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National Hospital Cost Data Collection (NHCDC)

Private Sector

Round 18 Private Sector Overnight NHCDC

18 November 2015

DRG Version: AR-DRG 6.0x



List of abbreviations

|  |  |
| --- | --- |
| **Abbreviation** | **Abbreviation Description** |
| ABS | Australian Bureau of Statistics |
| AHPCS | Australian Hospital Patient Costing Standards |
| AIHW | Australian Institute of Health and Welfare |
| ALoS | Average length of stay |
| AR-DRG | Australian Refined Diagnosis Related Group |
| DoH | Department of Health |
| EDW | Enterprise Data Warehouse |
| GL | General ledger |
| HCP | Hospital Casemix Protocol |
| ICD-10-AM | International statistical classification of diseases and related health problems, Tenth Revision, Australian modification |
| ICU | Intensive care units including neonatal and cardiac units |
| IHPA | Independent Hospital Pricing Authority |
| LoS | Length of stay |
| MRN | Medical record number |
| NHCDC | National hospital cost data collection |
| NHDD | National Health Data Dictionary |
| OR | Operating room (theatres) |
| Pre-QA | Pre-costing quality assurance |
| Post-QA | Post- costing quality assurance |
| PHDB | Private Hospital Data Bureau |
| PwC | PricewaterhouseCoopers Australia |
| SPS | Specialist procedure suites |
| WIP | Work in progress |

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# Executive Summary

## Private sector NHCDC

The private sector National Hospital Cost Data Collection (NHCDC) is a voluntary collection that produces a range of hospital cost and activity information by Australian Refined Diagnosis Related Groups (AR-DRG). This report includes the findings from Round 18 (financial year 2013-14) of the NHCDC for acute admitted care provided by overnight private hospitals.

## Sample participation

Sufficiently high participation levels are essential to the ability to complete this report. In 2013-14 there were 235 hospitals eligible to participate in the collection of which 96 hospitals participated (see table 1), representing 41% of the population of in-scope hospitals. The full population reported 2,827,996 separations during the year, with the participating hospitals making up 1,697,311 of these (see table 1). This represents 60% of the population of in-scope separations (see table 1).

Table 1 Summary of private hospital participation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Summary** | **Round 7 2002-03** | **Round 11 2006-07** | **Round 12 2007-08** | **Round 13 2008-09** | **Round 16 2011-12** | **Round 17 2012-13** | **Round 18 2013-14** |
|
| Number of hospitals | 113 | 82 | 109 | 110 | 105 | 95 | 96 |
| Sample Separations | 1,240,388 | 1,297,147 | 1,607,678 | 1,648,989 | 1,775,059 | 1,650,816 | 1,697,311 |
| Percentage of population separations | 65% | 59% | 72% | 71% | 66% | 60% | 60% |
| AR-DRG version | 4.2 | 4.2 | 4.2 | 5.1 | 6.0x | 6.0x | 6.0x |

The 60% participation level represents an increase of 3% in the sample separations compared to Round 17. One of the reasons for this movement was that Round 18 had 15% more same day separations compared to Round 17 thus impacting the volume of separations provided by the sample hospitals, with the higher volume of separations reported in AR-DRGs R63Z – Chemotherapy (32,699), U60Z - Mental health, sameday, without ECT (13,795) and C16Z - Lens procedures (10,884).

## Average Length of Stay (ALoS)

Round 18 average length of stay (ALoS) decreased from 2.53 days to 2.45 days which is a reduction of 3.1% compared to Round 17. The data shows an increase in same day separations compared to Round 17 which is a likely factor influencing this reduction. In addition, published literature provides further evidence that this downward trend in ALoS is expected. For example, the Australian Institute of Health and Welfare reported a sector annual average decrease in ALOS of 1.2%[[1]](#footnote-2). This was attributed to hospitals focusing on efficiency strategies such as patient pathways/discharging planning; and new technologies and medical advancements enabling certain procedures to be performed quicker or with shortened recovery times.

## Key findings

This section highlights the key findings of the Round 18 results for the top 20 AR-DRGs by cost weight, population-adjusted separations, cost weighted separations, and ALoS.

### AR-DRGs by cost weight

When analysing the top 20 AR-DRGs by cost weight, 65% were consistent between Round 17 and Round 18 with the top three being ranked on the top four last year. These AR-DRGs were anticipated to be included in this ranking due to the clinical nature of the patients, the high resource intensive treatments often requiring ventilation or high cost prosthetic implants.

The significant movement was A06D - Tracheostomy without catastrophic CC, which was ranked 18 in the current round whereas in Round 17 it was ranked 62. The reason for this movement was an increase in the critical care cost weight driven by the increase of feeder data being used rather than service weights, which represents a truer cost weight than previous years. In addition, P61Z – neonate, admitted weight <750 grams was ranked number one in Round 17 but is masked in Round 18 as it has less than five separations coded to this AR-DRG.

The highest cost weight AR-DRG for Round 18 was A06A – Tracheostomy with ventilation > 95 hours with catastrophic CC, with a cost weight of 45.16. This was ranked number two last year and is known to be a top ranking AR-DRG given it is a highly complex and resource intensive patient pathway.

### AR-DRGs by population-adjusted separations

An analysis was performed to identify the top 20 AR-DRG’s by population-adjusted separations. This is a measure of the volume of separations in the whole population (i.e. the number of separations in the Round 18 sample, adjusted using the weights to reflect the whole population). This analysis showed a 95% consistency between Round 17 and 18 with the top three being ranked in the same order as last year.

The key change in Round 18 for the top 20 AR-DRGs was U60Z –Mental health, sameday, without ECT was ranked number 13 compared to Round 17 where it was ranked 25. This movement is influenced by the number of participating hospitals this year treating patients under this mental health AR-DRG.

R63Z – Chemotherapy had the greatest number of population-adjusted separations of 240,396 and is expected to be number one considering the high frequency required of this treatment.

### AR-DRGs by cost weighted separations

A cost weighted separation refers to the number of population-adjusted separations multiplied by the cost weight for that AR-DRG, and measures the total cost associated with that AR-DRG. These AR-DRGs would either have a high number of separations (i.e. high volume) or have a high average cost per separation (i.e. high cost weight).

The results of the analysis show strong consistency between Round 17 and Round 18 with the top 5 rankings not changing between years. 90% of the top 20 AR-DRGs were orthopaedic, neurology or cardiac procedures which require high cost prostheses or high volume treatments like chemotherapy. The number one AR-DRG was I04B – Knee Replacement without catastrophic or severe complications was ranked number one with a total cost weighted separations of 123,920.

The key changes in Round 18 for the top 20 AR-DRGs were A12Z – Insertion of Neurostimulator Device which was ranked number 22 in Round 17 compared to a ranking of 14 for Round 18. Additionally D40Z – Dental Extraction and Restorations was ranked 21 in Round 17 and is now ranked 20 for Round 18. The reasons for these movements were an increase in activity for these treatments by the participants.

### AR-DRGs by ALoS

The analysis of the top AR-DRGs by ALoS show that 70% were consistent between Round 17 and 18. The top one and two in Round 18 were ranked two and three in Round 17. The top ranking was P62Z – Neonate, admitted weight 750-999 grams which was ranked number two last year and represents the highly complex and resource intense needs of these patients.

The key changes in Round 18 were I61A – Distal Femoral Fractures with CC was ranked 150 in Round 17 and is now ranked 18. One reason for this movement is that the complications/comorbidities are influencing the ALoS. The other significant change was B60A – Acute Paraplegia/Quadriplegia with or without OR Procs with Cat CC which moved between Rounds from ranking 5 for Round 17 to ranking 17 for this Round, driven by a reduction in the range of ALoS.

# Introduction

## Purpose of this report

The Round 18 (2013-14) private sector National Hospital Cost Data Collection (NHCDC) is a voluntary collection that produces a range of hospital cost and activity information grouped by Australian Refined Diagnosis Related Groups (AR-DRG). The Department of Health (DoH) defines an AR-DRG as “a patient classification scheme which provides a means of relating the number and types of patients treated in a hospital to the resources required by the hospital, as represented by a code[[2]](#footnote-3)”. The AR-DRG is derived from a range of data collected on admitted patients, including diagnosis and procedure information, classified using International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)[[3]](#footnote-4).

This report documents the data, processes, methodology and results for acute admitted care provided by overnight private hospitals. The results of the collection are expressed as national cost weights by AR-DRG version 6.0x, and associated analytical tables.

## Format of the report

The report format is structured based on Round 17 (2012-13) private overnight NHCDC which included AR-DRG aggregated data, cost weights and other cost relativities.

The AR-DRG information is displayed (as applicable) in the following way:

* Total cost weighted separation per AR-DRG;
* Percentage of total DRG cost by total Operating Room (OR) and Specialist Procedure Suites (SPS);
* Percentage of total DRG cost by critical care;
* Percentage of total DRG cost by prostheses; and
* Percentage of total DRG cost by miscellaneous.

For definitions of the cost buckets please refer to Appendix E: Cost weight tables by AR-DRG or alternatively see Australian Hospital Patient Costing Standards version 3.1 (AHPCS v3.1) which is on IHPA website: (<http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/aust-costing-standards-2014-html>).

## History of the private sector NHCDC

Round 1 of the private sector NHCDC was conducted in 1996-97 with 23 hospitals and 240,000 episodes being represented. Since then, the collection has grown steadily although no publication was released for round 8, 9, or Rounds 14 due to low participation rates. No collection was carried out for Round 10 or Round 15 (2010-11) as the sector elected to bypass that year and move directly to the following round. Table 2 below shows the participation rate for Round 18 and the last seven published rounds.

Table 2 Summary of private hospital participation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Summary** | **Round 7 2002-03** | **Round 11 2006-07** | **Round 12 2007-08** | **Round 13 2008-09** | **Round 16 2011-12** | **Round 17 2012-13** | **Round 18 2013-14** |
|
| Number of hospitals | 113 | 82 | 109 | 110 | 105 | 95 | 96 |
| Sample Separations | 1,240,388 | 1,297,147 | 1,607,678 | 1,648,989 | 1,775,059 | 1,650,816 | 1,697,311 |
| Percentage of population separations | 65% | 59% | 72% | 71% | 66% | 60% | 60% |
| AR-DRG version | 4.2 | 4.2 | 4.2 | 5.1 | 6.0x | 6.0x | 6.0x |

## Background statistics for the sector for Round 18 (2013-14)

The Australian Bureau of Statistics (ABS)[[4]](#footnote-5) reported that there were 612 private hospitals operating in Australia in 2013-14, a net increase of 11 from 2012-13. There were four additional Acute and psychiatric hospitals and seven additional free-standing day hospitals in 2013-14.

There were 30,920 beds and chairs available in private hospitals in 2013-14. Acute and psychiatric hospitals accounted for 27,943 or 90.4% of all beds and chairs, with the remaining 2,977 located in free-standing day hospital facilities.

There were over 4.3 million patient separations in 2013-14, with 74.1% of those separations reported by acute and psychiatric hospitals. Total patient separations increased by 4.0% from 2012-13 to 2013-14.

Private hospitals provided close to 10 million patient days of care in 2013-14. Acute and psychiatric hospitals provided 8.8 million, or 88.7% of all patient days. Within acute and psychiatric hospitals, overnight-stay patients accounted for 6.9 million patient days and same-day patients accounted for a further 1.9 million.

Private hospitals reported a total of 1,448 operating theatres in 2013-14 with 1,097 (75.8%) located in acute and psychiatric hospitals.

## Scope of this collection

The scope of the private hospital overnight cost data collection was for admitted acute patients only. This included patients that were admitted to a hospital, were classified under the AR-DRG classification and had a care type of acute admitted or qualified newborn (see section 2.6 Care types included in this collection)[[5]](#footnote-6).

Any private sector overnight facilities that had admitted acute separations in the year 2013-14 financial year were invited to participate. (Please note that stand alone same-day facilities fall under a separate collection).

For this report the classification of an overnight hospital was having performed over 200 acute admitted separations within the financial year 2013-14. This defines the population from which the sample was drawn.

## Care types included in this collection

Acute admitted care type 1.0 is defined by DoH[[6]](#footnote-7) as “Acute care is care in which the clinical intent or treatment goal is to: manage labour (obstetric); cure illness or provide definitive treatment of injury; perform surgery; relieve symptoms of illness or injury (excluding palliative care); reduce severity of an illness or injury; protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function; perform diagnostic or therapeutic procedures.”

Newborn care type 7.0 is defined by DoH[[7]](#footnote-8) as “Newborn care is initiated when the patient is born in hospital or is nine days old or less at the time of admission. Newborn care continues until the care type changes or the patient is separated:

* Patients who turn 10 days of age and do not require clinical care are separated and, if they remain in the hospital, are designated as boarders.
* Patients who turn 10 days of age and require clinical care continue in a newborn episode of care until separated.
* Patients aged less than 10 days and not admitted at birth (e.g. transferred from another hospital) are admitted with newborn care type.
* Patients aged greater than 9 days not previously admitted (e.g. transferred from another hospital) are either boarders or admitted with an acute care type.
* Within a newborn episode of care, until the baby turns 10 days of age, each day is either a qualified or unqualified day.
* A newborn is qualified when it meets at least one of the criteria detailed in Newborn qualification status.

Within a newborn episode of care, each day after the baby turns 10 days of age is counted as a qualified patient day. Newborn qualified days are equivalent to acute days and may be denoted as such.”

## In or out of scope separation

For this report an acute admitted separation is defined as in or out of scope based on the care type of the patient and the four admission and discharge scenarios.

Care Type

Firstly, the costs and separations associated with acute admitted care and newborn care with qualified care days (as defined in previous section) are in scope. Therefore these separations are included in the calculation of the AR-DRG cost weights. The costs associated with unqualified neonate separations[[8]](#footnote-9) have been included in the costs of care on an adjusted basis. This is the neonate adjustment please refer to Appendix C: Detailed methodology for details on the neonatal adjustment.

Four admission and discharge scenarios

Secondly, the following scenarios below and as illustrated in figure 1 are taken into account.

In scope

Scenario 1: Admitted and discharged within financial year 2013-14 these separations are in scope for this study.

Scenario 2: Admitted in a prior year and discharged within financial year 2013-14 these separations are in scope for this study.

Out of scope

Scenario 3: Admitted within 2013-14 however not discharged at 30 June 2014 these separations are classified as work in progress (WIP) patients and therefore are out of scope for the study.

Scenario 4: Admitted in a prior year however not discharged at 30 June 2014 these separations are classified as work in progress (WIP) patients and therefore are out of scope for the study.

Figure 1 In or out of scope separations

Figure 1 details the 4 scenarios described in the preceding text. It indicates the separation’s date of admission, discharge and whether or not that separation would be in or out of the scope of the collection.

## In- scope costs

The Australian Hospital Patient Costing Standards version 3.1 (AHPCS v3.1)[[9]](#footnote-10) defines product costs in scope as “all costs incurred by, or on behalf of the hospital, that are necessarily incurred in the production of patient and non-patient products, subject to the specific exclusion that the costs of time provided by medical specialists to treat private patients that are not directly met by the hospital, are not to be imputed.”[[10]](#footnote-11) This includes non-cash expenditure items such as depreciation.

Private hospital participants were requested to submit their data in compliance with the AHPCS v3.1 to support consistency in output of this collection.

Some of the hospitals participating in this round submitted financial data for non-acute admitted care types for example Outpatients. These non-admitted acute care types are out of scope for Round 18, therefore their associated financial and activity data has been removed.

## Public and private sector differences

This report does not seek to compare the average cost per separation between the public and private sectors, as the scope of costs between the two sectors is different. Many of the cost items present in the public sector such as Pathology or Imaging are not equally represented in Private Hospital general ledgers. In addition, the costs of medical specialists are usually not captured in private hospital general ledgers. For example, these costs are generally not reported for the private sector because the majority of hospitals do not provide these services directly and patients pay for these services separately.

## Confidentiality of data

Due to the commercial nature of the sector, all participating hospitals in Round 18 are requested to sign a confidentiality agreement before any final reports are released.

Where a cost weight reported for an AR-DRG is based on less than five population-adjusted separations, the figures for this cost weight have been replaced by asterisks (\*\*\*\*\*). If the number of contributing hospitals for a particular AR-DRG is less than three, the figures for this cost weight have been replaced by dashes (-----).

For the cost weight table appendix we have removed the column that showed the number of hospitals associated with an AR-DRG. This decision was based on feedback received from the sector in relation to hospitals being identifiable.

## Reliance and limitations

Data quality assurance checks and reasonableness tests have been performed at three stages of the project: at data collection, during the costing process and on costed output. These quality assurance reviews do not constitute a formal audit process; they only serve as a reasonableness test on information supplied.

The collection also required approval from hospitals during the data collection and costing phases of the collection. A description of the checks is provided in Appendix C: Detailed methodology.

The following areas can have a material impact on the reported costs and cost weights. The costing process relies on information provided by hospitals in the following areas:

1. All participants’ understanding and complying with the AHPCS v3.1.
2. Mapping of general ledger to cost buckets which are tested pre-costing and post-costing for anomalies.
3. Incorrect percentage allocation of cost centres to care areas, for example cost centre called “Outpatients” being split 80% to Acute Care and 20% to Emergency Department. If the allocation is incorrect then this will affect the dollars being costed for Acute Care and thus under/overstate the cost of treating these patients.

# Methodology Summary

## Identifying the minimum sample size

In September 2012 IHPA engaged PwC to review the methodology for calculating the minimum sample size to have a valid and reliable private sector NHCDC collection (see Appendix A: Analysis performed to determine the minimum sample size for further details). This review was requested by the Private sector to ensure the validity and reliability of the collection.

The calculations were based on data received from IHPA, the DoH and PHDB in 2012 to determine the number of separations, number of hospitals and number of hospital groups required to participate.

The conclusion of this re-evaluation based on 2012 data was:

* Approximately 60% of all separations are required in order to achieve a 95% confidence level and 4% acceptable margin of error.
* The 95% confidence level and 4% margin of error parameters have been informed by considering participation levels in historic publications.
* The collection should include approximately 90 hospitals and 10 hospitals ‘groups’ (of 2 or more hospitals) to be representative.

These minimum targets were used as the condition on which the Round 18 collection would go ahead. It should be noted that these criteria are based on 2012 data and no adjustments have been made to account for any significant sector or market changes for this round 18 collection and associated reports.

For Round 18 the participation rate was 60%, 96 hospitals and 19 groups therefore the collection proceeded.

## Changes to Round 18 collection

The methodology applied for Round 18 is mostly consistent with that of prior year with the exception of the improvements described in the sections below (3.2.1. to 3.2.5).

In January 2015, IHPA consulted with Private Hospitals around the private sector NHCDC process and requested hospitals to express their intention to participate in Round 18. As a result of this forum, it was agreed with the sector that AR-DRG version 6.0x continue to be utilised.

### Data items

There were minor changes to the data item files that hospitals submitted during the data collection phase of the project. These changes were to data items 1 and 3 to enable the collection of more accurate information.

**Data item 1a and 1b changes:**

Data item 1 was split into two separate files data item 1a and 1b.

Data item 1a was the general ledger which showed the cost centres, account codes, account type (revenue or expenditure), dollar amount and how the amount is allocated as a percentage to the hospital product (for example acute 90% and outpatients 10%).

Data item 1b contained the allocations units should the participants elect to utilise different allocation methods in the costing process. If this data item was not submitted then overhead costs were allocated by the share of total expenses method.

**Data item 3a and 3b changes:**

Data item 3a was the cost centre mapping file in which each cost centre was given a description, and its cost was allocated according to what proportion of the cost belonged in each care area.

Data item 3b handled overhead allocation mapping. Each overhead care area was mapped to the overhead allocation statistic that best reflected how that overhead cost should be allocated to cost centres (for example, non-clinical salaries overhead could be allocated by full time equivalent staff numbers).

### Submission via website

For Round 18 it was agreed that hospitals did not send files via email due to the commercially sensitive and confidential nature of the data. Data was submitted by the hospitals via the NHCDC website or Enterprise Data Warehouse (EDW) drop boxes where each stakeholder was able to access their own hospital account via a unique login with password protection and other security protocols in place.

### Changes to validation

The NHCDC website conducted data validation and reasonableness tests over the submitted data item csv files to ensure the data received was of a high quality before going through to the pre-quality assurance review stage (see section 0Stages of the private sector NHCDC for further details). The additional validation checks undertaken this year were:

* The start and end times for each encounter in the feeder data files (prosthetics, operating room and critical care) were compared to encounter file start and end times. If there was a difference this was flagged to the user and the user needed to review the files and make the necessary changes and then re-submit the files.
* An AR-DRG version validation was performed which compared the elected AR-DRG version made by the hospital to the actual AR-DRGs submitted in the data item 4 file. If these did not match the master version of AR-DRG v6.0x, this was flagged to the user and the user had to review the files and make the necessary changes and then re-submit the files.

### Changes to the AHPCS version 3.1 compared to version 2.0

The major changes have been amendments, development of new standards, and reinstatement of standards.

The following standards were amended[[11]](#footnote-12):

* GL 4A.002 Critical Care definition (page 38) - to define the critical care areas for costing purposes.
* COST 3.004 Final cost allocation to patient and other products (pages 47-49) – to aim for consistency between hospitals including use of service weights and to provide clarity about consultation liaison services.
* COST 3A.001 Allocating Clinical Salary and Wages to patients and other products (pages 50-51) – to provide guidance on the costing of consultation liaison services.
* COST 5.002 Treatment of Work-In-Progress Costs (pages 56-57) – to address current issues of work-in-progress and long stay patients.
* Attachment E: Final Cost Allocation (pages 107-114)– to provide a more precise process in the costing allocations

The following are new or reinstated standards:

* COST 3A.002 Allocation of Medical Costs for Private and Public Patients (pages 52-54) – to ensure appropriate allocation of private medical costs.
* REP 1.002 Reporting of Patient Costs (page 73) – to reinstate this standard.

### Pre-quality assurance check improvements

The main objective in increasing the checks in this review stage was to improve the quality of the data before starting the costing phase. The improvements were:

* The provision of a new summary page to participants highlighting areas for review
* Additional quality assurance tests checking for negative costs in the General Ledger (GL) and other reconciliation checks for each table
* Reconciliation checks throughout the pre-quality assurance document, indicated by a green dot or red cross.

## Reliability of the Hospital Casemix Protocol (HCP) and Private Hospital Data Bureau (PHDB)

In March 2015 a meeting was held between IHPA, DoH and PwC to discuss known 12 issues with the PHDB and HCP datasets. Throughout 2013-14 DoH worked on the known data quality issue in reducing the number of duplicate records in PHDB dataset, which was an excellent step to improving the quality and accuracy of the data.

These issues were identified in Round 17 but are still relevant in Round 18 and have impacted on the accuracy of the costed output.

For further details of how these issues were dealt with in Round 18 please see Appendix B: PHDB and HCP data quality issues for Round 18.

## Stages of the Collection

There were eight stages of the collection for more details about this please refer to Appendix C: Detailed methodology.

A review was performed of all AR-DRGs for flipping. AR-DRG flipping is where the cost weight is higher than expected for the complexity of the AR-DRG as indicated by the last alphabetic letter in the AR-DRG family. For example I04A is a higher complexity than I04B. Therefore the cost weight for I04A is expected to be higher than I04B. If this is not the case then this is referred to as AR-DRG flipping. In Round 18 there were a small number of these instances which were analysed and discussed with the key stakeholders about the appropriate treatment. After discussions with affected stakeholders, including reviewing patient data, it was agreed that a number of these encounters should have been coded to a high complexity AR-DRG and therefore this was changed in the data.

There were a remaining 6 encounters were it was decided with key stakeholders that these records should be removed from the collection, to reverse the AR-DRG flipping, as these were all low cost outliers.

The only flipped AR-DRGs remaining for this collection are P60A&B (P60A - Neonate without Sig OR Proc, Died or Transferred to Acute Facility <5 Days and P60B - Neonate without Sig OR Proc, Died or Transferred to Acute Facility Sameday). This is the same treatment as Round 17 and the reason for not changing these AR-DRGs is P60A is for newborn neonates whereas P60B is for non-newborns.

# Summary of results

## Summary of Round 18 sample to population

The population of hospitals for the NHCDC is defined as all multi-day private hospitals with at least 200 acute admitted separations. Over the years, participation levels have varied from 59% of separations (Round 11, 2006-07) to a peak of 72% of separations in Round 12 (2007-08) (see table 3 for further details).

In Round 18 there were 235 hospitals eligible to participate. Of these 235 hospitals, 96 participated in Round 18, which represents 41% of the population of in-scope hospitals. This is a 1% increase compared to the Round 17 (financial year 2012-13) participant level (shown in table 3).

The population of separations is defined as all acute admitted separations performed at these 235 hospitals, which were 2,827,996 in 2013-14.

The number of in-scope sample separations in Round 18 was 1,697,311 which represent 60% of the population of in-scope separations. This is an increase of 3% in the sample separations compared to the Round 17 (shown in table 3).

The average number of separations per participant increased by 748 separations (from 11,286 to 12,034) between Rounds 17 and 18.

Table 3 Comparison of separations and hospitals, Round 7 (2002-03) to Round 18 (2013-14)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Key Statistic** | **Round 7 2002-03** | **Round 11 2006-07** | **Round 12 2007-08** | **Round 13 2008-09** | **Round 16 2011-12** | **Round 17 2012-13** | **Round 18 2013-14** |
|
| Sample separations | 1,240,388 | 1,297,147 | 1,607,678 | 1,648,989 | 1,775,059 | 1,650,816 | 1,697,311 |
| % increase | 28% | 5% | 24% | 3% | 8% | -7% | 3% |
| Population separations | 1,903,975 | 2,192,314 | 2,248,324 | 2,328,814 | 2,703,667 | 2,753,670 | 2,827,996 |
| % sample to population | 65% | 59% | 72% | 71% | 66% | 60% | 60% |
| Sample hospitals | 113 | 82 | 109 | 110 | 105 | 95 | 96 |
| % increase | 36% | -27% | 33% | 1% | -5% | -10% | 1% |
| Population hospitals | 221 | 229 | 229 | 226 | 248 | 244 | 235 |
| % sample to population | 51% | 36% | 48% | 49% | 42% | 39% | 41% |
| Average number of separations per participant | 10,977 | 15,819 | 14,749 | 14,991 | 16,905 | 17,377 | 17,680 |
| Average number of separations per population hospital | 8,615 | 9,573 | 9,818 | 10,304 | 10,902 | 11,286 | 12,034 |
| Average length of stay | 2.97 | 2.88 | 2.62 | 2.57 | 2.51 | 2.53 | 2.45 |
| % change | N/A | -3.0% | -9.0% | -1.9% | -2.2% | 0.5% | -3.1% |
| Overnight ALoS | unknown | unknown | unknown | unknown | unknown | 4.42 | 4.38 |
| Sameday ALoS | unknown | unknown | unknown | unknown | unknown | 1.00 | 1.00 |

Round 18 ALoS decreased from 2.53 days to 2.45 days which is a reduction of 3.1% compared to Round 17 (see table 3). A reason for this movement was Round 18 had 15% more same day separations reported compared to Round 17 thus impacting the ALoS given the short stay nature of these patients.

Table 3 shows the ALoS over the past 6 years, with the trend showing a decrease of 18% since 2006. Literature in the public domain supports a reduction in ALoS to hospitals focusing on efficiency strategies for example patient pathways/discharging planning; AR-DRG changing from overnight to same day classifications; and new technologies and medical advancements enabling certain procedures to be performed quicker or with shorten recovery times

## Comparison of cost-buckets to Round 17

### Background

In Round 16 the private hospital sector agreed to the publication of cost weights for total costs, operating rooms and specialist procedure suites (combined), critical care, and “other” (representing the remainder of the cost buckets).

In Round 17 the sector agreed to add a separate cost bucket for prostheses as previously this was incorporated into the “other” bucket; and to rename “other” as miscellaneous which included ward nursing, supplies, on-costs, non-clinical costs, depreciation, hotel, pharmacy, allied health, ward medical, pathology, and imaging.

There has been no further change between Round 17 and 18, with the same cost buckets reported.

### Movement between Rounds

Table 5 and figure 2 illustrate the movement between the Rounds for the cost buckets. These movements were expected as there was an increase in participants using their own feeder data and allocation statistics instead of relying on service weights.

Figure 2 visually shows, as circled, that operating rooms and specialist procedure suites (OR/SPS) the largest movement between Rounds of 2.7%. A potential reason for this changes are the increased use of participant’s own feeder data and allocation statistics providing more accurate cost allocations, changes in service weights between Rounds and increase in same day theatre related separations.

Table 5 Breakdown of cost by cost-bucket group, Round 18 versus Round 17

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Bucket** | **Round 17 2012-13** | **Round 18 2013-14** | **Movement** |
|
| Operating Rooms and Specialist Procedure Suites | 20.5% | 23.2% | 2.7% |
| Critical Care | 5.8% | 5.9% | 0.1% |
| Prostheses | 22.9% | 21.9% | -1.0% |
| Miscellaneous | 50.9% | 49.0% | -1.8% |
| Total | 100.0% | 100.0% | 0.0% |

Figure 2 Breakdown of cost by cost-bucket group, Round 18 versus Round 17

Figure 2 shows the Breakdown of cost by cost-bucket group, Round 18 versus Round 17, as a percentage of the total cost for that round. The cost-buckets are Operating Rooms and Specialist Procedure Suites, Critical Care, Prostheses and Miscellaneous. Operating Rooms and Specialist Procedure Suites have been circled.

## AR-DRG top 20 analyses

This section analyses the top 20 AR-DRGs by the below categories. The first three are the same as presented in the Round 17 public report and number 4 is new for this Round.

1. Highest cost weight;
2. Highest number of population-adjusted separations;
3. Highest cost weighted separations; and
4. Highest ALoS including minimum and maximum range.

An additional analysis of the cost buckets (critical care, operating room/SPS, prostheses and miscellaneous) is undertaken showing the top 20 for each of these buckets.

### Top 20 AR-DRGs ranked by highest cost weight

Key findings

As shown in figure 3 (circled) the highest cost weight AR-DRG is A06A – Tracheostomy with ventilation > 95 hours with catastrophic CC. As illustrated in table 6 (boxed) this was ranked number two last year and is anticipated to be ranked as the top one or two AR-DRGs given it is a highly complex and resource intensive patient pathway.

The AR-DRGs listed in table 6 are all predicted to be within this top 20 ranking given that 80% (16 out of 20) are with catastrophic CCs, require ventilation, or have high cost prostheses.

As demonstrated in table 6 (circled) these highly complex patients only represent 0.4% (10,384 population-adjusted separations) of the total population-adjusted separations (2.83m). These AR-DRGs represent 6.3% of the total cost weighted separations. This indicates that these are high cost low volume AR-DRGs.

Consistencies between Round 17 and Round 18

65% (13 out of 20) of the top 20 AR-DRGs for the current year were included in Round 17’s results with the top three being ranked in the top four last year. Overall these top 20 AR-DRGs are anticipated to be represented in the top 20 list given their clinical nature, high complexity and resource utilisation.

Key changes in the top 20

In Round 17 the number one ranked AR-DRG was P61Z - Neonate, Admitted Weight <750 grams. The reason for this not being ranked within the top 20 for this Round is it has been masked as it had less than five separations coded to this AR-DRG.

As demonstrated in figure 3 (boxed) A06C – Ventilation > 95 hours without catastrophic CC is new for the Round (ranked 7) the reason for this is in Round 17 it was masked as it had less than five separations.

As shown in table 6 (boxed) A06D - Tracheostomy without Catastrophic CC is ranked 18 for this Round whereas in the previous round it was ranked 62. The reason for this movement is an increase in the critical care cost weight driven by the increase of feeder data being used rather than service weights, which represents a truer cost weight than in prior years.

P06A - Neonate, Admitted weight >2499 grams with Significant OR Procedure with Multi Major Problems was ranked 5 in Round 17 this has not made the top 20 for this Round due to a reduction in critical care weighting impacted by the increase of feeder data being used rather than service weights.

Table 6 Top 20 AR-DRGs ranked by highest cost weight

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Top 20 Round 17** | **Rank Round 18** | **AR-DRG** | **AR-DRG Description** | **Cost weight (a)** | **No. of population-adjusted seps (b)** | **Cost weighted seps (c)=(a)x(b)** | **Number of days (d)** | **ALoS (days) (e)=(d)/(b)** | **Std error** | **% of total population-adjusted seps** | **% of cost weighted seps** | **Round 17 cost weight** | **Rank Round 17** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Yes | 1 | A06A | Tracheostomy W Ventilation >95 hours W Catastrophic CC | 45.16 | 206 | 9,310 | 10,780 | 52.3 | 2.76 | 0.0% | 0.3% | 43.27 | 2 |
| Yes | 2 | P62Z | Neonate, AdmWt 750-999 g | 35.71 | 28 | 1,006 | 1,494 | 53.0 | 4.50 | 0.0% | 0.0% | 39.45 | 3 |
| Yes | 3 | F01A | Implantation or Replacement of AICD, Total System W Catastrophic CC | 28.41 | 339 | 9,630 | 2,942 | 8.7 | 0.57 | 0.0% | 0.3% | 28.76 | 4 |
| Yes | 4 | A06B | Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC | 22.61 | 735 | 16,614 | 20,877 | 28.4 | 0.84 | 0.0% | 0.6% | 18.02 | 9 |
| Yes | 5 | F01B | Implantation or Replacement of AICD, Total System W/O Catastrophic CC | 22.45 | 2,302 | 51,663 | 5,209 | 2.3 | 0.18 | 0.1% | 1.8% | 23.46 | 7 |
| Yes | 6 | P04Z | Neonate, AdmWt 1500-1999 g W Significant OR Procedure | 19.57 | 23 | 447 | 950 | 41.6 | 2.38 | 0.0% | 0.0% | 21.71 | 8 |
| No | 7 | A06C | Ventilation >95 hours W/O Catastrophic CC | 17.89 | 7 | 128 | 104 | 14.6 | 3.89 | 0.0% | 0.0% | \*\*\*\*\*\* | \*\*\*\*\*\* |
| Yes | 8 | A11A | Insertion of Implantable Spinal Infusion Device W Catastrophic CC | 17.61 | 13 | 232 | 454 | 34.4 | 4.30 | 0.0% | 0.0% | 13.52 | 13 |
| No | 9 | B60A | Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC | 16.61 | 15 | 255 | 387 | 25.2 | 3.73 | 0.0% | 0.0% | 11.16 | 24 |
| Yes | 10 | F03A | Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC | 16.11 | 400 | 6,441 | 7,611 | 19.0 | 0.65 | 0.0% | 0.2% | 12.98 | 15 |
| Yes | 11 | I06Z | Spinal Fusion W Deformity | 14.72 | 822 | 12,108 | 7,957 | 9.7 | 0.49 | 0.0% | 0.4% | 15.57 | 11 |
| Yes | 12 | P05Z | Neonate, AdmWt 2000-2499 g W Significant OR Procedure | 13.37 | 26 | 349 | 693 | 26.6 | 3.47 | 0.0% | 0.0% | 14.03 | 12 |
| Yes | 13 | I09A | Spinal Fusion W Catastrophic CC | 13.24 | 1,226 | 16,232 | 15,755 | 12.9 | 0.37 | 0.0% | 0.6% | 13.41 | 14 |
| Yes | 14 | I01A | Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC | 13.11 | 365 | 4,781 | 6,843 | 18.8 | 0.77 | 0.0% | 0.2% | 11.70 | 19 |
| No | 15 | F04A | Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC | 12.86 | 2,014 | 25,892 | 27,084 | 13.4 | 0.21 | 0.1% | 0.9% | 10.69 | 27 |
| No | 16 | F05A | Coronary Bypass W Invasive Cardiac Investigation W Reoperation or W Cat CC | 12.80 | 696 | 8,912 | 11,104 | 16.0 | 0.47 | 0.0% | 0.3% | 9.42 | 32 |
| No | 17 | I31A | Hip Revision W Catastrophic CC | 12.59 | 325 | 4,088 | 6,983 | 21.5 | 0.44 | 0.0% | 0.1% | 11.01 | 25 |
| No | 18 | A06D | Tracheostomy W/O Catastrophic CC | 12.52 | 65 | 815 | 780 | 12.0 | 2.91 | 0.0% | 0.0% | 6.72 | 62 |
| Yes | 19 | D01Z | Cochlear Implant | 11.43 | 560 | 6,401 | 825 | 1.5 | 0.15 | 0.0% | 0.2% | 11.67 | 20 |
| No | 20 | F03B | Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W/O Cat CC | 11.42 | 217 | 2,476 | 2,333 | 10.8 | 0.47 | 0.0% | 0.1% | 9.20 | 34 |
| 13 | **Sub-total, top 20 highest cost weight** | | | **17.12** | **10,384** | **177,780** | **131,165** | **12.6** |  | 0.4% | 6.3% |  |  |
| in | **All DRGs** |  |  | **1.00** | **2,827,996** | **2,827,996** | **6,821,124** | **2.4** |  | 100% | 100% |  |  |
| Top 20 | **Top 20, % of all DRGs** | | |  | **0.4%** | **6.3%** | **1.9%** |  |  |  |  |  |  |

Notes: ALoS means average length of stay

Figure 3 Top 20 AR-DRGs ranked by highest cost weight

Figure 3 is a bar graph showing the Top 20 AR-DRGs ranked by highest cost weight in Round 18 and their cost weight in Round 17. A06A and A06C have been circled.

**Note:** when a Round 17 bar is missing from the chart, this is because that AR-DRG was masked in Round 17 due to having less than five separations or having less than three hospitals with that AR-DRG.

### 

### Top 20 AR-DRGs ranked by highest volume of population-adjusted separations

Key findings

Table 7 and figure 4 shows the highest population-adjusted separations AR-DRG for Round 18; this is a measure of the volume of separations in the whole population (i.e. the number of separations in the Round 18 sample, adjusted using the weights to reflect the whole population).

Table 7 shows for Round 18 R63Z – Chemotherapy is ranked number one (boxed), as per last year’s ranking, and is anticipated to be ranked number one considering the frequency required of this treatment.

As presented in table 7 the AR-DRGs listed in the top 20 are likely to be within this ranking given that 60% (12 out of 20) are either high frequency treatments or classified as same day treatments.

As illustrated in table 7 (boxed) these AR-DRGs represent 45% (1,260,640population-adjusted separations) of the total population-adjusted separations (2.83m population-adjusted separations). As circled in table 7 these AR-DRGs represent 16% (445,386) of the total population-adjusted separations. This indicates that these are high volume low cost AR-DRGs.

Consistencies between Round 17 and Round 18

95% (19 out of 20) of the current rounds top 20 AR-DRGs were included in Round 17’s results (see table 7) with the top three being ranked in the same order as last year which were Chemotherapy, Colonoscopy (Sameday) and Haemodialysis. This is expected given the high frequency of treatments required for chemotherapy and haemodialysis patient’s pathways.

Key changes in the top 20

As circled in figure 4 the new AR-DRG for top 20 is U60Z - Mental Health Treatment, Sameday, without ECT. This was ranked number 25 in Round 17, and its movement into the top 20 is influenced by the increase in the number of participating hospitals treating patients under this mental health AR-DRG (with an increase in the number of population-adjusted separations of 13,795 this year).

Table 7 Top 20 AR-DRGs ranked by highest volume of population-adjusted separations

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Top 20 Round 17** | **Rank Round 18** | **AR-DRG** | **AR-DRG Description** | **Cost weight (a)** | **No. of population-adjusted seps (b)** | **Cost weighted seps (c)=(a)x(b)** | **Number of days (d)** | **ALoS (days) (e)=(d)/(b)** | **Std error** | **% of total population-adjusted seps** | **% of cost weighted seps** | **Round 17 population-adjusted seps** | **Rank Round 17** |
|
|
| Yes | 1 | R63Z | Chemotherapy | 0.20 | 240,396 | 47,558 | 242,821 | 1.0 | 0.000 | 8.5% | 1.7% | 207,697 | 1 |
| Yes | 2 | G48C | Colonoscopy, Sameday | 0.23 | 110,153 | 24,820 | 110,154 | 1.0 | 0.001 | 3.9% | 0.9% | 110,786 | 2 |
| Yes | 3 | L61Z | Haemodialysis | 0.06 | 93,520 | 5,837 | 93,524 | 1.0 | 0.000 | 3.3% | 0.2% | 105,160 | 3 |
| Yes | 4 | G46C | Complex Gastroscopy, Sameday | 0.29 | 79,456 | 22,949 | 79,456 | 1.0 | 0.002 | 2.8% | 0.8% | 72,419 | 6 |
| Yes | 5 | Z40Z | Endoscopy W Diagnoses of Other Contacts W Health Services, Sameday | 0.19 | 77,557 | 15,056 | 77,568 | 1.0 | 0.001 | 2.7% | 0.5% | 78,499 | 4 |
| Yes | 6 | Z64B | Other Factors Influencing Health Status, Sameday | 0.16 | 77,415 | 12,140 | 77,415 | 1.0 | 0.001 | 2.7% | 0.4% | 72,613 | 5 |
| Yes | 7 | D40Z | Dental Extractions and Restorations | 0.39 | 64,140 | 25,266 | 64,448 | 1.0 | 0.001 | 2.3% | 0.9% | 55,351 | 9 |
| Yes | 8 | G47C | Other Gastroscopy, Sameday | 0.17 | 62,687 | 10,535 | 62,702 | 1.0 | 0.001 | 2.2% | 0.4% | 63,075 | 7 |
| Yes | 9 | I18Z | Other Knee Procedures | 0.48 | 56,143 | 26,853 | 62,774 | 1.1 | 0.002 | 2.0% | 0.9% | 62,526 | 8 |
| Yes | 10 | C16Z | Lens Procedures | 0.52 | 51,801 | 27,108 | 52,120 | 1.0 | 0.002 | 1.8% | 1.0% | 40,917 | 11 |
| Yes | 11 | E63Z | Sleep Apnoea | 0.17 | 45,269 | 7,803 | 45,701 | 1.0 | 0.001 | 1.6% | 0.3% | 43,513 | 10 |
| Yes | 12 | J11Z | Other Skin, Subcutaneous Tissue and Breast Procedures | 0.35 | 36,975 | 12,880 | 40,627 | 1.1 | 0.003 | 1.3% | 0.5% | 37,193 | 12 |
| No | 13 | U60Z | Mental Health Treatment, Sameday, W/O ECT | 0.05 | 36,465 | 1,756 | 36,508 | 1.0 | 0.000 | 1.3% | 0.1% | 22,670 | 25 |
| Yes | 14 | N07Z | Other Uterine and Adnexa Procedures for Non-Malignancy | 0.53 | 35,090 | 18,710 | 38,912 | 1.1 | 0.003 | 1.2% | 0.7% | 34,211 | 16 |
| Yes | 15 | G10B | Hernia Procedures W/O CC | 0.95 | 34,931 | 33,308 | 44,466 | 1.3 | 0.004 | 1.2% | 1.2% | 36,921 | 13 |
| Yes | 16 | I16Z | Other Shoulder Procedures | 1.28 | 34,497 | 44,277 | 42,332 | 1.2 | 0.005 | 1.2% | 1.6% | 35,952 | 15 |
| Yes | 17 | O60B | Vaginal Delivery W/O Catastrophic or Severe CC | 1.14 | 33,057 | 37,783 | 135,469 | 4.1 | 0.005 | 1.2% | 1.3% | 36,332 | 14 |
| Yes | 18 | L41Z | Cystourethroscopy, Sameday | 0.20 | 32,477 | 6,466 | 32,479 | 1.0 | 0.001 | 1.1% | 0.2% | 29,854 | 18 |
| Yes | 19 | G11Z | Anal and Stomal Procedures | 0.46 | 30,287 | 14,071 | 38,648 | 1.3 | 0.004 | 1.1% | 0.5% | 31,009 | 17 |
| Yes | 20 | O01C | Caesarean Delivery W/O Catastrophic or Severe CC | 1.77 | 28,325 | 50,210 | 137,181 | 4.8 | 0.007 | 1.0% | 1.8% | 29,303 | 19 |
| 19 | **Sub-total, 20 highest separation count** | | | **0.35** | **1,260,642** | **445,386** | **1,515,305** | **1.2** |  | 45% | 16% |  |  |
| in | **All DRGs** |  |  | **1.00** | **2,827,996** | **2,827,996** | **6,821,124** | **2.4** |  | 100% | 100% |  |  |
| Top 20 | **Top 20 separation count, % of all DRGs** | | |  | **45%** | **16%** | **22%** |  |  |  |  |  |  |

Notes:

ALoS means average length of stay

Figure 4 Comparison of top 20 AR-DRGs by highest volume of population-adjusted separations

Figure 4 is a bar graph showing the Top 20 AR-DRGs ranked by highest volume of weighted separations in Round 18 and their number of weighted separations in Round 17. U06Z has been circled.

**Note:** when a Round 17 bar is missing from the chart, this is because that AR-DRG was masked in Round 17 due to having less than 5 separations or having less than 3 hospitals with that AR-DRG.

### Top 20 AR-DRGs ranked by highest cost-weighted separations

Key findings

Table 8 and figure 5 present the top 20 AR-DRGs ranked by highest cost-weight separations. A cost weighted separation refers to the number of population-adjusted separations multiplied by the cost weight for that AR-DRG, and measures the total cost associated with that AR-DRG.

Figure 5 presents (circled) that the highest cost weigh AR-DRG is I04B - Knee Replacement without Catastrophic or Severe CC. This procedure is a common procedure within the sector and therefore is customary to be number 1. Noticeably as can be seen in table 8 (boxed) the number of cost weighted separations has reduced by 11,436 (135,355-123,920) between Rounds.

The AR-DRGs listed in the top 20 (table 8) are predicted to be within this ranking given that 90% (18 out of 20) are either within orthopaedic, neurology or cardiac procedures which require high cost prostheses or high volume treatments like chemotherapy.

As boxed in table 8 these AR-DRGs represent 32% (911,770cost weighted separations) of the total population-adjusted separations 2.83m. As circled in table 8 these AR-DRGs represent 24% of the total population-adjusted separations. This indicates that these are a mixture of high volume/high cost AR-DRGs.

Consistencies between Round 17 and Round 18

As shown in table 8 the top 3 AR-DRGs (I04B - Knee Replacement without Catastrophic or Severe CC, I03B - Hip Replacement without Catastrophic CC, and I09B - Spinal Fusion without Catastrophic CC) where ranked in the same order as Round 17 which is influenced by the ALoS being above the average and high costs prostheses being used in these orthopaedic and neurology treatments.

Key changes in the top 20

As demonstrated in table 8 referencing the “Rank Round 18” column (circled) the new AR-DRGs for Round 18 was A12Z - Insertion of Neurostimulator Device which was ranked number 22 in Round 17 and D40Z - Dental Extractions and Restorations which was ranked 21 in Round 17. The reason for these movements is an increase in activity for this treatment by participants in the current collection.

Table 8 Top 20 AR-DRGs ranked by highest cost-weighted separations

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Top 20 Round 17** | **Rank Round 18** | **AR-DRG** | **AR-DRG Description** | **Cost weight (a)** | **No. of population-adjusted seps (b)** | **Cost weighted seps (c)=(a)x(b)** | **Number of days (d)** | **ALoS (days) (e)=(d)/(b)** | **Std error** | **% of total population-adjusted seps** | **% of cost weighted seps** | **Round 17 cost weighted seps** | **Rank Round 17** |
|
|
| Yes | 1 | I04B | Knee Replacement W/O Catastrophic or Severe CC | 5.28 | 23,462 | 123,920 | 132,923 | 5.7 | 0.01 | 0.8% | 4.4% | 135,355 | 1 |
| Yes | 2 | I03B | Hip Replacement W/O Catastrophic CC | 6.31 | 18,869 | 119,045 | 110,848 | 5.9 | 0.02 | 0.7% | 4.2% | 122,189 | 2 |
| Yes | 3 | I09B | Spinal Fusion W/O Catastrophic CC | 7.92 | 9,554 | 75,662 | 59,163 | 6.2 | 0.07 | 0.3% | 2.7% | 81,805 | 3 |
| Yes | 4 | F01B | Implantation or Replacement of AICD, Total System W/O Catastrophic CC | 22.45 | 2,302 | 51,663 | 5,209 | 2.3 | 0.18 | 0.1% | 1.8% | 53,213 | 4 |
| Yes | 5 | O01C | Caesarean Delivery W/O Catastrophic or Severe CC | 1.77 | 28,325 | 50,210 | 137,181 | 4.8 | 0.01 | 1.0% | 1.8% | 48,916 | 5 |
| Yes | 6 | F12B | Implantation or Replacement of Pacemaker, Total System W/O Catastrophic CC | 7.08 | 6,844 | 48,490 | 19,750 | 2.9 | 0.05 | 0.2% | 1.7% | 46,374 | 7 |
| Yes | 7 | R63Z | Chemotherapy | 0.20 | 240,396 | 47,558 | 242,821 | 1.0 | 0.00 | 8.5% | 1.7% | 44,364 | 8 |
| Yes | 8 | I16Z | Other Shoulder Procedures | 1.28 | 34,497 | 44,277 | 42,332 | 1.2 | 0.01 | 1.2% | 1.6% | 42,765 | 9 |
| Yes | 9 | O60B | Vaginal Delivery W/O Catastrophic or Severe CC | 1.14 | 33,057 | 37,783 | 135,469 | 4.1 | 0.00 | 1.2% | 1.3% | 48,187 | 6 |
| Yes | 10 | G10B | Hernia Procedures W/O CC | 0.95 | 34,931 | 33,308 | 44,466 | 1.3 | 0.00 | 1.2% | 1.2% | 31,597 | 10 |
| Yes | 11 | I04A | Knee Replacement W Catastrophic or Severe CC | 6.30 | 5,045 | 31,781 | 40,805 | 8.1 | 0.04 | 0.2% | 1.1% | 27,662 | 11 |
| Yes | 12 | I10B | Other Back and Neck Procedures W/O Catastrophic or Severe CC | 1.93 | 15,780 | 30,451 | 53,340 | 3.4 | 0.01 | 0.6% | 1.1% | 24,172 | 16 |
| Yes | 13 | F42B | Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC | 1.26 | 23,080 | 29,137 | 44,122 | 1.9 | 0.01 | 0.8% | 1.0% | 27,035 | 12 |
| No | 14 | A12Z | Insertion of Neurostimulator Device | 10.76 | 2,665 | 28,665 | 7,727 | 2.9 | 0.15 | 0.1% | 1.0% | 20,164 | 22 |
| Yes | 15 | K04B | Major Procedures for Obesity W/O CC | 2.37 | 11,643 | 27,650 | 26,771 | 2.3 | 0.01 | 0.4% | 1.0% | 24,438 | 15 |
| Yes | 16 | C16Z | Lens Procedures | 0.52 | 51,801 | 27,108 | 52,120 | 1.0 | 0.00 | 1.8% | 1.0% | 22,062 | 19 |
| Yes | 17 | F15B | Interventional Coronary Procs W/O AMI W Stent Implantation W/O Cat or Sev CC | 3.16 | 8,558 | 27,049 | 14,932 | 1.7 | 0.02 | 0.3% | 1.0% | 26,870 | 13 |
| Yes | 18 | I18Z | Other Knee Procedures | 0.48 | 56,143 | 26,853 | 62,774 | 1.1 | 0.00 | 2.0% | 0.9% | 26,711 | 14 |
| Yes | 19 | F04A | Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC | 12.86 | 2,014 | 25,892 | 27,084 | 13.4 | 0.21 | 0.1% | 0.9% | 23,896 | 17 |
| No | 20 | D40Z | Dental Extractions and Restorations | 0.39 | 64,140 | 25,266 | 64,448 | 1.0 | 0.00 | 2.3% | 0.9% | 20,364 | 21 |
| 18 | **Sub-total, top 20 highest cost-weighted separations** | | | **1.35** | **673,107** | **911,770** | **1,324,285** | **2.0** |  | 24% | 32% |  |  |
| in | **All DRGs** |  |  | **1.00** | **2,827,996** | **2,827,996** | **6,821,124** | **2.4** |  | 100% | 100% |  |  |
| Top 20 | **Top 20 cost-weighted separations, % of all DRGs** | | |  | **24%** | **32%** | **19%** |  |  |  |  |  |  |

Notes:

ALoS means average length of stay

Figure 5 Comparison of top 20 AR-DRGs by highest cost-weighted separations

Figure 5 is a bar graph showing the Top 20 AR-DRGs ranked by highest cost weighted separations in Round 18 and their number of cost weighted separations in Round 17. I04B has been circled.

**Note:** when a Round 17 bar is missing from the chart, this is because that AR-DRG was masked in Round 17 due to having less than 5 separations or having less than 3 hospitals with that AR-DRG.

### Top 20 AR-DRGs ranked by ALoS

Key findings

Table 9 shows that the AR-DRG with the highest ALoS is P62Z - Neonate, Admitted Weight 750-999 grams (boxed) which was ranked number two last year and is customary to be ranked number one or two given the fact these are highly complex and resource intense patients.

As demonstrated in table 9 the AR-DRGs listed in the top 20 are expected to be within this ranking given that they all are complex patients as they have been coded to AR-DRGs ending in A or B which indicates complexity and comorbidities which typically leads to a long length of stay.

As circled in table 9 these AR-DRGs as we would anticipate represents the minority of separations given that they represent 0.1% (3,536 population-adjusted separations) of the total population-adjusted separations (2.83m population-adjusted separations). As circled in table 9 these AR-DRGs represent 1.6% (45,678 cost weighted separations) of the total population cost weighted separations.

Consistencies between Round 17 and Round 18

70% (14 out of 20) of this Rounds top 20 AR-DRGs were included in Round 17’s. As illustrated (boxed light pink) in table 9 using the column “Rank Round 17” the top one and two for this Round were ranked two and three in Round 17.

Key changes in the top 20

The major movements in this top 20 are B60A –Acute Paraplegia/Quadriplegia with or without OR Procs with Cat CC (figure 6 –circled) has moved between Rounds from ranking 5 (Round 17) to ranking 17 for this Round, driven by a reduction in the range of ALoS between Rounds as circled in figure 6.

AR-DRG I61A -Distal Femoral Fractures with CC which was ranked 150 in Round 17 and is now ranked 18. One of the reasons for this is the ALoS nearly doubling between Rounds as shown in table 9 (circled), which indicates that these complications/ comorbidities are influencing the ALoS.

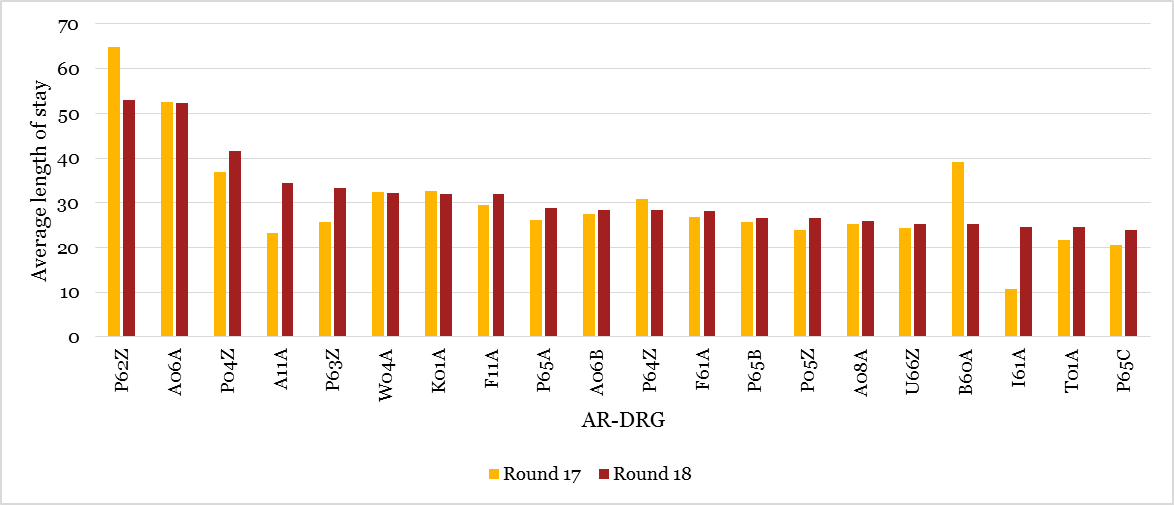
Table 9 Top 20 AR-DRGs ranked by ALoS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Top 20 Round 17** | **Rank Round 18** | **AR-DRG** | **AR-DRG Description** | **ALoS (days)** | **Min LoS** | **Max LoS** | **Cost weight** | **No. of population-adjusted seps** | **No. of Cost weighted seps** | **Std error** | **% of total seps** | **% of CW seps** | **Round 17 ALoS** | **Rank Round 17** |
|
|
| Yes | 1 | P62Z | Neonate, AdmWt 750-999 g | 53.0 | 1 | 105 | 35.71 | 28 | 1,006 | 4.50 | 0.0% | 0.0% | 64.78 | 2 |
| Yes | 2 | A06A | Tracheostomy W Ventilation >95 hours W Catastrophic CC | 52.3 | 6 | 148 | 45.16 | 206 | 9,310 | 2.76 | 0.0% | 0.3% | 52.55 | 3 |
| Yes | 3 | P04Z | Neonate, AdmWt 1500-1999 g W Significant OR Procedure | 41.6 | 25 | 64 | 19.57 | 23 | 447 | 2.38 | 0.0% | 0.0% | 36.93 | 6 |
| No | 4 | A11A | Insertion of Implantable Spinal Infusion Device W Catastrophic CC | 34.4 | 6 | 78 | 17.61 | 13 | 232 | 4.30 | 0.0% | 0.0% | 23.16 | 27 |
| Yes | 5 | P63Z | Neonate, AdmWt 1000-1249 g W/O Significant OR Procedure | 33.2 | 10 | 51 | 8.82 | 31 | 277 | 1.65 | 0.0% | 0.0% | 25.63 | 18 |
| Yes | 6 | W04A | Other OR Procs for Multiple Significant Trauma W Catastrophic or Severe CC | 32.1 | 2 | 74 | 9.45 | 12 | 110 | 2.71 | 0.0% | 0.0% | 32.43 | 10 |
| Yes | 7 | K01A | OR Procedures for Diabetic Complications W Catastrophic CC | 32.0 | 4 | 93 | 8.99 | 153 | 1,376 | 0.74 | 0.0% | 0.0% | 32.74 | 9 |
| Yes | 8 | F11A | Amputation for Circ System Except Upper Limb and Toe W Catastrophic CC | 31.9 | 5 | 106 | 8.63 | 69 | 595 | 1.17 | 0.0% | 0.0% | 29.43 | 12 |
| Yes | 9 | P65A | Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems | 28.8 | 21 | 40 | 9.75 | 11 | 110 | 1.42 | 0.0% | 0.0% | 26.15 | 16 |
| Yes | 10 | A06B | Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC | 28.4 | 2 | 181 | 22.61 | 735 | 16,614 | 0.84 | 0.0% | 0.6% | 27.55 | 13 |
| Yes | 11 | P64Z | Neonate, AdmWt 1250-1499 g W/O Significant OR Procedure | 28.4 | 1 | 53 | 7.51 | 153 | 1,152 | 0.61 | 0.0% | 0.0% | 30.83 | 11 |
| Yes | 12 | F61A | Infective Endocarditis W Catastrophic CC | 28.1 | 1 | 62 | 6.33 | 76 | 480 | 0.55 | 0.0% | 0.0% | 26.91 | 15 |
| Yes | 13 | P65B | Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Major Problem | 26.6 | 1 | 56 | 8.46 | 211 | 1,788 | 0.55 | 0.0% | 0.1% | 25.68 | 17 |
| No | 14 | P05Z | Neonate, AdmWt 2000-2499 g W Significant OR Procedure | 26.6 | 6 | 58 | 13.37 | 26 | 349 | 3.47 | 0.0% | 0.0% | 24.00 | 23 |
| Yes | 15 | A08A | Autologous Bone Marrow Transplant W Catastrophic CC | 25.8 | 13 | 120 | 7.91 | 113 | 891 | 0.55 | 0.0% | 0.0% | 25.33 | 19 |
| No | 16 | U66Z | Eating and Obsessive-Compulsive Disorders | 25.2 | 1 | 111 | 4.38 | 626 | 2,742 | 0.15 | 0.0% | 0.1% | 24.46 | 22 |
| Yes | 17 | B60A | Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC | 25.2 | 6 | 39 | 16.61 | 15 | 255 | 3.73 | 0.0% | 0.0% | 39.01 | 5 |
| No | 18 | I61A | Distal Femoral Fractures W CC | 24.7 | 2 | 152 | 4.05 | 48 | 193 | 0.79 | 0.0% | 0.0% | 10.78 | 150 |
| No | 19 | T01A | OR Procedures for Infectious and Parasitic Diseases W Catastrophic CC | 24.5 | 1 | 162 | 8.38 | 685 | 5,747 | 0.44 | 0.0% | 0.2% | 21.67 | 30 |
| No | 20 | P65C | Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Other Problem | 24.0 | 4 | 61 | 6.65 | 302 | 2,005 | 0.38 | 0.0% | 0.1% | 20.49 | 36 |
| 14 | **Sub-total, top 20 highest cost-weighted separations** | | | **28.4** |  |  | **12.92** | **3,536** | **45,678** |  | 0.1% | 1.6% |  |  |
| in | **All DRGs** | |  | **2.4** |  |  | **1.00** | **2,827,996** | **2,827,996** |  | 100% | 100% |  |  |
| Top 20 | **Top 20 cost-weighted separations, % of all DRGs** | | |  |  |  |  | **0.1%** | **1.6%** |  |  |  |  |  |

Notes:

ALoS means average length of stay

Figure 6 Comparison of top 20 AR-DRGs by ALoS

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**Note:** when a Round 17 bar is missing from the chart, this is because that AR-DRG was masked in Round 17 due to having less than 5 separations or having less than 3 hospitals with that AR-DRG.

## Analysis of cost buckets

This section is the analysis of the cost buckets by top 20 AR-DRG. The cost buckets are:

* Critical care;
* Operating room/Specialised Procedure Suite;
* Prostheses; and
* Miscellaneous.

### Overall cost buckets Round 17 compared to Round 18

Table 10 shows the break-down of cost buckets and how they have changed between Rounds.

As highlighted in table 10 the operating rooms and specialist procedure suites (OR/SPS) has had the largest movement between Rounds of 2.7%. A potential reason for this change is the increased use of participant’s own feeder data and allocation statistics providing more accurate cost allocations, changes in service weights between Rounds and increase in same day theatre related separations.

For Round 18 there was an increase in participant’s providing their own feeder data to allocate costs to patients and changes in service weights between Rounds.

Table 10 Overall cost buckets Round 17 compared to Round 18

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Bucket** | **Round 17 2012-13** | **Round 18 2013-14** | **Movement** |
|
| Operating Rooms and Specialist Procedure Suites | 20.5% | 23.2% | 2.7% |
| Critical Care | 5.8% | 5.9% | 0.1% |
| Prostheses | 22.9% | 21.9% | -1.0% |
| Miscellaneous | 50.9% | 49.0% | -1.8% |
| Total | 100.0% | 100.0% | 0.0% |

### Critical care cost bucket

Key findings

Table 11 demonstrates (boxed) that the highest cost weigh AR-DRG is P62Z - Neonate, Admitted Weight 750-999 grams. This was ranked number two last year and is predicted to be ranked number one or two given the fact this is a highly complex and resource intense patient.

As seen in table 11 the AR-DRGs listed in the top 20 are typical to be within this ranking given that they are either mechanical ventilation or neonatal AR-DRGs.

Consistencies between Round 17 and Round 18

AR-DRGs ranked one and two (circled in figure 7) were in the top three for Round 17. This change is driven by the increased use of critical care feeder data compared to Round 17 which used service weights.

The average cost weight moved by -1.19 between years indicating that this is a relatively stable cost bucket. The biggest reduction was P06A - Neonate, Admitted Weight >2499 g W Significant OR Procedure with Multi Major Problems decreasing its cost weight by -14.19. The biggest increase was A06D - Tracheostomy without Catastrophic CC increasing its cost weight by +4.68. These both relate to increased feeder data and allocation statistics being utilised and service weight changes between Rounds.

Key changes in the top 20

As shown in table 11 (boxed) A06C - Ventilation >95 hours without Catastrophic CC is included in top 20 this year ranked four, this was masked last year as the AR-DRG had less than 5 separations.

As circled in table 11 B60A - Acute Paraplegia/Quadriplegia with or without OR Procs with Cat CC has a cost weight of 3.38 compared to a cost weight of 0.46 in Round 17, driven by the increase of feeder data being used for Round 18 increasing the accuracy of the costed output.

Table 11 Top 20 AR-DRGs for critical care cost bucket

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Top 20 Round 17** | **Rank Round 18** | **AR-DRG** | **AR-DRG Description** | **Critical care cost weight (a)** | **No. of population-adjusted seps (b)** | **Overall cost weight (c)** | **ALoS (days) (e)** | **% of AR-DRG total cost** | | | | **Round 17 critical care cost weight** |
| **OR and SPS** | **Critical care** | **Prosthesis** | **Misc.** |
|
|
| Yes | 1 | P62Z | Neonate, AdmWt 750-999 g | 26.49 | 28 | 35.71 | 53.0 | 0% | 74% | 0% | 25% | 31.65 |
| Yes | 2 | A06A | Tracheostomy W Ventilation >95 hours W Catastrophic CC | 21.08 | 206 | 45.16 | 52.3 | 5% | 47% | 16% | 33% | 26.52 |
| Yes | 3 | A06B | Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC | 9.56 | 735 | 22.61 | 28.4 | 6% | 42% | 13% | 38% | 9. 17 |
| No | 4 | A06C | Ventilation >95 hours W/O Catastrophic CC | 9.22 | 7 | 17.89 | 14.6 | 9% | 52% | 16% | 24% | \*\*\*\*\*\* |
| No | 5 | A06D | Tracheostomy W/O Catastrophic CC | 6.82 | 65 | 12.52 | 12.0 | 12% | 54% | 8% | 26% | 2.14 |
| Yes | 6 | P05Z | Neonate, AdmWt 2000-2499 g W Significant OR Procedure | 5.78 | 26 | 13.37 | 26.6 | 2% | 43% | 0% | 55% | 10.28 |
| Yes | 7 | P04Z | Neonate, AdmWt 1500-1999 g W Significant OR Procedure | 5.77 | 23 | 19.57 | 41.6 | 1% | 29% | 0% | 69% | 15.08 |
| Yes | 8 | E40A | Respiratory System Diagnosis W Ventilator Support W Catastrophic CC | 5.50 | 77 | 10.69 | 17.8 | 0% | 51% | 7% | 41% | 5.06 |
| Yes | 9 | P06A | Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems | 4.62 | 17 | 10.59 | 18.9 | 5% | 44% | 1% | 50% | 18.81 |
| Yes | 10 | F40A | Circulatory System Diagnosis W Ventilator Support W Catastrophic CC | 4.53 | 31 | 9.47 | 18.7 | 4% | 48% | 3% | 44% | 4.36 |
| No | 11 | F05A | Coronary Bypass W Invasive Cardiac Investigation W Reoperation or W Cat CC | 4.31 | 696 | 12.80 | 16.0 | 17% | 34% | 14% | 36% | 2.83 |
| Yes | 12 | T40Z | Infectious and Parasitic Diseases W Ventilator Support | 4.00 | 22 | 9.73 | 18.7 | 1% | 41% | 5% | 53% | 3.26 |
| No | 13 | F03A | Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC | 3.90 | 400 | 16.11 | 19.0 | 15% | 24% | 26% | 35% | 2.79 |
| No | 14 | E40B | Respiratory System Diagnosis W Ventilator Support W/O Catastrophic CC | 3.46 | 13 | 5.87 | 8.4 | 0% | 59% | 3% | 37% | 2.74 |
| No | 15 | B60A | Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC | 3.38 | 15 | 16.61 | 25.2 | 11% | 20% | 20% | 49% | 0.46 |
| Yes | 16 | F07A | Other Cardiothoracic/Vascular Procedures W CPB Pump W Catastrophic CC | 3.23 | 235 | 10.88 | 12.0 | 19% | 30% | 16% | 35% | 4.14 |
| No | 17 | F04A | Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC | 3.20 | 2,014 | 12.86 | 13.4 | 15% | 25% | 27% | 33% | 2.49 |
| Yes | 18 | F43Z | Circulatory System Diagnosis W Non-Invasive Ventilation | 3.11 | 114 | 6.22 | 15.2 | 1% | 50% | 1% | 48% | 4.18 |
| No | 19 | F05B | Coronary Bypass W Invasive Cardiac Investigation W/O Reoperation W/O Cat CC | 2.87 | 476 | 9.29 | 11.8 | 20% | 31% | 12% | 37% | 1.70 |
| No | 20 | F06A | Coronary Bypass W/O Invasive Cardiac Inves W Reoperation or W Cat or Sev CC | 2.83 | 2,178 | 8.69 | 10.9 | 19% | 33% | 14% | 34% | 2.03 |
| 11 |  | **Sub-total, top 20 highest critical care cost-weight DRGs** | | **4.53** | **7,378** | **13.33** | **16.1** | 13% | 34% | 18% | 35% |  |
| in |  | **All DRGs** | | **0.06** | **2,827,996** | **1.00** | **2.4** | 23% | 6% | 22% | 49% |  |
| Top 20 |  | **Top 20 Critical Care cost-weight DRGs, % of all DRGs** | |  | **0.3%** |  |  |  |  |  |  |  |

(a) For cost weight (cost bucket specific) calculations please refer to Appendix E

(b) Separations shown are population-adjusted

(c) DRG-rank for cost weight across all cost buckets. A rank of 1 means that the DRG has the highest cost weight.

(d) ALoS means average length of stay

Figure 7 Top 20 AR-DRGs for critical care cost bucket

Figure 7 is a bar graph showing the Top 20 AR-DRGs ranked by the critical care cost bucket in Round 18 and their critical care cost bucket in Round 17. P62Z and A06A have been circled.

**Note:** when a Round 17 bar is missing from the chart, this is because that AR-DRG was masked in Round 17 due to having less than 5 separations or having less than 3 hospitals with that AR-DRG.

### Operating room/specialised procedure suite cost bucket

Key findings

Figure 8 shows that the highest cost weigh AR-DRG is J01A -Microvas Tissue Transfer for Skin, Subcutaneous Tissue & Breast Disd with Cat/Sev CC (circled). This was ranked number one last year and is accustomed to be ranked number one or two given the fact this procedure utilises a large amount of theatre time.

As presented in table 12 the AR-DRGs listed in the top 20 are customary to be within this ranking given that the majority are coded to AR-DRGs ending in A or B and are all known for consuming high levels of theatre time for example cardiac investigative procedures.

Consistencies between Round 17 and Round 18

AR-DRGs ranked one to six (boxed in table 12) were included in Round 17’s top 20 which is expected given the nature of AR-DRGs in the top six and improvements in participants using feeder data and the changes in service weights between Rounds.

The average cost weight moved by +0.47 between years indicating that this is a relatively stable cost bucket. The biggest increase was B60A - Acute Paraplegia/Quadriplegia with or without OR Procs with Cat CC increasing its cost weight by +1.45. This relates to increased feeder data and allocation statistics being utilised and service weight changes between Rounds.

Key changes in the top 20

As demonstrated in table 12 (boxed) B60A - Acute Paraplegia/Quadriplegia with or without OR Procs with Cat CC was ranked 241 for Round 17 however is ranked 14 for Round 18. The reason for this is that the data quality has improved by participants using feeder data for operating room/specialised procedure suite therefore this AR-DRG is now reflecting a more accurate cost of delivery.

Table 12 Top 20 AR-DRGs for operating room/specialised procedure suite cost bucket

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Top 20 Round 17** | **Rank Round 18** | **AR-DRG** | **AR-DRG Description** | **OR and SPS cost weight (a)** | **No. of population-adjusted seps**  **(b)** | **Overall cost weight (c)** | **ALoS (days) (e)** | **% of AR-DRG total cost** | | | | **Round 17 OR and SPS cost weight** |
| **OR and SPS** | **Critical care** | **Prosthesis** | **Misc.** |
|
|
| Yes | 1 | J01A | Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev CC | 3.48 | 104 | 8.75 | 12.8 | 40% | 12% | 8% | 41% | 2.52 |
| Yes | 2 | J01B | Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev CC | 2.46 | 235 | 5.86 | 8.2 | 42% | 7% | 8% | 42% | 2.18 |
| Yes | 3 | F03A | Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC | 2.37 | 400 | 16.11 | 19.0 | 15% | 24% | 26% | 35% | 1.58 |
| Yes | 4 | F05A | Coronary Bypass W Invasive Cardiac Investigation W Reoperation or W Cat CC | 2.12 | 696 | 12.80 | 16.0 | 17% | 34% | 14% | 36% | 1.43 |
| Yes | 5 | A06A | Tracheostomy W Ventilation >95 hours W Catastrophic CC | 2.12 | 206 | 45.16 | 52.3 | 5% | 47% | 16% | 33% | 1.81 |
| Yes | 6 | F07A | Other Cardiothoracic/Vascular Procedures W CPB Pump W Catastrophic CC | 2.12 | 235 | 10.88 | 12.0 | 19% | 30% | 16% | 35% | 1.94 |
| Yes | 7 | F03B | Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W/O Cat CC | 2.02 | 217 | 11.42 | 10.8 | 18% | 21% | 31% | 30% | 1.39 |
| Yes | 8 | F04A | Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC | 1.95 | 2,014 | 12.86 | 13.4 | 15% | 25% | 27% | 33% | 1.56 |
| Yes | 9 | I06Z | Spinal Fusion W Deformity | 1.91 | 822 | 14.72 | 9.7 | 13% | 6% | 57% | 23% | 1.97 |
| No | 10 | F05B | Coronary Bypass W Invasive Cardiac Investigation W/O Reoperation W/O Cat CC | 1.84 | 476 | 9.29 | 11.8 | 20% | 31% | 12% | 37% | 1.33 |
| Yes | 11 | F07B | Other Cardiothoracic/Vascular Procedures W CPB Pump W Severe or Moderate CC | 1.83 | 120 | 9.75 | 9.6 | 19% | 28% | 20% | 34% | 1.77 |
| Yes | 12 | I02A | Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC), Excluding Hand | 1.81 | 298 | 9.10 | 23.2 | 20% | 7% | 15% | 58% | 1.40 |
| No | 13 | L03A | Kidney, Ureter and Major Bladder Procedures for Neoplasm W Catastrophic CC | 1.79 | 548 | 7.64 | 13.7 | 23% | 23% | 10% | 44% | 1.31 |
| No | 14 | B60A | Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC | 1.79 | 15 | 16.61 | 25.2 | 11% | 20% | 20% | 49% | 0.33 |
| Yes | 15 | F07C | Other Cardiothoracic/Vascular Procedures W CPB Pump W/O CC | 1.76 | 90 | 7.29 | 7.6 | 24% | 26% | 14% | 36% | 1.43 |
| No | 16 | M01A | Major Male Pelvic Procedures W Catastrophic or Severe CC | 1.72 | 775 | 3.96 | 5.0 | 43% | 11% | 7% | 38% | 1.24 |
| No | 17 | F08A | Major Reconstruct Vascular Procedures W/O CPB Pump W Catastrophic CC | 1.70 | 805 | 8.79 | 14.0 | 19% | 14% | 27% | 39% | 1.19 |
| No | 18 | F06A | Coronary Bypass W/O Invasive Cardiac Inves W Reoperation or W Cat or Sev CC | 1.68 | 2,178 | 8.69 | 10.9 | 19% | 33% | 14% | 34% | 1.33 |
| No | 19 | G01A | Rectal Resection W Catastrophic CC | 1.65 | 1,538 | 7.74 | 15.3 | 21% | 17% | 13% | 49% | 1.21 |
| Yes | 20 | H01A | Pancreas, Liver and Shunt Procedures W Catastrophic CC | 1.64 | 553 | 8.41 | 14.6 | 19% | 20% | 15% | 46% | 1.48 |
| 13 | **Sub-total, top 20 highest ORSPS cost-weight DRGs** | | | **1.85** | **12,327** | **10.47** | **13.4** | 18% | 24% | 22% | 36% |  |
| in | **All DRGs** |  |  | **0.23** | **2,827,996** | **1.00** | **2.4** | 23% | 6% | 22% | 49% |  |
| Top 20 | **Top 20 OR and SPS cost-weight DRGs, % of all DRGs** | | |  | **0.4%** |  |  |  |  |  |  |  |

(a) For cost weight (cost bucket specific) calculations please refer to Appendix E

(b) Separations shown are population-adjusted

(c) DRG-rank for cost weight across all cost buckets. A rank of 1 means that the DRG has the highest cost weight.

(d) ALoS means average length of stay

Figure 8 Top 20 AR-DRGs for operating room/specialised procedure suite cost bucket

Figure 8 is a bar graph showing the Top 20 AR-DRGs ranked by the Operating Room and Special Procedure Suites cost bucket in Round 18 and their Operating Room and Special Procedure Suites cost bucket in Round 17. J01A has been circled.

**Note:** when a Round 17 bar is missing from the chart, this is because that AR-DRG was masked in Round 17 due to having less than 5 separations or having less than 3 hospitals with that AR-DRG.

### Prostheses cost bucket

Key findings

The highest cost weight AR-DRG is F01A -Implantation or Replacement of AICD, Total System with Catastrophic CC as displayed in table 13 and figure 9 (boxed). This was ranked number one last year due to the high cost of the defibrillator prosthesis and increased activity.

As demonstrated in table 13 the AR-DRGs listed in the top 20 are expected to be within this ranking given that 90% (18 out of 20) are known procedures to include an expensive prosthesis.

Additionally as anticipated these highly expensive prosthesis procedures only represent 1.1% (31,590 population-adjusted separations) of the total population-adjusted separations (2.83m population-adjusted separations) circled in table 13.

Consistencies between Round 17 and Round 18

90% (18 out of 20) of the top 20 AR-DRGs were included in Round 17’s results with the top 5 being ranked in the top five last year which indicates that these AR-DRGs are consuming similar amounts of prosthetic resources.

The average cost weight moved by -0.22 between years indicating that this is a relatively stable cost bucket. The biggest reduction was F01A - Implantation or Replacement of AICD, Total System W Catastrophic CC reducing its cost weight by -1.89. The biggest increase was to A06A - Tracheostomy W Ventilation >95 hours W Catastrophic CC increasing its cost weight by +5.44. This relates to increased feeder data and allocation statistics being utilised and service weight changes between Rounds.

Key changes in the top 20

F03A - Cardiac Valve Proc W CPB Pump with Invasive Cardiac Investigation with Cat CC (table 13 – circled) was ranked 26 for Round 17 compared to this year ranked at 18. The reason for this is that the data quality has improved by participants using feeder data for prostheses therefore this AR-DRG is now reflecting a more accurate cost of delivery.

Table 13 Top 20 AR-DRGs for prostheses cost bucket

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Top 20 Round 17** | **Rank Round 18** | **AR-DRG** | **AR-DRG Description** | **Prosth-esis cost weight (a)** | **No. of population-adjusted seps**  **(b)** | **Overall cost weight (c)** | **ALoS (days) (e)** | **% of AR-DRG total cost** | | | | **Round 17 prosthesis cost weight** |
| **OR and SPS** | **Critical care** | **Prosthesis** | **Misc.** |
|
|
| Yes | 1 | F01A | Implantation or Replacement of AICD, Total System W Catastrophic CC | 19.80 | 339 | 28.41 | 8.7 | 3% | 6% | 70% | 21% | 21.69 |
| Yes | 2 | F01B | Implantation or Replacement of AICD, Total System W/O Catastrophic CC | 17.90 | 2,302 | 22.45 | 2.3 | 3% | 1% | 80% | 16% | 19.61 |
| Yes | 3 | D01Z | Cochlear Implant | 8.73 | 560 | 11.43 | 1.5 | 6% | 0% | 76% | 17% | 8.90 |
| Yes | 4 | I06Z | Spinal Fusion W Deformity | 8.41 | 822 | 14.72 | 9.7 | 13% | 6% | 57% | 23% | 9.57 |
| Yes | 5 | A12Z | Insertion of Neurostimulator Device | 8.15 | 2,665 | 10.76 | 2.9 | 5% | 1% | 76% | 18% | 8.49 |
| No | 6 | A06A | Tracheostomy W Ventilation >95 hours W Catastrophic CC | 7.10 | 206 | 45.16 | 52.3 | 5% | 47% | 16% | 33% | 1.66 |
| Yes | 7 | I09A | Spinal Fusion W Catastrophic CC | 6.27 | 1,226 | 13.24 | 12.9 | 12% | 9% | 47% | 31% | 6.79 |
| Yes | 8 | A11B | Insertion of Implantable Spinal Infusion Device W/O Catastrophic CC | 6.15 | 48 | 8.93 | 4.8 | 6% | 0% | 69% | 25% | 7.06 |
| Yes | 9 | I01A | Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC | 5.54 | 365 | 13.11 | 18.8 | 11% | 6% | 42% | 40% | 5.32 |
| Yes | 10 | I32A | Knee Revision W Catastrophic CC | 4.84 | 228 | 11.05 | 19.6 | 10% | 4% | 44% | 42% | 5.61 |
| Yes | 11 | F12A | Implantation or Replacement of Pacemaker, Total System W Catastrophic CC | 4.75 | 653 | 10.65 | 13.0 | 6% | 17% | 45% | 32% | 5.02 |
| Yes | 12 | F12B | Implantation or Replacement of Pacemaker, Total System W/O Catastrophic CC | 4.67 | 6,844 | 7.08 | 2.9 | 7% | 7% | 66% | 21% | 4.90 |
| Yes | 13 | I31A | Hip Revision W Catastrophic CC | 4.50 | 325 | 12.59 | 21.5 | 12% | 11% | 36% | 42% | 4.08 |
| Yes | 14 | I09B | Spinal Fusion W/O Catastrophic CC | 4.35 | 9,554 | 7.92 | 6.2 | 15% | 4% | 55% | 27% | 5.15 |
| Yes | 15 | I05A | Other Joint Replacement W Catastrophic or Severe CC | 4.31 | 484 | 8.36 | 9.3 | 13% | 5% | 52% | 31% | 4.23 |
| Yes | 16 | I01B | Bilateral/Multiple Major Joint Pr of Lower Extremity W/O Revision W/O Cat CC | 4.29 | 1,986 | 7.60 | 7.3 | 12% | 3% | 56% | 29% | 4.97 |
| Yes | 17 | I32B | Knee Revision W Severe CC | 4.17 | 352 | 8.32 | 10.6 | 12% | 3% | 50% | 34% | 4.59 |
| No | 18 | F03A | Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC | 4.15 | 400 | 16.11 | 19.0 | 15% | 24% | 26% | 35% | 3.30 |
| Yes | 19 | F17B | Insertion or Replacement of Pacemaker Generator W/O Catastrophic or Severe CC | 4.08 | 2,103 | 5.40 | 1.3 | 6% | 1% | 76% | 17% | 4.51 |
| Yes | 20 | F17A | Insertion or Replacement of Pacemaker Generator W Catastrophic or Severe CC | 4.05 | 128 | 6.69 | 6.4 | 5% | 5% | 61% | 30% | 5.17 |
| 18 |  | **Sub-total, top 20 highest prosthetic cost-weight DRGs** | | **6.17** | **31,590** | **10.06** | **5.9** | 9% | 6% | 61% | 24% |  |
| in |  | **All DRGs** | | **0.22** | **2,827,996** | **1.00** | **2.4** | 23% | 6% | 22% | 49% |  |
| Top 20 |  | **Top 20 Prosthesis cost-weight DRGs, % of all DRGs** | |  | **1.1%** |  |  |  |  |  |  |  |

Notes:

(a) For cost weight (cost bucket specific) calculations please refer to Appendix E

(b) Separations shown are population-adjusted

(c) DRG-rank for cost weight across all cost buckets. A rank of 1 means that the DRG has the highest cost weight.

(d) ALoS means average length of stay

Figure 9 Top 20 AR-DRGs for prostheses cost bucket

Figure 9 is a bar graph showing the Top 20 AR-DRGs ranked by the Prosthesis cost bucket in Round 18 and their Prosthesis cost bucket in Round 17. F01A has been circled.

**Note:** when a Round 17 bar is missing from the chart, this is because that AR-DRG was masked in Round 17 due to having less than 5 separations or having less than 3 hospitals with that AR-DRG.

### Miscellaneous cost bucket

Key findings

Table 14 illustrates the highest cost weight AR-DRG is A06A – Tracheostomy with ventilation > 95 hours with catastrophic CC (boxed). This was ranked number one last year and is predicted to be ranked number one or two given the fact this is a highly complex and resource intense patient.

As presented in table 14 the AR-DRGs listed in the top 20 are anticipated to be within this ranking given that they have high cost weights and low volume separations which are resource intensive treatments and have appeared in the top 20 of previous tables through this section.

Additionally these highly complex patients only represent 0.1% (3,778 population-adjusted separations) of the total population-adjusted separations (2.83m population-adjusted separations) circled in table 14.

There was an increase in participants using allocation statistics and feeder data thus improving the quality and accuracy cost allocation of the general ledger to these miscellaneous cost buckets.

Consistencies between Round 17 and Round 18

60% (12 out of 20) of the top 20 AR-DRGs were included in Round 17’s results, which was expected given the nature of these cost buckets included in this category.

The average cost weight moved by+1.58 between years indicating that this is a relatively stable cost bucket. The biggest reduction was B60A - Acute Paraplegia/Quadriplegia with or without OR Procs with Cat CC decreasing its cost weight by -1.95. The biggest increase was P04Z - Neonate, Admitted Weight 1500-1999 grams with Significant OR Procedure increasing its cost weight by +7.14. These both relate to increased feeder data and allocation statistics being utilised and service weight changes between Rounds.

Key changes in the top 20

S65A - HIV-Related Diseases with Catastrophic CC is new for Round 18 as last year this was a masked AR-DRG based on having less than 3 hospitals with that AR-DRG (circled in figure 10).

P05Z - Neonate, Admitted Weight 2000-2499 grams with Significant OR Procedure this was ranked 103 in Round 17 however this year it is ranked 12 as there has been an increase in population-adjusted separations for this AR-DRG between years (circled in figure 10).

P65C - Neonate, Admitted Weight 1500-1999 grams without Significant OR Procedure with Other Problem was ranked 45 in Round 17 however this year it is ranked 19 as there has been an increase in population-adjusted separations for this AR-DRG between years (circled in figure 10).

Table 14 Top 20 AR-DRGs for miscellaneous (Misc.) cost bucket

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Top 20 Round 17** | **Rank Round 18** | **AR-DRG** | **AR-DRG Description** | **Misc. cost weight (a)** | **No. of population-adjusted seps**  **(b)** | **Overall cost weight (c)** | **ALoS (days) (e)** | **% of AR-DRG total cost** | | | | **Round 17 Misc. cost weight** |
| **OR and SPS** | **Critical care** | **Prosthesis** | **Misc.** |
|
|
| Yes | 1 | A06A | Tracheostomy W Ventilation >95 hours W Catastrophic CC | 14.86 | 206 | 45.16 | 52.3 | 5% | 47% | 16% | 33% | 13.28 |
| Yes | 2 | P04Z | Neonate, AdmWt 1500-1999 g W Significant OR Procedure | 13.54 | 23 | 19.57 | 41.6 | 1% | 29% | 0% | 69% | 6.39 |
| Yes | 3 | A11A | Insertion of Implantable Spinal Infusion Device W Catastrophic CC | 10.21 | 13 | 17.61 | 34.4 | 5% | 15% | 23% | 58% | 6.23 |
| Yes | 4 | P65A | Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems | 9.43 | 11 | 9.75 | 28.8 | 0% | 3% | 0% | 97% | 7.27 |
| Yes | 5 | P62Z | Neonate, AdmWt 750-999 g | 9.09 | 28 | 35.71 | 53.0 | 0% | 74% | 0% | 25% | 7.61 |
| Yes | 6 | A06B | Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC | 8.57 | 735 | 22.61 | 28.4 | 6% | 42% | 13% | 38% | 6.51 |
| Yes | 7 | B60A | Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC | 8.12 | 15 | 16.61 | 25.2 | 11% | 20% | 20% | 49% | 10.07 |
| Yes | 8 | W04A | Other OR Procs for Multiple Significant Trauma W Catastrophic or Severe CC | 8.02 | 12 | 9.45 | 32.1 | 13% | 1% | 1% | 85% | 6.94 |
| No | 9 | S65A | HIV-Related Diseases W Catastrophic CC | 7.91 | 22 | 9.06 | 23.2 | 1% | 10% | 1% | 87% | ------ |
| Yes | 10 | P63Z | Neonate, AdmWt 1000-1249 g W/O Significant OR Procedure | 7.43 | 31 | 8.82 | 33.2 | 0% | 16% | 0% | 84% | 5.97 |
| Yes | 11 | A08A | Autologous Bone Marrow Transplant W Catastrophic CC | 7.32 | 113 | 7.91 | 25.8 | 1% | 5% | 2% | 93% | 7.29 |
| No | 12 | P05Z | Neonate, AdmWt 2000-2499 g W Significant OR Procedure | 7.30 | 26 | 13.37 | 26.6 | 2% | 43% | 0% | 55% | 2.78 |
| No | 13 | P65B | Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Major Problem | 6.93 | 211 | 8.46 | 26.6 | 0% | 18% | 0% | 82% | 4.39 |
| No | 14 | K01A | OR Procedures for Diabetic Complications W Catastrophic CC | 6.91 | 153 | 8.99 | 32.0 | 10% | 6% | 7% | 77% | 5.45 |
| Yes | 15 | P64Z | Neonate, AdmWt 1250-1499 g W/O Significant OR Procedure | 6.26 | 153 | 7.51 | 28.4 | 0% | 17% | 0% | 83% | 5.91 |
| Yes | 16 | R60A | Acute Leukaemia W Catastrophic CC | 6.00 | 300 | 6.48 | 20.0 | 1% | 5% | 1% | 93% | 6.89 |
| No | 17 | T01A | OR Procedures for Infectious and Parasitic Diseases W Catastrophic CC | 5.98 | 685 | 8.38 | 24.5 | 9% | 13% | 7% | 71% | 5.32 |
| No | 18 | F01A | Implantation or Replacement of AICD, Total System W Catastrophic CC | 5.88 | 339 | 28.41 | 8.7 | 3% | 6% | 70% | 21% | 5.39 |
| No | 19 | P65C | Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Other Problem | 5.75 | 302 | 6.65 | 24.0 | 0% | 13% | 0% | 87% | 4.06 |
| No | 20 | F03A | Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC | 5.68 | 400 | 16.11 | 19.0 | 15% | 24% | 26% | 35% | 5.32 |
| 12 |  | **Sub-total, top 20 highest miscellaneous cost-weight DRGs** | | **7.19** | **3,778** | **15.85** | **25.5** | 6% | 27% | 21% | 45% |  |
| in |  | **All DRGs** | | **0.49** | **2,827,996** | **1.00** | **2.4** | 23% | 6% | 22% | 49% |  |
| Top 20 |  | **Top 20 Miscellaneous cost-weight DRGs, % of all DRGs** | |  | **0.1%** |  |  |  |  |  |  |  |

Notes:

(a) For cost weight (cost bucket specific) calculations please refer to Appendix E

(b) Separations shown are population-adjusted

(c) DRG-rank for cost weight across all cost buckets. A rank of 1 means that the DRG has the highest cost weight.

(d) ALoS means average length of stay

Figure 10 Top 20 AR-DRGs for miscellaneous cost bucket

Figure 10 is a bar graph showing the Top 20 AR-DRGs ranked by the Miscellaneous cost bucket in Round 18 and their Miscellaneous cost bucket in Round 17. S65A, P05Z and P65C have been circled.

**Note:** when a Round 17 bar is missing from the chart, this is because that AR-DRG was masked in Round 17 due to having less than 5 separations or having less than 3 hospitals with that AR-DRG.

# Appendix A: Analysis performed to determine the minimum sample size

**Background**

In September 2012 IHPA engaged PwC to review the methodology for calculating the minimum sample size to have a valid and reliable private sector NHCDC collection. This review was requested by the Private sector to ensure the validity and reliability of the collection.

The calculations were based on data received from IHPA, the DoH and PHDB to determine the number of separations, number of hospitals and number of hospital groups required to participate.

**The outcome**

The conclusion of this re-evaluation based on 2012 data was:

* Approximately 60% of all separations are required in order to achieve a 95% confidence level and 4% acceptable margin of error.
* The 95% confidence level and 4% margin of error parameters have been informed by considering participation levels in historic publications.
* The collection should include approximately 90 hospitals and 10 hospitals ‘groups’ (of 2 or more hospitals) to be representative.

These minimum targets were used as the condition on which the Round 18 collection would go ahead. It should be noted that these criteria are based on 2012 data and no adjustments have been made to account for any significant sector or market changes for this round 18 collection and associated reports.

For Round 18 the participation rate was 60%, 96 hospitals and 19 groups therefore the collection proceeded.

**Minimum participation levels**

**Data analysis used in determining the minimum participation levels**

The following datasets were received and reviewed:

1. The published cost weight tables for Round 13;
2. A summary of the NHCDC sample for Round 13 and Round 14, by hospital and AR-DRG, for the overnight sector;
3. From the Private Hospital Data Bureau dataset(PHDB): a summary of the population levels of activity, showing the total number of separations by hospital in-scope for the collection (at least 200 separations), for Round 13 and Round 14, for the overnight sector;
4. From the PHDB dataset: a summary of the population levels of activity, average length of stay, and standard deviation of the length of stay, by hospital and AR-DRG, for all private hospitals, that is, for private overnight hospitals and private day hospitals.

Item 1 above was obtained from the Department of Health (DoH) website[[12]](#footnote-13). Items 2 and 3 above were provided by IHPA. Item 4 above was provided by DoH.

In order for the NHCDC sample to be representative of the patient population and the population of private hospitals, minimum participation levels have been specified in terms of:

1. Separation sample size expressed as a percentage of the population levels of activity, where “population” is defined as the total number of separations for hospitals in-scope for the collection. The minimum separation sample size considered to provide sufficient reliability consistent with common statistical practice and historical publication practices was based on the following parameters:
   1. Standard deviation of costs per AR-DRG;
   2. Margin of error in the estimated average cost per AR-DRG; and
   3. Statistical confidence that the estimates fall within the specified margin of error.

Parameters (b) and (c) above were informed by reviewing the minimum sample size considered robust enough for publication in the Round 7 to 13 collections and parameter (a) was derived from the Round 13 cost weights.

1. The minimum number of hospitals that are required to participate, in aggregate and by hospital characteristic, to ensure that the collection is representative of the population of private hospitals; and
2. The minimum number of hospital groups that are required to participate, to ensure that the results represent the population of private hospitals.

Percentage of population separations

A key objective of the collection is to produce estimated costs and cost-weights by classified activity. The percentage of population separations that is required in a sample depends upon the tolerable “margin of error”, statistical confidence[[13]](#footnote-14) required, and the standard deviation of costs. To obtain an estimate of the average episode cost of a given AR-DRG, say “k”, within a margin of error *m* and with *x%* confidence, the required sample size for AR-DRG(k) is:

A dataset with a lower margin of error, higher statistical confidence, and higher standard deviation, will require a larger sample size. The standard deviation of each AR-DRG varies, and so the sample size required for each AR-DRG (given the same parameters for error and confidence) will vary. However, given that the NHCDC collection is a voluntary one, it will be impossible to achieve target samples for each AR-DRG. Hence, the sample sizes across all AR-DRGs were aggregated. In performing this aggregation, two weighting methods were investigated:

1. Number of separations by AR-DRG;
2. Total cost by AR-DRG (number of separations per AR-DRG multiplied by the average cost per AR-DRG).

Summary of separation sample size results for overnight private hospitals

This table indicates the margin of error per AR-DRG class as a percentage versus the confidence level. 60% participation gives 4% error at the 95% confidence level and 5% error at the 99% confidence level.

Please note: The grey shaded areas are the regions with a participation level lower than the Round 14 collection (37% of separations).

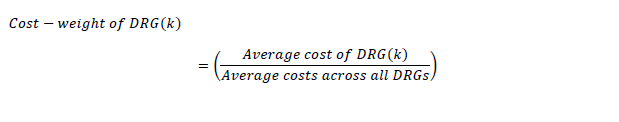
**Outcome of analysis**

Based on the above analysis IHPA agreed that for the private overnight NHCDC the minimum target participation rate would be 60% in order to achieve a robust sample[[14]](#footnote-15).

**Minimum number of hospitals required**

**Methodology to calculate minimum number of hospitals required**

The formula that is used to produce cost-weights is provided below:



Where the average costs are weighted by population levels of activity across all AR-DRG classes and by other hospital characteristics (e.g. hospital size and for-profit / not-for-profit status).

The above formula shows that the cost-weight is influenced by both the average cost of an individual AR-DRG, as well as the overall average cost across all AR-DRGs. The average costs within a given DRG, and across all DRGs, are in turn influenced by the underlying distribution of separations by hospital attribute by which average costs can vary. Therefore, to ensure that the national cost-weights are representative of the Australian population of hospitals, it is important to have a sample that reflects the distribution of separations, and the average costs, across the hospital attributes by which costs can vary.

The study found that there are statistically significant variations in cost between the following hospital attributes:

* State variations in average costs;
* Status (for profit/non-profit);
* Hospital size (+8,000 separations or under 8,000 separations); and
* Region (metropolitan verses non-metropolitan).

To ensure that the average cost per AR-DRG represents a national average, the attributes of the participating hospitals must be such that they represent the hospital attributes by which costs can vary.

Weighting factors can then be applied to re-balance the sample to the population by AR-DRG and hospital attribute. Therefore, the attributes listed above can be used to formulate a sampling frame against which hospitals can be recruited to participate.

**Outcome of analysis**

Based on the above analysis and to achieve a separation sample size of 60% IHPA agreed that for the private overnight NHCDC the target minimum number of 90 hospitals will be required.

**Minimum number of hospital groups required**

In order to avoid high skewed data towards the larger hospital groups IHPA agreed that targeting a minimum number of 10 hospital groups which, when combined with individual/independent hospitals.

**Minimum targets used for the collection**

The minimum targets to be used on which the collection would go ahead.

* Hospitals were requested whether they had an intention to participate;
* The indicative participation rate exceeded the 60%; and
* 90 hospital threshold requirements for the collection to proceed.

# Appendix B: PHDB and HCP data quality issues for Round 18

| Issue | Issue Description | Comments | Applicable dataset(s) | IHPA & DoH | Round 18 approach |
| --- | --- | --- | --- | --- | --- |
| 1 | No common identifier between PHDB and HCP to pull data from both sources | There is no common identifier with the current data specifications to link PHDB and HCP datasets. In the past, PwC’s method of dealing with this has been to link using a combination of patient & episode identification fields e.g. hospital provider number, date of birth, admission/discharge dates. In Round 17 (FY12/13) the PwC team was able to match approximately 85% of records. Relaxing the matching criteria resulted in a higher match rate – but has the potential to cause false positive matches. | HCP & PHDB | Suggestion for future submissions/data specifications (potentially July 2016 onwards) to include a common identifier/linking key and a patient identifier (see item 2). | As with Round 17, used a combination of patient and episode identifiers to link records. Many hospitals had issues linking HCP to their patient administration system, so PHDB was used when appropriate. |
| 2 | Patient number / MRN not included in dataset | HCP data does not contain a patient identifier, which is required for costing. | HCP | N/A | See item 1. |
| 3 | Duplication of records within PHDB or HCP data | There are a small number of duplicate records in both HCP and PHDB datasets. The number of incidents from previous Rounds has been reduced in PHDB data due to the cleansing work that DoH has performed. However there may be still issues with HCP for example:   * Possible HCP Link identifier – this identifier should not be duplicated, however DoH has identified some duplication in HCP link identifiers (150 records) | HCP & PHDB | N/A | PwC episode linked identifiers to remove duplicate episodes.  Missing HCP records – PwC used PHDB data to fill in HCP gaps where possible and verified with hospitals.  Large data gaps/variances were reported and discussed with the participating hospitals (and IHPA) to agree on next steps.  The website performed an upload check to identify duplicate episodes and duplicates had to be removed before the file could be submitted. |
| 4.1 | Significant error DRGs in the dataset | In Round 17 PwC discovered that HCP has a very high rate of ErrorAR-DRGs. On average, episodes within scope of the Private Overnight collection had an Error AR-DRG (beginning with '9') approximately 8% of the time. The average in the PHDB data is less than 0.5%. | HCP | DoH believes these errors are often related to public hospitals, whereas for private hospitals, the error AR-DRG rate should be low. | PwC investigated the prevalence of this and found it to be reduced in Round 18. Quality of grouping in PHDB was far better than HCP. Hospitals were encouraged to use PHDB where possible. |
| 4.2 | Mismatched DRGs in PHDB and HCP dataset (same episode, different AR-DRG) | As above. | HCP & PHDB | N/A | Significant mismatches at the hospital level were reported and discussed with the participating hospitals. |
| 5 | Hospitals are submitting data under the same provider number | For example, a large overnight hospital and an associated sameday clinic submit data under same provider number. Clearly only the overnight hospital is relevant to NHCDC. How to differentiate? | PHDB | DoH provided list of which hospitals fell into this category. Only a few instances. | This wasn’t a big issue in Round 18. PwC used list to appropriately include/exclude separations. Hospitals also were able to include/exclude separations and parts of the General Ledger. |
| 6 | Some episodes are submitted with incorrect Hospital Types (i.e. overnight, sameday facilities) | In the PHDB dataset, Hosp\_Type is an attribute of patient episode level data. In Round 17, PwC identified episodes within a facility with different ‘Hosp\_type’ flags. This issue needs to be carefully considered and episode records need to be adjusted for both participating and non-participating hospitals as this impacts the overall participation rate, market share and population adjustments for reporting.  It is important to make these hospitals aware that they are using the “hospital type” field incorrectly. | PHDB | There is a category in the declared hospital database that can be used to link to PHDB/HCP to identify hospital type, but this is currently not included in the extracts. DoH may consider adding this category into future extracts. | Identified instances of incorrect use of Hosp\_Type field from Round 18 PHDB submissions to IHPA/DoH.  An initial review of the PHDB data showed that this issue from Round 17 is not as prevalent for Round 18 participating hospitals. |
| 7 | Prosthetics charges and product codes are unclear | In the datasets, there are several fields relating to prosthetics charges and it was unclear which should be used to reflect the actual hospital cost incurred.  We note that this issue has the potential to impact on the accuracy of prosthetics-related costing in the final reports. | HCP & PHDB | This is a known issue, DoH advises that there is no best approach and there is some variance in how hospitals use these fields.  HCP data is recommended as the best source of truth (rather than PHDB data) for Prosthetics charges for insured patients. | Used the Prosthetics Cost field only. |
| 8 | Episode identifier in dataset does not match ID used by hospital | For many hospitals, the episode identifier in PHDB or HCP does not match the episode identifier they provide as part of Data Item 4, which is the basis for encounter information for the NHCDC. | HCP & PHDB | No feasible solution for this issue. APC dataset may contain more information, however without establishment IDs/provider numbers; linking episode information in the APC dataset will be extremely difficult. | Continued matching episodes using a combination of patient and episode identifiers to link PHDB/HCP records. Identified and discuss any discrepancies with the participating hospitals and agree on next steps.  As part of the validation checks built into the website, Hospitals were notified if the Episode ID in their Encounter Data didn’t match that in PHDB/HCP and were unable to submit data until this has been rectified. |
| 9 | Negative or low theatre minutes (<7 mins in duration) | In Round 17, 71 hospitals (from a total of 78 PwC costed hospitals) reported low/negative theatre minutes as part of their PHDB/HCP submissions. On average, 1% of hospital theatre records included low (<7 mins) or negative theatre minutes. This resulted in very low or negative theatre costs being allocated to these episodes.   * PwC discussed this issue with the sector in focus groups in January 2015. Variations exist in hospital PAS data, theatre management/utilisation data and reports designed for PHDB/HCP submissions. | HCP & PHDB | DoH team is also aware of this issue – health insurers and the sector sees the need for a standard definition/specification of “theatre duration”.  Proposed Action: DoH team to ensure that the ‘theatre duration’ field is specified and communicated clearly to private sector hospitals. | This issue was much less prevalent in Round 18. |
| 10 | Missing parts of dataset | Months of data may be missing from HCP & PHDB, but hospitals advise that the data was submitted.  An initial look at the PHDB data indicates that there are approximately 30 Hospitals where the number of months containing Admission dates did not match the number of months containing Separation dates, so these hospitals may have missing data. | HCP & PHDB | DoH – the data process is very manual. Sometimes sections go missing due to human error. | Identify and discuss any data gaps/discrepancies with the participating hospitals during the pre-costing QA process and agree on next steps. |
| 11 | Incompleteness in different fields, and inconsistency of PHDB & HCP data when compared to a hospital’s data newly submitted for NHCDC | Hospitals’ submitted transfer, encounter and feeder data often did not match perfectly with the data obtained from PHDB and HCP.  HCP may have better completeness as these submissions are reviewed by health insurers. HCP is more complete for some data elements (such as prosthesis items), but PHDB dataset can be more complete with patient activity data. PwC usually prefers PHDB because it is virtually unchanged when compared with a hospital’s original submission and so it has good compatibility with a hospital’s data newly submitted for the NHCDC. By contrast, one issue with HCP is that it is re-grouped by Health insurers so that sometimes encounters change group compared to the hospital’s original submission. | PHDB & HCP | N/A | Reviewed and assess completeness of data based on individual hospital’s preference and their ability to provide supplementary data.  In general, when records did not match between a hospital’s submitted data and PHDB or HCP, records were removed from each until a perfect match was achieved. Records were always only removed with the hospital’s permission. |

# Appendix C: Detailed methodology

***Costing methodologies***

Hospital costing is the process of identifying the resources and inputs used during an episode and applying the costs of those inputs to the different types of clinical procedures and treatments provided to each patient in a hospital.

There are two main methodologies adopted for hospital cost allocations: cost modelled or patient costed:

### Cost modelling

Cost modelling (also known as top down costing) takes the total admitted acute costs for patient areas (such as Wards) and allocates costs to encounters based on an assumed level of consumption using service weights. Service weights are the relative costs of a service for each type of patient care product. Service weights are applied to apportion costs to patient groups defined by their AR-DRG (in the case of acute admitted care).

### Patient costing

Patient costing (also known as bottom-up costing) uses some type of activity feeder system to provide actual resource consumption. For example, a prostheses system within a hospital will record what type of prosthesis has been implanted into a patient and the cost. This data is used to allocate costs to patients from the Prostheses patient care area.

Patient level costing yields results that are closer to the true cost of an encounter within a hospital, however due to the dependency on feeder systems, perfect patient level costing can be difficult to achieve.

***Stages of the private sector NHCDC***

The eight stages of the collection were:

**Stage 1 - Expression of interest to participate to primary and secondary collection:** All private overnight hospitals that were deemed to be eligible for the collection were sent an invitation to participate in the collection via email. Those hospitals that chose to participate sent an 'Expression of Interest' form to confirm their participation and also indicate whether they wanted to participate in the secondary collection or not. Once this form had been return those hospitals were sent a confidentiality agreement to sign. If this form was not returned signed then the hospital/hospital group did not receive their participant report and secondary dataset report.

To increase the participation rate to the optimal level of 60% for both the primary and secondary report, hospitals were re contacted to discuss the main benefits of participating in the collection. The result of this was that participation rates for both reports reached the 60% level.

**Stage 2 - Data collection:** At the commencement of the data collection phase a data specification guide was prepared and distributed to all participants. Hospitals were informed of the data collection timeframes and provided access to a secure website or EDW drop box to upload and submit all relevant files such as the patient activity data items, general ledger data and mapping files. This collection was for both PwC costed hospitals and self-costed hospitals.

**Stage 3 – Pre-costing quality assurance (Pre-QA) and review:** Pre-costing quality assurance checks were performed on the submitted data, and a pre-costing reasonableness and validation report was generated and provided to all participating hospitals. For Round 18 we added additional checks to the pre-QA report. One of the major changes compared to last year was to flag 7 critical checks which needed to be amended before the costing phase commenced. Unless these critical checks were rectified participants were not allowed to progress to the costing phase.

If the remaining 40 warning checks failed then the NHCDC team worked with stakeholders to rectify these within the time constraints. If these warning checks were not passed hospitals were allowed to progress to the costing phase as these were not deemed critical.

**Stage 4 - Costing:** The costing phase comprised of performing episode level costing using specialised and well-known costing software for all participating hospitals.

**Stage 5 – Post-costing quality assurance (Post-QA) review:** Once the hospital/hospital groups had been costed the PwC team reviewed the costing results using our post costing quality assurance review (Post-QA). This included checking for zero or negative cost buckets, outliers in average length of stay or cost and “DRG flipping” which is when the average cost of a lower complexity AR-DRG within a related AR-DRG group is higher than the one with more complexity. If the checks identified a critical issue, then the data was corrected and the hospital would be re-costed.

**Stage 6 – Costed Output report:** A costed output report was generated at patient level (including AR-DRG and cost buckets) and was shared with the hospitals to review and provide feedback. Once hospitals agreed to the report their results were then final and stage 7 commenced.

**Stage 7 – Agreement with stakeholders on AR-DRG flipping and cost weight table:** A review was performed of all AR-DRGs for flipping. AR-DRG flipping is where the cost weight is higher than expected for the complexity of the AR-DRG as indicated by the last alphabetic letter in the AR-DRG family. For example I04A is a higher complexity than I04B. Therefore the cost weight for I04A is expected to be higher than I04B. If this is not the case then this is referred to as AR-DRG flipping. In Round 18 there were a small number of these instances which were analysed and discussed with the key stakeholders about the appropriate treatment. After discussions with affected stakeholders, including reviewing patient data, it was agreed that a number of these encounters should have been coded to a high complexity AR-DRG and therefore this was changed in the data.

There were a remaining 6 encounters were it was decided with key stakeholders that these records should be removed from the collection, to reverse the AR-DRG flipping, as these were all low cost outliers.

The only flipped AR-DRG remaining was P60A&B (P60A - Neonate without Sig OR Proc, Died or Transferred to Acute Facility <5 Days and P60B - Neonate without Sig OR Proc, Died or Transferred to Acute Facility Sameday). This is the same treatment as Round 17 and the reason for not changing these AR-DRGs is P60A is for newborn neonates whereas P60B is for non-newborns.

Based on the adjustments described above the cost weight tables were produced and checked for reasonableness and compared to the Round 17 results.

**Stage 8 – Reporting:** The following reports were produced:

1. Public Published Report for Round 18
2. Participant’s Pack for all participating hospitals
3. Secondary dataset (only for participants that nominated to take part in the secondary collection).

***Costing approach for Round 18***

Round 18 continued with the focus on improving costing by using feeder system data, such as prosthetics, to allocate costs for the major patient areas in private hospitals. Service weights were used to allocate costs to the smaller cost buckets, such as pharmacy, pathology (if any), and imaging (if any).

For Round 18 there was an increase in hospitals opting to use their own feeder data and allocation statistics rather than relying on service weights or total general ledger to allocate costs.

### Data sources

In this round, the following categories of patient level data components have been utilised during the costing process:

Financial data: This includes the general ledger cost centres and account codes, along with mapping of those cost centres to patient care areas and standardised line items. This data set excluded revenue cost centres and/or account codes.

Activity data: This includes the encounter level data (such as patient ID, encounter ID, date of birth etc.) and transfer information identifying the patient’s pathway through the hospital via transfers between areas such as operating rooms and wards. Participants were given the option to user their own data or use an external source being HCP or PHDB for the encounter date item number 4.

Allocation data: This includes data used to allocate overhead cost centres to patient care areas (such as allocation of Finance or IT department costs to wards and other patient care areas). Typical examples of data used for allocation include FTE counts, number of computers etc. Where no allocation data was submitted, overhead costs were allocated to patient care areas based on their share of total expenses.

Feeder data: This includes data that identifies patient consumption of hospital products or services within a patient care area. For example, a prosthesis feeder might list the prosthetic items received by a patient and the cost of each. This feeder data was used to allocate costs in the general ledger as it identified how much of the prosthesis products each encounter consumed. Using this data source to allocate costs increased the accuracy of the cost allocation. Participants were given the option to user their own data or use an external source being HCP or PHDB for the date items number 7,8,9. Where no feeder data was submitted, patient care area costs were allocated using service weights.

### Allocation of patient care area costs to encounters

After overheads were allocated, patient care areas were allocated to encounters. Each patient care area provides a different product or service to patients and therefore the cost allocation methodology was different for each cost bucket.

A list of allocation methods for the Round 18 collection is provided below:

* Ward Nursing costs – allocated using fractional bed days. The ‘fractional bed days’ value is derived from the patient transfer file which details the time and date in which patients were transferred in and out of wards.
* Prostheses costs – allocated using a prosthesis listing. This identifies the direct cost of the prosthesis used by a patient during their encounter. If no prosthetics listing was provided by the hospital, and no information was made available from PHDB or HCP, these costs were allocated using service weights.
* Operating room – allocated using theatre minutes, provided directly from a feeder system. If no operating room data was provided, and no information was made available from PHDB or HCP, these costs were allocated using service weights.
* Critical care – allocated using Intensive Care Unit or Critical Care minutes (ICU or CC minutes), provided directly from a feeder system or patient transfer records. If no critical care data was provided, and no information was made available from PHDB or HCP, these costs were allocated using service weights.
* All other patient care areas: service weights were used to allocate costs.

### Cost bucket or cost components

In the NHCDC, the cost of an episode of acute admitted care is reported by allocating patient level costs to a set of pre-defined cost buckets/cost components. The cost buckets are listed as follows:

Ward Medical

Ward Nursing

Non-clinical Salaries

Pathology

Imaging

Allied Health

Pharmacy

Critical Care

Operating Rooms

Supplies

Specialist Procedure Suites

On-costs

Prostheses

Hotel

Depreciation

Please note that Emergency Department cost bucket was excluded for the private sector NHCDC cost buckets as this collection is for acute admitted only.

Once each of the cost buckets were calculated for an individual patient, the patient’s total cost of care was derived as the sum of the above components. A description of the cost buckets are provided in Appendix E: Cost weight tables by AR-DRG.

### AR-DRG grouping

24 hospitals submitted activity data using prior version to AR-DRG v6.0x. Therefore these hospitals were regrouped using grouping software to AR-DRG version 6.0x.

### Service weights

The 2012-13 service weights were used in Round 18, which are derived from Round 17 public sector NHCDC.

### Cost weights

A “cost weight” for a selected AR-DRG is calculated as the average cost for that DRG, expressed as a weight relative to the overall average cost across all AR-DRGs. The national cost weight across all AR-DRGs is equal to 1.00, with higher cost AR-DRGs having a cost weight higher than 1.00. The weight is an indicator of the complexity of the care of the patient and thus the resourcing intensity required. This is often referred to as casemix of a patient or hospital.

### Costing standards

Costing was performed in compliance with AHPCS version 3.1.

***Analysis and reporting***

The costing dataset was constructed from the combined hospital costed outputs. The following adjustments were applied to the dataset:

### Neonate adjustment

The costs for newborn infants with zero qualified days, in respect of care type 7 (newborn care), and neonate AR-DRGs were allocated to the delivery AR-DRGs of mothers at the same hospital.

The definition of unqualified days is provided in the National Health Data Dictionary[[15]](#footnote-16): “unqualified days” relates to the first 9 days of a newborn’s life, unless the newborn is a second or subsequent live born infant or it requires intensive care. This adjustment has been performed consistent with Round 17 private NHCDC.

### Population adjustment process

To ensure the results reflect the full range of Australia’s private hospitals, an estimation process is adopted to create representative national costing and activity figures from sample data. The estimation process produces ‘population’ data by estimating weights, on the basis of acute admitted separations, that are applied to the sample data so that the acute admitted separations equal the total population figures.

The methodology adopted for Round 18 is the same as that adopted in Round 17. As part of consultations with the private hospital sector it was agreed that a market-based approach would be adopted to weight the sample so that the weighted separations and costs of the larger participants did not exceed their actual market share based on separation counts.

The total population was determined as the number of acute separations in 2013-14 obtained from the PHDB. All private acute hospitals in Australia (excluding private day hospital facilities) with more than 200 acute admitted separations during the financial year were included. An issue with the PHDB file was that a number of hospitals missed a monthly PHDB submission (see Appendix B: PHDB and HCP data quality issues for Round 18 for further details). This means that the PHDB was not complete and unsuitable for estimating the population without some form of adjustment for the missing data. Our approach to adjust for missing data was:

If a hospital participated in Round 18, then the number of separations was based on the number of costed acute admitted separations;

If a hospital did not participate in the NHCDC, then the number of separations was based on the PHDB. If one of these hospitals missed a monthly PHDB submission, then an annualised estimate at hospital level was taken based on analysis of the average number of separations from the other monthly submissions.

The number of hospitals in the population file for Round 18 is 235.

# Appendix D: Standard error range, Round 18 private sector

Standard errors, reported against AR-DRG cost weights included in section 4.3 AR-DRG top 20 and Appendix E: Cost weight tables by AR-DRG, give an indication of the reliability of cost weights. A large standard error indicates a high level of variation in the underlying sample data for that particular AR-DRG, and therefore the cost weight presented is a less reliable estimate of the true underlying cost of a separation in that AR-DRG.

The following table summarises the reliability of AR-DRG cost weights by grouping the standard errors into a number of ranges. Numbers of AR-DRGs and separations falling into standard error ranges provide insight into the global impact of estimation error on cost weights.

Table 15 Number of AR-DRGs by standard error range

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standard error range** | **Number of AR-DRGs** | **Separations** | **Percentage of DRGs (%)** | **Percentage of total separations (%)** |
| 0.000 - 0.039 | 226 | 2,509,596 | 33% | 89% |
| 0.040 - 0.099 | 146 | 199,448 | 21% | 7% |
| 0.100 - 0.149 | 77 | 50,545 | 11% | 2% |
| 0.150 - 0.199 | 53 | 29,426 | 8% | 1% |
| 0.200 - 0.399 | 95 | 27,797 | 14% | 1% |
| 0.400 + | 88 | 11,107 | 13% | 0% |
| **Total\*** | **685** | **2,827,919\*** | **100%** | **100%** |

\* The standard error for some DRGs cannot be estimated due to low separation counts in the sample.

The results above show that 54% (33% + 21%) of AR-DRGs have cost weight estimates with a standard error range of less than 0.1. Around 96% (89% + 7%) of separations are within the subset of AR-DRGs that have standard error less than 0.1.

# Appendix E: Cost weight tables by AR-DRG

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##### Round 18 (2013-14) national consolidation cost weight tables

###### List of caveats and notes for the Round 18 National Hospital Cost Data Collection (NHCDC) private cost weight tables

###### Private NHCDC

1. For the NHCDC private sector data note:
   1. The Private Hospitals Data Bureau (PHDB) data may have been supplied inconsistently by some private hospitals and as a result national definitions such as care type may not be recorded consistently;
   2. Hospitals may not have provided the general ledger data in the requested format; this may result in some inappropriate allocation of costs i.e. large direct costs such as pharmacy included in overhead cost centres instead of pharmacy cost centres;
   3. A mixture of patient costing and cost modelling approaches have been adopted for Round 18. Refer to Appendix C: Detailed methodology which describes the costing allocation processes and methodology;
   4. The version 6.0x service weights have gaps - these weights did not have a weight for Specialist Procedure Suites. The service weights for Operating Rooms were adopted.

###### Confidentiality rules

To protect the patient confidentiality:

1. AR-DRGs with less than 5 separations are marked '\*\*\*\*\*' in the cost weight table; and
2. If the number of contributing hospitals for a particular AR-DRG is less than three, the figures for this cost weight have been replaced by dashes (-----).
3. The column that showed the number of hospitals associated with an AR-DRG in the Round 17 table has been removed this decision was based on feedback received from the sector in relation to hospitals being identifiable.

###### Introductory notes to cost weights

These notes provide assistance in interpreting the cost weight tables that follow.

For further information see NHCDC terms can be found in the Australian Hospital Patient Costing Standards (v3.1), which is found at:

(<http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/aust-costing-standards-2014-html>).

###### Additional notes

The sample separations submitted to the NHCDC have been population adjusted in all tables and cost weights except where noted.

Hospitals with less than 200 acute separations or classed as same day facilities were excluded from both sample and population hospitals.

Slight differences may occur between figures in the tables displayed in the Round 18 Cost Report and figures displayed in the attached Cost Weight reports due to rounding.

###### Cost weight table columns

The following is a brief explanation of each of the ‘cost bucket’ columns displayed in the cost weight table.

**AR-DRG:** AR-DRGs or Australian Refined Diagnosis Related Groups is a patient classification scheme that provides a clinically meaningful way of relating the number and types of patients treated in a hospital to the resources required by the hospital.

**AR-DRG description:** Descriptive text for the AR-DRG code.

**Number of population-adjusted separations:** This is a measure of the volume of separations in the whole population (i.e. the number of separations in the Round 18 sample, adjusted using the weights to reflect the whole population). A separation is termed to be one complete episode of acute admitted care for a given patient.

**Number of days:** Number of Days is the sum of lengths of stay of the separations for a given AR-DRG. Length of stay was calculated as the difference between Admission Date and Separation Date, subject to a minimum of 1 day. In other national reporting, length of stay is adjusted to remove leave days, however this adjustment was not applied in this report because most hospitals did not supply leave days. Number of days are population-adjusted.

**ALoS (days):** The ALoS is calculated by dividing the number of days by the number of separations for each DRG.

**Percentage of same day seps incl. in ALoS:** This shows of the total ALoS the percentage of separations that were classified as same day patients.

**Cost weight (total):** The average cost across all AR-DRGs for the total cost is chosen as the denominator for the costs weights, and given a weight of 1. A cost weight of an AR-DRG is calculated as the average total cost for that AR-DRG divided by the average cost across all DRGs.

Example for AR-DRG = "XXX"

*Average Cost across All DRGs = $80*

*Total Average Cost for DRG:XXX = $100*

*"XXX" Total Cost Weight = $100/$80 = 1.25*

**Cost weight (specific cost bucket):** A cost weight for an AR-DRG for a specific cost bucket is calculated as the average cost for that AR-DRG and relevant cost bucket, divided by the average total cost across all DRGs.

Example for Critical Care:

AR-DRG = "XXX"

*Average Cost across All DRGs = $80*

*Total Average Cost for DRG:XXX = $100*

*Critical Care Average Cost for DRG: XXX = $40*

*"XXX" Critical Care Cost Weight = $40/$80 = 0.5*

###### Cost-bucket specific cost weights are shown for:

**Operating room and Specialised Procedure Suites**

It displays the cost weight for the combined costs, per AR-DRG, of Operating room and Specialist Procedure Suites.

The AHPCS v3.1 definition of this cost bucket is: Standard GL 4C.002 page 40:

***Operating room***: a designated area of a hospital where significant surgical procedures are carried out under surgical conditions under the supervision of qualified medical practitioner. The operating room must be quipped to deliver general anaesthesia and conform to the College of Anaesthetists and the faculty of Intensive Care standards.

***Specialised Procedure Suite***: a designated area of the hospital where surgical and non-surgical procedures are performed by an appropriately qualified clinician (including medical scientists).

**Critical Care:**

The AHPCS v 3.1 definition of this cost bucket is: Standard GL 4A.002 page 38.

***Critical Care Unit***: separate and self-contained area of a hospital dedicated to the management of patients with life-threatening illnesses, injuries and complications, and monitoring of potentially life-threatening conditions. It provides special expertise and facilities for support of vital functions and uses the skills of medical, nursing and other personnel experienced in the management of these problems. (College of Intensive Care Medicine).

Please note that for costing purposes the Standard GL 4A.002 defines the following units as critical care:

* Intensive Care,
* Coronary Care,
* Cardiothoracic Intensive Care,
* Psychiatric Intensive Care,
* Paediatric Intensive and Neonatal Intensive Care.

High Dependency, special care nurseries and other close observation units wither located within general wards or stand alone will be costed as general wards.

**Prostheses:**

The AHPCS v 3.1 definition of this cost bucket is (page 87):

The term ‘Prostheses,’ includes surgically implanted prostheses, human tissue and other medical devices. Implanted prostheses include cardiac pacemakers and defibrillators, cardiac stents, hip and knee replacements and intraocular lenses, as well as human tissues such as human heart valves, corneas, bones (part and whole) and muscle tissue.

**Miscellaneous**: This column reports the cost weight for the combined costs of all other cost buckets (AHPSC v.3.1 pages 84-90):

**Ward Medical**: Also known as Medical Clinical Services, this bucket includes the salaries and wages of all medical officers including sessional payments.

**Ward Nursing:** This bucket includes Nursing salaries and wages reported in Clinical Service areas.

**Non-clinical Salaries:** This cost bucket includes all other costs of service provision for each inpatient separation.

**Pathology:** This contains the costs recorded from diagnostic clinical laboratory tests for the diagnosis and treatment of patients and associated salaries.

**Imaging:** This contains the costs for diagnostic and therapeutic images produced under the direction of a qualified radiographer or suitably qualified technician and reported by a medical practitioner (radiologist) and associated salaries.

**Allied Health:** Includes clinical services that are delivered by qualified Allied Health professionals who have direct patient contact in areas like audiology, physiotherapy, podiatry etc.

**Pharmacy:** Covers the area of the hospital responsible for the provision of pharmaceuticals. This includes the purchase, production, distribution, supply and storage of drug products and clinical pharmacy services.

**Supplies:** ‘Supplies’ is an abbreviation for the Supplies and Ward Overheads cost bucket. It includes costs for goods and services, medical and surgical supplies, ward and clinical department overheads. In other words, it includes all costs attributed to a ward that are not included in any other cost buckets.

**On-costs:** Includes superannuation, termination payments, workers compensation, long service leave etc.

**Hotel:** Includes such items as food service, linen, grocery supplies and recorded as overheads.

**Depreciation:** Includes depreciation for items that are durable, able to support production for an appreciable period of time and purchased outright or donated.

**Standard Error (total cost weight):** Standard errors indicate the reliability of cost weights in terms of variation in costs and variation from the sample design.

For any additional information can be accessed at the IHPA website:

([www.ihpa.gov.au](http://www.ihpa.gov.au))

Table 16 Round 18 (2013-14) national consolidation cost weight tables

| **AR-DRG** | **AR-DRG description** | **Number of population-adjusted seps** | **Number of days** | **ALoS (days)** | **Percentage of sameday seps** | **Total (a)** | **OR & SPS cost weight** | **Critical care cost weight** | **Prosthesis cost weight** | **Miscellaneous cost weight** | **Standard Error (Total Cost Weight)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 801A | OR Procedures Unrelated to Principal Diagnosis W Catastrophic CC | 1,044 | 17,168 | 16.44 | 13.7% | 5.9291 | 0.5334 | 0.7070 | 0.9555 | 3.7331 | 0.27 |
| 801B | OR Procedures Unrelated to Principal Diagnosis W Severe or Moderate CC | 1,315 | 7,085 | 5.39 | 28.7% | 2.2632 | 0.4369 | 0.1575 | 0.4859 | 1.1829 | 0.14 |
| 801C | OR Procedures Unrelated to Principal Diagnosis W/O CC | 12,469 | 27,857 | 2.23 | 38.4% | 1.3716 | 0.3899 | 0.1098 | 0.3729 | 0.4989 | 0.03 |
| 960Z | Ungroupable | 8,831 | 15,375 | 1.74 | 68.6% | 0.8259 | 0.2476 | 0.0112 | 0.0542 | 0.5129 | 0.02 |
| 961Z | Unacceptable Principal Diagnosis | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| 963Z | Neonatal Diagnosis Not Consistent W Age/Weight | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| A01Z | Liver Transplant | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| A03Z | Lung or Heart/Lung Transplant | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| A05Z | Heart Transplant | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| A06A | Tracheostomy W Ventilation >95 hours W Catastrophic CC | 206 | 10,780 | 52.29 | 0.0% | 45.1562 | 2.1186 | 21.0809 | 7.0954 | 14.8614 | 2.76 |
| A06B | Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC | 735 | 20,877 | 28.42 | 0.0% | 22.6132 | 1.4559 | 9.5576 | 3.0294 | 8.5702 | 0.84 |
| A06C | Ventilation >95 hours W/O Catastrophic CC | 7 | 104 | 14.60 | 0.0% | 17.8946 | 1.5579 | 9.2200 | 2.7781 | 4.3386 | 3.89 |
| A06D | Tracheostomy W/O Catastrophic CC | 65 | 780 | 11.98 | 9.4% | 12.5200 | 1.4688 | 6.8222 | 1.0325 | 3.1964 | 2.91 |
| A07Z | Allogeneic Bone Marrow Transplant | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| A08A | Autologous Bone Marrow Transplant W Catastrophic CC | 113 | 2,911 | 25.84 | 0.0% | 7.9078 | 0.1032 | 0.3638 | 0.1231 | 7.3176 | 0.55 |
| A08B | Autologous Bone Marrow Transplant W/O Catastrophic CC | 76 | 547 | 7.16 | 34.7% | 2.7470 | 0.4071 | 0.0005 | 0.0679 | 2.2715 | 0.27 |
| A09A | Renal Transplant W Pancreas Transplant or W Catastrophic CC | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| A09B | Renal Transplant W/O Pancreas Transplant W/O Catastrophic CC | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |
| A10Z | Insertion of Ventricular Assist Devices | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| A11A | Insertion of Implantable Spinal Infusion Device W Catastrophic CC | 13 | 454 | 34.39 | 0.0% | 17.6101 | 0.8422 | 2.5653 | 3.9916 | 10.2111 | 4.30 |
| A11B | Insertion of Implantable Spinal Infusion Device W/O Catastrophic CC | 48 | 231 | 4.81 | 9.2% | 8.9278 | 0.5235 | 0.0079 | 6.1478 | 2.2486 | 0.67 |
| A12Z | Insertion of Neurostimulator Device | 2,665 | 7,727 | 2.90 | 9.5% | 10.7557 | 0.5622 | 0.0774 | 8.1528 | 1.9632 | 0.15 |
| A40Z | ECMO | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| B01A | Ventricular Shunt Revision W Catastrophic or Severe CC | 46 | 440 | 9.64 | 0.0% | 3.5509 | 0.6340 | 0.3041 | 0.6901 | 1.9227 | 0.37 |
| B01B | Ventricular Shunt Revision W/O Catastrophic or Severe CC | 74 | 264 | 3.55 | 0.0% | 2.2850 | 0.5145 | 0.1069 | 0.7588 | 0.9048 | 0.17 |
| B02A | Cranial Procedures W Catastrophic CC | 735 | 11,904 | 16.19 | 0.0% | 8.0322 | 1.1938 | 1.5583 | 1.3697 | 3.9104 | 0.26 |
| B02B | Cranial Procedures W Severe CC | 774 | 7,037 | 9.09 | 0.0% | 5.3125 | 1.0764 | 0.7816 | 1.2480 | 2.2066 | 0.13 |
| B02C | Cranial Procedures W/O Catastrophic or Severe CC | 2,162 | 14,335 | 6.63 | 0.4% | 4.2724 | 0.9713 | 0.5867 | 1.0282 | 1.6862 | 0.06 |
| B03A | Spinal Procedures W Catastrophic or Severe CC | 338 | 2,931 | 8.67 | 0.3% | 5.5636 | 1.0725 | 0.5774 | 1.5453 | 2.3684 | 0.28 |
| B03B | Spinal Procedures W/O Catastrophic or Severe CC | 2,922 | 9,463 | 3.24 | 1.9% | 3.4793 | 0.7623 | 0.0999 | 1.5333 | 1.0838 | 0.05 |
| B04A | Extracranial Vascular Procedures W Catastrophic CC | 123 | 1,193 | 9.72 | 1.3% | 4.8165 | 1.0248 | 0.9044 | 0.5409 | 2.3464 | 0.32 |
| B04B | Extracranial Vascular Procedures W/O Catastrophic CC | 1,056 | 3,897 | 3.69 | 0.6% | 2.6883 | 0.8334 | 0.4527 | 0.4114 | 0.9908 | 0.07 |
| B05Z | Carpal Tunnel Release | 15,370 | 15,693 | 1.02 | 93.5% | 0.3177 | 0.2148 | 0.0002 | 0.0027 | 0.0999 | 0.00 |
| B06A | Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W CC | 280 | 1,545 | 5.52 | 34.2% | 2.7655 | 0.5111 | 0.1757 | 0.5601 | 1.5186 | 0.24 |
| B06B | Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O CC | 4,596 | 5,407 | 1.18 | 64.3% | 0.6589 | 0.3592 | 0.0072 | 0.0409 | 0.2517 | 0.01 |
| B07A | Peripheral and Cranial Nerve and Other Nervous System Procedures W CC | 93 | 1,024 | 11.02 | 8.9% | 4.0016 | 0.5949 | 0.1000 | 0.7120 | 2.5947 | 0.47 |
| B07B | Peripheral and Cranial Nerve and Other Nervous System Procedures W/O CC | 1,566 | 2,277 | 1.45 | 54.5% | 0.7771 | 0.4257 | 0.0087 | 0.0476 | 0.2952 | 0.02 |
| B40Z | Plasmapheresis W Neurological Disease, Sameday | 332 | 332 | 1.00 | 100.0% | 0.3741 | 0.0000 | 0.0000 | 0.0000 | 0.3741 | 0.02 |
| B41Z | Telemetric EEG Monitoring | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| B42A | Nervous System Diagnosis W Ventilator Support W Catastrophic CC | 11 | 122 | 11.61 | 0.0% | 7.6535 | 0.4619 | 1.9847 | 1.5567 | 3.6502 | 2.67 |
| B42B | Nervous System Diagnosis W Ventilator Support W/O Catastrophic CC | 9 | 79 | 9.05 | 0.0% | 4.0413 | 0.0562 | 2.1456 | 0.0165 | 1.8231 | 1.05 |
| B60A | Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC | 15 | 387 | 25.21 | 0.0% | 16.6122 | 1.7857 | 3.3759 | 3.3311 | 8.1194 | 3.73 |
| B60B | Acute Paraplegia/Quadriplegia W or W/O OR Procs W/O Cat CC | 15 | 119 | 8.08 | 21.3% | 2.7644 | 0.2999 | 0.2637 | 0.5686 | 1.6322 | 0.57 |
| B61A | Spinal Cord Conditions W or W/O OR Procedures W Catastrophic or Severe CC | 119 | 1,282 | 10.81 | 0.9% | 5.8939 | 0.6604 | 0.5082 | 1.6607 | 3.0646 | 0.64 |
| B61B | Spinal Cord Conditions W or W/O OR Procedures W/O Catastrophic or Severe CC | 391 | 1,550 | 3.97 | 17.5% | 3.0223 | 0.5097 | 0.1188 | 1.1744 | 1.2194 | 0.20 |
| B62Z | Apheresis | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| B63Z | Dementia and Other Chronic Disturbances of Cerebral Function | 1,442 | 19,127 | 13.26 | 1.9% | 2.6520 | 0.0070 | 0.0424 | 0.0088 | 2.5938 | 0.08 |
| B64A | Delirium W Catastrophic CC | 343 | 6,192 | 18.05 | 0.0% | 3.5233 | 0.0142 | 0.0863 | 0.0012 | 3.4216 | 0.22 |
| B64B | Delirium W/O Catastrophic CC | 1,392 | 11,246 | 8.08 | 3.2% | 1.6342 | 0.0057 | 0.0390 | 0.0027 | 1.5868 | 0.06 |
| B65Z | Cerebral Palsy | 117 | 129 | 1.10 | 96.9% | 0.2824 | 0.1005 | 0.0000 | 0.0090 | 0.1730 | 0.03 |
| B66A | Nervous System Neoplasm W Catastrophic or Severe CC | 1,107 | 14,074 | 12.71 | 4.7% | 2.6213 | 0.0240 | 0.0504 | 0.0014 | 2.5455 | 0.10 |
| B66B | Nervous System Neoplasm W/O Catastrophic or Severe CC | 809 | 4,953 | 6.12 | 21.4% | 1.3261 | 0.0341 | 0.0093 | 0.0023 | 1.2805 | 0.08 |
| B67A | Degenerative Nervous System Disorders W Catastrophic or Severe CC | 570 | 7,685 | 13.49 | 1.4% | 2.8394 | 0.0392 | 0.0451 | 0.0292 | 2.7259 | 0.16 |
| B67B | Degenerative Nervous System Disorders W Moderate CC | 453 | 2,868 | 6.33 | 15.9% | 1.3269 | 0.0183 | 0.0173 | 0.0121 | 1.2792 | 0.08 |
| B67C | Degenerative Nervous System Disorders W/O CC | 3,867 | 7,526 | 1.95 | 72.7% | 0.3318 | 0.0075 | 0.0079 | 0.0062 | 0.3103 | 0.01 |
| B68A | Multiple Sclerosis and Cerebellar Ataxia W CC | 134 | 1,324 | 9.86 | 8.6% | 3.2414 | 0.0271 | 0.1938 | 0.0007 | 3.0199 | 0.34 |
| B68B | Multiple Sclerosis and Cerebellar Ataxia W/O CC | 7,566 | 8,556 | 1.13 | 95.3% | 0.2662 | 0.0022 | 0.0015 | 0.0005 | 0.2620 | 0.00 |
| B69A | TIA and Precerebral Occlusion W Catastrophic or Severe CC | 447 | 3,278 | 7.34 | 2.0% | 1.5322 | 0.0102 | 0.0863 | 0.0046 | 1.4311 | 0.07 |
| B69B | TIA and Precerebral Occlusion W/O Catastrophic or Severe CC | 1,605 | 4,921 | 3.07 | 15.0% | 0.6648 | 0.0323 | 0.0551 | 0.0085 | 0.5690 | 0.02 |
| B70A | Stroke and Other Cerebrovascular Disorders W Catastrophic CC | 797 | 13,838 | 17.35 | 0.3% | 3.9498 | 0.0308 | 0.1545 | 0.0405 | 3.7240 | 0.15 |
| B70B | Stroke and Other Cerebrovascular Disorders W Severe CC | 963 | 9,621 | 9.99 | 1.4% | 2.0205 | 0.0105 | 0.1010 | 0.0010 | 1.9080 | 0.07 |
| B70C | Stroke and Other Cerebrovascular Disorders W/O Catastrophic or Severe CC | 1,551 | 8,041 | 5.19 | 9.9% | 1.1989 | 0.0315 | 0.0680 | 0.0023 | 1.0972 | 0.03 |
| B70D | Stroke and Other Cerebrovascular Disorders, Died or Transferred <5 Days | 332 | 731 | 2.20 | 21.4% | 0.5244 | 0.0006 | 0.0415 | 0.0011 | 0.4813 | 0.03 |
| B71A | Cranial and Peripheral Nerve Disorders W CC | 890 | 4,660 | 5.24 | 44.0% | 1.1633 | 0.0177 | 0.0594 | 0.0033 | 1.0829 | 0.07 |
| B71B | Cranial and Peripheral Nerve Disorders W/O CC | 8,810 | 13,279 | 1.51 | 85.0% | 0.2385 | 0.0301 | 0.0094 | 0.0053 | 0.1938 | 0.01 |
| B72A | Nervous System Infection Except Viral Meningitis W Cat or Sev CC | 104 | 1,969 | 18.90 | 3.2% | 4.6840 | 0.0657 | 0.6702 | 0.1498 | 3.7984 | 0.66 |
| B72B | Nervous System Infection Except Viral Meningitis W/O Cat or Sev CC | 376 | 1,992 | 5.30 | 32.0% | 1.1712 | 0.0346 | 0.0356 | 0.0087 | 1.0923 | 0.08 |
| B73Z | Viral Meningitis | 183 | 998 | 5.45 | 2.4% | 1.2036 | 0.0225 | 0.0361 | 0.0028 | 1.1421 | 0.14 |
| B74A | Nontraumatic Stupor and Coma W CC | 123 | 779 | 6.36 | 2.2% | 1.4497 | 0.0052 | 0.2171 | 0.0178 | 1.2095 | 0.15 |
| B74B | Nontraumatic Stupor and Coma W/O CC | 276 | 548 | 1.98 | 2.6% | 0.4131 | 0.0025 | 0.0717 | 0.0186 | 0.3202 | 0.05 |
| B75Z | Febrile Convulsions | 23 | 26 | 1.15 | 36.7% | 0.2576 | 0.0000 | 0.0000 | 0.0000 | 0.2576 | 0.08 |
| B76A | Seizure W Catastrophic or Severe CC | 376 | 3,423 | 9.11 | 1.5% | 1.9008 | 0.0102 | 0.1555 | 0.0353 | 1.6999 | 0.12 |
| B76B | Seizure W/O Catastrophic or Severe CC | 1,136 | 3,542 | 3.12 | 22.5% | 0.7368 | 0.0137 | 0.0734 | 0.0044 | 0.6453 | 0.04 |
| B77Z | Headache | 3,452 | 9,678 | 2.80 | 27.8% | 0.5821 | 0.0409 | 0.0202 | 0.0032 | 0.5177 | 0.02 |
| B78A | Intracranial Injury W Catastrophic or Severe CC | 199 | 2,753 | 13.81 | 0.5% | 3.0245 | 0.0318 | 0.2010 | 0.0051 | 2.7865 | 0.21 |
| B78B | Intracranial Injury W/O Catastrophic or Severe CC | 335 | 1,988 | 5.93 | 5.3% | 1.1829 | 0.0007 | 0.0260 | 0.0009 | 1.1553 | 0.10 |
| B79A | Skull Fractures W Catastrophic or Severe CC | 12 | 102 | 8.47 | 0.0% | 1.0857 | 0.0258 | 0.0000 | 0.0000 | 1.0598 | 0.30 |
| B79B | Skull Fractures W/O Catastrophic or Severe CC | 61 | 260 | 4.27 | 16.2% | 0.9083 | 0.0197 | 0.1598 | 0.0000 | 0.7288 | 0.18 |
| B80Z | Other Head Injury | 426 | 1,755 | 4.12 | 22.8% | 0.7591 | 0.0095 | 0.0055 | 0.0000 | 0.7441 | 0.08 |
| B81A | Other Disorders of the Nervous System W Catastrophic or Severe CC | 1,100 | 12,961 | 11.78 | 1.1% | 2.2985 | 0.0259 | 0.0736 | 0.0025 | 2.1964 | 0.08 |
| B81B | Other Disorders of the Nervous System W/O Catastrophic or Severe CC | 3,384 | 11,627 | 3.44 | 36.3% | 0.7417 | 0.0660 | 0.0197 | 0.0106 | 0.6454 | 0.02 |
| B82A | Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC | 155 | 2,932 | 18.90 | 2.8% | 6.4959 | 0.4068 | 0.8257 | 0.4891 | 4.7743 | 0.69 |
| B82B | Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Severe CC | 165 | 1,604 | 9.71 | 13.1% | 2.2545 | 0.1924 | 0.1105 | 0.1461 | 1.8055 | 0.32 |
| B82C | Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Pr W/O Cat/Sev CC | 538 | 2,664 | 4.95 | 31.6% | 1.5611 | 0.2403 | 0.0868 | 0.2576 | 0.9764 | 0.12 |
| C01Z | Procedures for Penetrating Eye Injury | 51 | 69 | 1.36 | 69.6% | 1.0459 | 0.4390 | 0.0248 | 0.2514 | 0.3307 | 0.23 |
| C02Z | Enucleations and Orbital Procedures | 218 | 334 | 1.53 | 34.6% | 1.2133 | 0.5875 | 0.0202 | 0.1693 | 0.4362 | 0.07 |
| C03Z | Retinal Procedures | 11,452 | 11,765 | 1.03 | 83.7% | 0.3075 | 0.1842 | 0.0003 | 0.0239 | 0.0991 | 0.00 |
| C04Z | Major Corneal, Scleral and Conjunctival Procedures | 322 | 343 | 1.07 | 27.2% | 1.7831 | 0.6464 | 0.0046 | 0.7218 | 0.4104 | 0.05 |
| C05Z | Dacryocystorhinostomy | 988 | 1,016 | 1.03 | 54.2% | 0.7662 | 0.4167 | 0.0033 | 0.0960 | 0.2502 | 0.02 |
| C10Z | Strabismus Procedures | 867 | 869 | 1.00 | 86.8% | 0.6162 | 0.4204 | 0.0009 | 0.0007 | 0.1942 | 0.01 |
| C11Z | Eyelid Procedures | 5,612 | 5,943 | 1.06 | 77.3% | 0.5946 | 0.4096 | 0.0014 | 0.0043 | 0.1793 | 0.01 |
| C12Z | Other Corneal, Scleral and Conjunctival Procedures | 2,269 | 2,293 | 1.01 | 91.9% | 0.5017 | 0.3225 | 0.0002 | 0.0372 | 0.1418 | 0.01 |
| C13Z | Lacrimal Procedures | 362 | 370 | 1.02 | 96.5% | 0.2445 | 0.1473 | 0.0004 | 0.0018 | 0.0950 | 0.01 |
| C14Z | Other Eye Procedures | 1,215 | 1,248 | 1.03 | 96.2% | 0.3066 | 0.1949 | 0.0002 | 0.0005 | 0.1110 | 0.01 |
| C15A | Glaucoma and Complex Cataract Procedures | 362 | 487 | 1.35 | 0.0% | 1.0422 | 0.4859 | 0.0021 | 0.1036 | 0.4505 | 0.03 |
| C15B | Glaucoma and Complex Cataract Procedures, Sameday | 777 | 777 | 1.00 | 100.0% | 0.5881 | 0.3493 | 0.0000 | 0.0881 | 0.1507 | 0.02 |
| C16Z | Lens Procedures | 51,801 | 52,120 | 1.01 | 91.7% | 0.5233 | 0.1980 | 0.0013 | 0.1964 | 0.1276 | 0.00 |
| C60A | Acute and Major Eye Infections W CC | 76 | 731 | 9.62 | 11.7% | 2.1416 | 0.0173 | 0.1334 | 0.0001 | 1.9908 | 0.38 |
| C60B | Acute and Major Eye Infections W/O CC | 109 | 530 | 4.84 | 16.8% | 0.9997 | 0.0033 | 0.0141 | 0.0004 | 0.9820 | 0.09 |
| C61A | Neurological and Vascular Disorders of the Eye W CC | 68 | 344 | 5.05 | 8.0% | 1.2943 | 0.0945 | 0.0042 | 0.0034 | 1.1922 | 0.15 |
| C61B | Neurological and Vascular Disorders of the Eye W/O CC | 298 | 594 | 1.99 | 57.3% | 0.3982 | 0.0272 | 0.0018 | 0.0000 | 0.3691 | 0.03 |
| C62Z | Hyphema and Medically Managed Trauma to the Eye | 199 | 910 | 4.57 | 16.5% | 0.8350 | 0.0122 | 0.0037 | 0.0000 | 0.8190 | 0.10 |
| C63Z | Other Disorders of the Eye | 1,179 | 1,984 | 1.68 | 74.3% | 0.3691 | 0.0528 | 0.0124 | 0.0179 | 0.2860 | 0.03 |
| D01Z | Cochlear Implant | 560 | 825 | 1.47 | 1.5% | 11.4333 | 0.7106 | 0.0410 | 8.7283 | 1.9534 | 0.15 |
| D02A | Head and Neck Procedures W Catastrophic or Severe CC | 190 | 1,245 | 6.55 | 5.0% | 4.9306 | 1.4109 | 1.0442 | 0.4976 | 1.9779 | 0.34 |
| D02B | Head and Neck Procedures W Malignancy or Moderate CC | 283 | 861 | 3.04 | 16.3% | 2.2046 | 0.8729 | 0.2556 | 0.2292 | 0.8469 | 0.18 |
| D02C | Head and Neck Procedures W/O Malignancy W/O CC | 1,048 | 1,466 | 1.40 | 34.4% | 1.1196 | 0.5528 | 0.0676 | 0.1132 | 0.3860 | 0.04 |
| D03Z | Surgical Repair for Cleft Lip or Palate Diagnosis | 88 | 143 | 1.62 | 11.7% | 1.6799 | 0.7862 | 0.1871 | 0.0225 | 0.6841 | 0.20 |
| D04A | Maxillo Surgery W CC | 260 | 541 | 2.08 | 20.6% | 2.3984 | 0.9027 | 0.2054 | 0.6077 | 0.6826 | 0.14 |
| D04B | Maxillo Surgery W/O CC | 3,918 | 5,490 | 1.40 | 47.2% | 1.4637 | 0.6167 | 0.0601 | 0.3709 | 0.4160 | 0.02 |
| D05Z | Parotid Gland Procedures | 856 | 1,749 | 2.04 | 2.5% | 1.6239 | 0.9275 | 0.0533 | 0.0795 | 0.5637 | 0.04 |
| D06Z | Sinus and Complex Middle Ear Procedures | 13,345 | 14,417 | 1.08 | 20.8% | 0.8573 | 0.4946 | 0.0172 | 0.0356 | 0.3099 | 0.01 |
| D10Z | Nasal Procedures | 15,463 | 16,033 | 1.04 | 30.0% | 0.7006 | 0.4171 | 0.0081 | 0.0211 | 0.2544 | 0.00 |
| D11Z | Tonsillectomy and/or Adenoidectomy | 24,232 | 24,930 | 1.03 | 25.4% | 0.4561 | 0.2252 | 0.0035 | 0.0077 | 0.2197 | 0.00 |
| D12Z | Other Ear, Nose, Mouth and Throat Procedures | 9,698 | 10,862 | 1.12 | 63.3% | 0.7076 | 0.3743 | 0.0150 | 0.0823 | 0.2358 | 0.01 |
| D13Z | Myringotomy W Tube Insertion | 10,880 | 10,930 | 1.00 | 98.6% | 0.2346 | 0.1314 | 0.0002 | 0.0228 | 0.0803 | 0.00 |
| D14Z | Mouth and Salivary Gland Procedures | 5,721 | 6,180 | 1.08 | 79.4% | 0.5499 | 0.3207 | 0.0212 | 0.0262 | 0.1818 | 0.01 |
| D15Z | Mastoid Procedures | 711 | 978 | 1.38 | 4.7% | 1.7723 | 1.0013 | 0.0245 | 0.2148 | 0.5316 | 0.06 |
| D40Z | Dental Extractions and Restorations | 64,140 | 64,448 | 1.00 | 97.9% | 0.3939 | 0.2804 | 0.0008 | 0.0023 | 0.1105 | 0.00 |
| D60A | Ear, Nose, Mouth and Throat Malignancy W Catastrophic or Severe CC | 211 | 2,717 | 12.86 | 14.1% | 3.1159 | 0.0877 | 0.1024 | 0.0574 | 2.8685 | 0.32 |
| D60B | Ear, Nose, Mouth and Throat Malignancy W/O Catastrophic or Severe CC | 748 | 1,816 | 2.43 | 53.3% | 0.6966 | 0.1293 | 0.0298 | 0.0127 | 0.5248 | 0.05 |
| D61Z | Dysequilibrium | 3,944 | 14,435 | 3.66 | 8.0% | 0.7826 | 0.0133 | 0.0663 | 0.0234 | 0.6796 | 0.02 |
| D62Z | Epistaxis | 861 | 1,745 | 2.03 | 53.6% | 0.4090 | 0.0635 | 0.0100 | 0.0073 | 0.3282 | 0.02 |
| D63Z | Otitis Media and URI | 4,685 | 12,196 | 2.60 | 35.5% | 0.5523 | 0.0395 | 0.0460 | 0.0075 | 0.4592 | 0.02 |
| D64Z | Laryngotracheitis and Epiglottitis | 120 | 297 | 2.47 | 21.3% | 0.6031 | 0.0039 | 0.1417 | 0.0000 | 0.4575 | 0.15 |
| D65Z | Nasal Trauma and Deformity | 1,206 | 1,569 | 1.30 | 85.8% | 0.3115 | 0.1152 | 0.0086 | 0.0018 | 0.1859 | 0.02 |
| D66A | Other Ear, Nose, Mouth and Throat Diagnoses W CC | 373 | 1,118 | 3.00 | 31.0% | 0.7758 | 0.0930 | 0.0606 | 0.0014 | 0.6209 | 0.08 |
| D66B | Other Ear, Nose, Mouth and Throat Diagnoses W/O CC | 7,530 | 8,510 | 1.13 | 35.6% | 0.2279 | 0.0793 | 0.0034 | 0.0013 | 0.1439 | 0.00 |
| D67A | Oral and Dental Disorders Except Extractions and Restorations | 639 | 2,844 | 4.45 | 0.0% | 1.0078 | 0.0801 | 0.0305 | 0.0258 | 0.8714 | 0.06 |
| D67B | Oral and Dental Disorders Except Extractions and Restorations, Sameday | 1,999 | 1,999 | 1.00 | 100.0% | 0.2359 | 0.1583 | 0.0003 | 0.0017 | 0.0757 | 0.01 |
| E01A | Major Chest Procedures W Catastrophic CC | 1,246 | 16,458 | 13.21 | 0.0% | 6.6021 | 0.9394 | 1.5908 | 0.7657 | 3.3062 | 0.18 |
| E01B | Major Chest Procedures W/O Catastrophic CC | 1,864 | 12,702 | 6.81 | 1.3% | 3.6994 | 0.7542 | 0.6232 | 0.6081 | 1.7139 | 0.07 |
| E02A | Other Respiratory System OR Procedures W Catastrophic CC | 261 | 3,987 | 15.25 | 2.6% | 5.3528 | 0.6963 | 0.7316 | 0.4556 | 3.4694 | 0.37 |
| E02B | Other Respiratory System OR Procedures W Severe or Moderate CC | 390 | 1,613 | 4.14 | 8.6% | 1.9730 | 0.4821 | 0.2303 | 0.2316 | 1.0290 | 0.09 |
| E02C | Other Respiratory System OR Procedures W/O CC | 7,446 | 8,727 | 1.17 | 10.4% | 0.6390 | 0.2419 | 0.0485 | 0.0311 | 0.3175 | 0.01 |
| E40A | Respiratory System Diagnosis W Ventilator Support W Catastrophic CC | 77 | 1,372 | 17.79 | 0.0% | 10.6947 | 0.0522 | 5.4970 | 0.7399 | 4.4056 | 1.21 |
| E40B | Respiratory System Diagnosis W Ventilator Support W/O Catastrophic CC | 13 | 109 | 8.38 | 0.0% | 5.8664 | 0.0200 | 3.4565 | 0.1937 | 2.1962 | 0.93 |
| E41Z | Respiratory System Diagnosis W Non-Invasive Ventilation | 411 | 6,076 | 14.80 | 0.0% | 6.0473 | 0.0334 | 2.7094 | 0.0794 | 3.2251 | 0.38 |
| E42A | Bronchoscopy W Catastrophic CC | 297 | 4,559 | 15.33 | 0.0% | 4.1645 | 0.3519 | 0.2380 | 0.0317 | 3.5429 | 0.21 |
| E42B | Bronchoscopy W/O Catastrophic CC | 1,489 | 9,782 | 6.57 | 0.0% | 1.8060 | 0.2485 | 0.0441 | 0.0851 | 1.4283 | 0.05 |
| E42C | Bronchoscopy, Sameday | 3,345 | 3,345 | 1.00 | 100.0% | 0.2342 | 0.1493 | 0.0001 | 0.0040 | 0.0808 | 0.00 |
| E60A | Cystic Fibrosis W Catastrophic or Severe CC | 7 | 55 | 8.38 | 0.0% | 2.6778 | 0.0481 | 0.1000 | 0.0068 | 2.5230 | 0.35 |
| E60B | Cystic Fibrosis W/O Catastrophic or Severe CC | 23 | 174 | 7.57 | 0.0% | 2.0088 | 0.0321 | 0.0257 | 0.0204 | 1.9306 | 0.24 |
| E61A | Pulmonary Embolism W Catastrophic CC | 265 | 2,929 | 11.05 | 2.1% | 2.8300 | 0.0176 | 0.4353 | 0.0806 | 2.2965 | 0.22 |
| E61B | Pulmonary Embolism W/O Catastrophic CC | 1,831 | 9,990 | 5.46 | 4.5% | 1.3284 | 0.0083 | 0.2126 | 0.0096 | 1.0978 | 0.04 |
| E62A | Respiratory Infections/Inflammations W Catastrophic CC | 3,656 | 43,591 | 11.92 | 0.7% | 2.7206 | 0.0171 | 0.2938 | 0.0261 | 2.3837 | 0.05 |
| E62B | Respiratory Infections/Inflammations W Severe or Moderate CC | 4,842 | 35,388 | 7.31 | 1.3% | 1.5357 | 0.0055 | 0.1077 | 0.0060 | 1.4165 | 0.02 |
| E62C | Respiratory Infections/Inflammations W/O CC | 4,360 | 20,284 | 4.65 | 5.5% | 0.9196 | 0.0026 | 0.0308 | 0.0066 | 0.8797 | 0.01 |
| E63Z | Sleep Apnoea | 45,269 | 45,701 | 1.01 | 1.2% | 0.1724 | 0.0437 | 0.0006 | 0.0000 | 0.1280 | 0.00 |
| E64A | Pulmonary Oedema and Respiratory Failure W Catastrophic CC | 131 | 1,477 | 11.28 | 1.3% | 2.5402 | 0.0536 | 0.6004 | 0.0125 | 1.8737 | 0.21 |
| E64B | Pulmonary Oedema and Respiratory Failure W/O Catastrophic CC | 217 | 1,259 | 5.81 | 3.9% | 1.3957 | 0.0207 | 0.3305 | 0.0016 | 1.0430 | 0.11 |
| E65A | Chronic Obstructive Airways Disease W Catastrophic CC | 1,807 | 23,707 | 13.12 | 0.2% | 2.8703 | 0.0153 | 0.4354 | 0.0419 | 2.3777 | 0.10 |
| E65B | Chronic Obstructive Airways Disease W/O Catastrophic CC | 7,275 | 54,486 | 7.49 | 3.5% | 1.4328 | 0.0088 | 0.0792 | 0.0237 | 1.3211 | 0.02 |
| E66A | Major Chest Trauma W Catastrophic CC | 176 | 2,665 | 15.18 | 0.0% | 3.2508 | 0.0092 | 0.3902 | 0.0015 | 2.8500 | 0.20 |
| E66B | Major Chest Trauma W Severe or Moderate CC | 455 | 3,723 | 8.19 | 0.8% | 1.7684 | 0.0111 | 0.1092 | 0.0128 | 1.6353 | 0.09 |
| E66C | Major Chest Trauma W/O CC | 250 | 1,665 | 6.67 | 5.1% | 1.2054 | 0.0013 | 0.0534 | 0.0058 | 1.1448 | 0.10 |
| E67A | Respiratory Signs and Symptoms W Catastrophic or Severe CC | 789 | 5,228 | 6.62 | 8.6% | 1.6676 | 0.0509 | 0.2727 | 0.0267 | 1.3172 | 0.11 |
| E67B | Respiratory Signs and Symptoms W/O Catastrophic or Severe CC | 3,546 | 6,869 | 1.94 | 45.3% | 0.5011 | 0.0845 | 0.0605 | 0.0165 | 0.3396 | 0.02 |
| E68A | Pneumothorax W CC | 125 | 1,054 | 8.41 | 4.3% | 2.0059 | 0.0295 | 0.3898 | 0.0102 | 1.5764 | 0.22 |
| E68B | Pneumothorax W/O CC | 162 | 416 | 2.56 | 12.2% | 0.5920 | 0.0044 | 0.0917 | 0.0065 | 0.4894 | 0.06 |
| E69A | Bronchitis and Asthma W CC | 1,195 | 7,924 | 6.63 | 3.6% | 1.3235 | 0.0132 | 0.1123 | 0.0070 | 1.1909 | 0.05 |
| E69B | Bronchitis and Asthma W/O CC | 2,700 | 8,267 | 3.06 | 29.0% | 0.5910 | 0.0027 | 0.0298 | 0.0002 | 0.5582 | 0.02 |
| E70A | Whooping Cough and Acute Bronchiolitis W CC | 165 | 850 | 5.14 | 1.0% | 1.8679 | 0.0170 | 0.2336 | 0.0782 | 1.5391 | 0.17 |
| E70B | Whooping Cough and Acute Bronchiolitis W/O CC | 379 | 889 | 2.34 | 10.9% | 0.6468 | 0.0007 | 0.0041 | 0.0000 | 0.6421 | 0.04 |
| E71A | Respiratory Neoplasms W Catastrophic CC | 1,315 | 15,441 | 11.74 | 3.2% | 2.5596 | 0.0265 | 0.0629 | 0.0248 | 2.4454 | 0.09 |
| E71B | Respiratory Neoplasms W/O Catastrophic CC | 4,057 | 19,508 | 4.81 | 26.5% | 1.0838 | 0.0284 | 0.0113 | 0.0138 | 1.0303 | 0.03 |
| E72Z | Respiratory Problems Arising from Neonatal Period | 21 | 44 | 2.12 | 13.5% | 0.9312 | 0.0159 | 0.0000 | 0.0000 | 0.9153 | 0.64 |
| E73A | Pleural Effusion W Catastrophic CC | 326 | 3,239 | 9.94 | 9.0% | 2.1672 | 0.0561 | 0.2096 | 0.0078 | 1.8938 | 0.14 |
| E73B | Pleural Effusion W Severe or Moderate CC | 550 | 3,282 | 5.96 | 7.8% | 1.2917 | 0.0502 | 0.1046 | 0.0035 | 1.1334 | 0.06 |
| E73C | Pleural Effusion W/O CC | 688 | 1,837 | 2.67 | 45.8% | 0.5571 | 0.0455 | 0.0296 | 0.0050 | 0.4770 | 0.04 |
| E74A | Interstitial Lung Disease W Catastrophic CC | 187 | 2,452 | 13.09 | 1.5% | 3.0271 | 0.0111 | 0.3782 | 0.0022 | 2.6356 | 0.23 |
| E74B | Interstitial Lung Disease W Severe or Moderate CC | 296 | 2,547 | 8.62 | 0.7% | 1.7246 | 0.0151 | 0.0587 | 0.0004 | 1.6504 | 0.09 |
| E74C | Interstitial Lung Disease W/O CC | 431 | 2,216 | 5.14 | 29.9% | 1.0267 | 0.0156 | 0.0293 | 0.0005 | 0.9813 | 0.09 |
| E75A | Other Respiratory System Diagnosis W Catastrophic CC | 717 | 8,299 | 11.58 | 0.5% | 2.4424 | 0.0127 | 0.1790 | 0.0148 | 2.2359 | 0.12 |
| E75B | Other Respiratory System Diagnosis W Severe or Moderate CC | 1,971 | 12,893 | 6.54 | 3.6% | 1.3468 | 0.0109 | 0.0753 | 0.0096 | 1.2509 | 0.03 |
| E75C | Other Respiratory System Diagnosis W/O CC | 2,242 | 8,526 | 3.80 | 12.1% | 0.7476 | 0.0105 | 0.0321 | 0.0010 | 0.7041 | 0.02 |
| E76Z | Respiratory Tuberculosis | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| F01A | Implantation or Replacement of AICD, Total System W Catastrophic CC | 339 | 2,942 | 8.68 | 0.5% | 28.4124 | 0.9523 | 1.7806 | 19.8013 | 5.8782 | 0.57 |
| F01B | Implantation or Replacement of AICD, Total System W/O Catastrophic CC | 2,302 | 5,209 | 2.26 | 10.0% | 22.4461 | 0.5759 | 0.2968 | 17.8956 | 3.6777 | 0.18 |
| F02Z | Other AICD Procedures | 178 | 503 | 2.82 | 5.8% | 6.3671 | 0.5634 | 0.7360 | 3.6362 | 1.4315 | 0.91 |
| F03A | Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC | 400 | 7,611 | 19.04 | 0.0% | 16.1107 | 2.3714 | 3.9015 | 4.1533 | 5.6845 | 0.65 |
| F03B | Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W/O Cat CC | 217 | 2,333 | 10.75 | 0.0% | 11.4152 | 2.0157 | 2.4299 | 3.5158 | 3.4538 | 0.47 |
| F04A | Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC | 2,014 | 27,084 | 13.45 | 0.0% | 12.8550 | 1.9550 | 3.2030 | 3.4596 | 4.2374 | 0.21 |
| F04B | Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W/O Cat CC | 1,133 | 10,632 | 9.38 | 0.0% | 9.1188 | 1.5964 | 2.0120 | 2.5887 | 2.9218 | 0.13 |
| F05A | Coronary Bypass W Invasive Cardiac Investigation W Reoperation or W Cat CC | 696 | 11,104 | 15.95 | 0.0% | 12.8032 | 2.1207 | 4.3150 | 1.8078 | 4.5597 | 0.47 |
| F05B | Coronary Bypass W Invasive Cardiac Investigation W/O Reoperation W/O Cat CC | 476 | 5,627 | 11.83 | 0.2% | 9.2852 | 1.8384 | 2.8730 | 1.1413 | 3.4324 | 0.30 |
| F06A | Coronary Bypass W/O Invasive Cardiac Inves W Reoperation or W Cat or Sev CC | 2,178 | 23,763 | 10.91 | 0.0% | 8.6912 | 1.6807 | 2.8280 | 1.2094 | 2.9731 | 0.19 |
| F06B | Coronary Bypass W/O Invasive Cardiac Inves W/O Reoperation W/O Cat or Sev CC | 612 | 5,365 | 8.77 | 0.0% | 6.8287 | 1.5328 | 1.9700 | 0.8421 | 2.4838 | 0.17 |
| F07A | Other Cardiothoracic/Vascular Procedures W CPB Pump W Catastrophic CC | 235 | 2,818 | 12.00 | 0.0% | 10.8777 | 2.1161 | 3.2320 | 1.7649 | 3.7646 | 0.40 |
| F07B | Other Cardiothoracic/Vascular Procedures W CPB Pump W Severe or Moderate CC | 120 | 1,148 | 9.56 | 0.0% | 9.7534 | 1.8330 | 2.7083 | 1.9138 | 3.2984 | 0.76 |
| F07C | Other Cardiothoracic/Vascular Procedures W CPB Pump W/O CC | 90 | 682 | 7.61 | 0.0% | 7.2916 | 1.7611 | 1.9067 | 1.0235 | 2.6002 | 0.49 |
| F08A | Major Reconstruct Vascular Procedures W/O CPB Pump W Catastrophic CC | 805 | 11,280 | 14.00 | 0.7% | 8.7858 | 1.7024 | 1.2700 | 2.3604 | 3.4530 | 0.24 |
| F08B | Major Reconstruct Vascular Procedures W/O CPB Pump W/O Catastrophic CC | 2,072 | 12,194 | 5.88 | 1.5% | 5.5098 | 1.1223 | 0.4406 | 2.2436 | 1.7032 | 0.10 |
| F09A | Other Cardiothoracic Procedures W/O CPB Pump W Catastrophic CC | 123 | 1,431 | 11.65 | 0.9% | 6.3702 | 0.8470 | 1.7985 | 0.7440 | 2.9808 | 0.54 |
| F09B | Other Cardiothoracic Procedures W/O CPB Pump W Severe or Moderate CC | 129 | 668 | 5.16 | 6.0% | 3.7306 | 0.7289 | 0.8437 | 0.7546 | 1.4035 | 0.34 |
| F09C | Other Cardiothoracic Procedures W/O CPB Pump W/O CC | 258 | 544 | 2.11 | 9.9% | 2.3139 | 0.6453 | 0.3105 | 0.5530 | 0.8051 | 0.15 |
| F10A | Interventional Coronary Procedures W AMI W Catastrophic CC | 388 | 3,749 | 9.67 | 2.0% | 7.0259 | 0.5773 | 2.1525 | 1.8470 | 2.4490 | 0.33 |
| F10B | Interventional Coronary Procedures W AMI W/O Catastrophic CC | 2,893 | 10,557 | 3.65 | 0.8% | 4.1098 | 0.4879 | 0.8916 | 1.6420 | 1.0883 | 0.05 |
| F11A | Amputation for Circ System Except Upper Limb and Toe W Catastrophic CC | 69 | 2,200 | 31.93 | 0.0% | 8.6350 | 1.0437 | 1.2080 | 0.8799 | 5.5034 | 1.17 |
| F11B | Amputation for Circ System Except Upper Limb and Toe W/O Catastrophic CC | 43 | 904 | 20.84 | 5.2% | 6.0474 | 0.7352 | 0.5670 | 0.4433 | 4.3019 | 0.84 |
| F12A | Implantation or Replacement of Pacemaker, Total System W Catastrophic CC | 653 | 8,485 | 13.00 | 0.3% | 10.6543 | 0.6050 | 1.8575 | 4.7505 | 3.4413 | 0.30 |
| F12B | Implantation or Replacement of Pacemaker, Total System W/O Catastrophic CC | 6,844 | 19,750 | 2.89 | 1.1% | 7.0845 | 0.4848 | 0.4719 | 4.6665 | 1.4613 | 0.05 |
| F13A | Upper Limb and Toe Amputation for Circulatory Sys Disorders W Cat or Sev CC | 156 | 2,312 | 14.80 | 1.5% | 4.5633 | 0.6332 | 0.1819 | 0.5075 | 3.2407 | 0.39 |
| F13B | Upper Limb and Toe Amputation for Circulatory Sys Disorders W/O Cat or Sev CC | 173 | 1,068 | 6.17 | 7.7% | 1.9032 | 0.3876 | 0.0192 | 0.2535 | 1.2429 | 0.15 |
| F14A | Vascular Procs Except Major Reconstruction W/O CPB Pump W Cat CC | 874 | 8,443 | 9.66 | 4.0% | 4.6010 | 0.7628 | 0.5660 | 1.0142 | 2.2580 | 0.20 |
| F14B | Vascular Procs Except Major Reconstruction W/O CPB Pump W Sev or Mod CC | 2,178 | 5,965 | 2.74 | 16.3% | 2.0566 | 0.5391 | 0.0958 | 0.6405 | 0.7811 | 0.05 |
| F14C | Vascular Procs Except Major Reconstruction W/O CPB Pump W/O CC | 7,125 | 10,850 | 1.52 | 20.2% | 1.6487 | 0.4711 | 0.0361 | 0.6190 | 0.5225 | 0.02 |
| F15A | Interventional Coronary Procs W/O AMI W Stent Implantation W Cat or Sev CC | 1,964 | 7,131 | 3.63 | 0.6% | 4.3376 | 0.5307 | 0.9188 | 1.7244 | 1.1636 | 0.10 |
| F15B | Interventional Coronary Procs W/O AMI W Stent Implantation W/O Cat or Sev CC | 8,558 | 14,932 | 1.74 | 0.8% | 3.1605 | 0.4775 | 0.3753 | 1.5863 | 0.7213 | 0.02 |
| F16A | Interventional Coronary Procedures W/O AMI W/O Stent Implantation W CC | 226 | 637 | 2.82 | 3.4% | 2.5392 | 0.4553 | 0.7726 | 0.5107 | 0.8006 | 0.28 |
| F16B | Interventional Coronary Procedures W/O AMI W/O Stent Implantation W/O CC | 438 | 683 | 1.56 | 5.0% | 1.6719 | 0.4456 | 0.2802 | 0.4576 | 0.4885 | 0.08 |
| F17A | Insertion or Replacement of Pacemaker Generator W Catastrophic or Severe CC | 128 | 823 | 6.41 | 11.1% | 6.6876 | 0.3507 | 0.3034 | 4.0529 | 1.9806 | 0.57 |
| F17B | Insertion or Replacement of Pacemaker Generator W/O Catastrophic or Severe CC | 2,103 | 2,678 | 1.27 | 36.8% | 5.4001 | 0.3423 | 0.0539 | 4.0814 | 0.9224 | 0.11 |
| F18A | Other Pacemaker Procedures W CC | 115 | 717 | 6.22 | 4.8% | 5.9652 | 0.5445 | 1.4992 | 1.9610 | 1.9606 | 1.04 |
| F18B | Other Pacemaker Procedures W/O CC | 203 | 359 | 1.77 | 6.6% | 1.9850 | 0.4795 | 0.1921 | 0.7044 | 0.6090 | 0.15 |
| F19Z | Trans-Vascular Percutaneous Cardiac Intervention | 354 | 998 | 2.82 | 1.9% | 4.3876 | 0.5386 | 0.3905 | 2.3357 | 1.1227 | 0.15 |
| F20Z | Vein Ligation and Stripping | 8,973 | 10,452 | 1.16 | 26.7% | 0.8149 | 0.4837 | 0.0040 | 0.0203 | 0.3069 | 0.01 |
| F21A | Other Circulatory System OR Procedures W Catastrophic CC | 124 | 2,892 | 23.23 | 9.8% | 5.1867 | 0.4952 | 0.4949 | 0.2655 | 3.9312 | 0.46 |
| F21B | Other Circulatory System OR Procedures W/O Catastrophic CC | 649 | 4,048 | 6.23 | 32.8% | 1.9520 | 0.4476 | 0.0657 | 0.1870 | 1.2517 | 0.15 |
| F40A | Circulatory System Diagnosis W Ventilator Support W Catastrophic CC | 31 | 574 | 18.75 | 0.0% | 9.4685 | 0.4018 | 4.5330 | 0.3226 | 4.2111 | 0.76 |
| F40B | Circulatory System Diagnosis W Ventilator Support W/O Catastrophic CC | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| F41A | Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W Cat or Sev CC | 550 | 4,281 | 7.79 | 0.5% | 3.5462 | 0.2760 | 1.5751 | 0.0605 | 1.6345 | 0.16 |
| F41B | Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC | 1,934 | 7,025 | 3.63 | 8.8% | 1.8512 | 0.2559 | 0.7945 | 0.0540 | 0.7467 | 0.06 |
| F42A | Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W Cat or Sev CC | 2,544 | 14,186 | 5.58 | 0.0% | 2.8216 | 0.4941 | 0.9226 | 0.1076 | 1.2974 | 0.07 |
| F42B | Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC | 23,080 | 44,122 | 1.91 | 0.4% | 1.2625 | 0.4287 | 0.2890 | 0.0692 | 0.4756 | 0.01 |
| F42C | Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc, Sameday | 19,377 | 19,377 | 1.00 | 100.0% | 0.5214 | 0.3086 | 0.0181 | 0.0460 | 0.1486 | 0.00 |
| F43Z | Circulatory System Diagnosis W Non-Invasive Ventilation | 114 | 1,738 | 15.24 | 0.0% | 6.2218 | 0.0691 | 3.1114 | 0.0603 | 2.9809 | 0.60 |
| F60A | Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W Catastrophic CC | 371 | 4,065 | 10.95 | 3.7% | 2.8156 | 0.0113 | 0.7953 | 0.0015 | 2.0075 | 0.22 |
| F60B | Circulatory Disorders W AMI W/O Invasive Cardiac Inves Pr W/O Catastrophic CC | 1,540 | 7,389 | 4.80 | 12.2% | 1.4223 | 0.0089 | 0.5347 | 0.0100 | 0.8687 | 0.07 |
| F61A | Infective Endocarditis W Catastrophic CC | 76 | 2,132 | 28.14 | 0.0% | 6.3303 | 0.2428 | 0.6402 | 0.1886 | 5.2587 | 0.55 |
| F61B | Infective Endocarditis W/O Catastrophic CC | 221 | 2,131 | 9.66 | 52.4% | 2.0045 | 0.1108 | 0.1163 | 0.0404 | 1.7370 | 0.21 |
| F62A | Heart Failure and Shock W Catastrophic CC | 3,444 | 46,832 | 13.60 | 0.7% | 3.2319 | 0.0201 | 0.6711 | 0.0447 | 2.4959 | 0.08 |
| F62B | Heart Failure and Shock W/O Catastrophic CC | 7,517 | 52,503 | 6.98 | 3.2% | 1.6344 | 0.0142 | 0.3425 | 0.0036 | 1.2740 | 0.03 |
| F63A | Venous Thrombosis W Catastrophic or Severe CC | 397 | 3,264 | 8.21 | 1.8% | 1.7319 | 0.0241 | 0.1028 | 0.0144 | 1.5907 | 0.11 |
| F63B | Venous Thrombosis W/O Catastrophic or Severe CC | 1,187 | 4,915 | 4.14 | 9.4% | 0.7950 | 0.0154 | 0.0314 | 0.0011 | 0.7470 | 0.02 |
| F64A | Skin Ulcers in Circulatory Disorders W Catastrophic or Severe CC | 283 | 4,487 | 15.84 | 5.7% | 3.0891 | 0.0593 | 0.0900 | 0.0416 | 2.8982 | 0.21 |
| F64B | Skin Ulcers in Circulatory Disorders W/O Catastrophic or Severe CC | 659 | 4,337 | 6.58 | 35.6% | 1.2351 | 0.0527 | 0.0235 | 0.0252 | 1.1337 | 0.08 |
| F65A | Peripheral Vascular Disorders W Catastrophic or Severe CC | 390 | 3,194 | 8.20 | 5.5% | 1.9596 | 0.0886 | 0.1628 | 0.0787 | 1.6295 | 0.13 |
| F65B | Peripheral Vascular Disorders W/O Catastrophic or Severe CC | 3,573 | 6,279 | 1.76 | 52.3% | 0.5181 | 0.1352 | 0.0165 | 0.0320 | 0.3344 | 0.01 |
| F66A | Coronary Atherosclerosis W Catastrophic or Severe CC | 521 | 3,847 | 7.38 | 9.3% | 1.9143 | 0.0301 | 0.5556 | 0.0202 | 1.3085 | 0.16 |
| F66B | Coronary Atherosclerosis W/O Catastrophic or Severe CC | 2,292 | 5,130 | 2.24 | 31.5% | 0.5373 | 0.0260 | 0.1322 | 0.0027 | 0.3764 | 0.02 |
| F67A | Hypertension W Catastrophic or Severe CC | 277 | 2,065 | 7.46 | 1.0% | 1.4186 | 0.0355 | 0.1089 | 0.0034 | 1.2707 | 0.10 |
| F67B | Hypertension W/O Catastrophic or Severe CC | 1,731 | 6,335 | 3.66 | 5.6% | 0.7200 | 0.0245 | 0.0793 | 0.0068 | 0.6093 | 0.02 |
| F68A | Congenital Heart Disease W CC | 32 | 49 | 1.51 | 72.7% | 0.7413 | 0.2789 | 0.0000 | 0.0000 | 0.4623 | 0.14 |
| F68B | Congenital Heart Disease W/O CC | 242 | 269 | 1.11 | 89.0% | 0.4412 | 0.2007 | 0.0466 | 0.0000 | 0.1938 | 0.04 |
| F69A | Valvular Disorders W Catastrophic or Severe CC | 435 | 3,402 | 7.81 | 7.6% | 1.6772 | 0.0353 | 0.2631 | 0.0384 | 1.3403 | 0.12 |
| F69B | Valvular Disorders W/O Catastrophic or Severe CC | 2,325 | 4,525 | 1.95 | 41.2% | 0.5974 | 0.0793 | 0.1249 | 0.0532 | 0.3400 | 0.02 |
| F72A | Unstable Angina W Catastrophic or Severe CC | 419 | 2,811 | 6.71 | 3.1% | 1.8072 | 0.0072 | 0.5770 | 0.0007 | 1.2223 | 0.13 |
| F72B | Unstable Angina W/O Catastrophic or Severe CC | 1,483 | 3,855 | 2.60 | 11.9% | 0.7721 | 0.0107 | 0.2924 | 0.0001 | 0.4689 | 0.03 |
| F73A | Syncope and Collapse W Catastrophic or Severe CC | 1,746 | 14,497 | 8.30 | 1.0% | 1.7698 | 0.0112 | 0.2270 | 0.0229 | 1.5086 | 0.06 |
| F73B | Syncope and Collapse W/O Catastrophic or Severe CC | 4,989 | 15,636 | 3.13 | 19.0% | 0.9453 | 0.0407 | 0.1299 | 0.1863 | 0.5884 | 0.02 |
| F74Z | Chest Pain | 12,680 | 24,394 | 1.92 | 28.3% | 0.5114 | 0.0155 | 0.1691 | 0.0016 | 0.3252 | 0.01 |
| F75A | Other Circulatory System Diagnoses W Catastrophic CC | 615 | 6,979 | 11.35 | 1.5% | 2.9069 | 0.0455 | 0.4578 | 0.0452 | 2.3585 | 0.14 |
| F75B | Other Circulatory System Diagnoses W Severe or Moderate CC | 1,740 | 8,110 | 4.66 | 13.9% | 1.2375 | 0.0537 | 0.2357 | 0.0183 | 0.9298 | 0.04 |
| F75C | Other Circulatory System Diagnoses W/O CC | 2,408 | 4,883 | 2.03 | 49.1% | 0.6034 | 0.0897 | 0.1164 | 0.0365 | 0.3608 | 0.02 |
| F76A | Arrhythmia, Cardiac Arrest and Conduction Disorders W Cat or Sev CC | 2,373 | 17,831 | 7.51 | 4.3% | 2.2081 | 0.0364 | 0.7581 | 0.0066 | 1.4071 | 0.07 |
| F76B | Arrhythmia, Cardiac Arrest and Conduction Disorders W/O Cat or Sev CC | 16,787 | 31,341 | 1.87 | 50.4% | 0.6079 | 0.0797 | 0.1915 | 0.0102 | 0.3266 | 0.01 |
| G01A | Rectal Resection W Catastrophic CC | 1,538 | 23,561 | 15.32 | 0.2% | 7.7397 | 1.6464 | 1.2924 | 0.9725 | 3.8284 | 0.16 |
| G01B | Rectal Resection W/O Catastrophic CC | 2,679 | 20,213 | 7.54 | 0.1% | 4.2636 | 1.3369 | 0.2866 | 0.7245 | 1.9156 | 0.04 |
| G02A | Major Small and Large Bowel Procedures W Catastrophic CC | 2,980 | 45,300 | 15.20 | 0.3% | 7.0250 | 1.1954 | 1.3581 | 0.6743 | 3.7973 | 0.15 |
| G02B | Major Small and Large Bowel Procedures W/O Catastrophic CC | 5,988 | 34,208 | 5.71 | 6.3% | 2.7754 | 0.8043 | 0.1957 | 0.3824 | 1.3930 | 0.03 |
| G03A | Stomach, Oesophageal and Duodenal Procedure W Malignancy or W Catastrophic CC | 739 | 11,006 | 14.90 | 0.7% | 8.7973 | 1.5508 | 1.9771 | 1.0593 | 4.2100 | 0.47 |
| G03B | Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W Sev or Mod CC | 579 | 2,294 | 3.96 | 5.3% | 2.5321 | 0.8117 | 0.3081 | 0.3341 | 1.0782 | 0.09 |
| G03C | Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W/O CC | 2,791 | 6,439 | 2.31 | 7.5% | 1.6167 | 0.6908 | 0.0472 | 0.2090 | 0.6698 | 0.03 |
| G04A | Peritoneal Adhesiolysis W Catastrophic CC | 512 | 7,160 | 13.98 | 0.5% | 5.9834 | 0.9630 | 1.0031 | 0.4538 | 3.5636 | 0.24 |
| G04B | Peritoneal Adhesiolysis W Severe or Moderate CC | 1,108 | 7,082 | 6.39 | 2.1% | 2.9722 | 0.7973 | 0.2434 | 0.3996 | 1.5319 | 0.07 |
| G04C | Peritoneal Adhesiolysis W/O CC | 4,152 | 11,793 | 2.84 | 7.4% | 1.5866 | 0.5727 | 0.0327 | 0.2776 | 0.7036 | 0.02 |
| G05A | Minor Small and Large Bowel Procedures W Catastrophic CC | 58 | 657 | 11.41 | 0.0% | 4.3665 | 0.7034 | 0.6162 | 0.4724 | 2.5744 | 0.71 |
| G05B | Minor Small and Large Bowel Procedures W Severe or Moderate CC | 202 | 1,231 | 6.09 | 5.5% | 2.1945 | 0.5811 | 0.0847 | 0.1414 | 1.3872 | 0.09 |
| G05C | Minor Small and Large Bowel Procedures W/O CC | 620 | 2,581 | 4.16 | 13.4% | 1.5535 | 0.5038 | 0.0065 | 0.1409 | 0.9022 | 0.04 |
| G06Z | Pyloromyotomy Procedure | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |
| G07A | Appendicectomy W Malignancy or Peritonitis or W Catastrophic or Severe CC | 1,305 | 4,424 | 3.39 | 0.1% | 1.3997 | 0.4616 | 0.0805 | 0.0499 | 0.8076 | 0.04 |
| G07B | Appendicectomy W/O Malignancy or Peritonitis W/O Cat or Sev CC | 4,709 | 8,829 | 1.88 | 1.1% | 0.9473 | 0.3983 | 0.0048 | 0.0585 | 0.4857 | 0.01 |
| G10A | Hernia Procedures W CC | 2,200 | 7,568 | 3.44 | 4.9% | 1.9076 | 0.5436 | 0.1450 | 0.3305 | 0.8885 | 0.05 |
| G10B | Hernia Procedures W/O CC | 34,931 | 44,466 | 1.27 | 21.5% | 0.9535 | 0.3934 | 0.0055 | 0.2185 | 0.3361 | 0.00 |
| G11Z | Anal and Stomal Procedures | 30,287 | 38,648 | 1.28 | 69.2% | 0.4646 | 0.2282 | 0.0022 | 0.0282 | 0.2059 | 0.00 |
| G12A | Other Digestive System OR Procedures W Catastrophic CC | 297 | 4,426 | 14.90 | 4.3% | 4.8440 | 0.5828 | 0.5426 | 0.2701 | 3.4485 | 0.28 |
| G12B | Other Digestive System OR Procedures W Severe or Moderate CC | 589 | 2,688 | 4.57 | 25.8% | 1.6891 | 0.3888 | 0.1026 | 0.1157 | 1.0819 | 0.08 |
| G12C | Other Digestive System OR Procedures W/O CC | 1,622 | 4,342 | 2.68 | 35.6% | 1.0823 | 0.3604 | 0.0540 | 0.0696 | 0.5983 | 0.04 |
| G46A | Complex Gastroscopy W Catastrophic CC | 410 | 5,192 | 12.68 | 0.0% | 3.6714 | 0.3156 | 0.3101 | 0.2368 | 2.8088 | 0.17 |
| G46B | Complex Gastroscopy W/O Catastrophic CC | 7,733 | 24,359 | 3.15 | 0.0% | 1.0260 | 0.2411 | 0.0338 | 0.0401 | 0.7109 | 0.01 |
| G46C | Complex Gastroscopy, Sameday | 79,456 | 79,456 | 1.00 | 100.0% | 0.2888 | 0.2003 | 0.0000 | 0.0044 | 0.0841 | 0.00 |
| G47A | Other Gastroscopy W Catastrophic CC | 447 | 6,038 | 13.51 | 0.0% | 3.4782 | 0.1942 | 0.3926 | 0.0545 | 2.8368 | 0.17 |
| G47B | Other Gastroscopy W/O Catastrophic CC | 5,058 | 18,888 | 3.73 | 0.0% | 0.9918 | 0.1548 | 0.0585 | 0.0154 | 0.7631 | 0.02 |
| G47C | Other Gastroscopy, Sameday | 62,687 | 62,702 | 1.00 | 100.0% | 0.1681 | 0.1033 | 0.0000 | 0.0003 | 0.0645 | 0.00 |
| G48A | Colonoscopy W Catastrophic or Severe CC | 985 | 7,441 | 7.56 | 0.2% | 2.1440 | 0.3510 | 0.1171 | 0.0363 | 1.6397 | 0.09 |
| G48B | Colonoscopy W/O Catastrophic or Severe CC | 7,356 | 16,560 | 2.25 | 0.3% | 0.7676 | 0.2228 | 0.0102 | 0.0134 | 0.5212 | 0.01 |
| G48C | Colonoscopy, Sameday | 110,153 | 110,154 | 1.00 | 100.0% | 0.2253 | 0.1472 | 0.0000 | 0.0049 | 0.0732 | 0.00 |
| G60A | Digestive Malignancy W Catastrophic CC | 1,235 | 13,867 | 11.22 | 5.2% | 2.5899 | 0.0395 | 0.0990 | 0.0583 | 2.3931 | 0.11 |
| G60B | Digestive Malignancy W/O Catastrophic CC | 4,991 | 17,374 | 3.48 | 24.3% | 0.8636 | 0.0560 | 0.0096 | 0.0414 | 0.7566 | 0.02 |
| G61A | GI Haemorrhage W Catastrophic or Severe CC | 472 | 3,975 | 8.41 | 4.7% | 1.8473 | 0.0174 | 0.1296 | 0.0328 | 1.6675 | 0.12 |
| G61B | GI Haemorrhage W/O Catastrophic or Severe CC | 1,355 | 3,529 | 2.60 | 20.8% | 0.5104 | 0.0117 | 0.0285 | 0.0010 | 0.4691 | 0.02 |
| G62Z | Complicated Peptic Ulcer | 148 | 532 | 3.58 | 44.6% | 0.8299 | 0.0544 | 0.1150 | 0.0254 | 0.6350 | 0.13 |
| G63Z | Uncomplicated Peptic Ulcer | 96 | 280 | 2.91 | 30.1% | 0.6814 | 0.0386 | 0.1027 | 0.0012 | 0.5388 | 0.18 |
| G64A | Inflammatory Bowel Disease W CC | 236 | 1,585 | 6.73 | 12.1% | 1.9645 | 0.0200 | 0.0289 | 0.0098 | 1.9057 | 0.13 |
| G64B | Inflammatory Bowel Disease W/O CC | 4,909 | 6,179 | 1.26 | 89.9% | 0.4044 | 0.0062 | 0.0013 | 0.0005 | 0.3965 | 0.01 |
| G65A | GI Obstruction W Catastrophic or Severe CC | 974 | 8,703 | 8.93 | 1.7% | 2.0240 | 0.0226 | 0.1218 | 0.0359 | 1.8437 | 0.09 |
| G65B | GI Obstruction W/O Catastrophic or Severe CC | 2,617 | 9,648 | 3.69 | 6.4% | 0.7186 | 0.0078 | 0.0144 | 0.0019 | 0.6945 | 0.02 |
| G66Z | Abdominal Pain or Mesenteric Adenitis | 7,310 | 18,280 | 2.50 | 17.9% | 0.4928 | 0.0119 | 0.0133 | 0.0016 | 0.4660 | 0.01 |
| G67A | Oesophagitis and Gastroenteritis W Cat/Sev CC | 2,127 | 16,735 | 7.87 | 1.4% | 1.6210 | 0.0053 | 0.1037 | 0.0121 | 1.4999 | 0.05 |
| G67B | Oesophagitis and Gastroenteritis W/O Cat/Sev CC | 5,849 | 17,022 | 2.91 | 12.8% | 0.5577 | 0.0061 | 0.0279 | 0.0017 | 0.5221 | 0.01 |
| G70A | Other Digestive System Diagnoses W Catastrophic or Severe CC | 3,955 | 23,652 | 5.98 | 22.7% | 1.2818 | 0.0174 | 0.0638 | 0.0159 | 1.1847 | 0.03 |
| G70B | Other Digestive System Diagnoses W/O Catastrophic or Severe CC | 15,166 | 39,067 | 2.58 | 37.3% | 0.5082 | 0.0337 | 0.0148 | 0.0090 | 0.4508 | 0.01 |
| H01A | Pancreas, Liver and Shunt Procedures W Catastrophic CC | 553 | 8,073 | 14.59 | 0.0% | 8.4122 | 1.6398 | 1.6522 | 1.2279 | 3.8922 | 0.32 |
| H01B | Pancreas, Liver and Shunt Procedures W/O Catastrophic CC | 584 | 3,656 | 6.26 | 2.5% | 4.1529 | 1.0543 | 0.6580 | 0.7010 | 1.7395 | 0.14 |
| H02A | Major Biliary Tract Procedures W Catastrophic CC | 187 | 2,757 | 14.77 | 0.0% | 6.0794 | 0.9377 | 0.5850 | 0.7297 | 3.8268 | 0.33 |
| H02B | Major Biliary Tract Procedures W Severe CC | 96 | 693 | 7.25 | 4.7% | 3.2677 | 0.7952 | 0.2319 | 0.4537 | 1.7869 | 0.27 |
| H02C | Major Biliary Tract Procedures W/O Catastrophic or Severe CC | 228 | 933 | 4.08 | 12.7% | 1.9568 | 0.6223 | 0.1163 | 0.2275 | 0.9907 | 0.14 |
| H05A | Hepatobiliary Diagnostic Procedures W Catastrophic CC | 37 | 717 | 19.16 | 0.0% | 5.7198 | 0.8462 | 0.6459 | 0.7672 | 3.4605 | 0.89 |
| H05B | Hepatobiliary Diagnostic Procedures W/O Catastrophic CC | 483 | 1,025 | 2.12 | 40.3% | 1.0298 | 0.4435 | 0.0259 | 0.0926 | 0.4678 | 0.06 |
| H06A | Other Hepatobiliary and Pancreas OR Procedures W Catastrophic CC | 126 | 1,497 | 11.89 | 3.0% | 5.0953 | 0.3855 | 0.5058 | 1.0969 | 3.1071 | 0.38 |
| H06B | Other Hepatobiliary and Pancreas OR Procedures W/O Catastrophic CC | 599 | 1,500 | 2.50 | 17.7% | 2.2738 | 0.3378 | 0.0089 | 1.0697 | 0.8575 | 0.09 |
| H07A | Open Cholecystectomy W Closed CDE or W Catastrophic CC | 121 | 1,509 | 12.46 | 1.4% | 6.1813 | 1.0393 | 1.3104 | 0.6342 | 3.1975 | 0.62 |
| H07B | Open Cholecystectomy W/O Closed CDE W/O Catastrophic CC | 383 | 1,944 | 5.08 | 0.3% | 2.4033 | 0.8287 | 0.1270 | 0.2532 | 1.1945 | 0.08 |
| H08A | Laparoscopic Cholecystectomy W Closed CDE or W (Cat or Sev CC) | 2,608 | 11,887 | 4.56 | 0.6% | 2.2813 | 0.7100 | 0.2057 | 0.2365 | 1.1291 | 0.05 |
| H08B | Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC | 17,690 | 27,553 | 1.56 | 2.1% | 1.1306 | 0.5073 | 0.0083 | 0.1675 | 0.4476 | 0.01 |
| H40A | Endoscopic Procedures for Bleeding Oesophageal Varices W Catastrophic CC | 12 | 117 | 10.05 | 0.0% | 2.6290 | 0.2900 | 0.2205 | 0.0562 | 2.0623 | 0.55 |
| H40B | Endoscopic Procedures for Bleeding Oesophageal Varices W/O Catastrophic CC | 41 | 162 | 3.92 | 29.3% | 1.8702 | 0.2723 | 0.4971 | 0.1200 | 0.9808 | 0.37 |
| H43A | ERCP Procedures W Catastrophic or Severe CC | 532 | 4,574 | 8.60 | 3.7% | 2.9621 | 0.3155 | 0.2716 | 0.4020 | 1.9730 | 0.12 |
| H43B | ERCP Procedures W/O Catastrophic or Severe CC | 2,580 | 5,572 | 2.16 | 24.2% | 0.8770 | 0.2638 | 0.0067 | 0.1327 | 0.4737 | 0.02 |
| H60A | Cirrhosis and Alcoholic Hepatitis W Catastrophic CC | 168 | 2,427 | 14.45 | 2.0% | 3.2347 | 0.1441 | 0.3121 | 0.0129 | 2.7655 | 0.39 |
| H60B | Cirrhosis and Alcoholic Hepatitis W Severe or Moderate CC | 456 | 1,474 | 3.23 | 44.7% | 0.6253 | 0.0616 | 0.0111 | 0.0105 | 0.5421 | 0.04 |
| H60C | Cirrhosis and Alcoholic Hepatitis W/O CC | 408 | 481 | 1.18 | 88.5% | 0.2549 | 0.0738 | 0.0080 | 0.0365 | 0.1366 | 0.04 |
| H61A | Malignancy of Hepatobiliary System, Pancreas W Catastrophic CC | 710 | 8,349 | 11.77 | 2.4% | 2.6290 | 0.0516 | 0.0678 | 0.0387 | 2.4708 | 0.12 |
| H61B | Malignancy of Hepatobiliary System, Pancreas W/O Catastrophic CC | 3,084 | 12,018 | 3.90 | 32.9% | 0.9320 | 0.0586 | 0.0098 | 0.0374 | 0.8262 | 0.03 |
| H62A | Disorders of Pancreas Except for Malignancy W Catastrophic or Severe CC | 303 | 3,053 | 10.09 | 2.8% | 2.7011 | 0.0316 | 0.6747 | 0.0878 | 1.9070 | 0.29 |
| H62B | Disorders of Pancreas Except for Malignancy W/O Catastrophic or Severe CC | 1,605 | 4,938 | 3.08 | 28.0% | 0.6399 | 0.0275 | 0.0205 | 0.0212 | 0.5706 | 0.03 |
| H63A | Disorders of Liver Except Malig, Cirrhosis, Alcoholic Hepatitis W Cat/Sev CC | 498 | 4,336 | 8.71 | 16.2% | 1.9091 | 0.0696 | 0.1087 | 0.0410 | 1.6898 | 0.11 |
| H63B | Disorders of Liver Excep Malig, Cirrhosis, Alcoholic Hepatitis W/O Cat/Sev CC | 1,854 | 3,547 | 1.91 | 70.0% | 0.4159 | 0.0777 | 0.0017 | 0.0114 | 0.3251 | 0.02 |
| H64A | Disorders of the Biliary Tract W CC | 764 | 4,809 | 6.29 | 9.2% | 1.3731 | 0.0263 | 0.1219 | 0.0126 | 1.2123 | 0.07 |
| H64B | Disorders of the Biliary Tract W/O CC | 1,607 | 3,767 | 2.34 | 32.9% | 0.4504 | 0.0303 | 0.0196 | 0.0028 | 0.3978 | 0.02 |
| I01A | Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC | 365 | 6,843 | 18.76 | 0.0% | 13.1055 | 1.4581 | 0.8227 | 5.5395 | 5.2852 | 0.77 |
| I01B | Bilateral/Multiple Major Joint Pr of Lower Extremity W/O Revision W/O Cat CC | 1,986 | 14,405 | 7.25 | 0.0% | 7.5993 | 0.9494 | 0.1907 | 4.2890 | 2.1703 | 0.09 |
| I02A | Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC), Excluding Hand | 298 | 6,914 | 23.16 | 2.0% | 9.0953 | 1.8139 | 0.5991 | 1.3755 | 5.3068 | 0.50 |
| I02B | Skin Graft W/O Catastrophic or Severe CC, Excluding Hand | 639 | 2,205 | 3.45 | 39.0% | 1.8521 | 0.6091 | 0.0431 | 0.3070 | 0.8928 | 0.13 |
| I03A | Hip Replacement W Catastrophic CC | 1,422 | 18,485 | 13.00 | 0.3% | 7.9642 | 0.8168 | 0.5578 | 3.3741 | 3.2155 | 0.11 |
| I03B | Hip Replacement W/O Catastrophic CC | 18,869 | 110,848 | 5.87 | 0.0% | 6.3091 | 0.6875 | 0.0605 | 3.7389 | 1.8223 | 0.02 |
| I04A | Knee Replacement W Catastrophic or Severe CC | 5,045 | 40,805 | 8.09 | 0.0% | 6.2992 | 0.7734 | 0.2444 | 3.1154 | 2.1660 | 0.04 |
| I04B | Knee Replacement W/O Catastrophic or Severe CC | 23,462 | 132,923 | 5.67 | 0.0% | 5.2817 | 0.6892 | 0.0378 | 2.9120 | 1.6426 | 0.01 |
| I05A | Other Joint Replacement W Catastrophic or Severe CC | 484 | 4,502 | 9.30 | 0.3% | 8.3600 | 1.0507 | 0.4212 | 4.3147 | 2.5734 | 0.22 |
| I05B | Other Joint Replacement W/O Catastrophic or Severe CC | 3,095 | 12,333 | 3.98 | 0.4% | 5.8181 | 0.8348 | 0.0686 | 3.4979 | 1.4168 | 0.05 |
| I06Z | Spinal Fusion W Deformity | 822 | 7,957 | 9.68 | 0.0% | 14.7223 | 1.9147 | 0.9409 | 8.4107 | 3.4561 | 0.49 |
| I07Z | Amputation | 77 | 1,691 | 21.84 | 2.9% | 6.0610 | 0.9240 | 0.6309 | 0.2271 | 4.2791 | 0.73 |
| I08A | Other Hip and Femur Procedures W Catastrophic CC | 985 | 18,896 | 19.19 | 0.0% | 6.8021 | 0.7411 | 0.6049 | 1.2531 | 4.2029 | 0.21 |
| I08B | Other Hip and Femur Procedures W/O Catastrophic CC | 5,674 | 26,904 | 4.74 | 4.1% | 2.4360 | 0.6449 | 0.0365 | 0.5399 | 1.2147 | 0.03 |
| I09A | Spinal Fusion W Catastrophic CC | 1,226 | 15,755 | 12.85 | 0.0% | 13.2426 | 1.5788 | 1.2288 | 6.2692 | 4.1658 | 0.37 |
| I09B | Spinal Fusion W/O Catastrophic CC | 9,554 | 59,163 | 6.19 | 0.0% | 7.9198 | 1.1644 | 0.2869 | 4.3548 | 2.1136 | 0.07 |
| I10A | Other Back and Neck Procedures W Catastrophic or Severe CC | 2,036 | 14,643 | 7.19 | 0.1% | 3.2912 | 0.8951 | 0.2510 | 0.4842 | 1.6609 | 0.06 |
| I10B | Other Back and Neck Procedures W/O Catastrophic or Severe CC | 15,780 | 53,340 | 3.38 | 2.9% | 1.9298 | 0.6333 | 0.0299 | 0.4082 | 0.8584 | 0.01 |
| I11Z | Limb Lengthening Procedures | 61 | 229 | 3.74 | 2.7% | 4.4135 | 0.8639 | 0.0073 | 2.0428 | 1.4995 | 0.59 |
| I12A | Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Cat CC | 323 | 7,140 | 22.13 | 0.0% | 5.8936 | 0.6282 | 0.4371 | 0.4640 | 4.3643 | 0.28 |
| I12B | Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Sev or Mod CC | 681 | 7,256 | 10.66 | 4.7% | 3.0676 | 0.5132 | 0.0627 | 0.3315 | 2.1603 | 0.13 |
| I12C | Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W/O Sev or Mod CC | 2,547 | 9,277 | 3.64 | 26.9% | 1.4722 | 0.4304 | 0.0108 | 0.2281 | 0.8029 | 0.04 |
| I13A | Humerus, Tibia, Fibula and Ankle Procedures W CC | 1,260 | 9,883 | 7.84 | 4.1% | 3.9793 | 0.8239 | 0.1034 | 1.1928 | 1.8593 | 0.11 |
| I13B | Humerus, Tibia, Fibula and Ankle Procedures W/O CC | 12,975 | 28,297 | 2.18 | 18.4% | 1.6907 | 0.5516 | 0.0031 | 0.5126 | 0.6234 | 0.02 |
| I15Z | Cranio-Facial Surgery | 148 | 865 | 5.85 | 6.8% | 6.2717 | 0.9019 | 0.5881 | 3.0299 | 1.7517 | 0.53 |
| I16Z | Other Shoulder Procedures | 34,497 | 42,332 | 1.23 | 5.3% | 1.2835 | 0.5334 | 0.0051 | 0.3438 | 0.4012 | 0.01 |
| I17A | Maxillo-Facial Surgery W CC | 30 | 105 | 3.56 | 0.0% | 2.7398 | 0.6718 | 0.1146 | 0.8680 | 1.0854 | 0.61 |
| I17B | Maxillo-Facial Surgery W/O CC | 251 | 393 | 1.57 | 26.1% | 1.7115 | 0.6123 | 0.0648 | 0.5388 | 0.4956 | 0.17 |
| I18Z | Other Knee Procedures | 56,143 | 62,774 | 1.12 | 82.0% | 0.4783 | 0.2843 | 0.0015 | 0.0166 | 0.1759 | 0.00 |
| I19A | Other Elbow or Forearm Procedures W CC | 432 | 2,715 | 6.28 | 5.4% | 3.4067 | 0.6506 | 0.1089 | 1.0133 | 1.6339 | 0.19 |
| I19B | Other Elbow or Forearm Procedures W/O CC | 6,911 | 9,911 | 1.43 | 19.3% | 1.6599 | 0.5207 | 0.0021 | 0.6602 | 0.4768 | 0.02 |
| I20Z | Other Foot Procedures | 13,322 | 21,528 | 1.62 | 23.2% | 1.2451 | 0.4355 | 0.0021 | 0.3665 | 0.4410 | 0.01 |
| I21Z | Local Excision and Removal of Internal Fixation Devices of Hip and Femur | 567 | 885 | 1.56 | 32.3% | 0.9379 | 0.4259 | 0.0083 | 0.0934 | 0.4103 | 0.04 |
| I23Z | Local Excision and Removal of Internal Fixation Devices Excl Hip and Femur | 10,639 | 12,454 | 1.17 | 73.1% | 0.5624 | 0.2938 | 0.0033 | 0.0743 | 0.1910 | 0.01 |
| I24Z | Arthroscopy | 2,912 | 3,345 | 1.15 | 53.0% | 0.6503 | 0.3640 | 0.0010 | 0.0520 | 0.2332 | 0.01 |
| I25A | Bone and Joint Diagnostic Procedures Including Biopsy W CC | 145 | 1,191 | 8.18 | 38.7% | 2.3591 | 0.1821 | 0.0219 | 0.0231 | 2.1321 | 0.23 |
| I25B | Bone and Joint Diagnostic Procedures Including Biopsy W/O CC | 265 | 901 | 3.40 | 52.6% | 0.8867 | 0.1773 | 0.0067 | 0.0432 | 0.6596 | 0.09 |
| I27A | Soft Tissue Procedures W CC | 562 | 3,590 | 6.38 | 11.7% | 2.4355 | 0.5120 | 0.3218 | 0.1691 | 1.4327 | 0.20 |
| I27B | Soft Tissue Procedures W/O CC | 8,288 | 12,681 | 1.53 | 43.0% | 0.8102 | 0.3598 | 0.0043 | 0.1038 | 0.3423 | 0.01 |
| I28A | Other Musculoskeletal Procedures W CC | 272 | 2,292 | 8.43 | 6.5% | 3.3748 | 0.5505 | 0.2227 | 0.6373 | 1.9643 | 0.21 |
| I28B | Other Musculoskeletal Procedures W/O CC | 3,770 | 5,938 | 1.58 | 24.6% | 1.4985 | 0.4489 | 0.0148 | 0.5681 | 0.4667 | 0.02 |
| I29Z | Knee Reconstruction or Revision | 10,295 | 12,105 | 1.18 | 5.0% | 1.5159 | 0.6176 | 0.0012 | 0.4485 | 0.4485 | 0.01 |
| I30Z | Hand Procedures | 27,230 | 29,443 | 1.08 | 70.2% | 0.6779 | 0.3588 | 0.0016 | 0.1120 | 0.2055 | 0.00 |
| I31A | Hip Revision W Catastrophic CC | 325 | 6,983 | 21.51 | 0.0% | 12.5901 | 1.5089 | 1.3569 | 4.4959 | 5.2284 | 0.44 |
| I31B | Hip Revision W/O Catastrophic CC | 1,860 | 15,467 | 8.32 | 0.1% | 6.7603 | 0.9773 | 0.3035 | 3.2510 | 2.2284 | 0.09 |
| I32A | Knee Revision W Catastrophic CC | 228 | 4,465 | 19.56 | 0.0% | 11.0536 | 1.1427 | 0.4784 | 4.8401 | 4.5924 | 0.55 |
| I32B | Knee Revision W Severe CC | 352 | 3,722 | 10.59 | 0.0% | 8.3181 | 1.0008 | 0.2876 | 4.1727 | 2.8571 | 0.32 |
| I32C | Knee Revision W/O Catastrophic or Severe CC | 1,554 | 10,355 | 6.66 | 0.0% | 6.1336 | 0.8773 | 0.1097 | 3.3048 | 1.8418 | 0.12 |
| I60Z | Femoral Shaft Fractures | 55 | 606 | 11.02 | 8.1% | 2.2809 | 0.0412 | 0.0452 | 0.0029 | 2.1916 | 0.61 |
| I61A | Distal Femoral Fractures W CC | 48 | 1,177 | 24.69 | 0.0% | 4.0507 | 0.0255 | 0.3714 | 0.0000 | 3.6537 | 0.79 |
| I61B | Distal Femoral Fractures W/O CC | 67 | 507 | 7.57 | 5.9% | 1.3769 | 0.0211 | 0.0000 | 0.0000 | 1.3558 | 0.30 |
| I63A | Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W CC | 120 | 1,131 | 9.40 | 0.0% | 1.6147 | 0.0327 | 0.0469 | 0.0008 | 1.5343 | 0.20 |
| I63B | Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W/O CC | 412 | 1,328 | 3.22 | 12.4% | 0.5995 | 0.0446 | 0.0001 | 0.0000 | 0.5547 | 0.03 |
| I64A | Osteomyelitis W Catastrophic or Severe CC | 163 | 2,963 | 18.14 | 1.0% | 3.6589 | 0.0769 | 0.0748 | 0.1326 | 3.3747 | 0.29 |
| I64B | Osteomyelitis W/O Catastrophic or Severe CC | 394 | 2,296 | 5.82 | 40.4% | 1.1538 | 0.0427 | 0.0109 | 0.0623 | 1.0379 | 0.11 |
| I65A | Musculoskeletal Malignant Neoplasms W Catastrophic CC | 545 | 8,968 | 16.45 | 2.9% | 3.4722 | 0.0341 | 0.0342 | 0.0661 | 3.3378 | 0.23 |
| I65B | Musculoskeletal Malignant Neoplasms W/O Catastrophic CC | 1,810 | 12,480 | 6.90 | 13.1% | 1.5631 | 0.0302 | 0.0053 | 0.0146 | 1.5131 | 0.05 |
| I66A | Inflammatory Musculoskeletal Disorders W Cat or Sev CC | 291 | 3,548 | 12.21 | 12.6% | 3.5524 | 0.0634 | 0.3287 | 0.0547 | 3.1056 | 0.28 |
| I66B | Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC | 8,911 | 12,146 | 1.36 | 91.5% | 0.2854 | 0.0147 | 0.0035 | 0.0007 | 0.2664 | 0.01 |
| I67A | Septic Arthritis W Catastrophic or Severe CC | 71 | 768 | 10.88 | 36.8% | 2.5988 | 0.1936 | 0.2447 | 0.1003 | 2.0602 | 0.45 |
| I67B | Septic Arthritis W/O Catastrophic or Severe CC | 236 | 1,350 | 5.71 | 36.2% | 1.1252 | 0.0446 | 0.0216 | 0.0571 | 1.0019 | 0.14 |
| I68A | Non-surgical Spinal Disorders W CC | 3,826 | 40,121 | 10.49 | 0.0% | 2.0157 | 0.0354 | 0.0526 | 0.0062 | 1.9214 | 0.04 |
| I68B | Non-surgical Spinal Disorders W/O CC | 9,694 | 42,403 | 4.37 | 0.0% | 0.8617 | 0.0542 | 0.0185 | 0.0070 | 0.7821 | 0.01 |
| I68C | Non-surgical Spinal Disorders, Sameday | 24,426 | 24,426 | 1.00 | 100.0% | 0.2217 | 0.1359 | 0.0002 | 0.0012 | 0.0844 | 0.00 |
| I69A | Bone Diseases and Arthropathies W Catastrophic or Severe CC | 508 | 5,768 | 11.34 | 5.0% | 2.1229 | 0.0251 | 0.0620 | 0.0109 | 2.0250 | 0.13 |
| I69B | Bone Diseases and Arthropathies W/O Catastrophic or Severe CC | 4,429 | 11,363 | 2.57 | 59.1% | 0.5065 | 0.0465 | 0.0051 | 0.0143 | 0.4405 | 0.01 |
| I71A | Other Musculotendinous Disorders W Catastrophic or Severe CC | 377 | 4,045 | 10.72 | 1.2% | 1.9847 | 0.0308 | 0.0235 | 0.0008 | 1.9296 | 0.12 |
| I71B | Other Musculotendinous Disorders W/O Catastrophic or Severe CC | 4,926 | 11,624 | 2.36 | 49.6% | 0.4769 | 0.0738 | 0.0143 | 0.0086 | 0.3803 | 0.01 |
| I72A | Specific Musculotendinous Disorders W Catastrophic or Severe CC | 224 | 2,190 | 9.77 | 7.7% | 2.5340 | 0.0335 | 0.1905 | 0.2865 | 2.0235 | 0.47 |
| I72B | Specific Musculotendinous Disorders W/O Catastrophic or Severe CC | 2,580 | 6,815 | 2.64 | 53.1% | 0.5287 | 0.0718 | 0.0184 | 0.0052 | 0.4334 | 0.02 |
| I73A | Aftercare of Musculoskeletal Implants/Prostheses W Catastrophic or Severe CC | 163 | 2,231 | 13.67 | 1.0% | 2.8355 | 0.0851 | 0.3692 | 0.1548 | 2.2264 | 0.32 |
| I73B | Aftercare of Musculoskeletal Implants/Prostheses W/O Cat or Sev CC | 1,887 | 6,638 | 3.52 | 26.7% | 0.6742 | 0.0752 | 0.0042 | 0.0198 | 0.5750 | 0.03 |
| I74Z | Injury to Forearm, Wrist, Hand or Foot | 2,635 | 52,326 | 19.85 | 45.8% | 0.6358 | 0.1037 | 0.0080 | 0.0045 | 0.5196 | 0.03 |
| I75A | Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W CC | 1,134 | 13,805 | 12.18 | 3.4% | 2.2692 | 0.0272 | 0.0466 | 0.0054 | 2.1900 | 0.08 |
| I75B | Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W/O CC | 2,534 | 9,956 | 3.93 | 29.6% | 0.7464 | 0.0369 | 0.0110 | 0.0096 | 0.6889 | 0.03 |
| I76A | Other Musculoskeletal Disorders W Catastrophic or Severe CC | 193 | 2,855 | 14.80 | 4.3% | 2.7996 | 0.0689 | 0.1750 | 0.0036 | 2.5521 | 0.30 |
| I76B | Other Musculoskeletal Disorders W/O Catastrophic or Severe CC | 1,449 | 3,535 | 2.44 | 59.5% | 0.4904 | 0.0761 | 0.0083 | 0.0102 | 0.3959 | 0.02 |
| I77A | Fractures of Pelvis W Catastrophic or Severe CC | 697 | 10,399 | 14.92 | 1.1% | 2.9289 | 0.0034 | 0.0648 | 0.0172 | 2.8434 | 0.12 |
| I77B | Fractures of Pelvis W/O Catastrophic or Severe CC | 827 | 7,137 | 8.63 | 1.1% | 1.5354 | 0.0007 | 0.0152 | 0.0000 | 1.5195 | 0.05 |
| I78A | Fractures of Neck of Femur W Catastrophic or Severe CC | 295 | 4,030 | 13.65 | 3.9% | 2.2855 | 0.0071 | 0.0130 | 0.0000 | 2.2654 | 0.20 |
| I78B | Fractures of Neck of Femur W/O Catastrophic or Severe CC | 320 | 1,750 | 5.47 | 15.0% | 0.9106 | 0.0160 | 0.0043 | 0.0218 | 0.8685 | 0.08 |
| I79A | Pathological Fracture W Catastrophic CC | 161 | 2,890 | 17.98 | 0.0% | 3.7827 | 0.0332 | 0.1178 | 0.0042 | 3.6276 | 0.28 |
| I79B | Pathological Fracture W/O Catastrophic CC | 1,303 | 12,291 | 9.43 | 6.6% | 1.7325 | 0.0107 | 0.0121 | 0.0084 | 1.7013 | 0.06 |
| J01A | Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev CC | 104 | 1,332 | 12.79 | 0.0% | 8.7467 | 3.4794 | 1.0091 | 0.7144 | 3.5437 | 0.48 |
| J01B | Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev CC | 235 | 1,922 | 8.17 | 1.1% | 5.8629 | 2.4572 | 0.4301 | 0.4931 | 2.4825 | 0.20 |
| J06A | Major Procedures for Malignant Breast Conditions | 10,486 | 28,505 | 2.72 | 7.9% | 1.5399 | 0.6649 | 0.0194 | 0.1137 | 0.7419 | 0.01 |
| J06B | Major Procedures for Non-Malignant Breast Conditions | 11,237 | 20,410 | 1.82 | 23.1% | 1.4165 | 0.7484 | 0.0112 | 0.1563 | 0.5006 | 0.01 |
| J07A | Minor Procedures for Malignant Breast Conditions | 2,853 | 3,227 | 1.13 | 64.6% | 0.6102 | 0.3485 | 0.0052 | 0.0125 | 0.2440 | 0.01 |
| J07B | Minor Procedures for Non-Malignant Breast Conditions | 5,098 | 5,283 | 1.04 | 86.9% | 0.4814 | 0.3172 | 0.0021 | 0.0032 | 0.1590 | 0.00 |
| J08A | Other Skin Graft and/or Debridement Procedures W CC | 1,696 | 11,294 | 6.66 | 20.5% | 2.0328 | 0.5062 | 0.0902 | 0.0405 | 1.3959 | 0.08 |
| J08B | Other Skin Graft and/or Debridement Procedures W/O CC | 22,813 | 30,090 | 1.32 | 70.3% | 0.5870 | 0.3511 | 0.0022 | 0.0031 | 0.2306 | 0.00 |
| J09Z | Perianal and Pilonidal Procedures | 1,453 | 2,149 | 1.48 | 45.2% | 0.5700 | 0.2881 | 0.0010 | 0.0035 | 0.2774 | 0.01 |
| J10Z | Skin, Subcutaneous Tissue and Breast Plastic OR Procedures | 18,802 | 23,439 | 1.25 | 73.2% | 0.6384 | 0.4105 | 0.0048 | 0.0080 | 0.2151 | 0.01 |
| J11Z | Other Skin, Subcutaneous Tissue and Breast Procedures | 36,975 | 40,627 | 1.10 | 89.7% | 0.3484 | 0.2183 | 0.0019 | 0.0057 | 0.1225 | 0.00 |
| J12A | Lower Limb Procs W Ulcer/Cellulitis W Catastrophic CC | 255 | 5,614 | 21.98 | 1.1% | 5.2920 | 0.4822 | 0.1556 | 0.3506 | 4.3037 | 0.30 |
| J12B | Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W Skin Graft/Flap Repair | 452 | 5,230 | 11.57 | 16.4% | 2.6137 | 0.3073 | 0.0430 | 0.0045 | 2.2589 | 0.18 |
| J12C | Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W/O Skin Graft/Flap Repair | 440 | 3,965 | 9.01 | 16.8% | 2.1140 | 0.2480 | 0.0351 | 0.1015 | 1.7294 | 0.15 |
| J13A | Lower Limb Procs W/O Ulcer/Cellulitis W Cat CC or W (Skin Graft and Sev CC) | 443 | 5,112 | 11.53 | 4.6% | 2.6738 | 0.4236 | 0.1025 | 0.0105 | 2.1373 | 0.14 |
| J13B | Lower Limb Procs W/O Ulcer/Cellulitis W/O Cat CC W/O (Skin Graft and Sev CC) | 5,127 | 17,448 | 3.40 | 36.3% | 0.9443 | 0.2945 | 0.0084 | 0.0051 | 0.6363 | 0.02 |
| J14Z | Major Breast Reconstructions | 710 | 4,645 | 6.55 | 3.2% | 3.8421 | 1.4139 | 0.1172 | 0.5373 | 1.7736 | 0.11 |
| J60A | Skin Ulcers W Catastrophic CC | 201 | 3,646 | 18.15 | 0.0% | 3.3474 | 0.0360 | 0.0672 | 0.0457 | 3.1984 | 0.25 |
| J60B | Skin Ulcers W/O Catastrophic CC | 817 | 9,306 | 11.39 | 0.0% | 2.1151 | 0.0230 | 0.0201 | 0.0400 | 2.0320 | 0.09 |
| J60C | Skin Ulcers, Sameday | 298 | 298 | 1.00 | 100.0% | 0.0296 | 0.0102 | 0.0001 | 0.0009 | 0.0184 | 0.01 |
| J62A | Malignant Breast Disorders W CC | 1,805 | 7,583 | 4.20 | 17.4% | 1.0761 | 0.0216 | 0.0116 | 0.0073 | 1.0355 | 0.05 |
| J62B | Malignant Breast Disorders W/O CC | 1,639 | 2,119 | 1.29 | 41.8% | 0.4636 | 0.0344 | 0.0115 | 0.0017 | 0.4160 | 0.02 |
| J63A | Non-Malignant Breast Disorders W CC | 91 | 505 | 5.55 | 15.3% | 1.2453 | 0.1284 | 0.0341 | 0.0082 | 1.0746 | 0.19 |
| J63B | Non-Malignant Breast Disorders W/O CC | 1,043 | 1,748 | 1.68 | 69.4% | 0.4604 | 0.1469 | 0.0150 | 0.0138 | 0.2846 | 0.03 |
| J64A | Cellulitis W Catastrophic or Severe CC | 2,242 | 25,776 | 11.50 | 0.5% | 2.3599 | 0.0442 | 0.1182 | 0.0327 | 2.1648 | 0.06 |
| J64B | Cellulitis W/O Catastrophic or Severe CC | 7,089 | 36,968 | 5.21 | 9.5% | 0.9891 | 0.0389 | 0.0122 | 0.0128 | 0.9252 | 0.01 |
| J65A | Trauma to the Skin, Subcutaneous Tissue and Breast W Cat or Sev CC | 499 | 5,364 | 10.76 | 1.1% | 2.0709 | 0.0232 | 0.0401 | 0.0017 | 2.0060 | 0.10 |
| J65B | Trauma to the Skin, Subcutaneous Tissue and Breast W/O Cat or Sev CC | 1,424 | 5,467 | 3.84 | 24.3% | 0.7570 | 0.0502 | 0.0158 | 0.0016 | 0.6894 | 0.03 |
| J67A | Minor Skin Disorders | 1,094 | 4,497 | 4.11 | 0.0% | 0.9525 | 0.1060 | 0.0339 | 0.0261 | 0.7865 | 0.05 |
| J67B | Minor Skin Disorders, Sameday | 3,918 | 3,927 | 1.00 | 100.0% | 0.2147 | 0.1284 | 0.0001 | 0.0003 | 0.0858 | 0.00 |
| J68A | Major Skin Disorders W Catastrophic or Severe CC | 188 | 1,985 | 10.55 | 0.0% | 2.5066 | 0.0126 | 0.1170 | 0.0267 | 2.3503 | 0.19 |
| J68B | Major Skin Disorders W/O Catastrophic or Severe CC | 488 | 2,453 | 5.02 | 0.0% | 1.0823 | 0.0171 | 0.0214 | 0.0030 | 1.0408 | 0.05 |
| J68C | Major Skin Disorders, Sameday | 349 | 349 | 1.00 | 100.0% | 0.0859 | 0.0197 | 0.0000 | 0.0000 | 0.0661 | 0.01 |
| J69A | Skin Malignancy W Catastrophic CC | 152 | 2,463 | 16.21 | 0.0% | 3.5160 | 0.0814 | 0.0348 | 0.0020 | 3.3977 | 0.29 |
| J69B | Skin Malignancy W/O Catastrophic CC | 333 | 2,316 | 6.96 | 0.0% | 1.5846 | 0.0395 | 0.0729 | 0.0014 | 1.4709 | 0.14 |
| J69C | Skin Malignancy, Sameday | 488 | 488 | 1.00 | 100.0% | 0.1851 | 0.0890 | 0.0001 | 0.0001 | 0.0959 | 0.02 |
| K01A | OR Procedures for Diabetic Complications W Catastrophic CC | 153 | 4,904 | 32.05 | 0.0% | 8.9891 | 0.8856 | 0.5399 | 0.6542 | 6.9095 | 0.74 |
| K01B | OR Procedures for Diabetic Complications W/O Catastrophic CC | 524 | 7,201 | 13.75 | 2.7% | 3.6045 | 0.4645 | 0.0540 | 0.2948 | 2.7912 | 0.20 |
| K02A | Pituitary Procedures W CC | 142 | 1,147 | 8.07 | 0.0% | 4.4179 | 1.0126 | 0.8290 | 0.6720 | 1.9042 | 0.24 |
| K02B | Pituitary Procedures W/O CC | 158 | 909 | 5.77 | 0.0% | 3.8683 | 0.8552 | 0.7824 | 0.7944 | 1.4363 | 0.26 |
| K03Z | Adrenal Procedures | 268 | 1,111 | 4.15 | 0.4% | 2.4960 | 0.8680 | 0.2759 | 0.2529 | 1.0992 | 0.11 |
| K04A | Major Procedures for Obesity W CC | 3,066 | 10,510 | 3.43 | 2.5% | 3.1809 | 0.7849 | 0.2746 | 1.0984 | 1.0230 | 0.05 |
| K04B | Major Procedures for Obesity W/O CC | 11,643 | 26,771 | 2.30 | 3.9% | 2.3748 | 0.6138 | 0.0552 | 1.0046 | 0.7013 | 0.01 |
| K05A | Parathyroid Procedures W Catastrophic or Severe CC | 153 | 575 | 3.75 | 1.8% | 2.3172 | 0.8675 | 0.2358 | 0.1092 | 1.1048 | 0.17 |
| K05B | Parathyroid Procedures W/O Catastrophic or Severe CC | 2,310 | 3,141 | 1.36 | 3.9% | 1.0186 | 0.5247 | 0.0374 | 0.0525 | 0.4039 | 0.01 |
| K06A | Thyroid Procedures W Catastrophic or Severe CC | 599 | 1,732 | 2.89 | 0.7% | 2.4328 | 1.1005 | 0.2830 | 0.1280 | 0.9213 | 0.10 |
| K06B | Thyroid Procedures W/O Catastrophic or Severe CC | 5,468 | 8,718 | 1.59 | 0.2% | 1.3625 | 0.7303 | 0.0598 | 0.0738 | 0.4986 | 0.02 |
| K07Z | Obesity Procedures | 2,679 | 10,396 | 3.88 | 5.6% | 2.0921 | 1.0538 | 0.0477 | 0.0915 | 0.8992 | 0.03 |
| K08Z | Thyroglossal Procedures | 244 | 298 | 1.22 | 9.2% | 0.8920 | 0.4847 | 0.0385 | 0.0226 | 0.3461 | 0.04 |
| K09A | Other Endocrine, Nutritional and Metabolic OR Procedures W Catastrophic CC | 46 | 652 | 14.24 | 0.0% | 5.2272 | 0.7490 | 0.4688 | 0.6460 | 3.3634 | 0.75 |
| K09B | Other Endocrine, Nutritional and Metabolic OR Procs W Severe or Moderate CC | 46 | 326 | 7.12 | 13.3% | 2.6193 | 0.4968 | 0.2931 | 0.4165 | 1.4130 | 0.55 |
| K09C | Other Endocrine, Nutritional and Metabolic OR Procedures W/O CC | 240 | 583 | 2.43 | 32.2% | 1.3570 | 0.4562 | 0.0388 | 0.2625 | 0.5995 | 0.11 |
| K40A | Endoscopic or Investigative Proc for Metabolic Disorders W Catastrophic CC | 104 | 1,701 | 16.31 | 0.0% | 4.0465 | 0.1954 | 0.3070 | 0.0921 | 3.4520 | 0.39 |
| K40B | Endoscopic or Investigative Proc for Metabolic Disorders W/O Catastrophic CC | 854 | 3,117 | 3.65 | 0.0% | 1.0781 | 0.1948 | 0.0296 | 0.0175 | 0.8363 | 0.05 |
| K40C | Endoscopic or Investigative Procedure for Metabolic Disorders, Sameday | 6,846 | 6,846 | 1.00 | 100.0% | 0.2511 | 0.1602 | 0.0001 | 0.0024 | 0.0884 | 0.00 |
| K60A | Diabetes W Catastrophic or Severe CC | 521 | 5,611 | 10.76 | 1.0% | 2.5379 | 0.0094 | 0.2812 | 0.0655 | 2.1818 | 0.13 |
| K60B | Diabetes W/O Catastrophic or Severe CC | 1,953 | 8,374 | 4.29 | 16.3% | 1.5128 | 0.0099 | 0.0797 | 0.5436 | 0.8796 | 0.05 |
| K61Z | Severe Nutritional Disturbance | 153 | 1,804 | 11.80 | 0.0% | 2.4933 | 0.0067 | 0.2235 | 0.0024 | 2.2607 | 0.36 |
| K62A | Miscellaneous Metabolic Disorders W Catastrophic or Severe CC | 1,758 | 14,724 | 8.38 | 10.1% | 1.8539 | 0.0117 | 0.1780 | 0.0142 | 1.6500 | 0.10 |
| K62B | Miscellaneous Metabolic Disorders W/O Catastrophic or Severe CC | 9,042 | 15,741 | 1.74 | 74.1% | 0.4014 | 0.0241 | 0.0162 | 0.0404 | 0.3206 | 0.01 |
| K63A | Inborn Errors of Metabolism W CC | 34 | 150 | 4.37 | 24.1% | 1.7932 | 0.0089 | 0.2017 | 0.3927 | 1.1899 | 0.80 |
| K63B | Inborn Errors of Metabolism W/O CC | 182 | 350 | 1.92 | 79.4% | 0.3759 | 0.0116 | 0.0552 | 0.0030 | 0.3060 | 0.06 |
| K64A | Endocrine Disorders W Catastrophic or Severe CC | 273 | 2,753 | 10.09 | 12.2% | 2.1339 | 0.0167 | 0.1574 | 0.0017 | 1.9582 | 0.18 |
| K64B | Endocrine Disorders W/O Catastrophic or Severe CC | 1,471 | 3,668 | 2.49 | 48.1% | 0.5064 | 0.0218 | 0.0477 | 0.0111 | 0.4257 | 0.03 |
| L02A | Operative Insertion of Peritoneal Catheter for Dialysis W Cat or Sev CC | 41 | 282 | 6.94 | 10.9% | 3.6595 | 0.5369 | 1.0494 | 0.3189 | 1.7543 | 0.81 |
| L02B | Operative Insertion of Peritoneal Catheter for Dialysis W/O Cat or Sev CC | 183 | 262 | 1.44 | 7.3% | 0.9604 | 0.4210 | 0.0379 | 0.0963 | 0.4052 | 0.10 |
| L03A | Kidney, Ureter and Major Bladder Procedures for Neoplasm W Catastrophic CC | 548 | 7,515 | 13.71 | 0.8% | 7.6355 | 1.7858 | 1.7206 | 0.7387 | 3.3905 | 0.31 |
| L03B | Kidney, Ureter and Major Bladder Procedures for Neoplasm W Severe CC | 524 | 3,932 | 7.51 | 1.4% | 4.4626 | 1.3245 | 0.5569 | 0.5527 | 2.0284 | 0.15 |
| L03C | Kidney, Ureter and Major Bladder Procedures for Neoplasm W/O Cat or Sev CC | 1,741 | 7,888 | 4.53 | 5.1% | 2.8449 | 1.0890 | 0.2061 | 0.3502 | 1.1996 | 0.05 |
| L04A | Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W Catastrophic CC | 460 | 4,415 | 9.60 | 11.5% | 4.1085 | 0.7352 | 0.5429 | 0.4201 | 2.4103 | 0.23 |
| L04B | Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm W Severe CC | 676 | 2,984 | 4.41 | 9.5% | 2.4138 | 0.6642 | 0.1254 | 0.4327 | 1.1915 | 0.11 |
| L04C | Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/O Cat or Sev CC | 10,187 | 17,001 | 1.67 | 34.6% | 1.1651 | 0.4940 | 0.0153 | 0.2118 | 0.4440 | 0.01 |
| L05A | Transurethral Prostatectomy W Catastrophic or Severe CC | 444 | 3,426 | 7.72 | 0.0% | 2.4450 | 0.5426 | 0.1938 | 0.0305 | 1.6781 | 0.10 |
| L05B | Transurethral Prostatectomy W/O Catastrophic or Severe CC | 2,859 | 7,660 | 2.68 | 1.4% | 1.0477 | 0.4245 | 0.0172 | 0.0024 | 0.6035 | 0.01 |
| L06A | Minor Bladder Procedures W Catastrophic or Severe CC | 389 | 2,708 | 6.95 | 4.4% | 2.6863 | 0.5153 | 0.2442 | 0.2708 | 1.6561 | 0.18 |
| L06B | Minor Bladder Procedures W/O Catastrophic or Severe CC | 2,775 | 5,110 | 1.84 | 18.5% | 1.0263 | 0.3113 | 0.0063 | 0.2635 | 0.4452 | 0.03 |
| L07A | Transurethral Procedures Except Prostatectomy W CC | 2,069 | 6,162 | 2.98 | 33.0% | 1.0777 | 0.3233 | 0.0508 | 0.0618 | 0.6419 | 0.04 |
| L07B | Transurethral Procedures Except Prostatectomy W/O CC | 14,856 | 18,485 | 1.24 | 52.0% | 0.5579 | 0.2819 | 0.0027 | 0.0259 | 0.2474 | 0.00 |
| L08A | Urethral Procedures W CC | 279 | 730 | 2.61 | 22.8% | 0.9976 | 0.3312 | 0.0420 | 0.0493 | 0.5752 | 0.08 |
| L08B | Urethral Procedures W/O CC | 2,122 | 2,953 | 1.39 | 37.8% | 0.5815 | 0.2841 | 0.0025 | 0.0081 | 0.2868 | 0.01 |
| L09A | Other Procedures for Kidney and Urinary Tract Disorders W Cat CC | 111 | 2,051 | 18.44 | 1.5% | 7.2853 | 1.0508 | 1.2204 | 0.5368 | 4.4773 | 0.77 |
| L09B | Other Procedures for Kidney and Urinary Tract Disorders W Sev CC | 137 | 422 | 3.07 | 13.2% | 1.7020 | 0.5032 | 0.0832 | 0.3412 | 0.7744 | 0.25 |
| L09C | Other Procedures for Kidney and Urinary Tract Disorders W/O Cat or Sev CC | 1,201 | 1,877 | 1.56 | 35.6% | 1.5190 | 0.4258 | 0.0309 | 0.6164 | 0.4460 | 0.06 |
| L40Z | Ureteroscopy | 956 | 1,447 | 1.51 | 48.6% | 0.6380 | 0.2734 | 0.0024 | 0.0460 | 0.3161 | 0.02 |
| L41Z | Cystourethroscopy, Sameday | 32,477 | 32,479 | 1.00 | 100.0% | 0.1991 | 0.1258 | 0.0002 | 0.0050 | 0.0681 | 0.00 |
| L42Z | ESW Lithotripsy for Urinary Stones | 2,280 | 2,365 | 1.04 | 84.0% | 0.5421 | 0.3652 | 0.0011 | 0.0070 | 0.1687 | 0.01 |
| L60A | Renal Failure W Catastrophic CC | 825 | 11,406 | 13.83 | 0.6% | 3.5210 | 0.0545 | 0.5519 | 0.0726 | 2.8420 | 0.16 |
| L60B | Renal Failure W Severe CC | 936 | 6,826 | 7.29 | 2.8% | 1.6011 | 0.0247 | 0.1385 | 0.0193 | 1.4186 | 0.06 |
| L60C | Renal Failure W/O Catastrophic or Severe CC | 1,041 | 5,315 | 5.11 | 15.5% | 1.0238 | 0.0225 | 0.0678 | 0.0071 | 0.9265 | 0.04 |
| L61Z | Haemodialysis | 93,520 | 93,524 | 1.00 | 100.0% | 0.0624 | 0.0062 | 0.0000 | 0.0000 | 0.0562 | 0.00 |
| L62A | Kidney and Urinary Tract Neoplasms W Catastrophic or Severe CC | 622 | 5,577 | 8.97 | 15.7% | 2.0638 | 0.0426 | 0.0195 | 0.0429 | 1.9587 | 0.15 |
| L62B | Kidney and Urinary Tract Neoplasms W/O Catastrophic or Severe CC | 1,294 | 2,917 | 2.26 | 52.9% | 0.5617 | 0.0820 | 0.0081 | 0.0185 | 0.4531 | 0.03 |
| L63A | Kidney and Urinary Tract Infections W Catastrophic or Severe CC | 2,638 | 27,719 | 10.51 | 0.8% | 2.0978 | 0.0162 | 0.1120 | 0.0318 | 1.9378 | 0.05 |
| L63B | Kidney and Urinary Tract Infections W/O Catastrophic or Severe CC | 6,791 | 30,026 | 4.42 | 10.2% | 0.8364 | 0.0149 | 0.0198 | 0.0044 | 0.7973 | 0.01 |
| L64Z | Urinary Stones and Obstruction | 5,236 | 9,571 | 1.83 | 17.5% | 0.5608 | 0.1276 | 0.0216 | 0.0530 | 0.3585 | 0.01 |
| L65A | Kidney and Urinary Tract Signs and Symptoms W Catastrophic or Severe CC | 750 | 5,721 | 7.63 | 4.3% | 1.6398 | 0.0472 | 0.1082 | 0.0049 | 1.4794 | 0.09 |
| L65B | Kidney and Urinary Tract Signs and Symptoms W/O Catastrophic or Severe CC | 4,676 | 10,499 | 2.25 | 28.9% | 0.4626 | 0.0551 | 0.0073 | 0.0057 | 0.3944 | 0.01 |
| L66Z | Urethral Stricture | 808 | 1,198 | 1.48 | 31.1% | 0.4083 | 0.1238 | 0.0047 | 0.0063 | 0.2735 | 0.02 |
| L67A | Other Kidney and Urinary Tract Diagnoses W Catastrophic or Severe CC | 900 | 5,406 | 6.01 | 8.7% | 1.4598 | 0.0684 | 0.0889 | 0.0299 | 1.2726 | 0.10 |
| L67B | Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Severe CC | 11,450 | 15,739 | 1.37 | 65.0% | 0.2618 | 0.0479 | 0.0040 | 0.0072 | 0.2027 | 0.00 |
| L68Z | Peritoneal Dialysis | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| M01A | Major Male Pelvic Procedures W Catastrophic or Severe CC | 775 | 3,890 | 5.02 | 0.0% | 3.9650 | 1.7163 | 0.4389 | 0.2849 | 1.5249 | 0.10 |
| M01B | Major Male Pelvic Procedures W/O Catastrophic or Severe CC | 4,969 | 14,991 | 3.02 | 0.0% | 2.8677 | 1.5277 | 0.0626 | 0.2432 | 1.0344 | 0.02 |
| M02A | Transurethral Prostatectomy W Catastrophic or Severe CC | 1,017 | 6,583 | 6.47 | 0.2% | 2.0243 | 0.5235 | 0.1335 | 0.0733 | 1.2941 | 0.07 |
| M02B | Transurethral Prostatectomy W/O Catastrophic or Severe CC | 11,517 | 28,148 | 2.44 | 0.4% | 1.0116 | 0.4215 | 0.0127 | 0.0032 | 0.5742 | 0.01 |
| M03Z | Penis Procedures | 2,190 | 3,004 | 1.37 | 58.2% | 1.4693 | 0.3956 | 0.0052 | 0.6769 | 0.3916 | 0.06 |
| M04Z | Testes Procedures | 6,297 | 7,051 | 1.12 | 67.2% | 0.5645 | 0.3351 | 0.0043 | 0.0087 | 0.2164 | 0.01 |
| M05Z | Circumcision | 5,519 | 5,594 | 1.01 | 94.0% | 0.3413 | 0.2259 | 0.0006 | 0.0001 | 0.1147 | 0.00 |
| M06A | Other Male Reproductive System OR Procedures W CC | 327 | 735 | 2.24 | 45.4% | 1.3208 | 0.3259 | 0.0405 | 0.2693 | 0.6851 | 0.11 |
| M06B | Other Male Reproductive System OR Procedures W/O CC | 3,332 | 3,663 | 1.10 | 74.0% | 1.0245 | 0.2719 | 0.0011 | 0.4607 | 0.2908 | 0.03 |
| M40Z | Cystourethroscopy, Sameday | 6,805 | 6,805 | 1.00 | 100.0% | 0.1946 | 0.1326 | 0.0003 | 0.0028 | 0.0590 | 0.00 |
| M60A | Malignancy, Male Reproductive System W Catastrophic or Severe CC | 626 | 5,875 | 9.39 | 10.9% | 2.1491 | 0.0948 | 0.0238 | 0.0227 | 2.0077 | 0.12 |
| M60B | Malignancy, Male Reproductive System W/O Catastrophic or Severe CC | 8,593 | 10,073 | 1.17 | 90.8% | 0.2570 | 0.1073 | 0.0018 | 0.0036 | 0.1443 | 0.01 |
| M61Z | Benign Prostatic Hypertrophy | 1,258 | 1,761 | 1.40 | 79.6% | 0.3033 | 0.1045 | 0.0102 | 0.0144 | 0.1742 | 0.02 |
| M62Z | Inflammation of the Male Reproductive System | 1,125 | 3,596 | 3.20 | 33.3% | 0.6630 | 0.0634 | 0.0176 | 0.0143 | 0.5678 | 0.03 |
| M63Z | Sterilisation, Male | 6,266 | 6,280 | 1.00 | 99.1% | 0.2920 | 0.2114 | 0.0002 | 0.0006 | 0.0798 | 0.00 |
| M64Z | Other Male Reproductive System Diagnoses | 1,281 | 1,706 | 1.33 | 81.1% | 0.3196 | 0.1224 | 0.0224 | 0.0073 | 0.1675 | 0.02 |
| N01Z | Pelvic Evisceration and Radical Vulvectomy | 416 | 2,546 | 6.12 | 0.4% | 2.8561 | 0.9482 | 0.1816 | 0.1376 | 1.5886 | 0.14 |
| N04A | Hysterectomy for Non-Malignancy W Catastrophic or Severe CC | 1,432 | 6,706 | 4.68 | 0.6% | 2.3723 | 0.9249 | 0.1280 | 0.1484 | 1.1710 | 0.04 |
| N04B | Hysterectomy for Non-Malignancy W/O Catastrophic or Severe CC | 13,126 | 41,940 | 3.20 | 0.1% | 1.6456 | 0.7346 | 0.0087 | 0.0893 | 0.8130 | 0.01 |
| N05A | Oophorectomies and Complex Fallopian Tube Procs for Non-Malig W Cat or Sev CC | 287 | 1,267 | 4.42 | 3.7% | 2.3088 | 0.8024 | 0.1894 | 0.1333 | 1.1836 | 0.12 |
| N05B | Oophorectomies & Complex Fallopian Tube Procs for Non-Malig W/O Cat or Sev CC | 4,380 | 6,879 | 1.57 | 18.9% | 1.0432 | 0.5451 | 0.0063 | 0.0520 | 0.4397 | 0.01 |
| N06A | Female Reproductive System Reconstructive Procs W Catastrophic or Severe CC | 1,029 | 4,242 | 4.12 | 2.3% | 1.9935 | 0.6117 | 0.0788 | 0.3184 | 0.9847 | 0.06 |
| N06B | Female Reproductive System Reconstructive Procs W/O Catastrophic or Severe CC | 9,648 | 22,712 | 2.35 | 8.4% | 1.3091 | 0.4481 | 0.0038 | 0.2591 | 0.5981 | 0.01 |
| N07Z | Other Uterine and Adnexa Procedures for Non-Malignancy | 35,090 | 38,912 | 1.11 | 81.2% | 0.5332 | 0.3221 | 0.0038 | 0.0256 | 0.1817 | 0.00 |
| N08Z | Endoscopic and Laparoscopic Procedures for Female Reproductive System | 8,519 | 9,850 | 1.16 | 67.0% | 0.6968 | 0.4074 | 0.0028 | 0.0518 | 0.2348 | 0.01 |
| N09Z | Conisation, Vagina, Cervix and Vulva Procedures | 12,718 | 14,264 | 1.12 | 91.9% | 0.3482 | 0.2082 | 0.0016 | 0.0013 | 0.1371 | 0.00 |
| N10Z | Diagnostic Curettage or Diagnostic Hysteroscopy | 19,242 | 19,547 | 1.02 | 97.4% | 0.2940 | 0.1912 | 0.0012 | 0.0005 | 0.1011 | 0.00 |
| N11Z | Other Female Reproductive System OR Procedures | 6,917 | 7,919 | 1.14 | 96.6% | 0.2390 | 0.0736 | 0.0068 | 0.0171 | 0.1415 | 0.02 |
| N12A | Uterine and Adnexa Procedures for Malignancy W Catastrophic CC | 411 | 4,052 | 9.86 | 0.7% | 4.5213 | 1.0981 | 0.5846 | 0.3603 | 2.4782 | 0.17 |
| N12B | Uterine and Adnexa Procedures for Malignancy W/O Catastrophic CC | 2,126 | 7,825 | 3.68 | 13.2% | 1.9348 | 0.7508 | 0.0931 | 0.1042 | 0.9867 | 0.04 |
| N60A | Malignancy, Female Reproductive System W Catastrophic CC | 207 | 2,020 | 9.77 | 12.3% | 2.3682 | 0.0350 | 0.0125 | 0.0500 | 2.2706 | 0.20 |
| N60B | Malignancy, Female Reproductive System W/O Catastrophic CC | 1,327 | 4,462 | 3.36 | 24.0% | 0.9070 | 0.0401 | 0.0205 | 0.0195 | 0.8268 | 0.05 |
| N61Z | Infections, Female Reproductive System | 229 | 777 | 3.39 | 24.6% | 0.6927 | 0.0347 | 0.0172 | 0.0168 | 0.6240 | 0.07 |
| N62Z | Menstrual and Other Female Reproductive System Disorders | 6,359 | 7,928 | 1.25 | 84.1% | 0.2475 | 0.0939 | 0.0063 | 0.0056 | 0.1417 | 0.01 |
| O01A | Caesarean Delivery W Catastrophic CC | 1,440 | 12,825 | 8.90 | 0.5% | 3.3744 | 0.5760 | 0.1498 | 0.0909 | 2.5577 | 0.11 |
| O01B | Caesarean Delivery W Severe CC | 5,708 | 33,506 | 5.87 | 0.3% | 2.2031 | 0.4908 | 0.0262 | 0.0583 | 1.6277 | 0.02 |
| O01C | Caesarean Delivery W/O Catastrophic or Severe CC | 28,325 | 137,181 | 4.84 | 0.1% | 1.7727 | 0.4428 | 0.0102 | 0.0269 | 1.2927 | 0.01 |
| O02A | Vaginal Delivery W OR Procedure W Catastrophic or Severe CC | 269 | 1,479 | 5.50 | 1.0% | 2.1529 | 0.3801 | 0.1146 | 0.0012 | 1.6570 | 0.10 |
| O02B | Vaginal Delivery W OR Procedure W/O Catastrophic or Severe CC | 833 | 3,708 | 4.45 | 0.3% | 1.5050 | 0.2072 | 0.0077 | 0.0022 | 1.2880 | 0.03 |
| O03A | Ectopic Pregnancy W CC | 42 | 81 | 1.95 | 11.5% | 1.2631 | 0.6273 | 0.0681 | 0.0224 | 0.5454 | 0.10 |
| O03B | Ectopic Pregnancy W/O CC | 500 | 651 | 1.30 | 24.9% | 0.7368 | 0.4124 | 0.0027 | 0.0117 | 0.3099 | 0.02 |
| O04A | Postpartum and Post Abortion W OR Procedure W Catastrophic or Severe CC | 67 | 253 | 3.76 | 34.4% | 1.5155 | 0.4291 | 0.0855 | 0.0372 | 0.9638 | 0.24 |
| O04B | Postpartum and Post Abortion W OR Procedure W/O Catastrophic or Severe CC | 701 | 1,033 | 1.47 | 73.2% | 0.4791 | 0.2134 | 0.0142 | 0.0001 | 0.2515 | 0.02 |
| O05Z | Abortion W OR Procedure | 8,979 | 9,202 | 1.02 | 92.9% | 0.2900 | 0.1736 | 0.0006 | 0.0012 | 0.1146 | 0.00 |
| O60A | Vaginal Delivery W Catastrophic or Severe CC | 4,128 | 21,288 | 5.16 | 0.1% | 1.5088 | 0.0978 | 0.0213 | 0.0006 | 1.3892 | 0.02 |
| O60B | Vaginal Delivery W/O Catastrophic or Severe CC | 33,057 | 135,469 | 4.10 | 0.1% | 1.1430 | 0.0632 | 0.0082 | 0.0003 | 1.0713 | 0.00 |
| O60C | Vaginal Delivery Single Uncomplicated W/O Other Condition | 5,070 | 18,100 | 3.57 | 0.2% | 0.8945 | 0.0441 | 0.0049 | 0.0001 | 0.8454 | 0.01 |
| O61Z | Postpartum and Post Abortion W/O OR Procedure | 2,597 | 7,766 | 2.99 | 13.2% | 0.6441 | 0.0133 | 0.0119 | 0.0011 | 0.6178 | 0.01 |
| O63Z | Abortion W/O OR Procedure | 406 | 535 | 1.32 | 30.4% | 0.2641 | 0.0100 | 0.0008 | 0.0000 | 0.2532 | 0.02 |
| O64A | False Labour Before 37 Weeks or W Catastrophic CC | 1,858 | 4,930 | 2.65 | 19.4% | 0.4827 | 0.0007 | 0.0018 | 0.0000 | 0.4801 | 0.03 |
| O64B | False Labour After 37 Weeks W/O Catastrophic CC | 720 | 759 | 1.05 | 61.2% | 0.0880 | 0.0000 | 0.0007 | 0.0000 | 0.0873 | 0.00 |
| O66A | Antenatal and Other Obstetric Admission | 6,383 | 17,839 | 2.79 | 0.0% | 0.6198 | 0.0296 | 0.0066 | 0.0016 | 0.5819 | 0.02 |
| O66B | Antenatal and Other Obstetric Admission, Sameday | 4,005 | 4,005 | 1.00 | 100.0% | 0.0475 | 0.0061 | 0.0003 | 0.0000 | 0.0411 | 0.00 |
| P01Z | Neonate, Died or Transferred <5 Days of Admission W Significant OR Procedure | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| P02Z | Cardiothoracic/Vascular Procedures for Neonates | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |
| P03Z | Neonate, AdmWt 1000-1499 g W Significant OR Procedure | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |
| P04Z | Neonate, AdmWt 1500-1999 g W Significant OR Procedure | 23 | 950 | 41.61 | 0.0% | 19.5685 | 0.2643 | 5.7669 | 0.0003 | 13.5370 | 2.38 |
| P05Z | Neonate, AdmWt 2000-2499 g W Significant OR Procedure | 26 | 693 | 26.57 | 0.0% | 13.3706 | 0.2647 | 5.7796 | 0.0220 | 7.3043 | 3.47 |
| P06A | Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems | 17 | 325 | 18.92 | 0.0% | 10.5870 | 0.5528 | 4.6218 | 0.1464 | 5.2660 | 3.67 |
| P06B | Neonate, AdmWt >2499 g W Significant OR Procedure W/O Multi Major Problems | 41 | 332 | 8.16 | 5.7% | 4.4525 | 0.2237 | 1.9843 | 0.0000 | 2.2445 | 0.86 |
| P60A | Neonate, Died or Transferred <5 Days of Adm, W/O Significant OR Proc, Newborn | 642 | 1,093 | 1.70 | 47.8% | 0.2411 | 0.0000 | 0.0360 | 0.0000 | 0.2051 | 0.02 |
| P60B | Neonate, Died or Transf <5 Days of Adm, W/O Significant OR Proc, Not Newborn | 64 | 111 | 1.74 | 26.8% | 0.7652 | 0.0000 | 0.4038 | 0.0000 | 0.3614 | 0.16 |
| P61Z | Neonate, AdmWt <750 g | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ | ------ |
| P62Z | Neonate, AdmWt 750-999 g | 28 | 1,494 | 53.01 | 17.9% | 35.7096 | 0.1239 | 26.4913 | 0.0000 | 9.0943 | 4.50 |
| P63Z | Neonate, AdmWt 1000-1249 g W/O Significant OR Procedure | 31 | 1,045 | 33.22 | 0.0% | 8.8192 | 0.0000 | 1.3903 | 0.0000 | 7.4289 | 1.65 |
| P64Z | Neonate, AdmWt 1250-1499 g W/O Significant OR Procedure | 153 | 4,349 | 28.37 | 1.8% | 7.5110 | 0.0016 | 1.2540 | 0.0000 | 6.2554 | 0.61 |
| P65A | Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems | 11 | 324 | 28.78 | 0.0% | 9.7480 | 0.0000 | 0.3146 | 0.0000 | 9.4335 | 1.42 |
| P65B | Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Major Problem | 211 | 5,621 | 26.61 | 0.0% | 8.4643 | 0.0016 | 1.5366 | 0.0000 | 6.9261 | 0.55 |
| P65C | Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Other Problem | 302 | 7,235 | 23.99 | 0.0% | 6.6475 | 0.0012 | 0.8938 | 0.0000 | 5.7525 | 0.38 |
| P65D | Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W/O Problem | 372 | 7,251 | 19.49 | 0.0% | 4.6765 | 0.0000 | 0.6766 | 0.0000 | 3.9999 | 0.24 |
| P66A | Neonate, AdmWt 2000-2499 g W/O Significant OR Proc W Multi Major Problems | 33 | 512 | 15.45 | 0.0% | 5.7520 | 0.0000 | 1.0037 | 0.0000 | 4.7483 | 1.12 |
| P66B | Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Major Problem | 282 | 4,623 | 16.37 | 1.2% | 5.1844 | 0.0000 | 1.0534 | 0.0000 | 4.1310 | 0.30 |
| P66C | Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Other Problem | 1,529 | 19,461 | 12.73 | 0.1% | 3.3646 | 0.0004 | 0.5468 | 0.0000 | 2.8174 | 0.11 |
| P66D | Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W/O Problem | 783 | 4,307 | 5.50 | 2.7% | 1.1863 | 0.0008 | 0.1992 | 0.0000 | 0.9863 | 0.07 |
| P67A | Neonate, AdmWt >2499 g W/O Significant OR Procedure W Multi Major Problems | 136 | 1,353 | 9.92 | 0.0% | 3.0695 | 0.0112 | 0.8160 | 0.0000 | 2.2423 | 0.37 |
| P67B | Neonate, AdmWt >2499 g W/O Significant OR Procedure W Major Problem | 1,170 | 8,325 | 7.12 | 2.1% | 1.8922 | 0.0002 | 0.2892 | 0.0000 | 1.6028 | 0.08 |
| P67C | Neonate, AdmWt >2499 g W/O Significant OR Procedure W Other Problem | 5,708 | 33,216 | 5.82 | 0.4% | 1.2599 | 0.0004 | 0.1590 | 0.0000 | 1.1005 | 0.03 |
| P67D | Neonate, AdmWt >2499 g W/O Significant OR Procedure W/O Problem | 26,081 | 104,297 | 4.00 | 3.1% | 0.3530 | 0.0005 | 0.0139 | 0.0000 | 0.3386 | 0.00 |
| Q01Z | Splenectomy | 132 | 918 | 6.95 | 0.0% | 5.2400 | 0.8228 | 1.2888 | 1.0004 | 2.1279 | 1.30 |
| Q02A | Other OR Procedure of Blood and Blood Forming Organs W Cat or Sev CC | 402 | 3,544 | 8.81 | 17.7% | 3.0602 | 0.4167 | 0.2329 | 0.3125 | 2.0982 | 0.19 |
| Q02B | Other OR Procedure of Blood and Blood Forming Organs W/O Cat or Sev CC | 1,596 | 3,034 | 1.90 | 52.3% | 0.8980 | 0.3317 | 0.0496 | 0.1149 | 0.4018 | 0.04 |
| Q60A | Reticuloendothelial and Immunity Disorders W Catastrophic or Severe CC | 1,636 | 8,024 | 4.90 | 46.4% | 1.3618 | 0.0242 | 0.0571 | 0.0213 | 1.2592 | 0.08 |
| Q60B | Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W Malignancy | 1,891 | 3,123 | 1.65 | 81.9% | 0.2714 | 0.0020 | 0.0037 | 0.0014 | 0.2644 | 0.02 |
| Q60C | Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy | 9,740 | 12,453 | 1.28 | 89.7% | 0.1885 | 0.0189 | 0.0033 | 0.0001 | 0.1661 | 0.00 |
| Q61A | Red Blood Cell Disorders W Catastrophic or Severe CC | 2,739 | 15,728 | 5.74 | 20.4% | 1.3102 | 0.0745 | 0.0954 | 0.0115 | 1.1288 | 0.05 |
| Q61B | Red Blood Cell Disorders W/O Catastrophic or Severe CC | 27,193 | 35,313 | 1.30 | 79.5% | 0.2723 | 0.0734 | 0.0035 | 0.0031 | 0.1923 | 0.00 |
| Q62Z | Coagulation Disorders | 2,298 | 5,088 | 2.21 | 74.0% | 0.4055 | 0.0180 | 0.0178 | 0.0017 | 0.3680 | 0.02 |
| R01A | Lymphoma and Leukaemia W Major OR Procedures W Catastrophic or Severe CC | 161 | 2,353 | 14.62 | 0.0% | 7.8352 | 0.9538 | 0.9193 | 0.8619 | 5.1002 | 0.59 |
| R01B | Lymphoma and Leukaemia W Major OR Procedures W/O Catastrophic or Severe CC | 365 | 1,290 | 3.53 | 22.7% | 1.7740 | 0.5028 | 0.1616 | 0.1495 | 0.9601 | 0.10 |
| R02A | Other Neoplastic Disorders W Major OR Procedures W Catastrophic CC | 94 | 1,184 | 12.64 | 0.0% | 6.0643 | 1.3937 | 0.8991 | 0.5593 | 3.2122 | 0.70 |
| R02B | Other Neoplastic Disorders W Major OR Procedures W Severe or Moderate CC | 250 | 1,611 | 6.45 | 1.1% | 3.0600 | 0.9286 | 0.3096 | 0.2660 | 1.5558 | 0.17 |
| R02C | Other Neoplastic Disorders W Major OR Procedures W/O CC | 1,535 | 6,533 | 4.26 | 4.5% | 2.0968 | 0.7417 | 0.1930 | 0.1494 | 1.0127 | 0.06 |
| R03A | Lymphoma and Leukaemia W Other OR Procedures W Catastrophic or Severe CC | 259 | 5,226 | 20.18 | 1.9% | 6.6672 | 0.4594 | 0.3675 | 0.5279 | 5.3124 | 0.37 |
| R03B | Lymphoma and Leukaemia W Other OR Procedures W/O Catastrophic or Severe CC | 1,415 | 2,825 | 2.00 | 56.6% | 0.8940 | 0.2782 | 0.0269 | 0.0562 | 0.5326 | 0.04 |
| R04A | Other Neoplastic Disorders W Other OR Procedures W CC | 482 | 1,898 | 3.94 | 32.1% | 1.6826 | 0.4224 | 0.1034 | 0.2128 | 0.9440 | 0.14 |
| R04B | Other Neoplastic Disorders W Other OR Procedures W/O CC | 3,739 | 6,365 | 1.70 | 43.5% | 1.1320 | 0.3852 | 0.0771 | 0.2852 | 0.3846 | 0.04 |
| R60A | Acute Leukaemia W Catastrophic CC | 300 | 5,989 | 19.97 | 14.8% | 6.4817 | 0.0848 | 0.3022 | 0.0953 | 5.9993 | 0.27 |
| R60B | Acute Leukaemia W/O Catastrophic CC | 2,340 | 4,964 | 2.12 | 81.3% | 0.4492 | 0.0157 | 0.0014 | 0.0063 | 0.4258 | 0.03 |
| R61A | Lymphoma and Non-Acute Leukaemia W Catastrophic CC | 894 | 17,424 | 19.50 | 0.0% | 5.3953 | 0.0831 | 0.3690 | 0.0496 | 4.8935 | 0.18 |
| R61B | Lymphoma and Non-Acute Leukaemia W/O Catastrophic CC | 6,464 | 28,634 | 4.43 | 0.0% | 1.3785 | 0.0245 | 0.0089 | 0.0121 | 1.3330 | 0.02 |
| R61C | Lymphoma and Non-Acute Leukaemia, Sameday | 16,212 | 16,215 | 1.00 | 100.0% | 0.1449 | 0.0163 | 0.0001 | 0.0002 | 0.1283 | 0.00 |
| R62A | Other Neoplastic Disorders W CC | 773 | 5,790 | 7.49 | 21.1% | 1.5914 | 0.0661 | 0.0473 | 0.0183 | 1.4597 | 0.09 |
| R62B | Other Neoplastic Disorders W/O CC | 744 | 1,729 | 2.32 | 62.8% | 0.5536 | 0.1081 | 0.0042 | 0.0123 | 0.4290 | 0.03 |
| R63Z | Chemotherapy | 240,396 | 242,821 | 1.01 | 99.6% | 0.1978 | 0.0124 | 0.0008 | 0.0041 | 0.1805 | 0.00 |
| R64Z | Radiotherapy | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| S60Z | HIV, Sameday | 61 | 61 | 1.00 | 100.0% | 0.1008 | 0.0200 | 0.0000 | 0.0000 | 0.0808 | 0.02 |
| S65A | HIV-Related Diseases W Catastrophic CC | 22 | 499 | 23.16 | 0.0% | 9.0583 | 0.1299 | 0.9287 | 0.0916 | 7.9081 | 1.95 |
| S65B | HIV-Related Diseases W Severe CC | 9 | 93 | 9.93 | 0.0% | 3.2092 | 0.0400 | 0.0000 | 0.0000 | 3.1691 | 1.52 |
| S65C | HIV-Related Diseases W/O Catastrophic or Severe CC | 15 | 64 | 4.20 | 0.0% | 1.0906 | 0.0145 | 0.0000 | 0.0000 | 1.0761 | 0.19 |
| T01A | OR Procedures for Infectious and Parasitic Diseases W Catastrophic CC | 685 | 16,825 | 24.55 | 0.6% | 8.3845 | 0.7626 | 1.0644 | 0.5759 | 5.9816 | 0.44 |
| T01B | OR Procedures for Infectious and Parasitic Diseases W Severe or Moderate CC | 744 | 7,986 | 10.74 | 5.7% | 2.9133 | 0.4285 | 0.2042 | 0.1373 | 2.1432 | 0.15 |
| T01C | OR Procedures for Infectious and Parasitic Diseases W/O CC | 1,349 | 7,185 | 5.32 | 18.0% | 1.5265 | 0.3330 | 0.0268 | 0.1361 | 1.0306 | 0.09 |
| T40Z | Infectious and Parasitic Diseases W Ventilator Support | 22 | 410 | 18.69 | 0.0% | 9.7295 | 0.1321 | 3.9989 | 0.4420 | 5.1566 | 1.12 |
| T60A | Septicaemia W Catastrophic CC | 1,172 | 17,273 | 14.74 | 1.4% | 3.8281 | 0.0641 | 0.6207 | 0.0611 | 3.0821 | 0.13 |
| T60B | Septicaemia W/O Catastrophic CC | 1,825 | 13,455 | 7.37 | 6.1% | 1.6399 | 0.0315 | 0.0997 | 0.0270 | 1.4816 | 0.05 |
| T61A | Postoperative and Post-Traumatic Infections W Catastrophic or Severe CC | 757 | 7,536 | 9.95 | 2.2% | 2.0201 | 0.0565 | 0.0598 | 0.0401 | 1.8636 | 0.09 |
| T61B | Postoperative and Post-Traumatic Infections W/O Catastrophic or Severe CC | 2,544 | 13,094 | 5.15 | 6.1% | 0.9613 | 0.0294 | 0.0242 | 0.0305 | 0.8772 | 0.03 |
| T62A | Fever of Unknown Origin W CC | 1,335 | 7,277 | 5.45 | 2.2% | 1.2189 | 0.0131 | 0.0312 | 0.0042 | 1.1704 | 0.04 |
| T62B | Fever of Unknown Origin W/O CC | 1,275 | 3,754 | 2.94 | 8.8% | 0.6244 | 0.0098 | 0.0095 | 0.0013 | 0.6038 | 0.02 |
| T63Z | Viral Illness | 1,728 | 5,469 | 3.17 | 6.6% | 0.6938 | 0.0059 | 0.0495 | 0.0084 | 0.6300 | 0.03 |
| T64A | Other Infectious and Parasitic Diseases W Catastrophic CC | 131 | 2,119 | 16.19 | 0.0% | 3.8690 | 0.0454 | 0.2385 | 0.2400 | 3.3451 | 0.36 |
| T64B | Other Infectious and Parasitic Diseases W Severe or Moderate CC | 195 | 1,528 | 7.85 | 9.1% | 1.7158 | 0.0353 | 0.0257 | 0.1137 | 1.5412 | 0.15 |
| T64C | Other Infectious and Parasitic Diseases W/O CC | 326 | 1,136 | 3.48 | 32.3% | 0.7701 | 0.0431 | 0.0171 | 0.0401 | 0.6698 | 0.06 |
| U40Z | Mental Health Treatment, Sameday, W ECT | 1,174 | 1,174 | 1.00 | 100.0% | 0.0716 | 0.0296 | 0.0000 | 0.0000 | 0.0421 | 0.00 |
| U60Z | Mental Health Treatment, Sameday, W/O ECT | 36,465 | 36,508 | 1.00 | 100.0% | 0.0482 | 0.0004 | 0.0000 | 0.0003 | 0.0474 | 0.00 |
| U61A | Schizophrenia Disorders W Mental Health Legal Status | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| U61B | Schizophrenia Disorders W/O Mental Health Legal Status | 322 | 6,327 | 19.64 | 0.0% | 2.5095 | 0.0131 | 0.0242 | 0.0000 | 2.4722 | 0.12 |
| U62A | Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status | 9 | 186 | 20.89 | 0.0% | 3.6754 | 0.0011 | 0.0000 | 0.0000 | 3.6743 | 1.24 |
| U62B | Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status | 66 | 757 | 11.46 | 0.0% | 1.4819 | 0.0000 | 0.0089 | 0.0000 | 1.4730 | 0.15 |
| U63A | Major Affective Disorders Age >69 or W (Catastrophic or Severe CC) | 665 | 15,199 | 22.84 | 0.0% | 3.8940 | 0.0474 | 0.0132 | 0.0024 | 3.8310 | 0.15 |
| U63B | Major Affective Disorders Age <70 W/O Catastrophic or Severe CC | 2,726 | 53,778 | 19.73 | 0.0% | 2.6153 | 0.0229 | 0.0141 | 0.0027 | 2.5757 | 0.05 |
| U64Z | Other Affective and Somatoform Disorders | 753 | 12,641 | 16.79 | 0.0% | 2.3013 | 0.0184 | 0.0174 | 0.0257 | 2.2399 | 0.11 |
| U65Z | Anxiety Disorders | 1,335 | 7,300 | 5.47 | 0.0% | 0.8745 | 0.0263 | 0.0193 | 0.0001 | 0.8288 | 0.04 |
| U66Z | Eating and Obsessive-Compulsive Disorders | 626 | 15,776 | 25.22 | 0.0% | 4.3833 | 0.0016 | 0.0013 | 0.0000 | 4.3804 | 0.15 |
| U67Z | Personality Disorders and Acute Reactions | 1,304 | 24,993 | 19.16 | 0.1% | 2.4971 | 0.0493 | 0.0055 | 0.2103 | 2.2320 | 0.09 |
| U68Z | Childhood Mental Disorders | 35 | 286 | 8.19 | 0.0% | 1.1224 | 0.0013 | 0.0000 | 0.0000 | 1.1211 | 0.16 |
| V60A | Alcohol Intoxication and Withdrawal W CC | 50 | 530 | 10.71 | 31.6% | 1.1872 | 0.0016 | 0.0098 | 0.0000 | 1.1758 | 0.21 |
| V60B | Alcohol Intoxication and Withdrawal W/O CC | 202 | 720 | 3.57 | 50.1% | 0.4725 | 0.0004 | 0.0023 | 0.0000 | 0.4697 | 0.05 |
| V61Z | Drug Intoxication and Withdrawal | 339 | 1,121 | 3.30 | 75.1% | 1.1886 | 0.0078 | 0.0180 | 0.0046 | 1.1582 | 0.08 |
| V62A | Alcohol Use Disorder and Dependence | 1,063 | 19,922 | 18.74 | 0.0% | 2.0796 | 0.0015 | 0.0009 | 0.0002 | 2.0770 | 0.04 |
| V62B | Alcohol Use Disorder and Dependence, Sameday | 5,316 | 5,316 | 1.00 | 100.0% | 0.0263 | 0.0000 | 0.0000 | 0.0000 | 0.0263 | 0.00 |
| V63Z | Opioid Use Disorder and Dependence | 71 | 1,343 | 18.82 | 1.4% | 1.8413 | 0.0021 | 0.0015 | 0.0000 | 1.8378 | 0.19 |
| V64Z | Other Drug Use Disorder and Dependence | 2,941 | 5,832 | 1.98 | 93.3% | 0.6178 | 0.0000 | 0.0000 | 0.0000 | 0.6178 | 0.01 |
| W01Z | Ventilation or Cranial Procedures for Multiple Significant Trauma | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| W02A | Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W Cat/Sev CC | 44 | 801 | 18.03 | 0.0% | 9.3730 | 1.3603 | 0.4603 | 2.1030 | 5.4494 | 0.98 |
| W02B | Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W/O Cat/Sev CC | 22 | 314 | 14.21 | 0.0% | 6.7260 | 0.9994 | 0.4485 | 2.1050 | 3.1730 | 1.05 |
| W03Z | Abdominal Procedures for Multiple Significant Trauma | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| W04A | Other OR Procs for Multiple Significant Trauma W Catastrophic or Severe CC | 12 | 374 | 32.10 | 0.0% | 9.4545 | 1.2196 | 0.0821 | 0.1291 | 8.0237 | 2.71 |
| W04B | Other OR Procs for Multiple Significant Trauma W/O Catastrophic or Severe CC | 10 | 79 | 7.91 | 0.0% | 4.1317 | 0.9516 | 0.1900 | 0.8753 | 2.1147 | 1.40 |
| W60Z | Multiple Trauma, Died or Transferred to Another Acute Care Facility <5 Days | 13 | 25 | 1.87 | 37.5% | 1.1466 | 0.1389 | 0.4745 | 0.0000 | 0.5332 | 0.36 |
| W61A | Multiple Trauma W/O Significant Procedures W Catastrophic or Severe CC | 56 | 861 | 15.37 | 0.0% | 3.7679 | 0.0264 | 0.1529 | 0.0024 | 3.5862 | 0.34 |
| W61B | Multiple Trauma W/O Significant Procedures W/O Catastrophic or Severe CC | 64 | 654 | 10.17 | 0.0% | 1.8448 | 0.0180 | 0.0756 | 0.0000 | 1.7511 | 0.25 |
| X02A | Microvascular Tiss Transfer or (Skin Graft W Cat/Sev CC) for Injuries to Hand | 371 | 816 | 2.20 | 34.6% | 1.5067 | 0.7493 | 0.0100 | 0.1243 | 0.6231 | 0.08 |
| X02B | Skin Graft for Injuries to Hand W/O Catastrophic or Severe CC | 968 | 1,277 | 1.32 | 56.8% | 0.5966 | 0.3222 | 0.0010 | 0.0098 | 0.2637 | 0.02 |
| X04A | Other Procedures for Injuries to Lower Limb W Catastrophic or Severe CC | 248 | 2,046 | 8.24 | 5.3% | 2.8264 | 0.4603 | 0.0940 | 0.3979 | 1.8743 | 0.30 |
| X04B | Other Procedures for Injuries to Lower Limb W/O Catastrophic or Severe CC | 1,014 | 2,126 | 2.10 | 35.2% | 0.9334 | 0.3286 | 0.0023 | 0.1601 | 0.4423 | 0.05 |
| X05A | Other Procedures for Injuries to Hand W CC | 224 | 806 | 3.60 | 23.2% | 1.1612 | 0.3676 | 0.0142 | 0.0324 | 0.7470 | 0.08 |
| X05B | Other Procedures for Injuries to Hand W/O CC | 2,604 | 3,043 | 1.17 | 61.9% | 0.5023 | 0.2742 | 0.0008 | 0.0237 | 0.2035 | 0.01 |
| X06A | Other Procedures for Other Injuries W Catastrophic or Severe CC | 1,282 | 10,040 | 7.83 | 8.1% | 2.9297 | 0.5134 | 0.3166 | 0.3888 | 1.7109 | 0.11 |
| X06B | Other Procedures for Other Injuries W/O Catastrophic or Severe CC | 6,814 | 12,821 | 1.88 | 33.4% | 1.0547 | 0.3828 | 0.0191 | 0.2188 | 0.4339 | 0.02 |
| X07A | Skin Graft for Injuries Ex Hand W Microvascular Tiss Tfr or W (Cat or Sev CC) | 393 | 5,577 | 14.18 | 5.2% | 3.7874 | 0.5720 | 0.0836 | 0.2090 | 2.9228 | 0.25 |
| X07B | Skin Graft for Injuries Ex Hand W/O Microvascular Tiss Tfr W/O Cat or Sev CC | 641 | 3,835 | 5.99 | 20.4% | 1.6960 | 0.4161 | 0.0130 | 0.0263 | 1.2406 | 0.09 |
| X40Z | Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| X60A | Injuries W Catastrophic or Severe CC | 1,171 | 11,655 | 9.95 | 1.4% | 1.9553 | 0.0328 | 0.0245 | 0.0048 | 1.8932 | 0.06 |
| X60B | Injuries W/O Catastrophic or Severe CC | 2,784 | 10,556 | 3.79 | 23.9% | 0.7090 | 0.0335 | 0.0126 | 0.0014 | 0.6616 | 0.02 |
| X61Z | Allergic Reactions | 360 | 751 | 2.08 | 22.6% | 0.5257 | 0.0101 | 0.1538 | 0.0016 | 0.3602 | 0.06 |
| X62A | Poisoning/Toxic Effects of Drugs and Other Substances W Cat or Sev CC | 179 | 1,508 | 8.43 | 2.2% | 1.9820 | 0.0122 | 0.5161 | 0.0012 | 1.4525 | 0.22 |
| X62B | Poisoning/Toxic Effects of Drugs and Other Substances W/O Cat or Sev CC | 383 | 861 | 2.25 | 29.4% | 0.4262 | 0.0062 | 0.0664 | 0.0003 | 0.3533 | 0.04 |
| X63A | Sequelae of Treatment W Catastrophic or Severe CC | 843 | 5,792 | 6.87 | 6.0% | 1.6734 | 0.0721 | 0.2162 | 0.0522 | 1.3329 | 0.09 |
| X63B | Sequelae of Treatment W/O Catastrophic or Severe CC | 4,825 | 11,661 | 2.42 | 28.5% | 0.5626 | 0.0861 | 0.0257 | 0.0360 | 0.4148 | 0.01 |
| X64A | Other Injury, Poisoning and Toxic Effect Diagnosis W Cat or Sev CC | 58 | 575 | 9.96 | 2.9% | 2.0499 | 0.0398 | 0.0289 | 0.1803 | 1.8009 | 0.32 |
| X64B | Other Injury, Poisoning and Toxic Effect Diagnosis W/O Cat or Sev CC | 221 | 516 | 2.33 | 26.1% | 0.4450 | 0.0130 | 0.0147 | 0.0000 | 0.4173 | 0.05 |
| Y01Z | Ventilation for Burns and Severe Full Thickness Burns | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| Y02A | Other Burns W Skin Graft W CC | 19 | 229 | 11.84 | 8.6% | 4.0778 | 0.4894 | 0.0000 | 0.0007 | 3.5877 | 0.89 |
| Y02B | Other Burns W Skin Graft W/O CC | 53 | 133 | 2.49 | 28.9% | 0.9509 | 0.3132 | 0.0038 | 0.0523 | 0.5815 | 0.12 |
| Y03Z | Other OR Procedures for Other Burns | 64 | 170 | 2.68 | 58.1% | 0.6241 | 0.2253 | 0.0143 | 0.0017 | 0.3829 | 0.07 |
| Y60Z | Burns, Transferred to Another Acute Care Facility <5 Days | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| Y61Z | Severe Burns | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* | \*\*\*\*\*\* |
| Y62A | Other Burns W CC | 35 | 401 | 11.51 | 0.0% | 2.4813 | 0.0305 | 0.0328 | 0.0051 | 2.4129 | 0.41 |
| Y62B | Other Burns W/O CC | 23 | 70 | 3.03 | 19.4% | 0.3859 | 0.0232 | 0.0202 | 0.0004 | 0.3422 | 0.08 |
| Z01A | OR Procedures W Diagnoses of Other Contacts W Health Services W Cat/Sev CC | 1,360 | 3,519 | 2.59 | 66.6% | 1.3223 | 0.2910 | 0.0980 | 0.3288 | 0.6046 | 0.12 |
| Z01B | OR Procedures W Diagnoses of Other Contacts W Health Services W/O Cat/Sev CC | 6,907 | 10,845 | 1.57 | 58.5% | 0.9710 | 0.3071 | 0.0819 | 0.2536 | 0.3285 | 0.04 |
| Z40Z | Endoscopy W Diagnoses of Other Contacts W Health Services, Sameday | 77,557 | 77,568 | 1.00 | 100.0% | 0.1941 | 0.1268 | 0.0001 | 0.0004 | 0.0669 | 0.00 |
| Z60A | Rehabilitation W Catastrophic CC | 1,740 | 28,493 | 16.38 | 0.0% | 2.9958 | 0.0022 | 0.0019 | 0.0010 | 2.9907 | 0.05 |
| Z60B | Rehabilitation W/O Catastrophic CC | 5,660 | 60,063 | 10.61 | 0.0% | 2.0150 | 0.0007 | 0.0002 | 0.0011 | 2.0131 | 0.02 |
| Z60C | Rehabilitation, Sameday | 14,839 | 14,839 | 1.00 | 100.0% | 0.1342 | 0.0000 | 0.0000 | 0.0000 | 0.1342 | 0.00 |
| Z61A | Signs and Symptoms | 3,573 | 16,258 | 4.55 | 0.0% | 1.0179 | 0.0279 | 0.0356 | 0.0036 | 0.9508 | 0.02 |
| Z61B | Signs and Symptoms, Sameday | 2,826 | 2,831 | 1.00 | 100.0% | 0.2540 | 0.1480 | 0.0011 | 0.0035 | 0.1014 | 0.01 |
| Z63A | Other Surgical Follow Up and Medical Care W Catastrophic CC | 345 | 4,690 | 13.59 | 0.5% | 2.5126 | 0.0098 | 0.1339 | 0.0013 | 2.3676 | 0.16 |
| Z63B | Other Surgical Follow Up and Medical Care W/O Catastrophic CC | 2,054 | 9,610 | 4.68 | 9.2% | 0.8255 | 0.0126 | 0.0339 | 0.0045 | 0.7746 | 0.04 |
| Z64A | Other Factors Influencing Health Status | 5,136 | 11,076 | 2.16 | 0.0% | 0.7804 | 0.1382 | 0.0330 | 0.1179 | 0.4913 | 0.02 |
| Z64B | Other Factors Influencing Health Status, Sameday | 77,415 | 77,415 | 1.00 | 100.0% | 0.1568 | 0.0587 | 0.0003 | 0.0245 | 0.0733 | 0.00 |
| Z65Z | Congenital Anomalies and Problems Arising from Neonatal Period | 18 | 24 | 1.35 | 27.4% | 0.5164 | 0.0589 | 0.0000 | 0.0000 | 0.4575 | 0.10 |
| **Total** |  | **2,827,996** | **6,821,124** | **2.41** | **57.8%** | **1.0000** | **0.2323** | **0.0589** | **0.2187** | **0.4901** | **0.00** |

1. Australian Institute of Health and Welfare (AIHW), Australia’s hospitals 2013-14 – Admitted patient care 2013-14, Australia’s hospitals at a glance 2013-14, viewed 22nd October 2015 [↑](#footnote-ref-2)
2. DOH (Department of Health), A Users Guide for the Collection of Hospital Casemix Protocol (HCP) and Private Hospital Data Bureau (PHDB) (Version 1.2- May 2010 - page 38), <http://www.health.gov.au/internet/main/publishing.nsf/Content/38E5E5E23C0D4336CA257BF0001E8AC3/$File/Data%20Definitions%20Manual.pdf>, dated viewed 15th September 2015 [↑](#footnote-ref-3)
3. DOH (Department of Health), A Users Guide for the Collection of Hospital Casemix Protocol (HCP) and Private Hospital Data Bureau (PHDB) (Version 1.2- May 2010 - page 38, <http://www.health.gov.au/internet/main/publishing.nsf/Content/38E5E5E23C0D4336CA257BF0001E8AC3/$File/Data%20Definitions%20Manual.pdf>, dated viewed 15th September 2015 [↑](#footnote-ref-4)
4. Australian Bureau of Statistics (ABS), Private Hospital Statistics for 2013-14, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4390.0~2013-14~Main%20Features~Hospitals~5>, date viewed 15th September 2015 (this reference is for the whole of section 2.3) [↑](#footnote-ref-5)
5. Australian Institute of Health and Welfare (AIHW), Data Dictionary, METeOR ID: 270174, <http://meteor.aihw.gov.au/content/index.phtml/itemId/270174>, date viewed 15th September 2015; or

   DOH (Department of Health), A Users Guide for the Collection of Hospital Casemix Protocol (HCP) and Private Hospital Data Bureau (PHDB) (Version 1.2- May 2010 page 27-31), <http://www.health.gov.au/internet/main/publishing.nsf/Content/38E5E5E23C0D4336CA257BF0001E8AC3/$File/Data%20Definitions%20Manual.pdf>, dated viewed 15th September 2015 [↑](#footnote-ref-6)
6. DOH (Department of Health), A Users Guide for the Collection of Hospital Casemix Protocol (HCP) and Private Hospital Data Bureau (PHDB) (Version 1.2- May 2010 page 28), <http://www.health.gov.au/internet/main/publishing.nsf/Content/38E5E5E23C0D4336CA257BF0001E8AC3/$File/Data%20Definitions%20Manual.pdf>, dated viewed 15th September 2015 [↑](#footnote-ref-7)
7. DOH (Department of Health), A Users Guide for the Collection of Hospital Casemix Protocol (HCP) and Private Hospital Data Bureau (PHDB) (Version 1.2- May 2010 page 30-31), <http://www.health.gov.au/internet/main/publishing.nsf/Content/38E5E5E23C0D4336CA257BF0001E8AC3/$File/Data%20Definitions%20Manual.pdf>, dated viewed 15th September 2015 [↑](#footnote-ref-8)
8. These are separations with care type 7.0 (new born care), with zero qualified days in the neonate DRGs (Major Diagnostic Category 15 newborns and other neonates) [↑](#footnote-ref-9)
9. Independent Hospital Pricing Authority (IHPA), Australian Hospital Patient Costing Standards v3.1, July 2014, <http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/aust-costing-standards-2014-html>, viewed 15th September 2015 [↑](#footnote-ref-10)
10. Independent Hospital Pricing Authority (IHPA), Australian Hospital Patient Costing Standards v3.1, July 2014, page 14, standard SCP 2.003 – Product Costs in Scope**,** <http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/aust-costing-standards-2014-html>, viewed 15th September 2015 [↑](#footnote-ref-11)
11. Independent Hospital Pricing Authority (IHPA), Australian Hospital Patient Costing Standards v3.1, July 2014, <http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/aust-costing-standards-2014-html>,

    Pages: 38, 47-49, 50-51, 56-57,107-114, 52-54 and 73. Viewed 13th October 2015 [↑](#footnote-ref-12)
12. Published cost weight tables for Round 13 on the DoH website <http://www.health.gov.au/internet/main/publishing.nsf/Content/Round_13-cost-reports>, accessed 3 April 2012 [↑](#footnote-ref-13)
13. In this context: the probability that an estimate falls within the margin of error of the true mean. [↑](#footnote-ref-14)
14. Defined as 95% confidence level and 4% acceptable margin of error for the overall average cost. The 95% confidence level and 4% margin of error parameters were informed by considering participation levels in historic publications that were considered acceptable for publication. [↑](#footnote-ref-15)
15. AIHW National Health Data Dictionary, version 16.2, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129550404>, viewed 17th September 2015 [↑](#footnote-ref-16)