedures with CC/MCC	23.6	19.7
708	Major male pelvic procedures without CC/MCC	23.6	19.7
709	Penis procedures with CC/MCC	36.8	30.7
710	Penis procedures without CC/MCC	18.5	15.4
711	Testes procedures with CC/MCC	36.8	30.7

DRG	DRG Description	ALOS	Short Stay Threshold
712	Testes procedures without CC/MCC	19.3	16.1
713	Transurethral prostatectomy with CC/MCC	36.8	30.7
714	Transurethral prostatectomy without CC/MCC	36.8	30.7
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	36.8	30.7
718	Other male reproductive system O.R. procedures except malignancy without CC/MCC	19.3	16.1
722	Malignancy, male reproductive system with MCC	16.9	14.1
723	Malignancy, male reproductive system with CC	16.9	14.1
724	Malignancy, male reproductive system without CC/MCC	16.9	14.1
725	Benign prostatic hypertrophy with MCC	16.9	14.1
726	Benign prostatic hypertrophy without MCC	16.9	14.1
727	Inflammation of the male reproductive system with MCC	22.2	18.5
728	Inflammation of the male reproductive system without MCC	20.8	17.3
729	Other male reproductive system diagnoses with CC/MCC	23.6	19.7
730	Other male reproductive system diagnoses without CC/MCC	19.3	16.1
734	Pelvic evisceration, radical hysterectomy and radical vulvectomy with CC/MCC	23.6	19.7
735	Pelvic evisceration, radical hysterectomy and radical vulvectomy without CC/MCC	23.6	19.7
736	Uterine and adnexa procedures for ovarian or adnexal malignancy with MCC	23.6	19.7
737	Uterine and adnexa procedures for ovarian or adnexal malignancy with CC	23.6	19.7
738	Uterine and adnexa procedures for ovarian or adnexal malignancy without CC/MCC	23.6	19.7
739	Uterine and adnexa procedures for non-ovarian and non-adnexal malignancy with MCC	23.6	19.7
740	Uterine and adnexa procedures for non-ovarian and non-adnexal malignancy with CC	23.6	19.7
741	Uterine and adnexa procedures for non-ovarian and non-adnexal malignancy without CC/MCC	16.9	14.1
742	Uterine and adnexa procedures for non-malignancy with CC/MCC	23.6	19.7
743	Uterine and adnexa procedures for non-malignancy without CC/MCC	23.6	19.7

DRG	DRG Description	ALOS	Short Stay Threshold
744	D&C, conization, laparoscopy and tubal interruption with CC/MCC	25.2	21.0
745	D&C, conization, laparoscopy and tubal interruption without CC/MCC	25.2	21.0
746	Vagina, cervix and vulva procedures with CC/MCC	23.6	19.7
747	Vagina, cervix and vulva procedures without CC/MCC	23.6	19.7
748	Female reproductive system reconstructive procedures	23.6	19.7
749	Other female reproductive system O.R. procedures with CC/MCC	23.6	19.7
750	Other female reproductive system O.R. procedures without CC/MCC	23.6	19.7
754	Malignancy, female reproductive system with MCC	25.2	21.0
755	Malignancy, female reproductive system with CC	25.2	21.0
756	Malignancy, female reproductive system without CC/MCC	25.2	21.0
757	Infections, female reproductive system with MCC	24.8	20.7
758	Infections, female reproductive system with CC	19.3	16.1
759	Infections, female reproductive system without CC/MCC	19.3	16.1
760	Menstrual and other female reproductive system disorders with CC/MCC	19.3	16.1
761	Menstrual and other female reproductive system disorders without CC/MCC	19.3	16.1
768	Vaginal delivery with O.R. procedures except sterilization and/or D&C	19.3	16.1
769	Postpartum and post abortion diagnoses with O.R. procedures	19.3	16.1
770	Abortion with D&C, aspiration curettage or hysterotomy	19.3	16.1
776	Postpartum and post abortion diagnoses without O.R. procedures	19.3	16.1
779	Abortion without D&C	19.3	16.1
783	Cesarean section with sterilization with MCC	25.2	21.0
784	Cesarean section with sterilization with CC	25.2	21.0
785	Cesarean section with sterilization without CC/MCC	25.2	21.0
786	Cesarean section without sterilization with MCC	25.2	21.0
787	Cesarean section without sterilization with CC	25.2	21.0
788	Cesarean section without sterilization without CC/MCC	25.2	21.0
789	Neonates, died or transferred to another acute care facility	19.3	16.1
790	Extreme immaturity or respiratory distress syndrome, neonate	19.3	16.1
791	Prematurity with major problems	19.3	16.1

DRG	DRG Description	ALOS	Short Stay Threshold
792	Prematurity without major problems	19.3	16.1
793	Full term neonate with major problems	19.3	16.1
794	Neonate with other significant problems	19.3	16.1
795	Normal newborn	19.3	16.1
796	Vaginal delivery with sterilization and/or D&C with MCC	19.3	16.1
797	Vaginal delivery with sterilization and/or D&C with CC	19.3	16.1
798	Vaginal delivery with sterilization and/or D&C without CC/MCC	19.3	16.1
799	Splenectomy with MCC	35.2	29.3
800	Splenectomy with CC	23.6	19.7
801	Splenectomy without CC/MCC	23.6	19.7
802	Other O.R. procedures of the blood and blood forming organs with MCC	25.2	21.0
803	Other O.R. procedures of the blood and blood forming organs with CC	25.2	21.0
804	Other O.R. procedures of the blood and blood forming organs without CC/MCC	25.2	21.0
805	Vaginal delivery without sterilization or D&C with MCC	25.2	21.0
806	Vaginal delivery without sterilization or D&C with CC	25.2	21.0
807	Vaginal delivery without sterilization or D&C without CC/MCC	25.2	21.0
808	Major hematological and immunological diagnoses except sickle cell crisis and coagulation disorders with MCC	25.2	21.0
809	Major hematological and immunological diagnoses except sickle cell crisis and coagulation disorders with CC	16.9	14.1
810	Major hematological and immunological diagnoses except sickle cell crisis and coagulation disorders without CC/MCC	16.9	14.1
811	Red blood cell disorders with MCC	23.5	19.6
812	Red blood cell disorders without MCC	16.9	14.1
813	Coagulation disorders	19.3	16.1
814	Reticuloendothelial and immunity disorders with MCC*	23.6	19.7
815	Reticuloendothelial and immunity disorders with CC*	23.6	19.7
816	Reticuloendothelial and immunity disorders without CC/MCC	23.6	19.7
817	Other antepartum diagnoses with O.R. procedures with MCC	19.3	16.1
818	Other antepartum diagnoses with O.R. procedures with CC	19.3	16.1
819	Other antepartum diagnoses with O.R. procedures without CC/MCC	19.3	16.1
820	Lymphoma and leukemia with major O.R. procedures with MCC	25.2	21.0

DRG	DRG Description	ALOS	Short Stay Threshold
821	Lymphoma and leukemia with major O.R. procedures with CC	25.2	21.0
822	Lymphoma and leukemia with major O.R. procedures without CC/MCC	25.2	21.0
823	Lymphoma and non-acute leukemia with other procedures with MCC	25.2	21.0
824	Lymphoma and non-acute leukemia with other procedures with CC	25.2	21.0
825	Lymphoma and non-acute leukemia with other procedures without CC/MCC	25.2	21.0
826	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures with MCC	25.2	21.0
827	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures with CC	25.2	21.0
828	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures without CC/MCC	25.2	21.0
829	Myeloproliferative disorders or poorly differentiated neoplasms with other procedures with CC/MCC	25.2	21.0
830	Myeloproliferative disorders or poorly differentiated neoplasms with other procedures without CC/MCC	25.2	21.0
831	Other antepartum diagnoses without O.R. procedures with MCC	19.3	16.1
832	Other antepartum diagnoses without O.R. procedures with CC	19.3	16.1
833	Other antepartum diagnoses without O.R. procedures without CC/MCC	19.3	16.1
834	Acute leukemia without major O.R. procedures with MCC	23.6	19.7
835	Acute leukemia without major O.R. procedures with CC	23.6	19.7
836	Acute leukemia without major O.R. procedures without CC/MCC	16.9	14.1
837	Chemotherapy with acute leukemia as secondary diagnosis or with high dose chemotherapy agent with MCC	16.9	14.1
838	Chemotherapy with acute leukemia as secondary diagnosis with CC or high dose chemotherapy agent	16.9	14.1
839	Chemotherapy with acute leukemia as secondary diagnosis without CC/MCC	16.9	14.1
840	Lymphoma and non-acute leukemia with MCC	22.1	18.4
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	23.6	19.7
844	Other myeloproliferative disorders or poorly differentiated neoplastic diagnoses with CC	23.6	19.7

DRG	DRG Description	ALOS	Short Stay Threshold
845	Other myeloproliferative disorders or poorly differentiated neoplastic diagnoses without CC/MCC	23.6	19.7
846	Chemotherapy without acute leukemia as secondary diagnosis with MCC	25.2	21.0
847	Chemotherapy without acute leukemia as secondary diagnosis with CC	25.2	21.0
848	Chemotherapy without acute leukemia as secondary diagnosis without CC/MCC	25.2	21.0
849	Radiotherapy	25.2	21.0
853	Infectious and parasitic diseases with O.R. procedures with MCC	36.6	30.5
854	Infectious and parasitic diseases with O.R. procedures with CC	23.6	19.7
855	Infectious and parasitic diseases with O.R. procedures without CC/MCC	16.9	14.1
856	Postoperative or post-traumatic infections with O.R. procedures with MCC	33.8	28.2
857	Postoperative or post-traumatic infections with O.R. procedures with CC	32.2	26.8
858	Postoperative or post-traumatic infections with O.R. procedures without CC/MCC	16.9	14.1
862	Postoperative and post-traumatic infections with MCC	25.9	21.6
863	Postoperative and post-traumatic infections without MCC	21.6	18.0
864	Fever and inflammatory conditions	25.2	21.0
865	Viral illness with MCC	23.5	19.6
866	Viral illness without MCC	16.9	14.1
867	Other infectious and parasitic diseases diagnoses with MCC	24.8	20.7
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	29.4	24.5
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	18.4	15.3
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

DRG	DRG Description	ALOS	Short Stay Threshold
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	33.0	27.5
902	Wound debridements for injuries with CC	29.3	24.4
903	Wound debridements for injuries without CC/MCC	29.3	24.4
904	Skin grafts for injuries with CC/MCC	36.8	30.7
905	Skin grafts for injuries without CC/MCC	19.3	16.1
906	Hand procedures for injuries	16.9	14.1
907	Other O.R. procedures for injuries with MCC	33.2	27.7
908	Other O.R. procedures for injuries with CC	23.6	19.7
909	Other O.R. procedures for injuries without CC/MCC	23.6	19.7
913	Traumatic injury with MCC	23.6	19.7
914	Traumatic injury without MCC	23.6	19.7
915	Allergic reactions with MCC	25.2	21.0
916	Allergic reactions without MCC	25.2	21.0
917	Poisoning and toxic effects of drugs with MCC	25.2	21.0
918	Poisoning and toxic effects of drugs without MCC	25.2	21.0
919	Complications of treatment with MCC	28.1	23.4
920	Complications of treatment with CC	23.9	19.9
921	Complications of treatment without CC/MCC	19.3	16.1
922	Other injury, poisoning and toxic effect diagnoses with MCC	23.6	19.7
923	Other injury, poisoning and toxic effect diagnoses without MCC	23.6	19.7
927	Extensive burns or full thickness burns with MV >96 hours with skin graft	36.8	30.7
928	Full thickness burn with skin graft or inhalation injury with CC/MCC	36.8	30.7

DRG	DRG Description	ALOS	Short Stay Threshold
929	Full thickness burn with skin graft or inhalation injury without CC/MCC	36.8	30.7
933	Extensive burns or full thickness burns with MV >96 hours without skin graft	23.6	19.7
934	Full thickness burn without skin graft or inhalation injury	19.3	16.1
935	Non-extensive burns	23.6	19.7
939	O.R. procedures with diagnoses of other contact with health services with MCC	32.8	27.3
940	O.R. procedures with diagnoses of other contact with health services with CC	29.3	24.4
941	O.R. procedures with diagnoses of other contact with health services without CC/MCC	29.3	24.4
945	Rehabilitation with CC/MCC	20.5	17.1
946	Rehabilitation without CC/MCC	16.3	13.6
947	Signs and symptoms with MCC	20.1	16.8
948	Signs and symptoms without MCC	19.3	16.1
949	Aftercare with CC/MCC	21.7	18.1
950	Aftercare without CC/MCC	15.1	12.6
951	Other factors influencing health status	15.1	12.6
955	Craniotomy for multiple significant trauma	25.2	21.0
956	Limb reattachment, hip and femur procedures for multiple significant trauma	25.2	21.0
957	Other O.R. procedures for multiple significant trauma with MCC	25.2	21.0
958	Other O.R. procedures for multiple significant trauma with CC	25.2	21.0
959	Other O.R. procedures for multiple significant trauma without CC/MCC	25.2	21.0
963	Other multiple significant trauma with MCC	25.2	21.0
964	Other multiple significant trauma with CC	16.9	14.1
965	Other multiple significant trauma without CC/MCC	16.9	14.1
969	HIV with extensive O.R. procedures with MCC	36.8	30.7
970	HIV with extensive O.R. procedures without MCC	36.8	30.7
974	HIV with major related condition with MCC	23.2	19.3
975	HIV with major related condition with CC	25.2	21.0
976	HIV with major related condition without CC/MCC	25.2	21.0
977	HIV with or without other related condition	25.2	21.0
981	Extensive O.R. procedures unrelated to principal diagnosis with MCC	40.5	33.8

DRG	DRG Description	ALOS	Short Stay Threshold
982	Extensive O.R. procedures unrelated to principal diagnosis with CC	30.8	25.7
983	Extensive O.R. procedures unrelated to principal diagnosis without CC/MCC*	30.8	25.7
987	Non-extensive O.R. procedures unrelated to principal diagnosis with MCC	36.8	30.7
988	Non-extensive O.R. procedures unrelated to principal diagnosis with CC	36.8	30.7
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



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