

Fee Schedule Guidelines

Long Term Care Hospital



**North Dakota Workforce
Safety & Insurance**

January 2024

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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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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 2024, The Base Rate for the LTCH DRG payments is \$250,940.00.

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 2024, 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 (LTCH) Payment Parameters outline the rules for payment adopted by WSI. While WSI has adopted many of Medicare's rules for payment, WSI has developed a set of unique rules that are applied to the final payment of approved services. The complete payment parameters enforced by WSI are as follows:

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

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

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

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

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Long Term Care Hospital Billing Requirements

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

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

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

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

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

Workforce Safety & Insurance
PO Box 5585
Bismarck, ND 58506

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

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

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

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

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

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

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

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

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

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Long Term Care Hospital Reimbursement Procedures

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

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

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

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

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

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

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

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

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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	59.3	49.4
004	Tracheostomy with MV >96 hours or principal diagnosis except face, mouth and neck without major O.R. procedures	44.4	37.0
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	34.8	29.0
012	Tracheostomy for face, mouth and neck diagnoses or laryngectomy with CC	34.8	29.0
013	Tracheostomy for face, mouth and neck diagnoses or laryngectomy without CC/MCC	34.8	29.0
014	Allogeneic bone marrow transplant	18.8	15.7
016	Autologous bone marrow transplant with CC/MCC	26.7	22.3
017	Autologous bone marrow transplant without CC/MCC	18.8	15.7
018	Chimeric antigen receptor (CAR) T-cell and other immunotherapies	18.8	15.7
019	Simultaneous pancreas and kidney transplant with hemodialysis	0.0	0.0
020	Intracranial vascular procedures with principal diagnosis hemorrhage with MCC	34.8	29.0
021	Intracranial vascular procedures with principal diagnosis hemorrhage with CC	34.8	29.0
022	Intracranial vascular procedures with principal diagnosis hemorrhage without CC/MCC	34.8	29.0
023	Craniotomy with major device implant or acute complex CNS principal diagnosis with MCC or chemotherapy implant or epilepsy with neurostimulator	34.8	29.0
024	Craniotomy with major device implant or acute complex CNS principal diagnosis without MCC	34.8	29.0
025	Craniotomy and endovascular intracranial procedures with MCC	34.8	29.0
026	Craniotomy and endovascular intracranial procedures with CC	34.8	29.0
027	Craniotomy and endovascular intracranial procedures without CC/MCC	34.8	29.0
028	Spinal procedures with MCC	34.8	29.0
029	Spinal procedures with CC or spinal neurostimulators	34.8	29.0

DRG	DRG Description	ALOS	Short Stay Threshold
030	Spinal procedures without CC/MCC	34.8	29.0
031	Ventricular shunt procedures with MCC	34.8	29.0
032	Ventricular shunt procedures with CC	34.8	29.0
033	Ventricular shunt procedures without CC/MCC	34.8	29.0
034	Carotid artery stent procedures with MCC	26.7	22.3
035	Carotid artery stent procedures with CC	26.7	22.3
036	Carotid artery stent procedures without CC/MCC	26.7	22.3
037	Extracranial procedures with MCC	26.7	22.3
038	Extracranial procedures with CC	26.7	22.3
039	Extracranial procedures without CC/MCC	26.7	22.3
040	Peripheral, cranial nerve and other nervous system procedures with MCC	32.6	27.0
041	Peripheral, cranial nerve and other nervous system procedures with CC or peripheral neurostimulator	18.8	15.7
042	Peripheral, cranial nerve and other nervous system procedures without CC/MCC	18.8	15.7
052	Spinal disorders and injuries with CC/MCC*	39.4	32.8
053	Spinal disorders and injuries without CC/MCC*	39.4	32.8
054	Nervous system neoplasms with MCC	18.8	15.7
055	Nervous system neoplasms without MCC*	18.8	15.7
056	Degenerative nervous system disorders with MCC	24.0	20.0
057	Degenerative nervous system disorders without MCC	23.5	19.6
058	Multiple sclerosis and cerebellar ataxia with MCC	26.7	22.3
059	Multiple sclerosis and cerebellar ataxia with CC	23.5	19.6
060	Multiple sclerosis and cerebellar ataxia without CC/MCC	23.5	19.6
061	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with MCC	27.0	22.5
062	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent with CC	15.5	12.9
063	Ischemic stroke, precerebral occlusion or transient ischemia with thrombolytic agent without CC/MCC	15.5	12.9
064	Intracranial hemorrhage or cerebral infarction with MCC	27.0	22.5
065	Intracranial hemorrhage or cerebral infarction with CC or tPA in 24 hours	15.5	12.9
066	Intracranial hemorrhage or cerebral infarction without CC/MCC	15.5	12.9
067	Nonspecific CVA and precerebral occlusion without infarction with MCC	23.1	19.3
068	Nonspecific CVA and precerebral occlusion without infarction without MCC	15.5	12.9
069	Transient ischemia without thrombolytic	15.5	12.9

DRG	DRG Description	ALOS	Short Stay Threshold
070	Nonspecific cerebrovascular disorders with MCC	23.1	19.3
071	Nonspecific cerebrovascular disorders with CC	19.0	15.8
072	Nonspecific cerebrovascular disorders without CC/MCC	15.5	12.9
073	Cranial and peripheral nerve disorders with MCC	21.7	18.1
074	Cranial and peripheral nerve disorders without MCC	15.5	12.9
075	Viral meningitis with CC/MCC	15.5	12.9
076	Viral meningitis without CC/MCC	15.5	12.9
077	Hypertensive encephalopathy with MCC	23.6	19.7
078	Hypertensive encephalopathy with CC	20.7	17.3
079	Hypertensive encephalopathy without CC/MCC	18.8	15.7
080	Nontraumatic stupor and coma with MCC	34.8	29.0
081	Nontraumatic stupor and coma without MCC	34.8	29.0
082	Traumatic stupor and coma >1 hour with MCC	27.8	23.2
083	Traumatic stupor and coma >1 hour with CC	21.7	18.1
084	Traumatic stupor and coma >1 hour without CC/MCC	18.8	15.7
085	Traumatic stupor and coma <1 hour with MCC	21.7	18.1
086	Traumatic stupor and coma <1 hour with CC*	21.7	18.1
087	Traumatic stupor and coma <1 hour without CC/MCC	18.8	15.7
088	Concussion with MCC	23.6	19.7
089	Concussion with CC	20.7	17.3
090	Concussion without CC/MCC	18.8	15.7
091	Other disorders of nervous system with MCC	23.6	19.7
092	Other disorders of nervous system with CC	20.7	17.3
093	Other disorders of nervous system without CC/MCC	23.5	19.6
094	Bacterial and tuberculous infections of nervous system with MCC	28.3	23.6
095	Bacterial and tuberculous infections of nervous system with CC	21.7	18.1
096	Bacterial and tuberculous infections of nervous system without CC/MCC	15.5	12.9
097	Non-bacterial infection of nervous system except viral meningitis with MCC	23.6	19.7
098	Non-bacterial infection of nervous system except viral meningitis with CC	21.7	18.1
099	Non-bacterial infection of nervous system except viral meningitis without CC/MCC	18.8	15.7
100	Seizures with MCC	26.7	22.3

DRG	DRG Description	ALOS	Short Stay Threshold
101	Seizures without MCC	18.8	15.7
102	Headaches with MCC	26.7	22.3
103	Headaches without MCC	18.8	15.7
113	Orbital procedures with CC/MCC	31.5	26.3
114	Orbital procedures without CC/MCC	26.7	22.3
115	Extraocular procedures except orbit	26.7	22.3
116	Intraocular procedures with CC/MCC	31.5	26.3
117	Intraocular procedures without CC/MCC	26.7	22.3
121	Acute major eye infections with CC/MCC	15.5	12.9
122	Acute major eye infections without CC/MCC	15.5	12.9
123	Neurological eye disorders	15.5	12.9
124	Other disorders of the eye with MCC or thrombolytic agent	15.5	12.9
125	Other disorders of the eye without MCC	15.5	12.9
135	Sinus and mastoid procedures with CC/MCC	31.5	26.3
136	Sinus and mastoid procedures without CC/MCC	26.7	22.3
137	Mouth procedures with CC/MCC	31.5	26.3
138	Mouth procedures without CC/MCC	26.7	22.3
139	Salivary gland procedures	26.7	22.3
140	Major head and neck procedures with MCC	39.6	33.0
141	Major head and neck procedures with CC	31.5	26.3
142	Major head and neck procedures without CC/MCC	26.7	22.3
143	Other ear, nose, mouth and throat O.R. procedures with MCC	31.5	26.3
144	Other ear, nose, mouth and throat O.R. procedures with CC	26.7	22.3
145	Other ear, nose, mouth and throat O.R. procedures without CC/MCC	26.7	22.3
146	Ear, nose, mouth and throat malignancy with MCC*	21.7	18.1
147	Ear, nose, mouth and throat malignancy with CC	21.7	18.1
148	Ear, nose, mouth and throat malignancy without CC/MCC	15.5	12.9
149	Dysequilibrium	18.8	15.7
150	Epistaxis with MCC	15.5	12.9
151	Epistaxis without MCC	15.5	12.9
152	Otitis media and URI with MCC	18.8	15.7
153	Otitis media and URI without MCC*	18.8	15.7

DRG	DRG Description	ALOS	Short Stay Threshold
154	Other ear, nose, mouth and throat diagnoses with MCC	26.7	22.3
155	Other ear, nose, mouth and throat diagnoses with CC	18.8	15.7
156	Other ear, nose, mouth and throat diagnoses without CC/MCC	18.8	15.7
157	Dental and oral diseases with MCC	26.7	22.3
158	Dental and oral diseases with CC	21.7	18.1
159	Dental and oral diseases without CC/MCC	21.7	18.1
163	Major chest procedures with MCC	45.0	37.5
164	Major chest procedures with CC	45.0	37.5
165	Major chest procedures without CC/MCC	45.0	37.5
166	Other respiratory system O.R. procedures with MCC	39.6	33.0
167	Other respiratory system O.R. procedures with CC	31.5	26.3
168	Other respiratory system O.R. procedures without CC/MCC	26.7	22.3
173	Ultrasound accelerated and other thrombolysis with principal diagnosis pulmonary embolism	26.7	22.3
175	Pulmonary embolism with MCC or acute cor pulmonale	21.7	18.1
176	Pulmonary embolism without MCC	15.5	13.0
177	Respiratory infections and inflammations with MCC	21.0	17.5
178	Respiratory infections and inflammations with CC*	17.7	14.8
179	Respiratory infections and inflammations without CC/MCC*	17.7	14.8
180	Respiratory neoplasms with MCC	21.7	18.1
181	Respiratory neoplasms with CC	15.5	12.9
182	Respiratory neoplasms without CC/MCC	15.5	12.9
183	Major chest trauma with MCC	15.5	12.9
184	Major chest trauma with CC	15.5	12.9
185	Major chest trauma without CC/MCC	15.5	12.9
186	Pleural effusion with MCC	21.3	17.8
187	Pleural effusion with CC	18.8	15.7
188	Pleural effusion without CC/MCC	18.8	15.7
189	Pulmonary edema and respiratory failure	21.0	17.5
190	Chronic obstructive pulmonary disease with MCC	18.1	15.1
191	Chronic obstructive pulmonary disease with CC	18.8	15.7
192	Chronic obstructive pulmonary disease without CC/MCC	15.5	12.9
193	Simple pneumonia and pleurisy with MCC	18.9	15.8

DRG	DRG Description	ALOS	Short Stay Threshold
194	Simple pneumonia and pleurisy with CC	17.0	14.2
195	Simple pneumonia and pleurisy without CC/MCC	15.5	12.9
196	Interstitial lung disease with MCC	26.7	22.3
197	Interstitial lung disease with CC	18.8	15.7
198	Interstitial lung disease without CC/MCC	15.5	12.9
199	Pneumothorax with MCC	26.7	22.3
200	Pneumothorax with CC	15.5	12.9
201	Pneumothorax without CC/MCC	15.5	12.9
202	Bronchitis and asthma with CC/MCC	21.7	18.1
203	Bronchitis and asthma without CC/MCC	17.0	14.2
204	Respiratory signs and symptoms	26.7	22.3
205	Other respiratory system diagnoses with MCC	28.0	23.3
206	Other respiratory system diagnoses without MCC	21.7	18.1
207	Respiratory system diagnosis with ventilator support >96 hours	32.3	26.9
208	Respiratory system diagnosis with ventilator support <=96 hours	21.3	17.8
212	Concomitant aortic and mitral valve procedures	26.7	22.3
215	Other heart assist system implant	26.7	22.3
216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with MCC	26.7	22.3
217	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with CC	26.7	22.3
218	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization without CC/MCC	26.7	22.3
219	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with MCC	26.7	22.3
220	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with CC	26.7	22.3
221	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization without CC/MCC	26.7	22.3
228	Other cardiothoracic procedures with MCC	26.7	22.3
229	Other cardiothoracic procedures without MCC	26.7	22.3
231	Coronary bypass with PTCA with MCC	34.8	29.0
232	Coronary bypass with PTCA without MCC	26.7	22.3
233	Coronary bypass with cardiac catheterization or open ablation with MCC	34.8	29.0
234	Coronary bypass with cardiac catheterization or open ablation without MCC	26.7	22.3
235	Coronary bypass without cardiac catheterization with MCC	34.8	29.0
236	Coronary bypass without cardiac catheterization without MCC	26.7	22.3

DRG	DRG Description	ALOS	Short Stay Threshold
239	Amputation for circulatory system disorders except upper limb and toe with MCC	34.8	29.0
240	Amputation for circulatory system disorders except upper limb and toe with CC	34.8	29.0
241	Amputation for circulatory system disorders except upper limb and toe without CC/MCC	34.8	29.0
242	Permanent cardiac pacemaker implant with MCC	34.8	29.0
243	Permanent cardiac pacemaker implant with CC	34.8	29.0
244	Permanent cardiac pacemaker implant without CC/MCC	34.8	29.0
245	AICD generator procedures	29.5	24.6
250	Percutaneous cardiovascular procedures without intraluminal device with MCC	26.7	22.3
251	Percutaneous cardiovascular procedures without intraluminal device without MCC	26.7	22.3
252	Other vascular procedures with MCC	34.8	29.0
253	Other vascular procedures with CC	34.8	29.0
254	Other vascular procedures without CC/MCC	34.8	29.0
255	Upper limb and toe amputation for circulatory system disorders with MCC	34.8	29.0
256	Upper limb and toe amputation for circulatory system disorders with CC	21.7	18.1
257	Upper limb and toe amputation for circulatory system disorders without CC/MCC	21.7	18.1
258	Cardiac pacemaker device replacement with MCC	34.8	29.0
259	Cardiac pacemaker device replacement without MCC	34.8	29.0
260	Cardiac pacemaker revision except device replacement with MCC	29.5	24.6
261	Cardiac pacemaker revision except device replacement with CC	29.5	24.6
262	Cardiac pacemaker revision except device replacement without CC/MCC	29.5	24.6
263	Vein ligation and stripping	29.5	24.6
264	Other circulatory system O.R. procedures	29.5	24.6
265	AICD lead procedures	34.8	29.0
266	Endovascular cardiac valve replacement and supplement procedures with MCC	26.7	22.3
267	Endovascular cardiac valve replacement and supplement procedures without MCC	26.7	22.3
268	Aortic and heart assist procedures except pulsation balloon with MCC	34.8	29.0
269	Aortic and heart assist procedures except pulsation balloon without MCC	26.7	22.3
270	Other major cardiovascular procedures with MCC	34.8	29.0
271	Other major cardiovascular procedures with CC	34.8	29.0
272	Other major cardiovascular procedures without CC/MCC	34.8	29.0

DRG	DRG Description	ALOS	Short Stay Threshold
273	Percutaneous and other intracardiac procedures with MCC	21.7	18.1
274	Percutaneous and other intracardiac procedures without MCC	21.7	18.1
275	Cardiac defibrillator implant with cardiac catheterization and MCC	34.8	29.0
276	Cardiac defibrillator implant with MCC	34.8	29.0
277	Cardiac defibrillator implant without MCC	34.8	29.0
278	Ultrasound accelerated and other thrombolysis of peripheral vascular structures with MCC	29.5	24.6
279	Ultrasound accelerated and other thrombolysis of peripheral vascular structures without MCC	29.5	24.6
280	Acute myocardial infarction, discharged alive with MCC	22.3	18.6
281	Acute myocardial infarction, discharged alive with CC	18.8	15.7
282	Acute myocardial infarction, discharged alive without CC/MCC	18.8	15.7
283	Acute myocardial infarction, expired with MCC	21.7	18.1
284	Acute myocardial infarction, expired with CC	15.5	12.9
285	Acute myocardial infarction, expired without CC/MCC	15.5	12.9
286	Circulatory disorders except AMI, with cardiac catheterization with MCC	34.8	29.0
287	Circulatory disorders except AMI, with cardiac catheterization without MCC	34.8	29.0
288	Acute and subacute endocarditis with MCC	25.7	21.4
289	Acute and subacute endocarditis with CC*	21.9	18.3
290	Acute and subacute endocarditis without CC/MCC*	21.9	18.3
291	Heart failure and shock with MCC	20.6	17.2
292	Heart failure and shock with CC	16.8	14.0
293	Heart failure and shock without CC/MCC	16.8	14.0
294	Deep vein thrombophlebitis with CC/MCC	21.7	18.1
295	Deep vein thrombophlebitis without CC/MCC	15.5	13.0
296	Cardiac arrest, unexplained with MCC	20.6	17.0
297	Cardiac arrest, unexplained with CC	16.8	14.0
298	Cardiac arrest, unexplained without CC/MCC	16.8	14.0
299	Peripheral vascular disorders with MCC	21.5	17.9
300	Peripheral vascular disorders with CC	18.8	15.7
301	Peripheral vascular disorders without CC/MCC	18.8	15.7
302	Atherosclerosis with MCC	18.8	15.7
303	Atherosclerosis without MCC	18.8	15.7
304	Hypertension with MCC	21.7	18.1

DRG	DRG Description	ALOS	Short Stay Threshold
305	Hypertension without MCC	15.5	12.9
306	Cardiac congenital and valvular disorders with MCC	34.8	29.0
307	Cardiac congenital and valvular disorders without MCC	34.8	29.0
308	Cardiac arrhythmia and conduction disorders with MCC	21.7	18.1
309	Cardiac arrhythmia and conduction disorders with CC	21.7	18.1
310	Cardiac arrhythmia and conduction disorders without CC/MCC	15.5	12.9
311	Angina pectoris	15.5	12.9
312	Syncope and collapse	18.8	15.7
313	Chest pain	15.5	12.9
314	Other circulatory system diagnoses with MCC	23.2	19.3
315	Other circulatory system diagnoses with CC	17.9	14.9
316	Other circulatory system diagnoses without CC/MCC	15.5	12.9
319	Other endovascular cardiac valve procedures with MCC	26.7	22.3
320	Other endovascular cardiac valve procedures without MCC	26.7	22.3
321	Percutaneous cardiovascular procedures with intraluminal device with MCC or 4+ arteries/intraluminal devices	26.7	22.3
322	Percutaneous cardiovascular procedures with intraluminal device without MCC	26.7	22.3
323	Coronary intravascular lithotripsy with intraluminal device with MCC	26.7	22.3
324	Coronary intravascular lithotripsy with intraluminal device without MCC	26.7	22.3
325	Coronary intravascular lithotripsy without intraluminal device	26.7	22.3
326	Stomach, esophageal and duodenal procedures with MCC	26.7	22.3
327	Stomach, esophageal and duodenal procedures with CC	20.1	16.8
328	Stomach, esophageal and duodenal procedures without CC/MCC	18.8	15.7
329	Major small and large bowel procedures with MCC	34.8	29.0
330	Major small and large bowel procedures with CC	34.8	29.0
331	Major small and large bowel procedures without CC/MCC	18.8	15.7
332	Rectal resection with MCC	20.1	16.8
333	Rectal resection with CC	20.1	16.8
334	Rectal resection without CC/MCC	18.8	15.7
335	Peritoneal adhesiolysis with MCC	23.9	19.9
336	Peritoneal adhesiolysis with CC	20.1	16.8
337	Peritoneal adhesiolysis without CC/MCC	18.8	15.7
344	Minor small and large bowel procedures with MCC	34.8	29.0

DRG	DRG Description	ALOS	Short Stay Threshold
345	Minor small and large bowel procedures with CC	20.1	16.8
346	Minor small and large bowel procedures without CC/MCC	18.8	15.7
347	Anal and stomal procedures with MCC	23.9	19.9
348	Anal and stomal procedures with CC	20.1	16.8
349	Anal and stomal procedures without CC/MCC	18.8	15.7
350	Inguinal and femoral hernia procedures with MCC	23.9	19.9
351	Inguinal and femoral hernia procedures with CC	20.1	16.8
352	Inguinal and femoral hernia procedures without CC/MCC	18.8	15.7
353	Hernia procedures except inguinal and femoral with MCC	23.9	19.9
354	Hernia procedures except inguinal and femoral with CC	20.1	16.8
355	Hernia procedures except inguinal and femoral without CC/MCC	18.8	15.7
356	Other digestive system O.R. procedures with MCC*	31.3	26.1
357	Other digestive system O.R. procedures with CC*	31.3	26.1
358	Other digestive system O.R. procedures without CC/MCC	31.3	26.1
368	Major esophageal disorders with MCC	26.7	22.3
369	Major esophageal disorders with CC	20.1	16.8
370	Major esophageal disorders without CC/MCC	18.8	15.7
371	Major gastrointestinal disorders and peritoneal infections with MCC	23.9	19.9
372	Major gastrointestinal disorders and peritoneal infections with CC	20.1	16.8
373	Major gastrointestinal disorders and peritoneal infections without CC/MCC	18.8	15.7
374	Digestive malignancy with MCC	21.7	18.1
375	Digestive malignancy with CC	15.5	12.9
376	Digestive malignancy without CC/MCC	15.5	12.9
377	Gastrointestinal hemorrhage with MCC	21.7	18.1
378	Gastrointestinal hemorrhage with CC	15.5	12.9
379	Gastrointestinal hemorrhage without CC/MCC	15.5	12.9
380	Complicated peptic ulcer with MCC	21.7	18.1
381	Complicated peptic ulcer with CC*	21.7	18.1
382	Complicated peptic ulcer without CC/MCC	15.5	12.9
383	Uncomplicated peptic ulcer with MCC	18.8	15.7
384	Uncomplicated peptic ulcer without MCC	15.5	12.9
385	Inflammatory bowel disease with MCC	18.8	15.7

DRG	DRG Description	ALOS	Short Stay Threshold
386	Inflammatory bowel disease with CC*	18.8	15.7
387	Inflammatory bowel disease without CC/MCC	18.8	15.7
388	Gastrointestinal obstruction with MCC	24.1	20.1
389	Gastrointestinal obstruction with CC	21.7	18.1
390	Gastrointestinal obstruction without CC/MCC	21.7	18.1
391	Esophagitis, gastroenteritis and miscellaneous digestive disorders with MCC*	20.2	16.8
392	Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC*	20.2	17.0
393	Other digestive system diagnoses with MCC	26.9	22.4
394	Other digestive system diagnoses with CC	21.6	18.0
395	Other digestive system diagnoses without CC/MCC	15.5	12.9
397	Appendix procedures with MCC	23.9	19.9
398	Appendix procedures with CC	20.1	16.8
399	Appendix procedures without CC/MCC	18.8	15.7
405	Pancreas, liver and shunt procedures with MCC	34.8	29.0
406	Pancreas, liver and shunt procedures with CC	15.5	12.9
407	Pancreas, liver and shunt procedures without CC/MCC	15.5	12.9
408	Biliary tract procedures except only cholecystectomy with or without C.D.E. with MCC	21.6	18.0
409	Biliary tract procedures except only cholecystectomy with or without C.D.E. with CC	15.5	12.9
410	Biliary tract procedures except only cholecystectomy with or without C.D.E. without CC/MCC	15.5	12.9
411	Cholecystectomy with C.D.E. with MCC	21.7	18.1
412	Cholecystectomy with C.D.E. with CC	21.7	18.1
413	Cholecystectomy with C.D.E. without CC/MCC	21.6	18.0
414	Cholecystectomy except by laparoscope without C.D.E. with MCC	21.7	18.1
415	Cholecystectomy except by laparoscope without C.D.E. with CC	21.6	18.0
416	Cholecystectomy except by laparoscope without C.D.E. without CC/MCC	21.6	18.0
417	Laparoscopic cholecystectomy without C.D.E. with MCC	26.7	22.3
418	Laparoscopic cholecystectomy without C.D.E. with CC	20.1	16.8
419	Laparoscopic cholecystectomy without C.D.E. without CC/MCC	20.1	16.8
420	Hepatobiliary diagnostic procedures with MCC	21.6	18.0
421	Hepatobiliary diagnostic procedures with CC	15.5	12.9
422	Hepatobiliary diagnostic procedures without CC/MCC	15.5	12.9

DRG	DRG Description	ALOS	Short Stay Threshold
423	Other hepatobiliary or pancreas O.R. procedures with MCC	26.7	22.3
424	Other hepatobiliary or pancreas O.R. procedures with CC	15.5	12.9
425	Other hepatobiliary or pancreas O.R. procedures without CC/MCC	15.5	12.9
432	Cirrhosis and alcoholic hepatitis with MCC	19.7	16.4
433	Cirrhosis and alcoholic hepatitis with CC	18.8	15.7
434	Cirrhosis and alcoholic hepatitis without CC/MCC	15.5	12.9
435	Malignancy of hepatobiliary system or pancreas with MCC	34.8	29.0
436	Malignancy of hepatobiliary system or pancreas with CC	15.5	12.9
437	Malignancy of hepatobiliary system or pancreas without CC/MCC	15.5	12.9
438	Disorders of pancreas except malignancy with MCC	26.0	21.7
439	Disorders of pancreas except malignancy with CC	21.7	18.1
440	Disorders of pancreas except malignancy without CC/MCC	15.5	12.9
441	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with MCC	20.3	16.9
442	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis with CC	18.8	15.7
443	Disorders of liver except malignancy, cirrhosis or alcoholic hepatitis without CC/MCC	18.8	15.7
444	Disorders of the biliary tract with MCC*	20.8	17.3
445	Disorders of the biliary tract with CC*	20.8	17.3
446	Disorders of the biliary tract without CC/MCC	20.1	16.8
453	Combined anterior and posterior spinal fusion with MCC	21.3	17.8
454	Combined anterior and posterior spinal fusion with CC	21.7	18.1
455	Combined anterior and posterior spinal fusion without CC/MCC	20.1	16.8
456	Spinal fusion except cervical with spinal curvature, malignancy, infection or extensive fusions with MCC	34.8	29.0
457	Spinal fusion except cervical with spinal curvature, malignancy, infection or extensive fusions with CC	21.7	18.1
458	Spinal fusion except cervical with spinal curvature, malignancy, infection or extensive fusions without CC/MCC	20.1	16.8
459	Spinal fusion except cervical with MCC	21.3	17.8
460	Spinal fusion except cervical without MCC	21.7	18.1
461	Bilateral or multiple major joint procedures of lower extremity with MCC	21.3	17.8
462	Bilateral or multiple major joint procedures of lower extremity without MCC	21.7	18.1
463	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders with MCC	35.8	29.8
464	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders with CC	29.7	24.8
465	Wound debridement and skin graft except hand for musculoskeletal and connective tissue disorders without CC/MCC	26.7	22.3

DRG	DRG Description	ALOS	Short Stay Threshold
466	Revision of hip or knee replacement with MCC	26.7	22.3
467	Revision of hip or knee replacement with CC	15.5	12.9
468	Revision of hip or knee replacement without CC/MCC	15.5	12.9
469	Major hip and knee joint replacement or reattachment of lower extremity with MCC or total ankle replacement	34.8	29.0
470	Major hip and knee joint replacement or reattachment of lower extremity without MCC	34.8	29.0
471	Cervical spinal fusion with MCC	21.7	18.1
472	Cervical spinal fusion with CC	21.7	18.1
473	Cervical spinal fusion without CC/MCC	20.1	16.8
474	Amputation for musculoskeletal system and connective tissue disorders with MCC	34.8	29.0
475	Amputation for musculoskeletal system and connective tissue disorders with CC	34.8	29.0
476	Amputation for musculoskeletal system and connective tissue disorders without CC/MCC	20.1	16.8
477	Biopsies of musculoskeletal system and connective tissue with MCC	26.7	22.3
478	Biopsies of musculoskeletal system and connective tissue with CC	21.3	17.8
479	Biopsies of musculoskeletal system and connective tissue without CC/MCC	21.3	17.8
480	Hip and femur procedures except major joint with MCC	34.8	29.0
481	Hip and femur procedures except major joint with CC	34.8	29.0
482	Hip and femur procedures except major joint without CC/MCC	34.8	29.0
483	Major joint or limb reattachment procedures of upper extremities	34.8	29.0
485	Knee procedures with principal diagnosis of infection with MCC	26.7	22.3
486	Knee procedures with principal diagnosis of infection with CC	15.5	12.9
487	Knee procedures with principal diagnosis of infection without CC/MCC	15.5	12.9
488	Knee procedures without principal diagnosis of infection with CC/MCC	34.8	29.0
489	Knee procedures without principal diagnosis of infection without CC/MCC	34.8	29.0
492	Lower extremity and humerus procedures except hip, foot and femur with MCC	34.8	29.0
493	Lower extremity and humerus procedures except hip, foot and femur with CC	34.8	29.0
494	Lower extremity and humerus procedures except hip, foot and femur without CC/MCC	34.8	29.0
495	Local excision and removal of internal fixation devices except hip and femur with MCC	34.8	29.0
496	Local excision and removal of internal fixation devices except hip and femur with CC	34.8	29.0
497	Local excision and removal of internal fixation devices except hip and femur without CC/MCC	34.8	29.0
498	Local excision and removal of internal fixation devices of hip and femur with CC/MCC	26.7	22.3

DRG	DRG Description	ALOS	Short Stay Threshold
499	Local excision and removal of internal fixation devices of hip and femur without CC/MCC	26.7	22.3
500	Soft tissue procedures with MCC	34.2	28.5
501	Soft tissue procedures with CC	26.7	22.3
502	Soft tissue procedures without CC/MCC	21.3	17.8
503	Foot procedures with MCC	34.8	29.0
504	Foot procedures with CC	34.8	29.0
505	Foot procedures without CC/MCC	34.8	29.0
506	Major thumb or joint procedures	26.7	22.3
507	Major shoulder or elbow joint procedures with CC/MCC	21.7	18.1
508	Major shoulder or elbow joint procedures without CC/MCC	20.1	16.8
509	Arthroscopy	21.7	18.1
510	Shoulder, elbow or forearm procedures, except major joint procedures with MCC	26.7	22.3
511	Shoulder, elbow or forearm procedures, except major joint procedures with CC	21.7	18.1
512	Shoulder, elbow or forearm procedures, except major joint procedures without CC/MCC	20.1	16.8
513	Hand or wrist procedures, except major thumb or joint procedures with CC/MCC	26.7	22.3
514	Hand or wrist procedures, except major thumb or joint procedures without CC/MCC	26.7	22.3
515	Other musculoskeletal system and connective tissue O.R. procedures with MCC*	29.6	24.7
516	Other musculoskeletal system and connective tissue O.R. procedures with CC*	29.6	24.7
517	Other musculoskeletal system and connective tissue O.R. procedures without CC/MCC	15.5	12.9
518	Back and neck procedures except spinal fusion with MCC or disc device or neurostimulator	34.8	29.0
519	Back and neck procedures except spinal fusion with CC	21.7	18.1
520	Back and neck procedures except spinal fusion without CC/MCC	20.1	16.8
521	Hip replacement with principal diagnosis of hip fracture with MCC	21.7	18.1
522	Hip replacement with principal diagnosis of hip fracture without MCC	20.1	16.8
533	Fractures of femur with MCC	21.7	18.1
534	Fractures of femur without MCC	20.1	16.8
535	Fractures of hip and pelvis with MCC	21.7	18.1
536	Fractures of hip and pelvis without MCC	20.1	16.8
537	Sprains, strains, and dislocations of hip, pelvis and thigh with CC/MCC	21.7	18.1
538	Sprains, strains, and dislocations of hip, pelvis and thigh without CC/MCC	20.1	16.8

DRG	DRG Description	ALOS	Short Stay Threshold
539	Osteomyelitis with MCC	28.0	23.3
540	Osteomyelitis with CC	24.9	20.8
541	Osteomyelitis without CC/MCC	21.7	18.1
542	Pathological fractures and musculoskeletal and connective tissue malignancy with MCC*	21.7	18.1
543	Pathological fractures and musculoskeletal and connective tissue malignancy with CC*	21.7	18.1
544	Pathological fractures and musculoskeletal and connective tissue malignancy without CC/MCC	15.5	12.9
545	Connective tissue disorders with MCC	26.7	22.3
546	Connective tissue disorders with CC	24.9	20.8
547	Connective tissue disorders without CC/MCC	20.1	16.8
548	Septic arthritis with MCC	22.9	19.1
549	Septic arthritis with CC	21.7	18.1
550	Septic arthritis without CC/MCC	18.8	15.7
551	Medical back problems with MCC*	25.5	21.3
552	Medical back problems without MCC*	25.5	21.3
553	Bone diseases and arthropathies with MCC	34.8	29.0
554	Bone diseases and arthropathies without MCC	26.7	22.3
555	Signs and symptoms of musculoskeletal system and connective tissue with MCC	34.8	29.0
556	Signs and symptoms of musculoskeletal system and connective tissue without MCC	15.5	12.9
557	Tendonitis, myositis and bursitis with MCC	27.9	23.3
558	Tendonitis, myositis and bursitis without MCC	25.1	20.9
559	Aftercare, musculoskeletal system and connective tissue with MCC	24.9	20.8
560	Aftercare, musculoskeletal system and connective tissue with CC	22.7	18.9
561	Aftercare, musculoskeletal system and connective tissue without CC/MCC	18.8	16.0
562	Fracture, sprain, strain and dislocation except femur, hip, pelvis and thigh with MCC	21.7	18.1
563	Fracture, sprain, strain and dislocation except femur, hip, pelvis and thigh without MCC	18.8	15.7
564	Other musculoskeletal system and connective tissue diagnoses with MCC	21.3	17.8
565	Other musculoskeletal system and connective tissue diagnoses with CC	21.7	18.1
566	Other musculoskeletal system and connective tissue diagnoses without CC/MCC	18.8	15.7
570	Skin debridement with MCC	32.8	27.3
571	Skin debridement with CC	27.7	23.0

DRG	DRG Description	ALOS	Short Stay Threshold
572	Skin debridement without CC/MCC	18.8	15.7
573	Skin graft for skin ulcer or cellulitis with MCC*	36.3	30.3
574	Skin graft for skin ulcer or cellulitis with CC*	36.3	30.3
575	Skin graft for skin ulcer or cellulitis without CC/MCC	27.9	23.3
576	Skin graft except for skin ulcer or cellulitis with MCC*	34.8	29.0
577	Skin graft except for skin ulcer or cellulitis with CC	34.8	29.0
578	Skin graft except for skin ulcer or cellulitis without CC/MCC	34.8	29.0
579	Other skin, subcutaneous tissue and breast procedures with MCC	35.0	29.2
580	Other skin, subcutaneous tissue and breast procedures with CC	32.3	26.9
581	Other skin, subcutaneous tissue and breast procedures without CC/MCC	27.7	23.1
582	Mastectomy for malignancy with CC/MCC	27.7	23.1
583	Mastectomy for malignancy without CC/MCC	27.7	23.1
584	Breast biopsy, local excision and other breast procedures with CC/MCC	27.7	23.1
585	Breast biopsy, local excision and other breast procedures without CC/MCC	27.7	23.1
592	Skin ulcers with MCC	25.4	21.2
593	Skin ulcers with CC*	22.3	18.6
594	Skin ulcers without CC/MCC*	22.3	18.6
595	Major skin disorders with MCC	18.8	15.7
596	Major skin disorders without MCC	18.8	15.7
597	Malignant breast disorders with MCC	26.7	22.3
598	Malignant breast disorders with CC	15.5	12.9
599	Malignant breast disorders without CC/MCC	15.5	12.9
600	Non-malignant breast disorders with CC/MCC	15.5	12.9
601	Non-malignant breast disorders without CC/MCC	15.5	12.9
602	Cellulitis with MCC	19.5	16.3
603	Cellulitis without MCC	18.4	15.3
604	Trauma to the skin, subcutaneous tissue and breast with MCC	21.7	18.1
605	Trauma to the skin, subcutaneous tissue and breast without MCC	18.8	15.7
606	Minor skin disorders with MCC	27.2	22.7
607	Minor skin disorders without MCC	18.8	15.7
614	Adrenal and pituitary procedures with CC/MCC	18.8	15.7
615	Adrenal and pituitary procedures without CC/MCC	18.8	15.7

DRG	DRG Description	ALOS	Short Stay Threshold
616	Amputation of lower limb for endocrine, nutritional and metabolic disorders with MCC	34.8	29.0
617	Amputation of lower limb for endocrine, nutritional and metabolic disorders with CC	34.8	29.0
618	Amputation of lower limb for endocrine, nutritional and metabolic disorders without CC/MCC	34.8	29.0
619	O.R. procedures for obesity with MCC	34.8	29.0
620	O.R. procedures for obesity with CC	31.3	26.1
621	O.R. procedures for obesity without CC/MCC	31.3	26.1
622	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders with MCC	34.0	28.3
623	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders with CC	27.5	22.9
624	Skin grafts and wound debridement for endocrine, nutritional and metabolic disorders without CC/MCC	18.8	15.7
625	Thyroid, parathyroid and thyroglossal procedures with MCC	34.8	29.0
626	Thyroid, parathyroid and thyroglossal procedures with CC	26.7	22.3
627	Thyroid, parathyroid and thyroglossal procedures without CC/MCC	15.5	12.9
628	Other endocrine, nutritional and metabolic O.R. procedures with MCC	34.8	29.0
629	Other endocrine, nutritional and metabolic O.R. procedures with CC	26.7	22.3
630	Other endocrine, nutritional and metabolic O.R. procedures without CC/MCC	15.5	12.9
637	Diabetes with MCC	25.3	21.1
638	Diabetes with CC	21.3	17.8
639	Diabetes without CC/MCC	15.5	12.9
640	Miscellaneous disorders of nutrition, metabolism, fluids and electrolytes with MCC	22.1	18.4
641	Miscellaneous disorders of nutrition, metabolism, fluids and electrolytes without MCC	18.3	15.3
642	Inborn and other disorders of metabolism	21.7	18.1
643	Endocrine disorders with MCC	18.8	15.7
644	Endocrine disorders with CC	18.8	15.7
645	Endocrine disorders without CC/MCC	15.5	12.9
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	34.8	29.0
654	Major bladder procedures with CC	18.8	15.7
655	Major bladder procedures without CC/MCC	18.8	15.7
656	Kidney and ureter procedures for neoplasm with MCC	21.7	18.1

DRG	DRG Description	ALOS	Short Stay Threshold
657	Kidney and ureter procedures for neoplasm with CC	21.7	18.1
658	Kidney and ureter procedures for neoplasm without CC/MCC	21.7	18.1
659	Kidney and ureter procedures for non-neoplasm with MCC	34.8	29.0
660	Kidney and ureter procedures for non-neoplasm with CC	18.8	15.7
661	Kidney and ureter procedures for non-neoplasm without CC/MCC	18.8	15.7
662	Minor bladder procedures with MCC	34.8	29.0
663	Minor bladder procedures with CC	18.8	15.7
664	Minor bladder procedures without CC/MCC	18.8	15.7
665	Prostatectomy with MCC	34.8	29.0
666	Prostatectomy with CC	18.8	15.7
667	Prostatectomy without CC/MCC	18.8	15.7
668	Transurethral procedures with MCC	18.8	15.7
669	Transurethral procedures with CC	18.8	15.7
670	Transurethral procedures without CC/MCC	18.8	15.7
671	Urethral procedures with CC/MCC	19.2	16.0
672	Urethral procedures without CC/MCC	19.2	16.0
673	Other kidney and urinary tract procedures with MCC	30.6	25.5
674	Other kidney and urinary tract procedures with CC	21.7	18.1
675	Other kidney and urinary tract procedures without CC/MCC	21.7	18.1
682	Renal failure with MCC	21.6	18.0
683	Renal failure with CC*	19.2	16.0
684	Renal failure without CC/MCC*	19.2	16.0
686	Kidney and urinary tract neoplasms with MCC	26.7	22.3
687	Kidney and urinary tract neoplasms with CC	26.7	22.3
688	Kidney and urinary tract neoplasms without CC/MCC	21.7	18.1
689	Kidney and urinary tract infections with MCC	18.8	15.7
690	Kidney and urinary tract infections without MCC	15.7	13.1
693	Urinary stones with MCC	18.8	15.7
694	Urinary stones without MCC	18.8	15.7
695	Kidney and urinary tract signs and symptoms with MCC	18.8	15.7
696	Kidney and urinary tract signs and symptoms without MCC	15.5	12.9
697	Urethral stricture	15.5	12.9

DRG	DRG Description	ALOS	Short Stay Threshold
698	Other kidney and urinary tract diagnoses with MCC	22.4	18.7
699	Other kidney and urinary tract diagnoses with CC	18.8	15.7
700	Other kidney and urinary tract diagnoses without CC/MCC	15.5	12.9
707	Major male pelvic procedures with CC/MCC	23.5	19.6
708	Major male pelvic procedures without CC/MCC	23.5	19.6
709	Penis procedures with CC/MCC	23.5	19.6
710	Penis procedures without CC/MCC	18.8	15.7
711	Testes procedures with CC/MCC	34.8	29.0
712	Testes procedures without CC/MCC	18.8	15.7
713	Transurethral prostatectomy with CC/MCC	23.5	19.6
714	Transurethral prostatectomy without CC/MCC	18.8	15.7
715	Other male reproductive system O.R. procedures for malignancy with CC/MCC	19.2	16.0
716	Other male reproductive system O.R. procedures for malignancy without CC/MCC	18.8	15.7
717	Other male reproductive system O.R. procedures except malignancy with CC/MCC	26.7	22.3
718	Other male reproductive system O.R. procedures except malignancy without CC/MCC	18.8	15.7
722	Malignancy, male reproductive system with MCC	23.5	19.6
723	Malignancy, male reproductive system with CC	23.5	19.6
724	Malignancy, male reproductive system without CC/MCC	18.8	15.7
725	Benign prostatic hypertrophy with MCC	18.8	15.7
726	Benign prostatic hypertrophy without MCC	18.8	15.7
727	Inflammation of the male reproductive system with MCC	23.5	19.6
728	Inflammation of the male reproductive system without MCC	18.8	15.7
729	Other male reproductive system diagnoses with CC/MCC	18.8	15.7
730	Other male reproductive system diagnoses without CC/MCC	18.8	15.7
734	Pelvic evisceration, radical hysterectomy and radical vulvectomy with CC/MCC	34.8	29.0
735	Pelvic evisceration, radical hysterectomy and radical vulvectomy without CC/MCC	34.8	29.0
736	Uterine and adnexa procedures for ovarian or adnexal malignancy with MCC	34.8	29.0
737	Uterine and adnexa procedures for ovarian or adnexal malignancy with CC	34.8	29.0
738	Uterine and adnexa procedures for ovarian or adnexal malignancy without CC/MCC	34.8	29.0
739	Uterine and adnexa procedures for non-ovarian and non-adnexal malignancy with MCC	34.8	29.0

DRG	DRG Description	ALOS	Short Stay Threshold
740	Uterine and adnexa procedures for non-ovarian and non-adnexal malignancy with CC	26.7	22.3
741	Uterine and adnexa procedures for non-ovarian and non-adnexal malignancy without CC/MCC	18.8	15.7
742	Uterine and adnexa procedures for non-malignancy with CC/MCC	34.8	29.0
743	Uterine and adnexa procedures for non-malignancy without CC/MCC	34.8	29.0
744	D&C, conization, laparoscopy and tubal interruption with CC/MCC	21.7	18.1
745	D&C, conization, laparoscopy and tubal interruption without CC/MCC	21.7	18.1
746	Vagina, cervix and vulva procedures with CC/MCC	34.8	29.0
747	Vagina, cervix and vulva procedures without CC/MCC	34.8	29.0
748	Female reproductive system reconstructive procedures	34.8	29.0
749	Other female reproductive system O.R. procedures with CC/MCC	34.8	29.0
750	Other female reproductive system O.R. procedures without CC/MCC	34.8	29.0
754	Malignancy, female reproductive system with MCC	21.7	18.1
755	Malignancy, female reproductive system with CC	15.5	12.9
756	Malignancy, female reproductive system without CC/MCC	15.5	12.9
757	Infections, female reproductive system with MCC	26.7	22.3
758	Infections, female reproductive system with CC	18.8	15.7
759	Infections, female reproductive system without CC/MCC	15.5	12.9
760	Menstrual and other female reproductive system disorders with CC/MCC	15.5	12.9
761	Menstrual and other female reproductive system disorders without CC/MCC	15.5	12.9
768	Vaginal delivery with O.R. procedures except sterilization and/or D&C	26.7	22.3
769	Postpartum and post abortion diagnoses with O.R. procedures	26.7	22.3
770	Abortion with D&C, aspiration curettage or hysterotomy	15.5	12.9
776	Postpartum and post abortion diagnoses without O.R. procedures	15.5	12.9
779	Abortion without D&C	15.5	12.9
783	Cesarean section with sterilization with MCC	26.7	22.3
784	Cesarean section with sterilization with CC	26.7	22.3
785	Cesarean section with sterilization without CC/MCC	26.7	22.3
786	Cesarean section without sterilization with MCC	26.7	22.3
787	Cesarean section without sterilization with CC	26.7	22.3
788	Cesarean section without sterilization without CC/MCC	26.7	22.3
789	Neonates, died or transferred to another acute care facility	15.5	12.9

DRG	DRG Description	ALOS	Short Stay Threshold
790	Extreme immaturity or respiratory distress syndrome, neonate	15.5	12.9
791	Prematurity with major problems	15.5	12.9
792	Prematurity without major problems	15.5	12.9
793	Full term neonate with major problems	15.5	12.9
794	Neonate with other significant problems	15.5	12.9
795	Normal newborn	15.5	12.9
796	Vaginal delivery with sterilization and/or D&C with MCC	26.7	22.3
797	Vaginal delivery with sterilization and/or D&C with CC	26.7	22.3
798	Vaginal delivery with sterilization and/or D&C without CC/MCC	26.7	22.3
799	Splenic procedures with MCC	31.3	26.1
800	Splenic procedures with CC	31.3	26.1
801	Splenic procedures without CC/MCC	31.3	26.1
802	Other O.R. procedures of the blood and blood forming organs with MCC*	21.7	18.1
803	Other O.R. procedures of the blood and blood forming organs with CC*	21.7	18.1
804	Other O.R. procedures of the blood and blood forming organs without CC/MCC	21.7	18.1
805	Vaginal delivery without sterilization or D&C with MCC	21.7	18.1
806	Vaginal delivery without sterilization or D&C with CC	21.7	18.1
807	Vaginal delivery without sterilization or D&C without CC/MCC	21.7	18.1
808	Major hematological and immunological diagnoses except sickle cell crisis and coagulation disorders with MCC	26.7	22.3
809	Major hematological and immunological diagnoses except sickle cell crisis and coagulation disorders with CC	15.5	12.9
810	Major hematological and immunological diagnoses except sickle cell crisis and coagulation disorders without CC/MCC	15.5	12.9
811	Red blood cell disorders with MCC	26.7	22.3
812	Red blood cell disorders without MCC	18.8	15.7
813	Coagulation disorders	18.8	15.7
814	Reticuloendothelial and immunity disorders with MCC	21.7	18.1
815	Reticuloendothelial and immunity disorders with CC	21.7	18.1
816	Reticuloendothelial and immunity disorders without CC/MCC	21.7	18.1
817	Other antepartum diagnoses with O.R. procedures with MCC	15.5	12.9
818	Other antepartum diagnoses with O.R. procedures with CC	15.5	12.9
819	Other antepartum diagnoses with O.R. procedures without CC/MCC	15.5	12.9
820	Lymphoma and leukemia with major O.R. procedures with MCC	35.9	29.9

DRG	DRG Description	ALOS	Short Stay Threshold
821	Lymphoma and leukemia with major O.R. procedures with CC	26.7	22.3
822	Lymphoma and leukemia with major O.R. procedures without CC/MCC	26.7	22.3
823	Lymphoma and non-acute leukemia with other procedures with MCC	21.7	18.1
824	Lymphoma and non-acute leukemia with other procedures with CC	21.7	18.1
825	Lymphoma and non-acute leukemia with other procedures without CC/MCC	21.7	18.1
826	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures with MCC	35.9	29.9
827	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures with CC	26.7	22.3
828	Myeloproliferative disorders or poorly differentiated neoplasms with major O.R. procedures without CC/MCC	26.7	22.3
829	Myeloproliferative disorders or poorly differentiated neoplasms with other procedures with CC/MCC	21.7	18.1
830	Myeloproliferative disorders or poorly differentiated neoplasms with other procedures without CC/MCC	21.7	18.1
831	Other antepartum diagnoses without O.R. procedures with MCC	15.5	12.9
832	Other antepartum diagnoses without O.R. procedures with CC	15.5	12.9
833	Other antepartum diagnoses without O.R. procedures without CC/MCC	15.5	12.9
834	Acute leukemia without major O.R. procedures with MCC	21.7	18.1
835	Acute leukemia without major O.R. procedures with CC	21.7	18.1
836	Acute leukemia without major O.R. procedures without CC/MCC	21.7	18.1
837	Chemotherapy with acute leukemia as secondary diagnosis or with high dose chemotherapy agent with MCC	15.5	12.9
838	Chemotherapy with acute leukemia as secondary diagnosis with CC or high dose chemotherapy agent	15.5	12.9
839	Chemotherapy with acute leukemia as secondary diagnosis without CC/MCC	15.5	12.9
840	Lymphoma and non-acute leukemia with MCC	26.7	22.3
841	Lymphoma and non-acute leukemia with CC	18.8	15.7
842	Lymphoma and non-acute leukemia without CC/MCC	18.8	15.7
843	Other myeloproliferative disorders or poorly differentiated neoplastic diagnoses with MCC	34.8	29.0
844	Other myeloproliferative disorders or poorly differentiated neoplastic diagnoses with CC	18.8	15.7
845	Other myeloproliferative disorders or poorly differentiated neoplastic diagnoses without CC/MCC	18.8	15.7
846	Chemotherapy without acute leukemia as secondary diagnosis with MCC	18.8	15.7
847	Chemotherapy without acute leukemia as secondary diagnosis with CC	18.8	15.7
848	Chemotherapy without acute leukemia as secondary diagnosis without CC/MCC	18.8	15.7
849	Radiotherapy	15.5	12.9
853	Infectious and parasitic diseases with O.R. procedures with MCC	34.4	28.7

DRG	DRG Description	ALOS	Short Stay Threshold
854	Infectious and parasitic diseases with O.R. procedures with CC	34.8	29.0
855	Infectious and parasitic diseases with O.R. procedures without CC/MCC	34.8	29.0
856	Postoperative or post-traumatic infections with O.R. procedures with MCC*	32.0	26.7
857	Postoperative or post-traumatic infections with O.R. procedures with CC*	32.0	26.7
858	Postoperative or post-traumatic infections with O.R. procedures without CC/MCC	15.5	12.9
862	Postoperative and post-traumatic infections with MCC	24.4	20.3
863	Postoperative and post-traumatic infections without MCC	19.1	15.9
864	Fever and inflammatory conditions	18.8	16.0
865	Viral illness with MCC	26.7	22.3
866	Viral illness without MCC	15.5	12.9
867	Other infectious and parasitic diseases diagnoses with MCC	20.5	17.1
868	Other infectious and parasitic diseases diagnoses with CC	18.8	15.7
869	Other infectious and parasitic diseases diagnoses without CC/MCC	18.8	15.7
870	Septicemia or severe sepsis with MV >96 hours	28.5	23.8
871	Septicemia or severe sepsis without MV >96 hours with MCC	21.9	18.3
872	Septicemia or severe sepsis without MV >96 hours without MCC	18.7	15.6
876	O.R. procedures with principal diagnosis of mental illness	0.0	0.0
880	Acute adjustment reaction and psychosocial dysfunction	0.0	0.0
881	Depressive neuroses	0.0	0.0
882	Neuroses except depressive	0.0	0.0
883	Disorders of personality and impulse control	0.0	0.0
884	Organic disturbances and intellectual disability	0.0	0.0
885	Psychoses	0.0	0.0
886	Behavioral and developmental disorders	0.0	0.0
887	Other mental disorder diagnoses	0.0	0.0
894	Alcohol, drug abuse or dependence, left AMA	0.0	0.0
895	Alcohol, drug abuse or dependence with rehabilitation therapy	0.0	0.0
896	Alcohol, drug abuse or dependence without rehabilitation therapy with MCC	0.0	0.0
897	Alcohol, drug abuse or dependence without rehabilitation therapy without MCC	0.0	0.0
901	Wound debridements for injuries with MCC*	30.6	25.5
902	Wound debridements for injuries with CC*	30.6	25.5

DRG	DRG Description	ALOS	Short Stay Threshold
903	Wound debridements for injuries without CC/MCC	26.7	22.3
904	Skin grafts for injuries with CC/MCC	26.7	22.3
905	Skin grafts for injuries without CC/MCC	26.7	22.3
906	Hand procedures for injuries	15.5	12.9
907	Other O.R. procedures for injuries with MCC	35.9	29.9
908	Other O.R. procedures for injuries with CC	26.7	22.3
909	Other O.R. procedures for injuries without CC/MCC	26.7	22.3
913	Traumatic injury with MCC	15.5	12.9
914	Traumatic injury without MCC	15.5	12.9
915	Allergic reactions with MCC	18.8	15.7
916	Allergic reactions without MCC	15.5	12.9
917	Poisoning and toxic effects of drugs with MCC	15.5	12.9
918	Poisoning and toxic effects of drugs without MCC	15.5	12.9
919	Complications of treatment with MCC	26.7	22.3
920	Complications of treatment with CC	23.5	19.6
921	Complications of treatment without CC/MCC	18.8	15.7
922	Other injury, poisoning and toxic effect diagnoses with MCC*	18.8	15.7
923	Other injury, poisoning and toxic effect diagnoses without MCC*	18.8	15.7
927	Extensive burns or full thickness burns with MV >96 hours with skin graft	15.5	12.9
928	Full thickness burn with skin graft or inhalation injury with CC/MCC	21.7	18.1
929	Full thickness burn with skin graft or inhalation injury without CC/MCC	21.7	18.1
933	Extensive burns or full thickness burns with MV >96 hours without skin graft	15.5	12.9
934	Full thickness burn without skin graft or inhalation injury	18.8	15.7
935	Non-extensive burns	26.7	22.3
939	O.R. procedures with diagnoses of other contact with health services with MCC*	35.7	29.8
940	O.R. procedures with diagnoses of other contact with health services with CC*	35.7	29.8
941	O.R. procedures with diagnoses of other contact with health services without CC/MCC	35.7	29.8
945	Rehabilitation with CC/MCC	0.0	0.0
946	Rehabilitation without CC/MCC	0.0	0.0
947	Signs and symptoms with MCC	18.8	15.7
948	Signs and symptoms without MCC	15.5	12.9

DRG	DRG Description	ALOS	Short Stay Threshold
949	Aftercare with CC/MCC	21.6	18.0
950	Aftercare without CC/MCC	15.5	12.9
951	Other factors influencing health status	15.5	12.9
955	Craniotomy for multiple significant trauma	26.7	22.3
956	Limb reattachment, hip and femur procedures for multiple significant trauma	26.7	22.3
957	Other O.R. procedures for multiple significant trauma with MCC	26.7	22.3
958	Other O.R. procedures for multiple significant trauma with CC	26.7	22.3
959	Other O.R. procedures for multiple significant trauma without CC/MCC	26.7	22.3
963	Other multiple significant trauma with MCC	26.7	22.3
964	Other multiple significant trauma with CC	26.7	22.3
965	Other multiple significant trauma without CC/MCC	26.7	22.3
969	HIV with extensive O.R. procedures with MCC	26.7	22.3
970	HIV with extensive O.R. procedures without MCC	26.7	22.3
974	HIV with major related condition with MCC	22.5	18.8
975	HIV with major related condition with CC	21.7	18.1
976	HIV with major related condition without CC/MCC	21.7	18.1
977	HIV with or without other related condition	18.8	15.7
981	Extensive O.R. procedures unrelated to principal diagnosis with MCC	42.1	35.1
982	Extensive O.R. procedures unrelated to principal diagnosis with CC	28.3	23.6
983	Extensive O.R. procedures unrelated to principal diagnosis without CC/MCC	26.7	22.3
987	Non-extensive O.R. procedures unrelated to principal diagnosis with MCC	40.9	34.1
988	Non-extensive O.R. procedures unrelated to principal diagnosis with CC	26.7	22.3
989	Non-extensive O.R. procedures unrelated to principal diagnosis without CC/MCC	26.7	22.3
998	Principal diagnosis invalid as discharge diagnosis	0.0	0.0
999	Ungroupable	0.0	0.0



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