Private Sector National Hospital Cost Data Collection

Cost Report
Round 16 (2011-2012)

for Overnight Private Hospitals

27 September 2013

DRG Version: AR-DRG 6.0x

List of abbreviations

Abbreviation	Description
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
CM	Cost modelled
DoHA	Department of Health and Ageing
DRG	Diagnosis related group
IHPA	Independent Hospital Pricing Authority
LOS	Length of stay
MDC	Major diagnostic category
NHCDC	National hospital cost data collection
NHDD	National Health Data Dictionary
PC	Patient costed
PHDB	Private Hospital Data Bureau
PwC	PricewaterhouseCoopers
SPS	Specialist procedure suites

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1 Executive Summary

1.1 Purpose of this report

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 or DRG) PricewaterhouseCoopers (PwC) have been engaged by the Independent Hospital Pricing Authority (IHPA) to provide collection, processing and reporting services in relation to Round 16 (12 months ending 30 June 2012) of the NHCDC for acute admitted care provided by overnight private hospitals.

This report documents the data, processes, methodology and results for acute admitted care[1] provided by overnight private hospitals. The scope of the collection is in relation to those hospitals with at least 200 acute admitted separations in the 2011-12 financial year. No collection has been performed for Private Stand-Alone Day Hospital facilities for Round 16.

1.2 Background to the Private Sector NHCDC

The first Australian national private sector cost study was conducted as part of the 1991-92 National Cost Study. 29 private sector facilities were involved in this initial study which evolved to become the National Hospital Cost Data Collection (NHCDC). Its objective is to provide Australian governments and the health care industry with a nationally consistent method of costing all types of hospital activity and publishing meaningful results which are used for benchmarking, funding and planning hospital based services.

Round 1 commenced in 1996-97 with voluntary participation for both the private and public sector. The private sector collection has grown steadily in representation from the initial 23 hospitals and 240,000 episodes in Round 1. Since the first round, there have been a number of years where no publication was released due to the Commonwealth deciding that the low participation rates in these rounds created an unacceptable risk of invalid or unreliable results or bypassed as agreed with the sector. The last publication was for Round 13 (2008-09), with a 3 year gap until the current publication for Round 16 (2011-12).

While there are a variety of additional data sets on private hospital sector activity, such as Hospital Casemix Protocol (HCP), Private Hospital Data Bureau (PHDB), National Admitted Patient Collection (APC), and Private Health Establishments Collection (PHE) – the Private Sector NHCDC is unique insofar as it reports on the costs of service by classified activity.

1.3 Current year report

The format of the Round 16 publication has been changed from prior years, with there being a substantial reduction in the level of detail provided. The Round 16 publication will only including DRG information, cost weights and other cost relativities and will not contain direct or overhead cost breakdowns, the 17 cost components or the total average cost of the DRG.

1.4 Key findings and features of the Round 16 Sample

1 The sample comprised 105 hospitals representing 66% of the population separations.

[1] Acute admitted care separations are those identified in national data collections as “Care Type 1.0” (AIHW National Data Dictionary 15th edition). Costs associated with newborn babies (“Care Type 7.0”) in relation to the number of unqualified days have been allocated to the delivery AR-DRGs of the associated mothers. This is further described in Section 3.6.

2 The total sample separations were 1,775,059, an increase of 8% in the three years from Round 13. This is equivalent to a growth rate of 2.5% p.a.

3 The average length of stay decreased from 2.57 days in Round 13 to 2.52 days in Round 16, a decrease of 2.0% over the 3 year period. This decrease continues a long-term observed trend for private hospitals.

4 The twenty DRGs with the highest cost per episode include a number of DRGs relating to cardiac procedures. This is consistent with the results of the Round 13 collection.

5 Rankings for the twenty highest volume DRGs have remained fairly consistent since Round 13.

6 A measure of total relative resource consumption by hospitals is the number of "cost weighted" separations, calculated as the number of separations, multiplied by the DRG cost weight. The ranking of the top 20 DRGs that are estimated to consume the most resources by private hospitals (defined as the top 20 cost-weighted separation DRGs) have remained fairly consistent since Round 13.

The table below illustrates the top five AR-DRGs in regards to average cost, volume and level of consumption.

Table 1 AR-DRG Rankings

Rank	DRG	Description	Cost Weight (a)	Number of Seps (b)	Cost Weighted Seps (c)	ALOS (d)
DRGs with the highest cost-weight						
1	A06A	Tracheostomy W Ventilation >95 Hours W Catastrophic Cc	54.94	292	16,036	47.4
2	A40Z	Ecmo	36.10	23	841	21.3
3	A06C	Ventilation >95 Hours W/O Catastrophic Cc	25.58	42	1,085	23.1
4	A06B	Trach W Vent >95 Hours W/O Cat Cc Or Trach/Vent >95 Hours W Cat Cc	23.34	929	21,684	29.4
5	F01A	Implantation Or Replacement Of Aicd, Total System W Catastrophic Cc	19.78	323	6,390	11.6
DRGs with the highest number of separations						
1	R63Z	Chemotherapy	0.20	192,612	37,713	1.0
2	G48C	Colonoscopy, Sameday	0.18	112,418	20,521	1.0
3	L61Z	Haemodialysis	0.18	89,758	16,093	1.0
4	Z40Z	Endoscopy W Diagnoses Of Other Contacts W Health Services, Sameday	0.18	76,071	13,527	1.0
5	G46C	Complex Gastroscopy, Sameday	0.26	69,784	17,848	1.0
DRGs with the highest number of cost-weighted separations*						
1	I04B	Knee Replacement W/O Catastrophic Or Severe Cc	5.70	25,079	142,893	6.1
2	I03B	Hip Replacement W/O Catastrophic Cc	5.29	19,918	105,453	6.5
3	I09B	Spinal Fusion W/O Catastrophic Cc	8.85	10,871	96,234	6.5
4	O01C	Caesarean Delivery W/O Catastrophic Or Severe Cc	1.89	33,837	63,904	5.0
5	I16Z	Other Shoulder Procedures	1.37	36,362	49,859	1.3

Notes
a) See the Glossary in Appendix A
b) "Number of seps" means the number of separations in 2011/12.
c) See the Glossary in Appendix A
d) ALOS means "Average length of stay".

2 Introduction

2.1 Purpose of this report

The NHCDC is a voluntary collection that produces a range of hospital cost and activity information by AR-DRG. The AR-DRG code is 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[2]. An individual AR-DRG represents a class of patients with similar clinical conditions that require similar hospital services. The results of the collection are expressed in this report as national cost weights by AR-DRG version 6.0x, and associated analytical tables.

2.2 Format of the report

In 2012 IHPA engaged PwC to conduct a series of consultations to determine the views of the private sector around publication options for the NHCDC. These views were obtained through a series of consultations and workshops undertaken with key informants from the private hospital sector and peak bodies.

The consultations identified that the key concern of the sector in regards to participation in the collection was the commercial sensitivity of the published data and the perceived negative impact this published data had on negotiations with private health insurers. These concerns had created resistance to participation in the past and it was recommended that the publication be amended from Round 16 (2011-12) onwards to address these concerns.

Following these consultations, IHPA communicated to the private sector that there would be a substantial reduction in the level of detail provided in the private NHCDC results from Round 16 and onwards, with the publication only including DRG information, cost weights and other cost relativities. The report would not contain direct or overhead cost breakdowns, the 17 cost components or the total average cost of the DRG.

Consequently, this report contains the Round 16 private sector national cost weights by AR-DRG 6.0x. A “cost weight” for a selected DRG is calculated as the average cost for that DRG, expressed as a weight relative to the overall average cost across all DRGs. The national cost weight across all DRGs is equal to 1.00, with higher cost DRGs having a cost weight higher than 1.00 (e.g. A40Z: ECMO with a cost weight of 36.10), and lower cost DRGs having a cost weight lower than 1.00 (e.g. J67B Minor Skin Disorders, Same day with a cost weight of 0.12).

The cost components for which cost weights are produced are:

- Total cost per AR-DRG;
- The combined costs of Operating Room and Specialist Procedure Suites (“SPS”);
- Critical Care, which covers costs incurred in both intensive and coronary care units;
- Miscellaneous, which combines the costs of Ward Medical, Pathology, Imaging, Emergency Department and Prostheses.
- Scope of this collection

[2] DOHA (Department of Health and Ageing) 2011, Data Definitions Manual

For this report, only the costs and separations associated with care type 1.0 (acute admitted care) are included with the exception that the costs associated with the unqualified neonate separations[3] have also been included in the costs of care. Where this adjustment has been made, the costs of care have been allocated back to the delivery DRGs of the birth-giving mothers and the counts of care type 7.0 removed. A further discussion of this is provided in Section 3.6.

The scope of the collection to which this report relates is defined as follows:

Separations in-scope: admitted episodes of care in hospitals are classified according to a data element called "Care Type" and is defined in the AIHW National Health Data Dictionary. [4] Care types are:

- 1.0 - Acute care (admitted care)
- 2.0 - Rehabilitation care (admitted care)
- 3.0 - Palliative care
- 4.0 - Geriatric evaluation and management
- 5.0 - Psychogeriatric care
- 6.0 - Maintenance care
- 7.0 - Newborn care
- 8.0 - Other admitted patient care
- 9.0 - Organ procurement - posthumous (other care)
- 10.0 - Hospital boarder (other care)

Acute admitted care consume the vast majority of hospital resources. In 2010/11, 92% of separations and 86% of patient days relate to care type 1.0 in the private sector, and 93% of separations and 80% of patient days in the public sector.[5] **Hospitals in-scope**: private overnight hospitals with at least 200 acute admitted separations in 2011-12 define the population from which the voluntary sample is drawn.

Costs in-scope: the costs in-scope associated with patient care are specified in the Australian Hospital Patient Costing Standards v2.0 – 1 March 2011 ("AHPCS v2.0").[6] These costs are defined as "all expenditure incurred by or on behalf of the hospital related to day to day delivery of services"[7]. This includes an allocation of costs that could be incurred outside the hospital but relate to the delivery of services (e.g. shared service functions). The standards also discuss the types of costs that are excluded from patient costing, such as commercial business entities that might include activities such as operating a retail florist

[3] These are separations with care type 7.0 (new born care), with zero qualified days in the delivery DRGs (Major Diagnostic Category 15 newborns and other neonates)

[4] e.g. refer to the 15th edition

[5] Australian Institute of Health and Welfare (AIHW), Australian Hospital Statistics 2010-11, Cat No, HSE117.

[6] http://www.health.gov.au/internet/main/publishing.nsf/Content/Australia-Hospital-Patient-Costing-Standards, accessed 15 April 2013

[7] Page 19 of Australian Hospital Patient Costing Standards v2.0 – 1 March 2011

business, commercial parking, and child care centres. Hospitals were requested to submit costs that comply with the AHPCS v2.0 to support consistency in the input data used to calculate the cost weights.

2.3 History of the Private Sector NHCDC

Round 1 of the 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. The table below shows the participation rate for Round 16 and the last four published rounds.

Table 2 Summary of private hospital participation

	Round 7 (2003-04)	Round 11 (2006-07)	Round 12 (2006-07)	Round 13 (2008-09)	Round 16 (2011-12)
Number of hospitals	113	82	109	110	105
Sample separations	1,240,388	1,297,147	1,607,678	1,648,989	1,775,059
Percentage of separations	65%	59%	72%	71%	66%
AR-DRG version	4.2	4.2	4.2	5.1	6.0x

2.4 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 range of costs between the two sectors is different. Many of the cost items present in the public sector such as Medical Salaries, Pathology, Pharmacy, Imaging or Allied Health are not equally represented in Private Hospital general ledgers. For example, imaging and pathology costs are generally not reported for the private sector because the majority of hospitals are outsourcing these services and patients pay for these services directly. Many patients make private arrangements and they are charged on a fee-for-service basis. As a result, these costs are not reported in a hospital's general ledger. Medical costs are also generally charged direct to patients by providers on a fee-for-service basis. Training of medical officers is generally not a feature of the private sector, and accordingly salaried medical officers are not represented within the cost files unless there is an intensive care unit or emergency department, where an around-the-clock medical practitioner is required.

2.5 Confidentiality of data

Due to the commercial nature of the sector, all participating hospitals in Round 16 are assured that hospital level data will not be released in any form without the prior, written permission of the organisation from which the data originated. Where a cost weight reported for a DRG is based on less than five separations, the figures for this cost weight have been replaced by asterisks (*****). If the number of contributing hospitals for a particular DRG is less than three, the figures for this cost weight have been replaced by dashes (-----).

2.6 Reliances and limitations

PwC have performed data checks and reasonableness tests at several stages of the costing process: at data submission, during the costing process, and on the aggregated data at the end of the process. However, this information has not been audited. The collection also required signoffs from hospitals during the costing process. A description of the checks is provided throughout this report.

The following areas can have a material impact on the reported costs and cost weights. PwC have relied upon information supplied by hospitals in the following areas:

Hospitals were requested to report costs that comply with the AHPCS v2.0. A review of the extent to which the costs reported by hospitals comply with the AHPCS v2.0 was out of scope of this project, and we have assumed that the costs reported by hospitals comply with those standards;

The mapping of cost general ledger accounts to cost areas was performed by the participant hospitals. PwC have relied upon these mappings in the production of the cost dataset but training was provided;

Inpatient fractions: this fraction is assigned to each cost centre by participant hospitals and denotes the proportion of costs related to inpatient care. These fractions have a significant effect on the reported results as the fractions determine the cost base that is to be allocated to patients.

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3 Methodology

3.1 Identifying the minimum sample size

PwC undertook calculations based on data received from the Independent Hospital Pricing Authority (IHPA), the Department of Health and Ageing (DoHA) and Private Health Data Bureau dataset (PHDB) to determine the number of separations, number of hospitals and number of hospital groups required to participate.

Data analysis

In determining the minimum participation level, 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 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 DRG, for all private hospitals, i.e. for private overnight hospitals and private day hospitals.

Item 1 above was obtained from the Department of Health and Ageing (DoHA) website[8]. Items 2 and 3 above were provided by IHPA. Item 4 above was provided by DoHA.

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:

   a Standard deviation of costs per DRG;

   b Margin of error in the estimated average cost per DRG; and

   c 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.

2 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

3 The minimum number of hospital groups that are required to participate, to ensure that the results represent the population of private hospitals.

[8] http://www.health.gov.au/internet/main/publishing.nsf/Content/Round_13-cost-reports, accessed 3 April 2012

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[9] required, and the standard deviation of costs. To obtain an estimate of the average episode cost of a given DRG, say "k", within a margin of error *m* and with *x%* confidence, the required sample size for DRG(k) is:

$$sample\ size\ of\ DRG(k) = \left(\frac{(Z-score\ of\ x) \times (standard\ deviation\ of\ episode\ cost\ for\ DRG(k))}{(margin\ of\ error\ m)}\right)^2$$

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 DRG varies, and so the sample size required for each 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 DRG. Hence, the sample sizes across all DRGs were aggregated. In performing this aggregation, two weighting methods were investigated:

1 Number of separations by DRG;

2 Total cost by DRG (number of separations per DRG multiplied by the average cost per DRG).

The two approaches resulted in similar minimum samples sizes for overnight and day-only hospitals. For overnight hospitals, a weighting by number of separations resulted in a slightly higher aggregate minimum sample size than weighting the results by total cost.

Results

For overnight hospitals, the summary findings of this exercise were that:

- approximately 60% of all separations would be required in order to achieve a robust sample;[10]
- the collection should include at least 90 hospitals and 10 hospital 'groups' (of 2 or more hospitals) to be representative.

These minimum targets were used as the condition 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, and IHPA and the hospital sector agreed for the collection to proceed.

3.2 Costing methodologies

In the NHCDC, the cost of an episode of acute admitted care is built up by allocating categories of hospital expenditure to "cost buckets", which are estimated at the patient level. The cost buckets are listed as follows:

[9] In this context: the probability that an estimate falls within the margin of error of the true mean.

[10] 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.

1. Ward Medical
2. Ward Nursing
3. Non-clinical Salaries
4. Pathology
5. Imaging
6. Allied Health
7. Pharmacy
8. Critical Care
9. Operating Rooms
10. Emergency Departments
11. Supplies
12. Specialist Procedure Suites
13. On-costs
14. Prostheses
15. Hotel
16. Depreciation

Once each of the cost buckets are estimated for an individual patient, the patient's total cost of care is derived as the sum of each of the above components. The definition of cost buckets are included in the Australian Hospital Reference Manual previously released by Department of Health and Ageing (DoHA), and now by IHPA. A description of the cost buckets is provided in Appendix C - Costs included in the cost buckets.

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

Patient costing (PC)

Patient costed sites are hospitals that provide a calculated cost of care at the patient level for each episode of care. This is done using actual patient level consumption data if practical. For example, Direct Pathology costs may be based on the actual number of pathology tests performed for each patient. If actual patient consumption is impractical, allocation methods are required. The PC method of costing is often referred to as a 'bottom up' method of costing because cost aggregates are devised from individual items of patient consumption[11]. For this collection, eight hospitals performed their own costing, representing 9% of the sample separations.

Cost modelling (CM)

Cost modelling makes minimal use of measures of resource consumption by individual patients, and aims to estimate mean costs for classes of patients (e.g. by DRG). Cost modelled sites are hospitals that 'model' their cost centres using pre-determined statistics and service consumption weights in order to apportion their costs to patient groups defined by their DRG (in the case of acute admitted care). This is also known as 'top down' costing because the hospital starts with an aggregate cost and apportions it across cost centres based on assumptions about relative resource utilisation which are set at the DRG level.

Most private hospitals do not undertake consumption costing at the patient level. For this collection, 97 hospitals, representing 91% of the sample separations, have been cost modelled by the PwC costing team using Power Health Solutions' modelling software "PPM2", which is specialist hospital costing software. IHPA advised PwC to use the AR-DRGv6.0x service weights, which are derived from patient-costed sites in public sector hospitals. The proportion of cost modelled separations in the previous Round 13 was similar, at 90%.

The PwC costing team have performed costing in compliance with AHPCS v2.0.

3.3 Stages and Phases of the private sector NHCDC

This section describes the methodology adopted to produce the private sector NHCDC dataset and the cost weights published in this report. The three stages of the collection were:

[11] DoHA, Hospital Reference Manual for Round 11 (2006-07)

Stage 1 - Data collection: comprising a data specification phase, and data submission phase by hospital participants. Participants electing to be cost modelled were required to submit patient activity data, and general ledger data. Participants electing to perform their own costing provided data at the separation level with the allocated costs.

Stage 2 - Costing: As noted above, the majority of hospitals were cost-modelled by PwC's costing team. This phase comprised detailed hospital-level quality review checks. The approach to resolve issues identified during the checks were agreed with both hospitals and IHPA.

Stage 3 - Analysis and reporting: The analysis dataset is compiled from all participating hospitals, with further checks and comparisons performed against the Round 13 NHCDC. The dataset was then adjusted via a strata weighting process to produce cost weight estimates for the population of in-scope hospitals and separations.

3.4 Steps in the data collection phase for cost modelled sites

Steps of the data collection phase for the Round16 private sector collection include:

Hospital mapping of cost centres to cost buckets: Hospitals performed their own mapping of cost centres to cost buckets.

We understand that in previous collections, the mapping of cost centres to cost buckets was performed by the previous contractor rather than by hospitals. This represents a change in approach relative to previous years. Guidelines for performing the mapping were provided by PwC to participants as part of the data specifications document, with further support provided through a helpdesk.

Website portal for data submissions: hospitals were provided access to a secure website to submit data which enabled them to upload each of the data inputs.

Real-time quality checking during the submission process: a real-time summary of hospitals' data during the data submission process meant that hospitals could correct data anomalies at the time of submission. The checks performed during the submission included data integrity and validation checks, as well as reasonableness tests for average cost per separation, average cost per day, average length of stay, Error DRG proportion, and Overhead allocation proportion. Ranges were developed from analysis of the Round 13 cost data at the hospital level. A confirmation/override was required by the user if the results fell outside of the range.

Election to use the Private Hospital Data Bureau (PHDB) activity data: PwC was granted access to the data submitted by private hospitals to the Private Hospital Data Bureau. Hospitals were given the option to use their PHDB submissions for the purpose of the Round 16 NHCDC submission. A number of hospitals elected to submit their own activity data, rather than to use the submitted PHDB data, to ensure that the most recent and up to date patient records were used in the costing.

3.5 Steps in the costing phase for cost modelled sites

Changes in methodology compared to the Round 13 (2008/09) collection

The cost modelling approach in Round 16 allocated costs in wards to separations on the basis of fractional bed days, while all other cost centres were allocated to encounters based on service weights.

While the majority of hospitals in Round 16 and Round 13 used cost modelling to allocate costs, some inputs and assumptions have changed between the rounds. Some identified differences in processes and assumptions are detailed below:

1 Round 16 was reported in DRG version 6.0x and used 6.0x service weights. Round 13 was reported in version 5.2 and used service weights from version 5.0. Changes in the service weights will lead to different allocations between the versions;

2 After the release of the draft Round 16 Cost report, it was raised by the hospital representatives that the service weights used for cost allocation had caused a flipping issue in the resultant cost weight table, compromising the AR-DRG classification hierarchy. Following on from the Private Sector Review Group meeting in June 2013, IHPA released a new set of DRG version 6.0x service weights to the PwC costing team to reprocess the Round 16 submissions. The new service weights were derived using the 2013 National Efficient Price dataset for public sector patient costed sites (excluding outlier data and weighted for the sample to the population);

3 At the Private Sector Review Group meeting, it was discussed and recommended that prosthesis revenue should be considered as an alternative source to develop prosthesis service weights to allocate costs at an episode level. This allocation methodology was reviewed by IHPA but not considered to be feasible for Round 16 due to timing and data availability in the current round. This recommendation will be adopted in future rounds;

4 Hospitals in Round 16 submitted data that was already mapped to NHCDC cost outputs and areas. In Round 13, this was performed centrally by the previous coordinator;

5 Payroll tax has been included (where applicable) and mapped to 'on-costs' for Round 16 as per AHPCS v2.0 . These costs were reported separately in Round 13;

6 Overhead costs were allocated to each patient care area based on that area's share of the total expenses;

7 DRG Version: a number of hospitals were only able to provide activity data using DRG versions earlier than 6.0x. Where this occurred, PwC re-grouped the DRGs for these hospitals to produce a version 6.0x DRG.

Hospital-level quality review checks

During the costing process, checks were performed at the hospital level, for the following:

1 Consistency between encounter data and ward transfer data;

1 All DRGs are valid DRGs based on DRGv6.0x;

2 Identification and removal of duplicate encounter and transfer records;

3 Reconciliation of allocated costs to the general ledger;

4 Overhead allocation by cost centre and cost bucket;

5 Identification of separations with negative costs;

6 Identification of separations costs lower than $20;

7 Reporting and investigation of the top and bottom 50 separations for episode cost, average cost per day, and length of stay;

8 DRG consistency, identification of surgical DRGs with very low costs or zero costs in operating room and/or specialist procedure suite costs;

9 Inconsistent cost weight relativity at the DRG-level for each hospital, e.g. the average costs per DRG do not follow the classification's hierarchical order;

10 Statistical outliers by DRG, based on analysis of percentile bands from the Round 13 collection;

11 If a hospital participated in Round 13, a comparison of costs to the previous collection by cost bucket for DRGs that are consistent between v5.1 and v6.0x;

12 A comparison of the hospital's costs by cost bucket, compared what would be expected from the Round 13 collection, for DRGs that are consistent between v5.1 and v6.0x.

Issues encountered during the data collection and costing phases

Below is a list of issues associated with the Round 16 collection:

Activity information

- Not all of the patient records were submitted to the Private Hospital Data Bureau (PHDB) collection;
- Inability to link all ward transfer records to encounter records;
- Inaccurate or non-existent ward transfer data (i.e. either transfer time is set to midnight or transfer data was created from the encounter data)

General ledger data

- Non-expenditure accounts and negative expense accounts were initially submitted by hospitals. Any edits to the data submitted were agreed and discussed with the hospital;
- Inconsistent General Ledger structures and the impact on account and cost centre mapping, e.g. some hospitals allocated costs into patient care cost centres directly, whereas some have distinct overhead cost centres. Similarly, there is variation in the level of detail in General Ledger data, e.g. some hospitals only have one cost centre for both a ward and operating theatre, or one cost centre for operating rooms and specialist procedure suites. This is a feature of the variation in hospital structures and must be borne in mind when interpreting the cost weight results;

Costing assumptions and process

- Version 6.0x service weights for the public sector (derived from the 2013 National Efficient Pricing dataset for patient costed sites) were used. These weights did not have a weight for Specialist Procedure Suites and Emergency Departments. As agreed with IHPA, the service weights for Operating Rooms were used for Specialist Procedure Suites and Emergency Department costs were allocated across all DRGs at a patient episode level.

The majority of these issues have been raised in previous rounds and our approach to resolve these issues was agreed with each hospital and with IHPA.

Feedback provided to hospitals

After going through the quality review checks, results from the costing process were sent back to hospitals for review and comment. This reporting included:

- The cost of each encounter, split by cost bucket;
- A profile of the hospital's activity and cost data, including:
  - Captured occupancy levels per day and month for overnight patients;
  - The number of same-day patients per day and month;

- The top 10 DRGs by frequency, and their average costs;
- The top 10 DRGs by average cost; and
- The direct and overhead split by cost bucket.

These reports provided hospitals with overall data to enable a review of the reasonableness of the draft results and to provide comments or queries before the results were finalised.

3.6 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 DRGs were allocated to the delivery DRGs of mothers at the same hospital. The definition of unqualified days is provided in the National Health Data Dictionary[12]: "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 the methodology adopted by IHPA and applied to the public sector collection for Rounds 14 and 15 as inputs to the National Efficient Price weights.[13]

Population adjustment process

Analysis performed by PwC prior to the commencement of the collection identified that there are statistically significant differences in costs between various hospital groups. To ensure the results reflect the full range of Australia's private hospitals, an estimation process was 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.

A change in methodology has been adopted for this Round. In previous Rounds, the variables used to re-weight the profile of the sample to that of the population were:

- Hospital type (for-profit or not-for-profit); and
- Size classification of the hospital, based on the number of acute admitted separations.

A concern raised by the sector is that such an approach could inadvertently over-represent the costs and separations of the larger hospitals in the weighted sample relative to their actual market shares. Therefore, a market-based approach was adopted to weight the sample so that the weighted separations and costs of the larger participants did not exceed their actual markets shares. Upon further investigation, we found that this method of weighting better accounted for differences in hospital characteristics than using broader groupings such as Hospital Type and Size.

In order to compile a study and strata file that is required for the population estimation process, the number of acute hospital separations for 2011-12 for each hospital was 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 are

[12] AIHW National Health Data Dictionary, 15th edition

[13] Advice from IHPA

included in the population file. An issue with the PHDB file was that a number of hospitals missed a monthly PHDB submission. 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 as follows:

1 If a hospital submitted data to the NHCDC but it missed a monthly PHDB submission, then the revised separation count was adopted from the hospital's NHCDC data;

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

3 For all other hospitals, i.e. with no missing submission, the PHDB count of separations was adopted.

The number of hospitals in the population file for Round 16 is 248 which is an increase of 22 sites from Round 13.

The population separations have increased by 7.0% from Round 13 to Round 16 (see Table 3 for more detail.)

4 Summary of results

4.1 Summary of Round 16 Sample to Population

The number of hospitals participating in Round 16 was 105. The sample separations represent 66% of the acute private hospital separations in scope which represents a significant proportion of private hospital activity.

Table 3 Comparison of separations and hospitals, Round 7 (2002/03) to Round 16 (2011/12)

	Round 7 2002/03	Round 11 2006/07	Round 12 2007/08	Round 13 2008/09	Round 16 2011/12
Sample separations	1,240,388	1,297,147	1,607,678	1,648,989	1,775,059
% increase	28%	5%	24%	3%	8%
Population separations	1,903,975	2,192,314	2,248,324	2,328,814	2,703,792
% sample to population	65%	59%	72%	71%	66%
Sample hospitals	113	82	109	110	105
% increase	36%	-27%	33%	1%	-5%
Population hospitals	221	229	229	226	248
% sample to population	51%	36%	48%	49%	42%

The table below displays the average length of stay of sample separations in Round 16 compared to previous rounds. The average length of stay in Round 16 was 2.51 days, which is 2% lower than Round 13 (2008-09) when the average length of stay was 2.57. There has been a steady reduction in the average length of stay over the analysis period.

Table 4 Average length of stay (ALOS), Round 7 (2002/03) to Round 16 (2011/12)

	Round 7 2002/03	Round 11 2006/07	Round 12 2007/08	Round 13 2008/09	Round 16 2011/12
Average length of stay	2.97	2.88	2.62	2.57	2.52
% decrease		3%	9%	2%	2%

4.2 DRG Analysis – all cost buckets

The twenty DRGs with the highest cost weights

The twenty DRGs with the highest costs weights are those that are likely to consume the highest resource for an individual episode of care, as measured by the cost weight. DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the analysis in this sub-section. "Cost weighted separations" is calculated as the DRG cost weight, multiplied by the number of separations for a given DRG. The list of DRGs is provided in the following table:

Table 5 DRGs with twenty highest cost weights, AR-DRG 6.0x, Round 16 (2011/12)

DRG		Description	Cost Weight (a)	Separations (b)	Cost Weighted Separations (c)=(a)x(b)	Number of Days (d)	ALOS (days) (e)=(d)/(b)	Std Error
1	A06A	Tracheostomy W Ventilation >95 Hours W Catastrophic Cc	54.94	292	16,036	13,842	47.4	1.56
2	A40Z	Ecmo	36.10	23	841	497	21.3	5.52
3	A06C	Ventilation >95 Hours W/O Catastrophic Cc	25.58	42	1,085	978	23.1	1.57
4	A06B	Trach W Vent >95 Hours W/O Cat Cc Or Trach/Vent >95 Hours W Cat Cc	23.34	929	21,684	27,277	29.4	0.41
5	F01A	Implantation Or Replacement Of Aicd, Total System W Catastrophic Cc	19.78	323	6,390	3,733	11.6	0.42
6	I06Z	Spinal Fusion W Deformity	17.77	843	14,975	8,606	10.2	0.33
7	A11A	Insertion Of Implantable Spinal Infusion Device W Catastrophic Cc	15.30	13	198	226	17.4	2.02
8	F03A	Cardiac Valve Proc W Cpb Pump W Invasive Cardiac Investigation W Cat Cc	14.90	596	8,878	10,740	18.0	0.14
9	I09A	Spinal Fusion W Catastrophic Cc	14.15	689	9,754	11,598	16.8	0.21
10	P06B	Neonate, Admwt >2499 G W Significant Or Procedure W/O Multi Major Problems	13.45	148	1,989	3,745	25.3	1.56
11	F01B	Implantation Or Replacement Of Aicd, Total System W/O Catastrophic Cc	12.76	2,437	31,106	6,308	2.6	0.10
12	I01A	Bilateral/Multiple Major Joint Proc Of Lower Extremity W Revision Or W Cat Cc	12.56	333	4,184	5,077	15.2	0.31
13	F04A	Cardiac Valve Proc W Cpb Pump W/O Invasive Cardiac Inves W Cat Cc	11.50	2,253	25,907	30,859	13.7	0.06
14	W04A	Other Or Procs For Multiple Significant Trauma W Catastrophic Or Severe Cc	11.35	13	147	487	37.7	1.62
15	A07Z	Allogeneic Bone Marrow Transplant	10.97	15	160	261	17.9	2.20
16	F07A	Other Cardiothoracic/Vascular Procedures W Cpb Pump W Catastrophic Cc	10.96	235	2,578	3,210	13.7	0.36
17	W02A	Hip, Femur & Limb Pr For Mult Signif Trauma, Incl Implantation W Cat/Sev Cc	10.96	50	543	1,348	27.2	1.26
18	D01Z	Cochlear Implant	10.89	733	7,982	1,068	1.5	0.35
19	I31A	Hip Revision W Catastrophic Cc	10.68	340	3,630	6,920	20.4	0.33
20	I32A	Knee Revision W Catastrophic Cc	10.19	178	1,812	3,439	19.3	0.38
	Sub-total, top 20 highest cost weight		**15.25**	**10,484**	**159,878**	**140,219**	**13.4**	
	All DRGs		**1.00**	**2,703,792**	**2,703,792**	**6,820,000**	**2.5**	
	Top 20, % of all DRGs			0.4%	5.9%	2.1%		

Notes :
(b) Separations shown are strata weighted
(e) ALOS means average length of stay

Figure 1 below shows that the top 20 cost-weight DRGs are very low in volume, representing only 0.4% of separations in 2011/12, however they represent 5.9% of hospital resources, as measured by the statistic “cost-weighted separations”.

Figure 1 Twenty highest cost-weight AR-DRGs

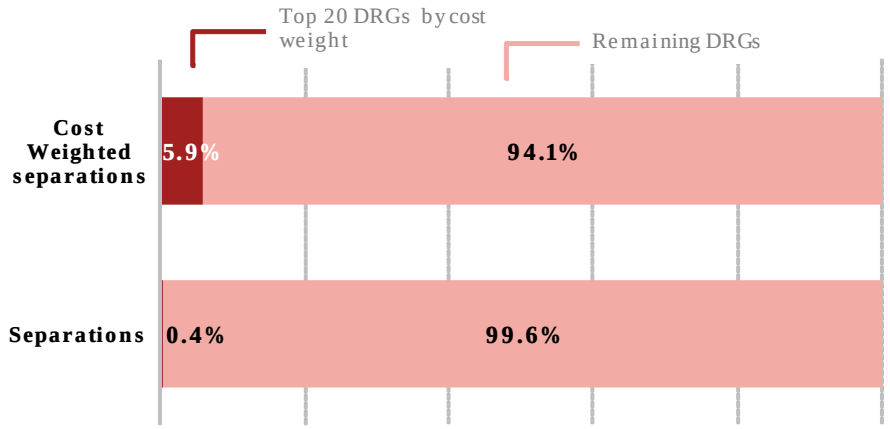
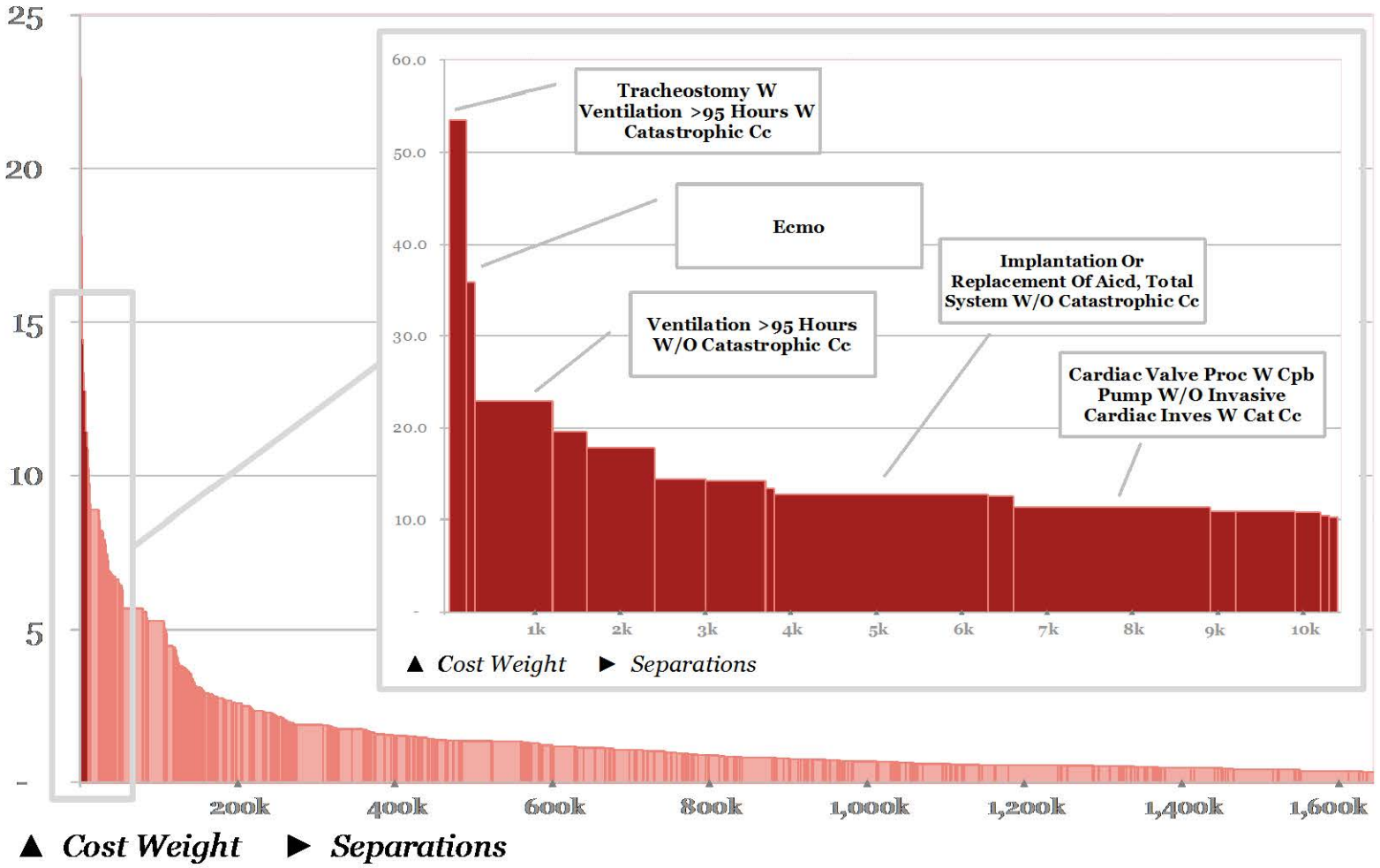


Figure 2 on the following page highlights the cost-weights of these twenty DRGs and plots them relative to the cost weight of all other DRGs, illustrating the significant difference in cost-weight for these DRGs:

Figure 2 Twenty highest cost-weight AR-DRGs – plot of cost weight versus number of separations



The twenty DRGs with the highest number of separations in 2011/12

This table shows the 20 DRGs that had the highest number of separations in 2011/12. The top 20 frequency DRGs represent 44% of separations in 2011/12. The list of DRGs is provided on the following table:

Table 6 Twenty highest volume (number of separations) DRGs, AR-DRG 6.0x, Round 16 (2011/12)

DRG		Description	Cost Weight (a)	Separations (b)	Cost Weighted Separations (c)=(a)x(b)	Number of Days (d)	ALOS (days) (e)=(d)/(b)	Std Error	Comments
1	R63Z	Chemotherapy	0.20	192,612	37,713	192,650	1.0	0.00	i) These DRGs have a lower cost weight, which means that for an individual episode of care, they consume lower resources than the average across all DRGs. The average cost weight for this group is 0.40.
2	G48C	Colonoscopy, Sameday	0.18	112,418	20,521	112,356	1.0	0.00	
3	L61Z	Haemodialysis	0.18	89,758	16,093	89,766	1.0	0.00	
4	Z40Z	Endoscopy W Diagnoses Of Other Contacts W Health Services, Sameday	0.18	76,071	13,527	76,039	1.0	0.00	
5	G46C	Complex Gastroscopy, Sameday	0.26	69,784	17,848	69,736	1.0	0.00	
6	G47C	Other Gastroscopy, Sameday	0.19	66,092	12,426	66,059	1.0	0.00	
7	Z64B	Other Factors Influencing Health Status, Sameday	0.15	65,766	9,817	65,761	1.0	0.00	
8	I18Z	Other Knee Procedures	0.58	62,946	36,427	70,002	1.1	0.00	ii)These DRGs have a lower average length of stay than the overall average across all DRGs.
9	D40Z	Dental Extractions And Restorations	0.38	60,903	23,332	61,197	1.0	0.00	
10	C16Z	Lens Procedures	0.45	49,440	22,274	49,789	1.0	0.00	
11	J11Z	Other Skin, Subcutaneous Tissue And Breast Procedures	0.35	42,357	14,658	46,436	1.1	0.00	
12	G10B	Hernia Procedures W/O Cc	0.83	38,188	31,535	49,845	1.3	0.00	iii)The ranking of the highest volume DRGs has remained relatively stable between Round 13 and Round 16.
13	E63Z	Sleep Apnoea	0.27	36,790	9,871	37,051	1.0	0.00	
14	O60B	Vaginal Delivery W/O Catastrophic Or Severe Cc	1.34	36,425	48,819	150,076	4.1	0.01	
15	I16Z	Other Shoulder Procedures	1.37	36,362	49,859	47,047	1.3	0.00	
16	U60Z	Mental Health Treatment, Sameday, W/O Ect	0.22	34,504	7,616	34,555	1.0	0.00	
17	O01C	Caesarean Delivery W/O Catastrophic Or Severe Cc	1.89	33,837	63,904	168,411	5.0	0.00	
18	N07Z	Other Uterine And Adnexa Procedures For Non-Malignancy	0.57	32,386	18,493	36,797	1.1	0.00	
19	L41Z	Cystourethroscopy, Sameday	0.20	32,125	6,278	32,124	1.0	0.00	
20	G11Z	Anal And Stomal Procedures	0.49	31,328	15,506	40,863	1.3	0.00	
	Sub-total, 20 highest separation count		**0.40**	**1,200,090**	**476,516**	**1,496,560**	**1.2**		
	All DRGs		**1.00**	**2,703,792**	**2,703,792**	**6,820,000**	**2.5**		
	Top 20 separation count, % of all DRGs			44%	18%	22%	0.4		

Notes :
(b) Separations shown are strata weighted
(e) ALOS means average length of stay

Figure 3 shows that the highest volume DRGs usually have a lower cost weight. Consequently, despite representing 44% of all separations, it is estimated that they consume 18% of private hospital resources (measured using the number of cost-weighted separations) in 2011/12:

Figure 3 Twenty DRGs with the highest number of separations in 2011/12:

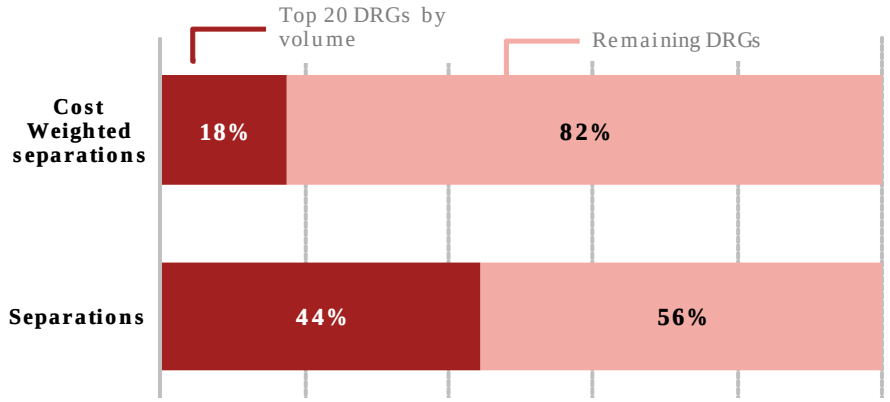
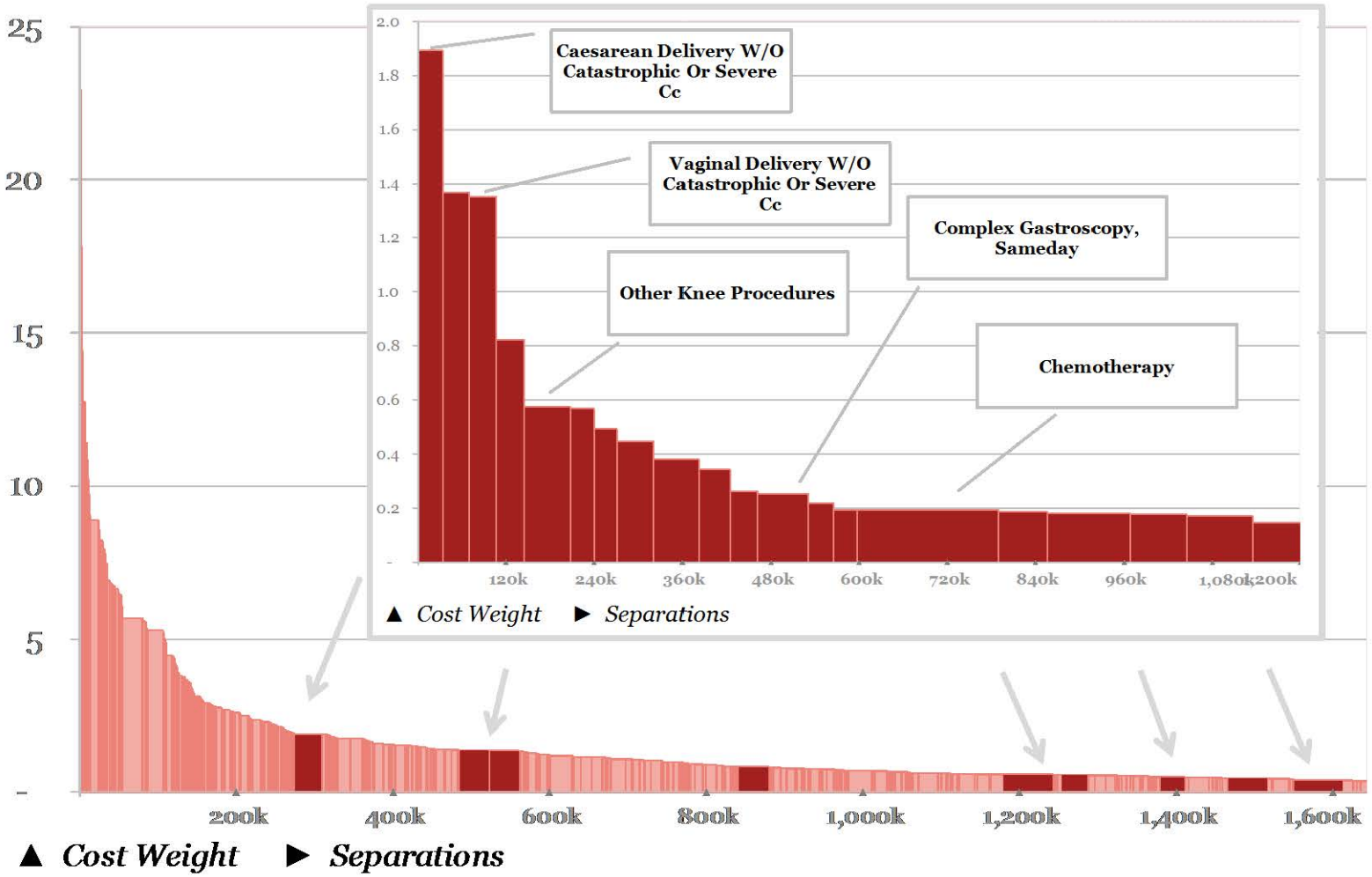


Figure 4 below highlights the groups of the twenty highest volume DRGs which illustrates that most of them have relatively low cost-weights:

Figure 4 Twenty highest volume DRGs – plot of cost weight versus number of separations



The twenty DRGs with the highest volume x cost-weight ("cost-weighted separations") in 2011/12

This group of DRGs are those that are estimated to consume the highest share of resources in a year, taking into account the volume of separations, and the average resource utilisation (cost weight) for an individual episode of care. These are identified by selecting the DRGs with the highest number of **cost-weighted** separations. DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the analysis in this sub-section. The list of DRGs is provided on the following table:

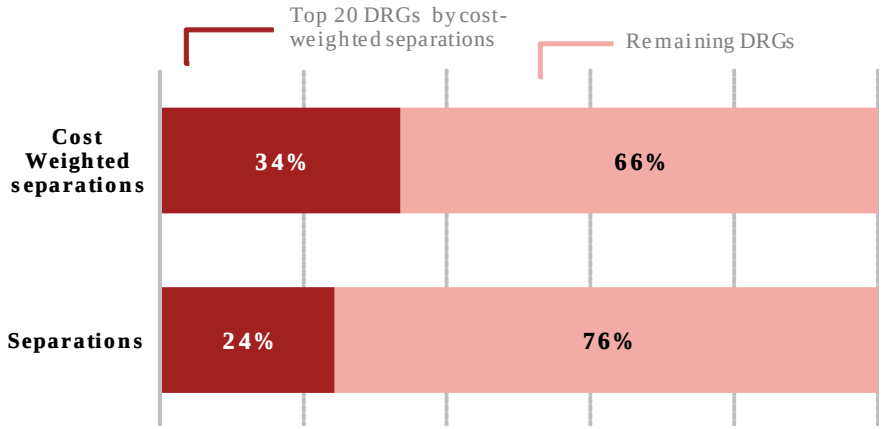
Table 7 DRGs with the twenty highest number of cost-weighted separations, AR-DRG 6.0x, Round 16 (2011/12)

DRG		Description	Cost Weight (a)	Separations (b)	Cost Weighted Separations (c)=(a)x(b)	Number of ALOS (days) Days (d)	(e)=(d)/(b)	Std Error	Comments
1	I04B	Knee Replacement W/O Catastrophic Or Severe Cc	5.70	25,079	142,893	153,629	6.1	0.01	
2	I03B	Hip Replacement W/O Catastrophic Cc	5.29	19,918	105,453	129,880	6.5	0.01	i) These twenty DRGs represent 24% of total separations in 2011/12, and are estimated to consume 34% of total resources as measured by the number of cost-weighted separations.
3	I09B	Spinal Fusion W/O Catastrophic Cc	8.85	10,871	96,234	70,280	6.5	0.03	
4	O01C	Caesarean Delivery W/O Catastrophic Or Severe Cc	1.89	33,837	63,904	168,411	5.0	0.00	
5	I16Z	Other Shoulder Procedures	1.37	36,362	49,859	47,047	1.3	0.00	
6	O60B	Vaginal Delivery W/O Catastrophic Or Severe Cc	1.34	36,425	48,819	150,076	4.1	0.01	
7	R63Z	Chemotherapy	0.20	192,612	37,713	192,650	1.0	0.00	
8	I18Z	Other Knee Procedures	0.58	62,946	36,427	70,002	1.1	0.00	
9	F42B	Circulatory Disorders W/O Ami W Invasive Cardiac Inves Proc W/O Cat Or Sev Cc	1.20	26,873	32,161	55,517	2.1	0.01	
10	F12B	Implantation Or Replacement Of Pacemaker, Total System W/O Catastrophic Cc	4.48	7,168	32,113	22,913	3.2	0.02	
11	G10B	Hernia Procedures W/O Cc	0.83	38,188	31,535	49,845	1.3	0.00	ii) The rankings are broadly consistent with the Round 13 rankings, where available.
12	F01B	Implantation Or Replacement Of Aicd, Total System W/O Catastrophic Cc	12.76	2,437	31,106	6,308	2.6	0.10	
13	I10B	Other Back And Neck Procedures W/O Catastrophic Or Severe Cc	1.72	15,914	27,396	60,540	3.8	0.01	
14	F15B	Interventional Coronary Procs W/O Ami W Stent Implantation W/O Cat Or Sev Cc	2.36	10,971	25,918	20,604	1.9	0.01	
15	F04A	Cardiac Valve Proc W Cpb Pump W/O Invasive Cardiac Inves W Cat Cc	11.50	2,253	25,907	30,859	13.7	0.06	
16	I04A	Knee Replacement W Catastrophic Or Severe Cc	6.65	3,800	25,259	32,685	8.6	0.05	
17	I13B	Humerus, Tibia, Fibula And Ankle Procedures W/O Cc	1.74	14,297	24,897	34,269	2.4	0.01	
18	D40Z	Dental Extractions And Restorations	0.38	60,903	23,332	61,197	1.0	0.00	
19	K04B	Major Procedures For Obesity W/O Cc	2.51	9,103	22,862	17,103	1.9	0.01	
20	C16Z	Lens Procedures	0.45	49,440	22,274	49,789	1.0	0.00	
	Sub-total, top 20 highest cost-weighted separations		**1.37**	**659,395**	**906,062**	**1,423,604**	**2.2**		
	All DRGs			**2,703,792**	**2,703,792**	**6,820,000**	**2.5**		
	Top 20 cost-weighted separations, % of all DRGs			24%	34%	21%	0.4		

Notes :
(b) Separations shown are strata weighted
(e) ALOS means average length of stay

Figure 5 show this group of DRGs represent 24% of separations, but they consume 34% of hospital resources, as measured by the proportion of cost-weighted separations.

Figure 5 Twenty DRGs with the highest number of cost-weighted separations

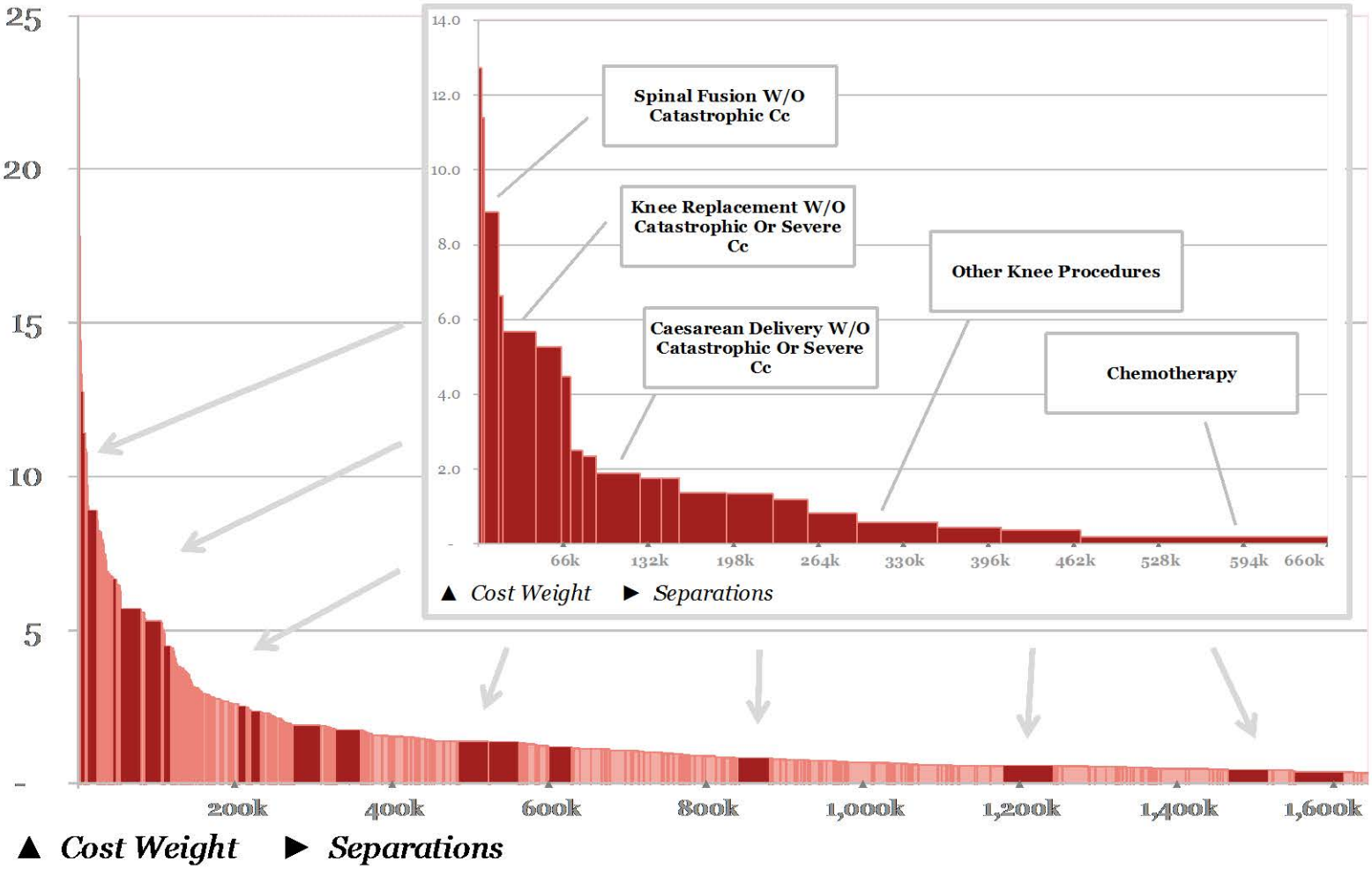


The DRGs in this group consist of a mixture of high / medium / low cost weight DRGs, as highlighted by the range of dark red areas in below, e.g.

- DRGs with low cost weight, but a high volume of separations, e.g. Chemotherapy (R63Z);
- DRGs with moderate to high cost weight, and a moderate number of separations, egg. Spinal fusion without complications (I09B).

Figure 6 below highlights the cost-weight of these DRGs (dark red) and plots them relative to the cost weight of all other DRGs.

Figure 6 Twenty DRGs with the highest number of cost-weighted separations – plot of cost weight versus number of separations



DRG Analysis – other cost buckets

Table 8 Twenty DRGs with the highest cost weight for Miscellaneous costs (Ward Medical, Pathology, Imaging, Emergency Department and Prostheses)

DRG		Description	Miscellaneous Cost Weight (a)	Separations (b)	Overall Cost Weight (c)	Number of Days (d)	ALOS (days) (e)=(d)/(b)	Std Error	Comment
1	F01A	Implantation Or Replacement Of Aicd, Total System W Catastrophic Cc	12.73	323	19.78	3,733	11.6	0.42	i) This table shows the DRGs that are likely to consume the highest resources for a combined mix of cost buckets. Most of these DRGs also have a high overall cost weight. DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the table.
2	I06Z	Spinal Fusion W Deformity	11.77	843	17.77	8,606	10.2	0.33	
3	F01B	Implantation Or Replacement Of Aicd, Total System W/O Catastrophic Cc	9.95	2,437	12.76	6,308	2.6	0.10	
4	A11A	Insertion Of Implantable Spinal Infusion Device W Catastrophic Cc	9.26	13	15.30	226	17.4	2.02	
5	D01Z	Cochlear Implant	8.51	733	10.89	1,068	1.5	0.35	
6	I09A	Spinal Fusion W Catastrophic Cc	7.49	689	14.15	11,598	16.8	0.21	
7	I01A	Bilateral/Multiple Major Joint Proc Of Lower Extremity W Revision Or W Cat Cc	6.19	333	12.56	5,077	15.2	0.31	
8	A12Z	Insertion Of Neurostimulator Device	5.76	1,666	7.96	6,416	3.9	0.08	
9	I09B	Spinal Fusion W/O Catastrophic Cc	5.60	10,871	8.85	70,280	6.5	0.03	
10	A11B	Insertion Of Implantable Spinal Infusion Device W/O Catastrophic Cc	5.44	62	7.48	382	6.2	0.42	
11	A40Z	Ecmo	5.02	23	36.10	497	21.3	5.52	
12	I01B	Bilateral/Multiple Major Joint Pr Of Lower Extremity W/O Revision W/O Cat Cc	4.98	2,229	8.26	16,415	7.4	0.07	
13	F03A	Cardiac Valve Proc W Cpb Pump W Invasive Cardiac Investigation W Cat Cc	4.79	596	14.90	10,740	18.0	0.14	
14	I32A	Knee Revision W Catastrophic Cc	4.28	178	10.19	3,439	19.3	0.38	
15	I32B	Knee Revision W Severe Cc	4.16	273	8.18	3,094	11.3	0.22	
16	F03B	Cardiac Valve Proc W Cpb Pump W Invasive Cardiac Investigation W/O Cat Cc	4.14	210	10.00	2,507	11.9	0.13	
17	I15Z	Cranio-Facial Surgery	4.04	200	7.36	1,035	5.2	0.85	
18	I05A	Other Joint Replacement W Catastrophic Or Severe Cc	3.98	282	7.44	2,602	9.2	0.18	
19	I31A	Hip Revision W Catastrophic Cc	3.90	340	10.68	6,920	20.4	0.33	
20	I32C	Knee Revision W/O Catastrophic Or Severe Cc	3.89	1,830	6.79	13,652	7.5	0.06	
	Sub-total, top 20 highest cost-weighted separations		**6.21**	**24,131**		**174,595**	**7.2**		
	All DRGs		**0.27**	**2,703,792**		**6,820,000**	**2.5**		
	Top 20 Miscellaneous cost-weight DRGs, % of all seps			0.9%		3%	0.4		

Notes :
(a) Miscellaneous is the sum of Ward Medical, Pathology, Imaging, Emergency Departments, and Prostheses.
For cost weight (cost bucket specific) calculations please refer to the "Appendix A: Glossary of NHCDC terms"
(b) Separations shown are strata weighted
(c) DRG-rank for cost weight across all cost buckets. A rank of 1 means that the DRG has the highest cost weight.
(e) ALOS means average length of stay

Table 9 Twenty DRGs with the highest cost weight for Operating rooms and Specialist Procedure Suites

DRG		Description	OR and SPS Cost Weight (a)	Separations (b)	Overall Cost Weight (c)	Number of Days (d)	ALOS (days) (e)=(d)/(b)	Std Error
1	J01A	Microvas Tiss Transf For Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev Cc	2.56	145	7.27	1,533	10.6	0.25
2	J01B	Microvas Tiss Transf For Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev Cc	2.18	408	5.29	2,985	7.3	0.09
3	I02A	Microvascular Tissue Transfer Or (Skin Graft W Cat Or Sev Cc), Excluding Hand	2.00	349	8.94	6,987	20.0	0.27
4	F07A	Other Cardiothoracic/Vascular Procedures W Cpb Pump W Catastrophic Cc	1.84	235	10.96	3,210	13.7	0.36
5	A06A	Tracheostomy W Ventilation >95 Hours W Catastrophic Cc	1.77	292	54.94	13,842	47.4	1.56
6	F07B	Other Cardiothoracic/Vascular Procedures W Cpb Pump W Severe Or Moderate Cc	1.68	160	7.88	1,457	9.1	0.25
7	F03A	Cardiac Valve Proc W Cpb Pump W Invasive Cardiac Investigation W Cat Cc	1.56	596	14.90	10,740	18.0	0.14
8	F05A	Coronary Bypass W Invasive Cardiac Investigation W Reoperation Or W Cat Cc	1.50	758	10.04	12,718	16.8	0.08
9	F04A	Cardiac Valve Proc W Cpb Pump W/O Invasive Cardiac Inves W Cat Cc	1.49	2,253	11.50	30,859	13.7	0.06
10	I06Z	Spinal Fusion W Deformity	1.48	843	17.77	8,606	10.2	0.33
11	W04A	Other Or Procs For Multiple Significant Trauma W Catastrophic Or Severe Cc	1.47	13	11.35	487	37.7	1.62
12	F04B	Cardiac Valve Proc W Cpb Pump W/O Invasive Cardiac Inves W/O Cat Cc	1.39	1,440	8.58	13,615	9.5	0.04
13	F07C	Other Cardiothoracic/Vascular Procedures W Cpb Pump W/O Cc	1.34	123	6.02	836	6.8	0.20
14	I15Z	Cranio-Facial Surgery	1.31	200	7.36	1,035	5.2	0.85
15	F05B	Coronary Bypass W Invasive Cardiac Investigation W/O Reoperation W/O Cat Cc	1.28	665	6.75	8,001	12.0	0.06
16	F06A	Coronary Bypass W/O Invasive Cardiac Inves W Reoperation Or W Cat Or Sev Cc	1.27	2,397	6.76	26,890	11.2	0.03
17	I09A	Spinal Fusion W Catastrophic Cc	1.24	689	14.15	11,598	16.8	0.21
18	A40Z	Ecmo	1.23	23	36.10	497	21.3	5.52
19	L03A	Kidney, Ureter And Major Bladder Procedures For Neoplasm W Catastrophic Cc	1.20	421	6.50	6,676	15.8	0.17
20	H01A	Pancreas, Liver And Shunt Procedures W Catastrophic Cc	1.20	541	7.52	9,379	17.3	0.20
	Sub-total, top 20 highest cost-weighted separations		**1.45**	**12,552**	**10.87**	**171,951**	**13.7**	
	All DRGs		**0.18**	**2,703,792**	**1.00**	**6,820,000**	**2.5**	
	Top 20 OR and SPS cost-weight DRGs, % of all seps			0.5%		3%	0.4	

i) This table shows the DRGs that are likely to consume the highest Operating Room and Specialist Procedure Suite resources for an individual episode of care, as measured by the Operating Room and Specialist Procedure cost weight. Most of these DRGs also have a high overall cost weight.

DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the table.

Notes :
(a) OR and SPS means "Operating Room" and "Specialist Procedure Suites" for the DRG shown
For cost weight (cost bucket specific) calculations please refer to the "Appendix A: Glossary of NHCDC terms"
(b) Separations shown are strata weighted
(c) DRG-rank for cost weight across all cost buckets. A rank of 1 means that the DRG has the highest cost weight.
(e) ALOS means average length of stay

Table 10 Twenty DRGs with the highest cost weight for Critical Care costs

DRG		Description	Critical Care Cost Weight (a)	Separations (b)	Overall Cost Weight (c)	Number of Days (d)	ALOS (days) (e)=(d)/(b)	Std Error	Comment
1	A06A	Tracheostomy W Ventilation >95 Hours W Catastrophic Cc	36.73	292	54.94	13,842	47.4	1.56	i) This table shows the DRGs that are likely to consume the highest Critical Care resources for an individual episode of care, as measured by the Critical Care cost weight. Most of these DRGs also have a high overall cost weight. DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the table.
2	A06C	Ventilation >95 Hours W/O Catastrophic Cc	18.76	42	25.58	978	23.1	1.57	
3	A40Z	Ecmo	16.64	23	36.10	497	21.3	5.52	
4	A06B	Trach W Vent >95 Hours W/O Cat Cc Or Trach/Vent >95 Hours W Cat Cc	13.48	929	23.34	27,277	29.4	0.41	
5	P06B	Neonate, Admwt >2499 G W Significant Or Procedure W/O Multi Major Problems	8.68	148	13.45	3,745	25.3	1.56	
6	P03Z	Neonate, Admwt 1000-1499 G W Significant Or Procedure	8.10	6	9.49	6	1.0	4.60	
7	F40B	Circulatory System Diagnosis W Ventilator Support W/O Catastrophic Cc	5.59	7	7.04	34	5.0	1.32	
8	P67A	Neonate, Admwt >2499 G W/O Significant Or Procedure W Multi Major Problems	5.39	89	9.16	1,532	17.3	1.65	
9	E40B	Respiratory System Diagnosis W Ventilator Support W/O Catastrophic Cc	5.35	20	7.20	143	7.2	1.11	
10	E40A	Respiratory System Diagnosis W Ventilator Support W Catastrophic Cc	5.06	84	9.25	1,069	12.7	0.61	
11	F40A	Circulatory System Diagnosis W Ventilator Support W Catastrophic Cc	5.03	50	8.80	683	13.7	0.66	
12	X40Z	Injuries, Poisoning And Toxic Effects Of Drugs W Ventilator Support	4.84	11	7.48	58	5.3	1.04	
13	B42B	Nervous System Diagnosis W Ventilator Support W/O Catastrophic Cc	3.14	23	6.14	183	7.8	0.54	
14	B42A	Nervous System Diagnosis W Ventilator Support W Catastrophic Cc	3.13	23	5.81	224	9.8	0.57	
15	F03A	Cardiac Valve Proc W Cpb Pump W Invasive Cardiac Investigation W Cat Cc	3.06	596	14.90	10,740	18.0	0.14	
16	F07A	Other Cardiothoracic/Vascular Procedures W Cpb Pump W Catastrophic Cc	2.88	235	10.96	3,210	13.7	0.36	
17	E41Z	Respiratory System Diagnosis W Non-Invasive Ventilation	2.85	312	5.65	4,403	14.1	0.15	
18	F05A	Coronary Bypass W Invasive Cardiac Investigation W Reoperation Or W Cat Cc	2.84	758	10.04	12,718	16.8	0.08	
19	P65B	Neonate, Admwt 1500-1999 G W/O Significant Or Procedure W Major Problem	2.74	21	6.67	516	24.4	0.87	
20	T40Z	Infectious And Parasitic Diseases W Ventilator Support	2.64	33	10.11	379	11.5	0.75	
	Sub-total, top 20 highest cost-weighted separations		**8.90**	**3,703**		**82,237**	**22.2**		
	All DRGs		**0.05**	**2,703,792v**		**6,820,000**	**2.5**		
	Top 20 Critical Care cost-weight DRGs, % of all seps			0.1%		1%	0.4		

Notes :
(a) For cost weight (cost bucket specific) calculations please refer to the "Appendix A: Glossary of NHCDC terms"
(b) Separations shown are strata weighted
(c) DRG-rank for cost weight across all cost buckets. A rank of 1 means that the DRG has the highest cost weight.
(e) ALOS means average length of stay

Appendix A Glossary of NHCDC terms

Actual data: The hospital data received by the NHCDC that is used as the sample data to produce national average costs. Actual data (or sample data) is used in the estimation process as defined by the NHCDC (see Estimated).

Note: As actual data is a sample only; caution should be taken when comparing this data as it is not necessarily representative of the population.

Acute inpatient: An admitted patient whose illness is acute, and has one or more problems which require short–term health care in an admitted patient setting.

In the Casemix context, episodes of care which can appropriately be classified by AR–DRG, and which do not meet the definitions for rehabilitation, palliation, or non–acute admitted patient.

Admitted patient: A patient who has been formally admitted to a hospital.

Further, admitted patients are categorised by care type into acute, rehabilitation, palliation, and non-acute.

Adjacent DRGs: Adjacent DRGs consist of one or more DRGs generally defined by the same diagnosis or procedure code list. DRGs within adjacent DRGs have differing levels of resource consumption and are partitioned on the basis of several factors, including complicating diagnoses/procedures, age and/or the patient clinical complexity level (PCCL).

The fourth character of a DRG code represents the severity of a DRG. A severity code of "A" indicates the highest consumption of resources; a severity code of "B" indicates the next highest consumption of resources; code "C" indicates the next highest consumption of resources; and severity code "D" indicates the least consumption of resources within a DRG.

A severity code of "Z" indicates that there is no split for the DRG. Therefore the adjacent DRG data for DRG with a severity code of "Z" has no change to the cost by volume.

ALOS: See average length of stay.

AR–DRG: See Australian Refined Diagnosis Related Groups.

Australian Refined Diagnosis Related Groups (AR–DRGs): A variant of the DRG system designed specifically for use in Australia. The national standard. The current version in use is Version 6.0x, which recognises 702 categories of DRG.

Average cost: In the costing context, the total cost of production divided by the number of products in a period. Also known as full average cost.

Average Length of Stay (ALOS): The ALOS is calculated by dividing the number of days by the number of separations for each DRG. The calculation of ALOS includes all days and separations. That is, no trimming is applied when calculating this statistic. 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.

Care type: The overall nature of a clinical service provided to an admitted patient during an episode of admitted care (e.g. acute, rehabilitation, palliative, psychogeriatric, maintenance, newborn and other admitted patient care).

Cost buckets: Also known as 'cost components', cost buckets determine the detail of the reporting framework for NHCDC products. For a complete list of the cost buckets and what they include and exclude, see the Definitions chapter in the Hospital Reference Manual.

Cost centre (CC): An accounting entity where all costs associated with a particular type of activity can be recorded. Sometimes abbreviated to CC.

Cost modelling (CM): A popular for a type of product costing which makes minimal use of measures of resource consumption by individual patients, and aims only to estimate mean costs for classes of patients. CM sites are hospitals that 'model' their cost centres using pre-determined statistics and 'weights' in order to apportion their costs across product groups and types. This is also known as 'top down' costing because you start with an aggregate cost and apportion it across cost centres.

Cost weight (total): The average cost across all AR–DRGs for the total cost is chosen as the reference value, 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 reference value. The formula to calculate the cost weight is:

$$Costweight_{DRG} = \frac{Average\ Cost_{DRG}}{Average\ Cost_{All}}$$

Example for AR-DRG = "XXX"

Reference Cost = $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 reference value. The reference value equals the total average cost across all AR-DRGs, as per that used in the Cost Weight (Total Costs).The formula to calculate the cost weight is:

$$Costweight_{c,DRG} = \frac{Average\ Cost_{c,DRG}}{Average\ Cost_{All,All}}$$

Where:

c is the specific cost bucket or combination of cost buckets

Example for AR-DRG = "XXX

Reference Cost = $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-weighted separations: This is calculated as the DRG cost weight (total costs), multiplied by the number of separations for a given DRG, and aggregated across a set of DRGs. It is an indicator of the relative resource consumption of acute care hospitals. The formula to calculate cost-weighted separations is:

$$Cost - weighted\ separations = \sum_{i}^{k} n_i \times CW_i$$

Where:

n_i is the number of separations in the *ith* DRG
k is the number of DRGs (in AR-DRGv6.0x it is 702)
CW_i is the cost weight (total cost) for the *ith* DRG

Critical Care Unit: A patient care area in a hospital which is staffed and equipped to handle patients at particular risk due to high severity of illness. Includes intensive care units, neonatal intensive care units and coronary care units.

Direct cost centre: In the product costing context, cost centres are generally classified as either overhead or direct product. The latter type is also known as 'Direct Cost Centres'.

Direct products are those able to be delivered directly to the customer. The main types of direct products are patient episodes of care. Direct product cost centres therefore include all those which provide their services to patients rather than to other cost centres (as is the case for overhead cost centres). Examples are nursing, emergency department, and imaging.

Estimated data: The total costs are estimated by, increasing within each stratum, the sample of hospitals data to the estimated volumes for the total population. The aim is to minimise bias in the collection caused by the sample of the participating hospitals, by weighting the sample results according to the known characteristics of the population.

Grouper: An analytical tool (usually a computer program) which supports the assignment of patient care episodes to Casemix classes.

ICU: Intensive Care Unit. See Critical Care Unit.

Indirect costs: Used in several ways to designate costs which are not easily able to be related to specific products. In the standard product costing method, costs which are passed to cost centres from overhead cost centres.

Inpatient: See admitted patient.

Intensive Care Unit (ICU): See Critical Care Unit.

Length of stay (LOS): The number of days an inpatient spends in hospital. It is calculated in different ways for different purposes. The most common involves subtracting the admission date from the discharge date. 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.

Overhead costs: In the product costing context, cost centres are generally classified as either overhead or direct products (patient care). An overhead cost centre provides its services to other cost centres rather than directly to patients (as is the case for patient care cost centres). Examples are building costs and linen services.

Patient costing (PC): A generic term for a type of product costing which makes use of

measures of resource consumption by individual patients, and aims to estimate costs for each individual patient care episode. PC sites are hospitals that are able to calculate the cost of care at the patient level. Generally, this is done using actual patient level consumption data.

The PC method of costing is also known as a 'bottom up' method of costing because cost aggregates are devised from individual items of patient consumption.

Service weights: The relative costs of a service for each type of patient care product. For example, the relative costs of imaging or nursing across all ARDRGs. Also known as service weights.

Separations: The NHDD version 15.0 defines a separation as "the process by which an episode of care for an admitted patient ceases".

Standard error: Standard errors, reported against DRG cost weights in tables across the Cost Weights Report, indicate the reliability of cost weights in terms of variation in costs and variation from the sample design.

Weighted separation: see cost-weighted separation.

Appendix B Standard error range, Round 16 Private sector

Standard errors, reported against DRG cost weights in tables across the Cost Weights Report, indicate the reliability of cost weights in terms of variation in costs and variation from the sample design. The following tables summarise the reliability of DRG cost weights by grouping the standard errors into a number of ranges.

Numbers of DRGs and separations falling into standard error ranges in column 2 provide insight into the global impact of estimation error on cost weights.

Table 11 Number of DRGs by Standard Error range, AR-DRG 6.0x, Private Sector, Round 16

	Number of DRGs	Separations	Percentage of DRGs (%)	Percentage of Total Separations (%)
0.000 - 0.039	284	2,513,162	41%	93%
0.040 - 0.099	165	129,464	24%	5%
0.100 - 0.149	81	34,815	12%	1%
0.150 - 0.199	33	8,043	5%	0%
0.200 - 0.399	81	14,634	12%	1%
0.400 +	51	3,674	7%	0%
Total*	**695**	**2,703,792**	**100%**	**100%**

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

The results above show that 65% (41% + 24%) of v6.0x DRGs have cost weight estimates with a standard error range of less than 0.1. Almost 98% of separations are within the subset of DRGs that have a small standard error.

These results are very similar to the range of standard errors published in Appendix D of the Round 13 NHCDC cost Report[14].

[14] Department of Health and Ageing, NHCDC Cost Report Round 13 (2008-2009), November 2010

Appendix C Costs included in the cost buckets

1. Ward Medical: This is also known as Medical Clinical Services, includes the salaries and wages of all medical officers including sessional payments. Note that medical costs may also be found in other buckets that have a medical salary and wages component e.g. Imaging, Pathology, Critical Care, Operating Rooms, Emergency Department, Specialist Procedure Suites, Allied Health and Pharmacy.

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

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

4. Pathology: Pathology cost bucket includes costs of diagnostic clinical laboratory testing for the diagnosis and treatment of patients and associated salaries.

5. Imaging: The Imaging cost bucket covers the area of diagnostic and therapeutic imaging produced under the direction of a qualified technician and reported by a medical practitioner and associated salaries.

6. Allied Health: The Allied Health cost bucket includes clinical services which are delivered by qualified Allied Health professionals who have direct patient contact in areas like audiology, physiotherapy, podiatry etc.

7. Pharmacy: The Pharmacy cost bucket 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.

8. Critical Care: The Critical Care cost bucket covers the Intensive Care Unit and Coronary Care Units.

9. Operating Rooms: The Operating Rooms cost bucket covers the area of a hospital where significant surgical procedures are carried out under surgical conditions under the supervision of qualified medical practitioners. The operating room must be equipped to deliver general anaesthesia and conform to the College of Anaesthetists and the Faculty of Intensive Care standards.

10. Emergency Department (ED): The ED cost bucket covers the area of the hospital where patients who present in an unscheduled manner can be triaged, assessed and treated. The ED must conform to the requirements of the Australian Council on Healthcare Standards trauma guidelines, with the capacity to provide complex, multi-system life support (including mechanical ventilation and invasive cardiovascular monitoring) for a limited period of time.

11. 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 overheads and clinical department overheads. In other words, it includes all costs attributed to a ward that are not included in any other cost buckets.

12. Specialist Procedures Suites (SPS): The SPS includes costs equipped specifically to provide an environment where diagnostic and therapeutic procedures can be performed under the direction of suitably qualified medical practitioners. Does not include Operating Room costs.

13. On-costs: The On-costs cost bucket includes superannuation, termination payments, workers compensation, long service leave etc.

14. Prostheses: The Prostheses cost bucket includes the costs of all prostheses appearing on hospital accounts and costs incurred by the hospital but have not been included in their accounts.

15. Hotel: The Hotel Services cost bucket includes such items as food service, linen, grocery supplies and recorded as overheads.

16. Depreciation: The Depreciation cost bucket includes depreciation for items that are durable, able to support production for an appreciable period of time and purchased outright or donated.

More details on these costs are available in the Hospital Reference Manual on the Casemix website.

Appendix D Cost weight tables by DRG

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Private Sector - Estimated Round 16 (2011-12) AR-DRG 6.0x Report□

Private Sector Estimated - National Consolidated Cost Weights

List of Caveats and Notes for the Round 16 National Hospital Cost Data Collection (NHCDC) Private Cost Weight Tables

Comparing private hospitals to public hospitals

Direct comparison of total patient costs cannot currently be made between private and public hospitals. Private hospital treatment may include medical, pharmacy, and pathology costs that are not included in existing private hospital cost information. These costs are included in public cost information.

Private NHCDC

1 For the NHCDC Private sector data note:

a. the Private Hospitals Data Bureau 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;
b. 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;
c. 91% of private hospitals use a cost modelled approach which relies on service weights for allocating costs to patients;
d. the version 6.0x service weights have gaps - these weights did not have a weight for Specialist Procedure Suites and Emergency Departments. The service weights for Operating Rooms and Critical Care were used respectively, as agreed with IHPA.

Confidentiality Rules

2 To protect the patient and hospital confidentiality:

a. DRGs with less than 5 separations are marked '*****' in the cost weight table; and
b. if the number of contributing hospitals for a particular DRG is less than 3, DRGs are marked ' -----' in the cost weight table.

Introductory Notes to Cost Weights

These notes provide assistance in interpreting the cost weight tables that follow.
For further information, see **Glossary** of the ***National Hospital Cost Data Collection Cost Report Round 16 (2011-12) For Overnight Private Hospitals.***
For detailed definitions of NHCDC terms or the ***National Hospital Cost Data Collection Hospital Reference Manual Round 13 (2008-09)*** for a detailed explanation of each of the 'cost buckets' described below.

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.

Care should be taken when comparing average costs between the public and private sectors as cost components differ between sectors.
Please refer to the National Hospital Cost Data Collection Cost Report Round 16 (2011-12) for Overnight Private Hospitals for more detail.

Slight differences may occur between figures in the tables displayed in the Round 16 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 Report.

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 Seps
This column displays the number of separations. A separation is termed to be one complete episode of care for a given patient.

Number of Days
Number of Days is the sum of lengths of stay of the separations for a given 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.

ALOS
The ALOS is calculated by dividing the number of days by the number of separations for each DRG.
The calculation of ALOS includes all days and separations.

Percentage of same day seps incl in ALOS
The percentage of same day separations included in ALOS is calculated as a proportion of same day separations included in the ALOS with same day separations being identified as episodes having the same admission and separation date.

Cost Weight (Total)
The average cost across all AR–DRGs for the total cost is chosen as the reference value, 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 reference value.

Example for AR-DRG = "XXX"

Reference Cost = $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 reference value. The reference value equals the total average cost across all AR-DRGs, as per that used in the Cost Weight (Total Costs).

Example for AR-DRG = "XXX"

Reference Cost = $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:

Oper. room and Spec Proc Suites
This column is an abbreviation for "Operating room and Specialist Procedure Suites". It displays the cost weight for the combined costs, per DRG, of Operating room and Specialist Procedure Suites.

Operating Rooms reports costs for a health care facility under sterile conditions, where significant surgical procedures are carried out under the direction of suitably qualified medical practitioners.
medical practitioners.

Specialist Procedure Suites includes costs equipped specifically to provide an environment where diagnostic and therapeutic procedures can be performed under the direction of suitably qualified medical practitioners. Does not include Operating Room costs.

Critical Care
The Critical Care column displays the cost weight for critical care costs. These costs are the combination of intensive care and coronary care costs.

Miscellaneous
This column reports the cost weight for the combined costs of Ward Medical, Pathology, Imaging, Emergency Department and Prostheses.

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

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.

Emergency Department
This contains costs reported for health care facilities designed and equipped specifically to provide an environment where patients presenting in an unscheduled manner can be triaged, assessed and treated.

Prostheses
This contains the costs of prostheses and includes prostheses appearing on hospital accounts as well as a best estimate of the prostheses whose costs were missed because of acquisition by the patient or doctor.

Standard Error
Standard errors indicate the reliability of cost weights in terms of variation in costs and variation from the sample design.

No. of Hosps
This column displays the number of sample hospitals which reported data for a particular AR-DRG.

Additional information
Any additional information can be accessed at the Casemix website:
www.health.gov.au/casemix

Private Sector - Estimated Round 16 (2011-12) AR-DRG 6.0x Report□

Private Sector Estimated - National Consolidated Cost Weights

DRG	DRG Description	Number of Seps	Number of days	ALOS (Days)	Percentage of same day seps incl in ALOS	Cost Weight for Selected Cost Buckets				Standard Error (Total Cost	No. of hospitals
						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)		
801A	Or Procedures Unrelated To Principal Diagnosis W Catastrophic Cc	647	15,806	24.45	0.9%	7.4481	0.3984	1.0062	0.9938	0.20	61
801B	Or Procedures Unrelated To Principal Diagnosis W Severe Or Moderate Cc	591	5,152	8.71	7.4%	2.8035	0.3606	0.2160	0.5834	0.11	61
801C	Or Procedures Unrelated To Principal Diagnosis W/O Cc	2,321	8,065	3.47	30.8%	1.4105	0.3140	0.0442	0.3438	0.03	96
960Z	Ungroupable	1,599	4,310	2.70	31.1%	1.5242	0.1974	0.2454	0.1579	0.06	41
961Z	Unacceptable Principal Dx	******	******	******	******	******	******	******	******	******	******
963Z	Neonatal Dx Not Consnt Age/Wgt	******	******	******	******	******	******	******	******	******	******
A06A	Tracheostomy W Ventilation >95 Hours W Catastrophic Cc	292	13,842	47.42	0.0%	54.9409	1.7733	36.7326	3.0689	1.56	34
A06B	Trach W Vent >95 Hours W/O Cat Cc Or Trach/Vent >95 Hours W Cat Cc	929	27,277	29.36	1.7%	23.3438	0.8748	13.4804	1.6002	0.41	45
A06C	Ventilation >95 Hours W/O Catastrophic Cc	42	978	23.07	0.0%	25.5839	0.5669	18.7566	0.6938	1.57	11
A06D	Tracheostomy W/O Catastrophic Cc	86	1,255	14.52	7.3%	4.9599	0.3272	1.3789	0.5245	0.34	21
A07Z	Allogeneic Bone Marrow Transplant	15	261	17.91	33.5%	10.9678	0.2286	1.0123	0.5005	2.20	8
A08A	Autologous Bone Marrow Transplant W Catastrophic Cc	196	5,198	26.47	4.0%	7.5000	0.0577	0.4425	0.1629	0.34	7
A08B	Autologous Bone Marrow Transplant W/O Catastrophic Cc	46	617	13.53	17.0%	3.2775	0.0507	0.0000	0.1206	0.58	8
A09A	Renal Transplant W Pancreas Transplant Or W Catastrophic Cc	******	******	******	******	******	******	******	******	******	******
A09B	Renal Transplant W/O Pancreas Transplant W/O Catastrophic Cc	26	220	8.33	0.0%	3.7954	0.4067	0.1115	0.3077	0.10	3
A10Z	Insertion Of Ventricular Assist Devices	******	******	******	******	******	******	******	******	******	******
A11A	Insertion Of Implantable Spinal Infusion Device W Catastrophic Cc	13	226	17.43	0.0%	15.2958	0.4287	0.0000	9.2644	2.02	6
A11B	Insertion Of Implantable Spinal Infusion Device W/O Catastrophic Cc	62	382	6.21	2.0%	7.4753	0.2983	0.0000	5.4439	0.42	19
A12Z	Insertion Of Neurostimulator Device	1,666	6,416	3.85	8.2%	7.9619	0.5901	0.0151	5.7636	0.08	47
A40Z	Ecmo	23	497	21.34	22.4%	36.0953	1.2302	16.6381	5.0198	5.52	10
B01A	Ventricular Shunt Revision W Catastrophic Or Severe Cc	48	419	8.75	0.0%	3.1243	0.5241	0.1257	0.7250	0.28	13
B01B	Ventricular Shunt Revision W/O Catastrophic Or Severe Cc	116	693	5.99	8.4%	2.2989	0.5812	0.0735	0.6773	0.08	18
B02A	Cranial Procedures W Catastrophic Cc	832	15,991	19.23	2.8%	8.1931	1.0462	1.8666	1.2816	0.13	27
B02B	Cranial Procedures W Severe Cc	956	10,337	10.81	1.2%	4.9444	0.9277	0.7950	1.0733	0.06	26
B02C	Cranial Procedures W/O Catastrophic Or Severe Cc	3,065	21,053	6.87	1.9%	3.7609	0.8547	0.5106	0.9279	0.02	32
B03A	Spinal Procedures W Catastrophic Or Severe Cc	275	2,819	10.23	0.0%	6.4280	0.9426	0.3792	2.4353	0.15	36
B03B	Spinal Procedures W/O Catastrophic Or Severe Cc	3,180	11,971	3.76	4.0%	3.1108	0.6582	0.0472	1.3393	0.02	53
B04A	Extracranial Vascular Procedures W Catastrophic Cc	118	1,404	11.93	1.3%	4.2857	0.5842	0.8060	0.6617	0.23	28
B04B	Extracranial Vascular Procedures W/O Catastrophic Cc	1,302	5,080	3.90	1.3%	2.3056	0.5724	0.3284	0.5178	0.02	48
B05Z	Carpal Tunnel Release	15,943	16,365	1.03	93.2%	0.3571	0.1825	0.0000	0.0673	0.00	99
B06A	Procs For Cerebral Palsy, Muscular Dystrophy, Neuropathy W Cc	180	1,692	9.42	13.8%	3.6887	0.4147	0.3380	0.6037	0.19	43
B06B	Procs For Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O Cc	4,991	6,112	1.22	61.3%	0.7715	0.3154	0.0011	0.1645	0.01	97
B07A	Peripheral And Cranial Nerve And Other Nervous System Procedures W Cc	132	1,352	10.25	21.2%	3.2821	0.5047	0.2269	0.4889	0.23	31
B07B	Peripheral And Cranial Nerve And Other Nervous System Procedures W/O Cc	1,765	2,493	1.41	54.3%	0.8470	0.3974	0.0000	0.1567	0.01	90
B40Z	Plasmapheresis W Neurological Disease, Sameday	349	349	1.00	100.0%	0.3964	0.0000	0.0000	0.0422	0.01	3
B41Z	Telemetric Eeg Monitoring	------	------	------	------	------	------	------	------	------	------
B42A	Nervous System Diagnosis W Ventilator Support W Catastrophic Cc	23	224	9.84	11.5%	5.8118	0.0809	3.1284	0.3243	0.57	9
B42B	Nervous System Diagnosis W Ventilator Support W/O Catastrophic Cc	23	183	7.84	11.2%	6.1395	0.0366	3.1429	0.6956	0.54	12
B60A	Acute Paraplegia/Quadriplegia W Or W/O Or Procs W Cat Cc	21	533	24.89	0.0%	8.7036	0.3556	0.5182	1.3744	0.76	10
B60B	Acute Paraplegia/Quadriplegia W Or W/O Or Procs W/O Cat Cc	24	267	11.08	12.8%	3.7862	0.3403	0.3525	0.7832	0.47	13
B61A	Spinal Cord Conditions W Or W/O Or Procedures W Catastrophic Or Severe Cc	93	1,918	20.65	6.7%	5.6520	0.3337	0.3335	0.9873	0.45	28
B61B	Spinal Cord Conditions W Or W/O Or Procedures W/O Catastrophic Or Severe Cc	405	2,042	5.04	7.3%	2.2038	0.2609	0.1288	0.6935	0.07	46
B62Z	Apheresis	------	------	------	------	------	------	------	------	------	------
B63Z	Dementia And Other Chronic Disturbances Of Cerebral Function	1,139	18,712	16.42	4.1%	2.9227	0.0008	0.0011	0.1485	0.13	79
B64A	Delirium W Catastrophic Cc	227	3,385	14.93	0.0%	2.9822	0.0111	0.0526	0.3242	0.18	42

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B64B	Delirium W/O Catastrophic Cc	1,177	9,155	7.78	3.7%	1.4901	0.0028	0.0243	0.1412	0.04	86
B65Z	Cerebral Palsy	137	203	1.49	92.4%	0.3100	0.0792	0.0000	0.0301	0.07	15
B66A	Nervous System Neoplasm W Catastrophic Or Severe Cc	695	8,612	12.40	3.2%	2.2876	0.0379	0.0198	0.1284	0.09	68
B66B	Nervous System Neoplasm W/O Catastrophic Or Severe Cc	1,000	5,884	5.88	22.0%	1.0625	0.0221	0.0000	0.0563	0.05	84
B67A	Degenerative Nervous System Disorders W Catastrophic Or Severe Cc	536	7,352	13.72	2.0%	2.7851	0.0349	0.1530	0.1891	0.15	61
B67B	Degenerative Nervous System Disorders W Moderate Cc	326	2,764	8.47	0.4%	1.5617	0.0197	0.0357	0.0975	0.07	55
B67C	Degenerative Nervous System Disorders W/O Cc	2,958	7,632	2.58	58.9%	0.4314	0.0086	0.0000	0.0354	0.01	80
B68A	Multiple Sclerosis And Cerebellar Ataxia W Cc	146	1,260	8.65	8.0%	2.3554	0.0209	0.0420	0.1282	0.20	31
B68B	Multiple Sclerosis And Cerebellar Ataxia W/O Cc	6,492	7,823	1.21	91.4%	0.2487	0.0002	0.0000	0.0119	0.00	60
B69A	Tia And Precerebral Occlusion W Catastrophic Or Severe Cc	427	3,761	8.81	2.3%	1.5337	0.0032	0.0337	0.1075	0.08	51
B69B	Tia And Precerebral Occlusion W/O Catastrophic Or Severe Cc	1,738	5,828	3.35	13.7%	0.6732	0.0041	0.0019	0.0720	0.03	80
B70A	Stroke And Other Cerebrovascular Disorders W Catastrophic Cc	762	15,050	19.74	0.0%	4.0090	0.0171	0.1049	0.3047	0.14	66
B70B	Stroke And Other Cerebrovascular Disorders W Severe Cc	999	10,606	10.62	1.8%	2.0967	0.0120	0.0495	0.1696	0.05	65
B70C	Stroke And Other Cerebrovascular Disorders W/O Catastrophic Or Severe Cc	2,017	12,889	6.39	5.7%	1.2950	0.0089	0.0422	0.1207	0.03	82
B70D	Stroke And Other Cerebrovascular Disorders, Died Or Transferred <5 Days	320	658	2.06	17.5%	0.5216	0.0070	0.0331	0.1015	0.02	54
B71A	Cranial And Peripheral Nerve Disorders W Cc	524	4,271	8.14	17.4%	1.7586	0.0255	0.0621	0.1176	0.08	59
B71B	Cranial And Peripheral Nerve Disorders W/O Cc	7,025	12,746	1.81	77.9%	0.3098	0.0163	0.0000	0.0321	0.01	91
B72A	Nervous System Infection Except Viral Meningitis W Cat Or Sev Cc	99	1,421	14.31	11.5%	3.3825	0.0306	0.4104	0.2042	0.26	26
B72B	Nervous System Infection Except Viral Meningitis W/O Cat Or Sev Cc	470	2,634	5.61	26.8%	1.2870	0.0138	0.0954	0.1090	0.05	64
B73Z	Viral Meningitis	173	807	4.67	7.1%	0.9173	0.0013	0.0299	0.1209	0.07	36
B74A	Nontraumatic Stupor And Coma W Cc	88	752	8.57	10.1%	1.4192	0.0021	0.1317	0.0914	0.16	31
B74B	Nontraumatic Stupor And Coma W/O Cc	228	367	1.61	8.0%	0.4407	0.0081	0.0824	0.0798	0.03	31
B75Z	Febrile Convulsions	51	76	1.49	25.0%	0.4153	0.0000	0.0118	0.0856	0.04	11
B76A	Seizure W Catastrophic Or Severe Cc	371	3,870	10.44	2.9%	2.2834	0.0138	0.2377	0.2370	0.13	54
B76B	Seizure W/O Catastrophic Or Severe Cc	1,345	4,395	3.27	28.2%	0.6902	0.0034	0.0387	0.0698	0.03	70
B77Z	Headache	3,314	10,236	3.09	26.3%	0.5510	0.0058	0.0004	0.0807	0.01	94
B78A	Intracranial Injury W Catastrophic Or Severe Cc	138	1,831	13.24	3.0%	2.9983	0.0298	0.4577	0.1825	0.35	33
B78B	Intracranial Injury W/O Catastrophic Or Severe Cc	350	2,141	6.12	8.0%	1.1938	0.0040	0.0836	0.1149	0.06	54
B79A	Skull Fractures W Catastrophic Or Severe Cc	16	104	6.52	16.4%	1.3348	0.0223	0.1401	0.0849	0.25	10
B79B	Skull Fractures W/O Catastrophic Or Severe Cc	85	304	3.58	29.7%	0.7952	0.0075	0.0559	0.1014	0.07	29
B80Z	Other Head Injury	456	1,510	3.31	29.5%	0.6623	0.0024	0.0249	0.0999	0.05	55
B81A	Other Disorders Of The Nervous System W Catastrophic Or Severe Cc	783	8,878	11.33	2.2%	2.2552	0.0290	0.0313	0.2084	0.09	70
B81B	Other Disorders Of The Nervous System W/O Catastrophic Or Severe Cc	3,005	11,937	3.97	29.0%	0.7623	0.0348	0.0023	0.0778	0.02	90
B82A	Chronic And Unspecified Paraplegia/Quadriplegia W Or W/O Or Procs W Cat Cc	150	3,699	24.65	3.5%	6.2574	0.3282	0.4953	0.4798	0.33	37
B82B	Chronic And Unspecified Paraplegia/Quadriplegia W Or W/O Or Procs W Severe Cc	146	1,968	13.45	4.9%	3.4262	0.1470	0.3660	0.4586	0.27	42
B82C	Chronic And Unspecified Paraplegia/Quadriplegia W Or W/O Or Pr W/O Cat/Sev Cc	368	1,809	4.91	27.9%	1.3985	0.1162	0.0428	0.1937	0.08	58
C01Z	Procedures For Penetrating Eye Injury	65	81	1.25	62.8%	0.8584	0.3543	0.0000	0.1541	0.06	21
C02Z	Enucleations And Orbital Procedures	314	563	1.80	28.9%	1.3089	0.5071	0.0000	0.2704	0.04	39
C03Z	Retinal Procedures	8,749	9,056	1.04	77.1%	0.5331	0.2760	0.0000	0.0875	0.00	38
C04Z	Major Corneal, Scleral And Conjunctival Procedures	382	437	1.14	27.8%	1.2135	0.4020	0.0000	0.3962	0.02	19
C05Z	Dacryocystorhinostomy	979	1,114	1.14	42.3%	0.7757	0.4070	0.0000	0.1203	0.01	45
C10Z	Strabismus Procedures	978	986	1.01	79.8%	0.6231	0.3312	0.0000	0.1039	0.01	33
C11Z	Eyelid Procedures	4,796	5,115	1.07	74.2%	0.4992	0.2680	0.0000	0.0670	0.00	94
C12Z	Other Corneal, Scleral And Conjunctival Procedures	1,975	1,990	1.01	91.7%	0.4415	0.2326	0.0000	0.0625	0.00	62
C13Z	Lacrimal Procedures	382	382	1.00	94.2%	0.2690	0.1441	0.0000	0.0305	0.01	41

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C14Z	Other Eye Procedures	1,341	1,360	1.01	94.4%	0.2869	0.1377	0.0000	0.0380	0.00	88
C15A	Glaucoma And Complex Cataract Procedures	413	508	1.23	0.0%	0.9397	0.3618	0.0008	0.1963	0.02	31
C15B	Glaucoma And Complex Cataract Procedures, Sameday	869	869	1.00	100.0%	0.5087	0.2653	0.0000	0.1230	0.01	47
C16Z	Lens Procedures	49,440	49,789	1.01	90.5%	0.4505	0.1611	0.0000	0.1670	0.00	59
C60A	Acute And Major Eye Infections W Cc	73	870	11.88	0.0%	2.0939	0.0119	0.0229	0.1584	0.24	26
C60B	Acute And Major Eye Infections W/O Cc	127	694	5.48	9.9%	1.0974	0.0085	0.0000	0.0697	0.09	43
C61A	Neurological And Vascular Disorders Of The Eye W Cc	78	391	5.02	19.2%	1.0252	0.0473	0.0000	0.0899	0.11	28
C61B	Neurological And Vascular Disorders Of The Eye W/O Cc	222	457	2.06	49.3%	0.3924	0.0221	0.0000	0.0686	0.03	43
C62Z	Hyphema And Medically Managed Trauma To The Eye	193	911	4.72	29.4%	0.8516	0.0130	0.0064	0.1341	0.09	52
C63Z	Other Disorders Of The Eye	723	1,570	2.17	68.1%	0.4061	0.0323	0.0012	0.0439	0.03	80
D01Z	Cochlear Implant	733	1,068	1.46	5.1%	10.8855	0.5664	0.0051	8.5104	0.35	22
D02A	Head And Neck Procedures W Catastrophic Or Severe Cc	120	1,314	10.91	2.2%	5.1910	1.1360	0.5374	0.6787	0.29	28
D02B	Head And Neck Procedures W Malignancy Or Moderate Cc	273	856	3.14	16.9%	2.2377	0.8461	0.1475	0.3235	0.06	53
D02C	Head And Neck Procedures W/O Malignancy W/O Cc	950	1,594	1.68	34.6%	1.1400	0.4788	0.0556	0.1800	0.02	83
D03Z	Surgical Repair For Cleft Lip Or Palate Diagnosis	160	246	1.54	56.4%	1.2705	0.5589	0.0468	0.1010	0.05	21
D04A	Maxillo Surgery W Cc	159	349	2.19	15.8%	2.2659	0.6124	0.1442	0.7974	0.06	41
D04B	Maxillo Surgery W/O Cc	4,104	6,032	1.47	41.0%	1.4311	0.4349	0.0234	0.5329	0.01	86
D05Z	Parotid Gland Procedures	914	1,896	2.07	2.1%	1.6797	0.7285	0.0409	0.2962	0.03	68
D06Z	Sinus And Complex Middle Ear Procedures	13,178	14,833	1.13	20.5%	0.9069	0.4360	0.0014	0.1418	0.00	95
D10Z	Nasal Procedures	15,588	16,747	1.07	29.1%	0.6887	0.3272	0.0005	0.1023	0.00	96
D11Z	Tonsillectomy And/Or Adenoidectomy	26,143	26,980	1.03	28.7%	0.4899	0.1824	0.0017	0.0760	0.00	90
D12Z	Other Ear, Nose, Mouth And Throat Procedures	10,240	11,259	1.10	59.4%	0.7787	0.3188	0.0315	0.1605	0.00	96
D13Z	Myringotomy W Tube Insertion	12,931	13,105	1.01	98.4%	0.2824	0.1184	0.0000	0.0655	0.00	88
D14Z	Mouth And Salivary Gland Procedures	6,228	6,775	1.09	79.3%	0.5607	0.2247	0.0433	0.0893	0.00	100
D15Z	Mastoid Procedures	964	1,233	1.28	8.4%	1.6568	0.8357	0.0167	0.2970	0.02	63
D40Z	Dental Extractions And Restorations	60,903	61,197	1.00	97.5%	0.3831	0.2097	0.0000	0.0506	0.00	93
D60A	Ear, Nose, Mouth And Throat Malignancy W Catastrophic Or Severe Cc	89	1,086	12.19	2.7%	2.5937	0.2300	0.0634	0.1987	0.21	27
D60B	Ear, Nose, Mouth And Throat Malignancy W/O Catastrophic Or Severe Cc	652	1,807	2.77	46.5%	0.6481	0.0640	0.0000	0.0469	0.03	71
D61Z	Dysequilibrium	3,424	12,798	3.74	7.8%	0.6998	0.0029	0.0044	0.0901	0.02	91
D62Z	Epistaxis	743	1,708	2.30	43.1%	0.4851	0.0182	0.0000	0.0917	0.02	78
D63Z	Otitis Media And Uri	3,792	11,605	3.06	26.5%	0.6147	0.0041	0.0177	0.0728	0.01	96
D64Z	Laryngotracheitis And Epiglottitis	254	457	1.80	41.5%	0.6089	0.0023	0.0815	0.0719	0.05	28
D65Z	Nasal Trauma And Deformity	1,227	1,791	1.46	88.2%	0.2779	0.0746	0.0000	0.0360	0.01	88
D66A	Other Ear, Nose, Mouth And Throat Diagnoses W Cc	230	1,221	5.32	27.7%	1.3269	0.1449	0.0994	0.1297	0.08	50
D66B	Other Ear, Nose, Mouth And Throat Diagnoses W/O Cc	5,606	6,731	1.20	42.3%	0.2663	0.0585	0.0002	0.0360	0.00	99
D67A	Oral And Dental Disorders Except Extractions And Restorations	607	2,397	3.95	3.6%	0.9389	0.0742	0.0286	0.1002	0.04	76
D67B	Oral And Dental Disorders Except Extractions And Restorations, Sameday	1,671	1,671	1.00	100.0%	0.1135	0.0343	0.0000	0.0186	0.00	96
E01A	Major Chest Procedures W Catastrophic Cc	1,000	13,896	13.90	0.8%	5.3899	0.6569	0.9392	0.7813	0.10	40
E01B	Major Chest Procedures W/O Catastrophic Cc	2,164	15,463	7.15	1.2%	2.8104	0.5570	0.2630	0.5041	0.03	47
E02A	Other Respiratory System Or Procedures W Catastrophic Cc	218	3,584	16.47	4.4%	5.3187	0.6474	0.6886	0.6164	0.20	37
E02B	Other Respiratory System Or Procedures W Severe Or Moderate Cc	378	2,111	5.58	14.1%	2.1413	0.3531	0.2834	0.2791	0.09	44
E02C	Other Respiratory System Or Procedures W/O Cc	6,589	8,328	1.26	19.2%	0.5730	0.1483	0.0494	0.0651	0.01	83
E40A	Respiratory System Diagnosis W Ventilator Support W Catastrophic Cc	84	1,069	12.70	3.1%	9.2539	0.0466	5.0606	0.6518	0.61	23
E40B	Respiratory System Diagnosis W Ventilator Support W/O Catastrophic Cc	20	143	7.17	0.0%	7.1989	0.0397	5.3485	0.1393	1.11	12
E41Z	Respiratory System Diagnosis W Non-Invasive Ventilation	312	4,403	14.10	5.0%	5.6451	0.0421	2.8509	0.2073	0.15	48

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E42A	Bronchoscopy W Catastrophic Cc	316	5,349	16.94	1.7%	4.1974	0.4124	0.3168	0.2456	0.17	37
E42B	Bronchoscopy W/O Catastrophic Cc	1,614	11,437	7.09	2.1%	1.7785	0.2213	0.0691	0.1349	0.03	55
E42C	Bronchoscopy, Sameday	3,682	3,682	1.00	100.0%	0.1707	0.0484	0.0000	0.0365	0.00	61
E60A	Cystic Fibrosis W Catastrophic Or Severe Cc	15	111	7.30	0.0%	2.4064	0.0248	0.0282	0.0676	0.51	4
E60B	Cystic Fibrosis W/O Catastrophic Or Severe Cc	97	752	7.75	24.0%	2.2180	0.0391	0.0000	0.1025	0.15	17
E61A	Pulmonary Embolism W Catastrophic Cc	183	2,235	12.19	2.4%	3.5240	0.0160	0.2541	0.5504	0.37	41
E61B	Pulmonary Embolism W/O Catastrophic Cc	2,066	13,461	6.51	2.0%	1.3536	0.0014	0.0875	0.1427	0.02	80
E62A	Respiratory Infections/Inflammations W Catastrophic Cc	3,143	39,230	12.48	0.9%	2.6422	0.0127	0.1962	0.2199	0.04	78
E62B	Respiratory Infections/Inflammations W Severe Or Moderate Cc	4,643	35,403	7.62	2.1%	1.5179	0.0016	0.0610	0.1629	0.02	83
E62C	Respiratory Infections/Inflammations W/O Cc	6,182	32,559	5.27	7.6%	0.9819	0.0005	0.0192	0.0964	0.01	93
E63Z	Sleep Apnoea	36,790	37,051	1.01	1.0%	0.2683	0.0662	0.0000	0.0206	0.00	63
E64A	Pulmonary Oedema And Respiratory Failure W Catastrophic Cc	119	1,197	10.04	7.1%	2.5220	0.0414	0.6230	0.1082	0.14	35
E64B	Pulmonary Oedema And Respiratory Failure W/O Catastrophic Cc	251	1,627	6.48	6.1%	1.3700	0.0203	0.3049	0.0734	0.06	62
E65A	Chronic Obstructive Airways Disease W Catastrophic Cc	1,631	21,519	13.19	1.3%	2.4187	0.0107	0.1620	0.1913	0.05	74
E65B	Chronic Obstructive Airways Disease W/O Catastrophic Cc	7,700	59,305	7.70	3.1%	1.3838	0.0019	0.0398	0.1185	0.01	95
E66A	Major Chest Trauma W Catastrophic Cc	116	1,998	17.19	0.0%	3.6846	0.0225	0.3869	0.3165	0.25	37
E66B	Major Chest Trauma W Severe Or Moderate Cc	290	2,444	8.43	2.6%	1.6672	0.0064	0.0973	0.1398	0.10	51
E66C	Major Chest Trauma W/O Cc	341	2,122	6.21	2.1%	1.0729	0.0035	0.0000	0.1269	0.05	67
E67A	Respiratory Signs And Symptoms W Catastrophic Or Severe Cc	628	3,594	5.72	8.9%	1.2226	0.0410	0.0470	0.1019	0.04	68
E67B	Respiratory Signs And Symptoms W/O Catastrophic Or Severe Cc	3,225	6,771	2.10	42.7%	0.4650	0.0319	0.0033	0.0856	0.01	87
E68A	Pneumothorax W Cc	116	860	7.40	0.0%	1.9903	0.0153	0.2363	0.2135	0.14	30
E68B	Pneumothorax W/O Cc	209	650	3.11	8.1%	0.8835	0.0000	0.0371	0.1602	0.07	41
E69A	Bronchitis And Asthma W Cc	1,187	8,848	7.46	4.5%	1.4726	0.0021	0.1175	0.1330	0.04	71
E69B	Bronchitis And Asthma W/O Cc	2,770	10,041	3.62	21.2%	0.7069	0.0002	0.0186	0.0803	0.01	85
E70A	Whooping Cough And Acute Bronchiolitis W Cc	328	1,609	4.91	76.2%	1.7303	0.0000	0.2434	0.0652	0.11	24
E70B	Whooping Cough And Acute Bronchiolitis W/O Cc	689	1,760	2.56	41.5%	0.7381	0.0000	0.0245	0.0661	0.03	39
E71A	Respiratory Neoplasms W Catastrophic Cc	740	9,083	12.28	2.4%	2.2763	0.0195	0.0586	0.1191	0.09	62
E71B	Respiratory Neoplasms W/O Catastrophic Cc	3,840	17,639	4.59	23.7%	0.9014	0.0149	0.0173	0.0630	0.02	88
E72Z	Respiratory Problems Arising From Neonatal Period	24	28	1.17	4.1%	1.3578	0.0000	0.1109	0.0921	0.09	5
E73A	Pleural Effusion W Catastrophic Cc	251	2,723	10.85	3.2%	2.2801	0.0370	0.1409	0.1756	0.12	46
E73B	Pleural Effusion W Severe Or Moderate Cc	476	2,890	6.07	5.2%	1.1687	0.0165	0.0387	0.0797	0.06	58
E73C	Pleural Effusion W/O Cc	743	2,479	3.34	29.7%	0.6269	0.0092	0.0013	0.0624	0.03	71
E74A	Interstitial Lung Disease W Catastrophic Cc	155	2,175	14.06	0.0%	2.9464	0.0268	0.1432	0.2884	0.21	43
E74B	Interstitial Lung Disease W Severe Or Moderate Cc	285	2,500	8.77	0.4%	1.5814	0.0180	0.0753	0.0995	0.07	58
E74C	Interstitial Lung Disease W/O Cc	416	2,562	6.15	12.1%	0.9729	0.0057	0.0000	0.0461	0.05	66
E75A	Other Respiratory System Diagnosis W Catastrophic Cc	673	7,476	11.11	0.4%	2.2519	0.0118	0.0979	0.1909	0.09	66
E75B	Other Respiratory System Diagnosis W Severe Or Moderate Cc	1,903	13,834	7.27	3.8%	1.3909	0.0091	0.0429	0.1228	0.03	80
E75C	Other Respiratory System Diagnosis W/O Cc	2,696	11,584	4.30	11.0%	0.8146	0.0004	0.0004	0.1014	0.02	93
E76Z	Respiratory Tuberculosis	******	******	******	******	******	******	******	******	******	******
F01A	Implantation Or Replacement Of Aicd, Total System W Catastrophic Cc	323	3,733	11.56	2.1%	19.7846	0.7758	1.9561	12.7346	0.42	34
F01B	Implantation Or Replacement Of Aicd, Total System W/O Catastrophic Cc	2,437	6,308	2.59	7.7%	12.7643	0.4746	0.2643	9.9513	0.10	49
F02Z	Other Aicd Procedures	164	534	3.25	1.5%	3.0353	0.3097	0.4453	1.2669	0.09	32
F03A	Cardiac Valve Proc W Cpb Pump W Invasive Cardiac Investigation W Cat Cc	596	10,740	18.03	0.0%	14.9017	1.5585	3.0624	4.7900	0.14	24
F03B	Cardiac Valve Proc W Cpb Pump W Invasive Cardiac Investigation W/O Cat Cc	210	2,507	11.92	0.0%	9.9954	1.0362	1.5491	4.1358	0.13	22
F04A	Cardiac Valve Proc W Cpb Pump W/O Invasive Cardiac Inves W Cat Cc	2,253	30,859	13.70	0.3%	11.4975	1.4915	2.5336	3.8037	0.06	27

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						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)		
F04B	Cardiac Valve Proc W Cpb Pump W/O Invasive Cardiac Inves W/O Cat Cc	1,440	13,615	9.45	0.4%	8.5765	1.3883	1.4902	3.3190	0.04	27
F05A	Coronary Bypass W Invasive Cardiac Investigation W Reoperation Or W Cat Cc	758	12,718	16.78	0.2%	10.0424	1.4983	2.8354	1.5579	0.08	25
F05B	Coronary Bypass W Invasive Cardiac Investigation W/O Reoperation W/O Cat Cc	665	8,001	12.03	0.7%	6.7487	1.2805	1.9679	0.9034	0.06	25
F06A	Coronary Bypass W/O Invasive Cardiac Inves W Reoperation Or W Cat Or Sev Cc	2,397	26,890	11.22	0.0%	6.7579	1.2677	2.0068	0.8330	0.03	26
F06B	Coronary Bypass W/O Invasive Cardiac Inves W/O Reoperation W/O Cat Or Sev Cc	769	6,762	8.79	0.0%	5.0717	1.1885	1.3634	0.6466	0.04	26
F07A	Other Cardiothoracic/Vascular Procedures W Cpb Pump W Catastrophic Cc	235	3,210	13.65	14.4%	10.9609	1.8361	2.8830	2.1112	0.36	21
F07B	Other Cardiothoracic/Vascular Procedures W Cpb Pump W Severe Or Moderate Cc	160	1,457	9.13	21.3%	7.8776	1.6775	1.9130	1.4720	0.25	22
F07C	Other Cardiothoracic/Vascular Procedures W Cpb Pump W/O Cc	123	836	6.79	23.3%	6.0186	1.3415	1.4801	1.0359	0.20	18
F08A	Major Reconstruct Vascular Procedures W/O Cpb Pump W Catastrophic Cc	790	13,574	17.19	0.9%	9.4604	1.0552	1.3689	2.8990	0.12	36
F08B	Major Reconstruct Vascular Procedures W/O Cpb Pump W/O Catastrophic Cc	2,563	16,600	6.48	2.4%	4.3883	0.7928	0.3628	1.6277	0.03	51
F09A	Other Cardiothoracic Procedures W/O Cpb Pump W Catastrophic Cc	206	2,471	11.97	5.6%	6.8327	0.6974	1.9713	1.4987	0.27	31
F09B	Other Cardiothoracic Procedures W/O Cpb Pump W Severe Or Moderate Cc	140	756	5.41	1.3%	3.3241	0.3282	0.7131	0.8738	0.10	25
F09C	Other Cardiothoracic Procedures W/O Cpb Pump W/O Cc	407	1,205	2.96	13.8%	2.0540	0.2818	0.4218	0.5940	0.05	45
F10A	Interventional Coronary Procedures W Ami W Catastrophic Cc	340	3,664	10.77	0.8%	4.9400	0.3802	1.2155	1.2929	0.10	35
F10B	Interventional Coronary Procedures W Ami W/O Catastrophic Cc	3,562	13,818	3.88	2.3%	2.9387	0.3158	0.5185	1.1581	0.02	42
F11A	Amputation For Circ System Except Upper Limb And Toe W Catastrophic Cc	84	2,792	33.06	0.0%	7.5459	0.5863	0.3820	0.5731	0.42	29
F11B	Amputation For Circ System Except Upper Limb And Toe W/O Catastrophic Cc	98	1,493	15.27	0.0%	3.8503	0.5008	0.0739	0.3297	0.21	30
F12A	Implantation Or Replacement Of Pacemaker, Total System W Catastrophic Cc	623	8,486	13.62	0.4%	7.4979	0.3605	0.9946	3.1712	0.12	39
F12B	Implantation Or Replacement Of Pacemaker, Total System W/O Catastrophic Cc	7,168	22,913	3.20	1.9%	4.4802	0.2898	0.2767	2.8291	0.02	50
F13A	Upper Limb And Toe Amputation For Circulatory Sys Disorders W Cat Or Sev Cc	148	2,941	19.86	1.2%	4.9095	0.3829	0.1887	0.4428	0.33	33
F13B	Upper Limb And Toe Amputation For Circulatory Sys Disorders W/O Cat Or Sev Cc	168	1,393	8.31	4.6%	2.1063	0.2943	0.0228	0.2085	0.14	43
F14A	Vascular Procs Except Major Reconstruction W/O Cpb Pump W Cat Cc	564	8,123	14.40	0.2%	5.0469	0.3978	0.3917	1.2175	0.14	41
F14B	Vascular Procs Except Major Reconstruction W/O Cpb Pump W Sev Or Mod Cc	1,291	4,757	3.69	13.5%	1.8811	0.2755	0.0521	0.5662	0.04	41
F14C	Vascular Procs Except Major Reconstruction W/O Cpb Pump W/O Cc	8,029	13,996	1.74	19.2%	1.1415	0.2511	0.0299	0.3900	0.01	73
F15A	Interventional Coronary Procs W/O Ami W Stent Implantation W Cat Or Sev Cc	1,691	6,905	4.08	0.4%	3.7014	0.4121	0.4754	1.6728	0.03	38
F15B	Interventional Coronary Procs W/O Ami W Stent Implantation W/O Cat Or Sev Cc	10,971	20,604	1.88	0.9%	2.3624	0.3147	0.1947	1.2167	0.01	44
F16A	Interventional Coronary Procedures W/O Ami W/O Stent Implantation W Cc	141	511	3.63	1.0%	2.9230	0.3532	0.5487	0.9676	0.11	28
F16B	Interventional Coronary Procedures W/O Ami W/O Stent Implantation W/O Cc	497	953	1.92	4.1%	1.7647	0.2531	0.1844	0.7721	0.03	40
F17A	Insertion Or Replacement Of Pacemaker Generator W Catastrophic Or Severe Cc	98	452	4.64	3.5%	4.5919	0.3630	0.3319	2.5628	0.16	25
F17B	Insertion Or Replacement Of Pacemaker Generator W/O Catastrophic Or Severe Cc	2,370	3,143	1.33	31.7%	3.1495	0.2260	0.0476	2.2930	0.02	49
F18A	Other Pacemaker Procedures W Cc	70	530	7.60	2.2%	3.3540	0.2996	0.6009	0.7607	0.21	23
F18B	Other Pacemaker Procedures W/O Cc	256	612	2.39	15.1%	1.3980	0.2157	0.0958	0.5388	0.04	38
F19Z	Trans-Vascular Percutaneous Cardiac Intervention	503	1,929	3.83	7.6%	3.9013	0.4690	0.2252	1.9383	0.05	23
F20Z	Vein Ligation And Stripping	9,153	11,092	1.21	18.0%	0.7458	0.3329	0.0003	0.1058	0.01	84
F21A	Other Circulatory System Or Procedures W Catastrophic Cc	149	4,093	27.56	1.2%	6.0686	0.5195	0.5244	0.4874	0.38	41
F21B	Other Circulatory System Or Procedures W/O Catastrophic Cc	612	3,902	6.38	24.8%	1.6074	0.2176	0.0226	0.2136	0.08	70
F40A	Circulatory System Diagnosis W Ventilator Support W Catastrophic Cc	50	683	13.65	0.0%	8.7981	0.0532	5.0258	0.2896	0.66	17
F40B	Circulatory System Diagnosis W Ventilator Support W/O Catastrophic Cc	7	34	5.03	0.0%	7.0355	0.0404	5.5945	0.0888	1.32	5
F41A	Circulatory Disorders W Ami W Invasive Cardiac Inves Proc W Cat Or Sev Cc	549	4,193	7.64	3.3%	2.8850	0.1967	0.7437	0.3006	0.07	36
F41B	Circulatory Disorders W Ami W Invasive Cardiac Inves Proc W/O Cat Or Sev Cc	2,662	8,859	3.33	17.1%	1.4321	0.1154	0.4692	0.1453	0.02	45
F42A	Circulatory Disorders W/O Ami W Invasive Cardiac Inves Proc W Cat Or Sev Cc	2,023	13,654	6.75	0.5%	2.8143	0.4436	0.4707	0.3786	0.03	41
F42B	Circulatory Disorders W/O Ami W Invasive Cardiac Inves Proc W/O Cat Or Sev Cc	26,873	55,517	2.07	1.2%	1.1968	0.2452	0.1988	0.1924	0.01	49
F42C	Circulatory Disorders W/O Ami W Invasive Cardiac Inves Proc, Sameday	20,117	20,117	1.00	99.2%	0.4437	0.1242	0.0056	0.1053	0.00	47
F43Z	Circulatory System Diagnosis W Non-Invasive Ventilation	112	1,936	17.36	4.7%	5.2574	0.0281	2.3665	0.2135	0.24	33
F60A	Circulatory Disorders W Ami W/O Invasive Cardiac Inves Proc W Catastrophic Cc	475	5,827	12.28	2.5%	2.7334	0.0114	0.4680	0.2117	0.10	56

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						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)		
F60B	Circulatory Disorders W Ami W/O Invasive Cardiac Inves Pr W/O Catastrophic Cc	1,872	9,311	4.97	8.5%	1.3689	0.0097	0.3842	0.1495	0.03	77
F61A	Infective Endocarditis W Catastrophic Cc	56	1,736	30.99	0.0%	7.4683	0.0992	0.7239	1.0046	0.82	20
F61B	Infective Endocarditis W/O Catastrophic Cc	138	1,827	13.25	24.3%	2.7724	0.0981	0.2404	0.1712	0.21	34
F62A	Heart Failure And Shock W Catastrophic Cc	2,622	35,886	13.69	0.3%	2.8905	0.0166	0.2742	0.2619	0.05	79
F62B	Heart Failure And Shock W/O Catastrophic Cc	7,479	55,082	7.36	1.8%	1.3831	0.0034	0.1109	0.1196	0.01	92
F63A	Venous Thrombosis W Catastrophic Or Severe Cc	314	2,973	9.47	2.2%	1.7464	0.0085	0.0429	0.1181	0.08	58
F63B	Venous Thrombosis W/O Catastrophic Or Severe Cc	1,545	7,646	4.95	9.4%	0.9324	0.0014	0.0004	0.1215	0.02	88
F64A	Skin Ulcers In Circulatory Disorders W Catastrophic Or Severe Cc	184	3,374	18.34	0.0%	3.1092	0.0413	0.1029	0.1628	0.22	49
F64B	Skin Ulcers In Circulatory Disorders W/O Catastrophic Or Severe Cc	490	5,236	10.69	9.2%	1.5752	0.0244	0.0000	0.0704	0.09	65
F65A	Peripheral Vascular Disorders W Catastrophic Or Severe Cc	302	3,147	10.42	4.6%	2.1870	0.1007	0.0599	0.2735	0.12	50
F65B	Peripheral Vascular Disorders W/O Catastrophic Or Severe Cc	3,264	6,233	1.91	51.6%	0.4587	0.0491	0.0028	0.0602	0.01	91
F66A	Coronary Atherosclerosis W Catastrophic Or Severe Cc	456	3,470	7.61	4.7%	1.4483	0.0131	0.1640	0.1092	0.07	59
F66B	Coronary Atherosclerosis W/O Catastrophic Or Severe Cc	2,104	6,060	2.88	20.1%	0.5706	0.0108	0.0594	0.0793	0.02	77
F67A	Hypertension W Catastrophic Or Severe Cc	228	1,887	8.29	3.1%	1.7641	0.0124	0.2179	0.1488	0.13	51
F67B	Hypertension W/O Catastrophic Or Severe Cc	1,661	6,177	3.72	4.8%	0.6800	0.0016	0.0330	0.0749	0.02	89
F68A	Congenital Heart Disease W Cc	28	49	1.79	78.5%	0.6507	0.0389	0.0617	0.1029	0.09	10
F68B	Congenital Heart Disease W/O Cc	261	306	1.18	89.1%	0.3715	0.0881	0.0102	0.0791	0.03	33
F69A	Valvular Disorders W Catastrophic Or Severe Cc	312	2,684	8.59	4.2%	1.9347	0.0393	0.2658	0.1885	0.11	50
F69B	Valvular Disorders W/O Catastrophic Or Severe Cc	2,210	4,547	2.06	38.6%	0.5278	0.0375	0.0516	0.1047	0.02	69
F72A	Unstable Angina W Catastrophic Or Severe Cc	372	2,672	7.19	0.3%	1.5838	0.0087	0.2645	0.1530	0.07	46
F72B	Unstable Angina W/O Catastrophic Or Severe Cc	1,620	4,676	2.89	8.3%	0.6235	0.0012	0.1493	0.0575	0.01	63
F73A	Syncope And Collapse W Catastrophic Or Severe Cc	1,327	10,793	8.13	1.4%	1.5058	0.0125	0.0830	0.1425	0.04	69
F73B	Syncope And Collapse W/O Catastrophic Or Severe Cc	4,889	16,663	3.41	13.4%	0.6564	0.0049	0.0361	0.0966	0.01	90
F74Z	Chest Pain	13,185	25,164	1.91	26.8%	0.3765	0.0029	0.0364	0.0703	0.00	90
F75A	Other Circulatory System Diagnoses W Catastrophic Cc	478	5,850	12.25	1.1%	3.0551	0.0653	0.3560	0.2445	0.13	64
F75B	Other Circulatory System Diagnoses W Severe Or Moderate Cc	1,458	7,548	5.18	10.5%	1.1842	0.0337	0.1234	0.1149	0.03	72
F75C	Other Circulatory System Diagnoses W/O Cc	2,466	7,022	2.85	35.5%	0.6744	0.0159	0.0768	0.1039	0.02	83
F76A	Arrhythmia, Cardiac Arrest And Conduction Disorders W Cat Or Sev Cc	2,039	15,656	7.68	3.7%	1.8171	0.0314	0.3446	0.1698	0.04	71
F76B	Arrhythmia, Cardiac Arrest And Conduction Disorders W/O Cat Or Sev Cc	16,680	35,709	2.14	45.8%	0.5802	0.0221	0.1191	0.0856	0.01	90
G01A	Rectal Resection W Catastrophic Cc	1,204	19,519	16.21	0.0%	6.8639	1.1093	1.0939	0.9181	0.12	66
G01B	Rectal Resection W/O Catastrophic Cc	3,349	28,278	8.44	0.8%	3.7920	0.9929	0.1851	0.7584	0.02	77
G02A	Major Small And Large Bowel Procedures W Catastrophic Cc	2,652	44,217	16.68	0.7%	6.4854	0.8152	1.1267	0.7461	0.07	74
G02B	Major Small And Large Bowel Procedures W/O Catastrophic Cc	6,785	46,169	6.80	8.0%	2.7624	0.6595	0.1468	0.4761	0.02	93
G03A	Stomach, Oesophageal And Duodenal Procedure W Malignancy Or W Catastrophic C	843	10,893	12.92	2.6%	6.9081	1.1261	1.6989	0.8223	0.14	59
G03B	Stomach, Oesophageal And Duodenal Procedures W/O Malignancy W Sev Or Mod Cc	483	2,324	4.81	9.3%	2.4952	0.6361	0.2546	0.3329	0.06	57
G03C	Stomach, Oesophageal And Duodenal Procedures W/O Malignancy W/O Cc	2,973	7,595	2.55	8.9%	1.5410	0.5372	0.0521	0.2444	0.01	81
G04A	Peritoneal Adhesiolysis W Catastrophic Cc	410	5,852	14.26	0.6%	5.3988	0.6117	0.8469	0.5903	0.13	49
G04B	Peritoneal Adhesiolysis W Severe Or Moderate Cc	894	7,070	7.91	1.7%	2.8911	0.5200	0.1769	0.4084	0.06	72
G04C	Peritoneal Adhesiolysis W/O Cc	4,036	13,506	3.35	7.7%	1.4960	0.4165	0.0331	0.2693	0.01	93
G05A	Minor Small And Large Bowel Procedures W Catastrophic Cc	89	788	8.83	0.0%	3.1504	0.4899	0.3501	0.4853	0.13	29
G05B	Minor Small And Large Bowel Procedures W Severe Or Moderate Cc	257	1,911	7.44	6.2%	2.2013	0.4466	0.0754	0.2803	0.08	44
G05C	Minor Small And Large Bowel Procedures W/O Cc	723	3,496	4.84	13.5%	1.5194	0.3877	0.0000	0.1892	0.02	73
G06Z	Pyloromyotomy Procedure	------	------	------	------	------	------	------	------	------	------
G07A	Appendicectomy W Malignancy Or Peritonitis Or W Catastrophic Or Severe Cc	1,493	5,593	3.75	5.9%	1.4329	0.3440	0.0735	0.1643	0.02	70
G07B	Appendicectomy W/O Malignancy Or Peritonitis W/O Cat Or Sev Cc	5,518	11,216	2.03	5.0%	0.9084	0.2866	0.0000	0.1464	0.01	91

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DRG	DRG Description	Number of Seps	Number of days	ALOS (Days)	Percentage of same day seps incl in ALOS	Cost Weight for Selected Cost Buckets				Standard Error (Total Cost	No. of hospitals
						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)		
G10A	Hernia Procedures W Cc	1,684	7,019	4.17	4.8%	1.9671	0.4334	0.1635	0.3589	0.04	81
G10B	Hernia Procedures W/O Cc	38,188	49,845	1.31	21.0%	0.8258	0.3074	0.0002	0.1904	0.00	99
G11Z	Anal And Stomal Procedures	31,328	40,863	1.30	68.0%	0.4950	0.1788	0.0005	0.0876	0.00	96
G12A	Other Digestive System Or Procedures W Catastrophic Cc	241	3,798	15.76	2.2%	4.9681	0.4229	0.8940	0.4373	0.23	42
G12B	Other Digestive System Or Procedures W Severe Or Moderate Cc	503	2,693	5.36	18.6%	1.7775	0.2922	0.1084	0.2346	0.06	54
G12C	Other Digestive System Or Procedures W/O Cc	1,442	3,930	2.73	35.5%	0.9798	0.2544	0.0197	0.1469	0.02	87
G46A	Complex Gastroscopy W Catastrophic Cc	334	4,831	14.48	0.0%	3.6497	0.1855	0.3797	0.3115	0.13	49
G46B	Complex Gastroscopy W/O Catastrophic Cc	7,276	24,926	3.43	2.3%	1.0762	0.1392	0.0472	0.1389	0.01	91
G46C	Complex Gastroscopy, Sameday	69,784	69,736	1.00	100.0%	0.2558	0.1311	0.0000	0.0432	0.00	89
G47A	Other Gastroscopy W Catastrophic Cc	350	4,792	13.69	0.7%	3.0947	0.1133	0.2608	0.2200	0.12	53
G47B	Other Gastroscopy W/O Catastrophic Cc	5,292	21,089	3.98	2.9%	0.9801	0.0880	0.0274	0.1165	0.01	92
G47C	Other Gastroscopy, Sameday	66,092	66,059	1.00	100.0%	0.1880	0.0865	0.0000	0.0329	0.00	93
G48A	Colonoscopy W Catastrophic Or Severe Cc	806	7,429	9.22	0.6%	2.7169	0.4875	0.0985	0.2689	0.08	72
G48B	Colonoscopy W/O Catastrophic Or Severe Cc	7,463	17,548	2.35	3.1%	0.8477	0.2179	0.0004	0.0975	0.01	91
G48C	Colonoscopy, Sameday	112,418	112,356	1.00	100.0%	0.1825	0.0827	0.0000	0.0322	0.00	89
G60A	Digestive Malignancy W Catastrophic Cc	635	7,286	11.47	3.8%	2.2754	0.0543	0.0309	0.1095	0.12	65
G60B	Digestive Malignancy W/O Catastrophic Cc	5,102	18,610	3.65	25.9%	0.7442	0.0283	0.0014	0.0498	0.02	90
G61A	Gi Haemorrhage W Catastrophic Or Severe Cc	399	2,715	6.81	7.1%	1.3083	0.0113	0.0761	0.1091	0.05	68
G61B	Gi Haemorrhage W/O Catastrophic Or Severe Cc	1,352	3,946	2.92	11.9%	0.5948	0.0026	0.0041	0.0820	0.02	85
G62Z	Complicated Peptic Ulcer	80	429	5.38	26.2%	1.1355	0.0286	0.0935	0.1013	0.12	34
G63Z	Uncomplicated Peptic Ulcer	51	187	3.66	24.1%	0.4714	0.0030	0.0000	0.0289	0.16	24
G64A	Inflammatory Bowel Disease W Cc	288	1,765	6.12	14.8%	1.7827	0.0256	0.0209	0.2123	0.16	51
G64B	Inflammatory Bowel Disease W/O Cc	4,342	6,093	1.40	87.0%	0.3811	0.0093	0.0000	0.0258	0.01	78
G65A	Gi Obstruction W Catastrophic Or Severe Cc	780	7,365	9.44	2.1%	1.8618	0.0106	0.0888	0.1534	0.07	64
G65B	Gi Obstruction W/O Catastrophic Or Severe Cc	2,899	10,874	3.75	4.3%	0.7474	0.0013	0.0005	0.0887	0.01	88
G66Z	Abdominal Pain Or Mesenteric Adenitis	7,258	18,453	2.54	17.2%	0.5169	0.0013	0.0016	0.0906	0.01	92
G67A	Oesophagitis And Gastroenteritis W Cat/Sev Cc	1,759	13,691	7.78	5.1%	1.4918	0.0018	0.0605	0.1195	0.03	79
G67B	Oesophagitis And Gastroenteritis W/O Cat/Sev Cc	5,926	18,591	3.14	13.5%	0.5863	0.0002	0.0004	0.0828	0.01	94
G70A	Other Digestive System Diagnoses W Catastrophic Or Severe Cc	3,198	20,618	6.45	24.6%	1.3329	0.0229	0.0437	0.1318	0.03	82
G70B	Other Digestive System Diagnoses W/O Catastrophic Or Severe Cc	13,656	39,009	2.86	29.1%	0.5517	0.0119	0.0036	0.0697	0.01	98
H01A	Pancreas, Liver And Shunt Procedures W Catastrophic Cc	541	9,379	17.32	0.0%	7.5226	1.2034	1.5293	1.0245	0.20	36
H01B	Pancreas, Liver And Shunt Procedures W/O Catastrophic Cc	858	5,916	6.90	3.3%	3.4301	0.6918	0.4398	0.6735	0.06	47
H02A	Major Biliary Tract Procedures W Catastrophic Cc	202	3,390	16.82	0.9%	5.4953	0.6106	0.6189	0.6076	0.34	36
H02B	Major Biliary Tract Procedures W Severe Cc	143	1,521	10.65	0.9%	4.1751	0.4348	0.1856	0.6230	0.33	34
H02C	Major Biliary Tract Procedures W/O Catastrophic Or Severe Cc	358	1,992	5.56	7.5%	1.9017	0.4163	0.0630	0.3210	0.08	45
H05A	Hepatobiliary Diagnostic Procedures W Catastrophic Cc	80	883	11.08	1.9%	3.7795	0.5974	0.5837	0.4515	0.20	26
H05B	Hepatobiliary Diagnostic Procedures W/O Catastrophic Cc	628	1,542	2.45	40.1%	1.0355	0.3102	0.0035	0.2078	0.03	56
H06A	Other Hepatobiliary And Pancreas Or Procedures W Catastrophic Cc	141	1,249	8.87	10.8%	4.2406	0.3425	0.9896	0.5487	0.24	24
H06B	Other Hepatobiliary And Pancreas Or Procedures W/O Catastrophic Cc	821	1,883	2.29	23.9%	1.1805	0.2152	0.0229	0.2677	0.04	41
H07A	Open Cholecystectomy W Closed Cde Or W Catastrophic Cc	150	2,068	13.77	0.0%	5.6152	0.6772	1.3825	0.4670	0.20	44
H07B	Open Cholecystectomy W/O Closed Cde W/O Catastrophic Cc	495	2,624	5.30	1.7%	2.1442	0.5535	0.0954	0.2961	0.04	77
H08A	Laparoscopic Cholecystectomy W Closed Cde Or W (Cat Or Sev Cc)	1,986	11,126	5.60	1.5%	2.3006	0.5018	0.1753	0.3483	0.04	85
H08B	Laparoscopic Cholecystectomy W/O Closed Cde W/O Cat Or Sev Cc	18,911	31,104	1.64	2.1%	1.0805	0.4086	0.0009	0.2243	0.00	95
H40A	Endoscopic Procedures For Bleeding Oesophageal Varices W Catastrophic Cc	15	173	11.57	0.0%	4.1580	0.2063	1.5286	0.1673	0.38	7
H40B	Endoscopic Procedures For Bleeding Oesophageal Varices W/O Catastrophic Cc	40	140	3.50	38.9%	1.2191	0.1373	0.2810	0.1641	0.16	12

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						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)		
H43A	Ercp Procedures W Catastrophic Or Severe Cc	502	4,500	8.97	4.1%	2.6261	0.1580	0.3018	0.3160	0.11	32
H43B	Ercp Procedures W/O Catastrophic Or Severe Cc	2,941	7,435	2.53	24.6%	0.7643	0.1158	0.0001	0.1273	0.01	43
H60A	Cirrhosis And Alcoholic Hepatitis W Catastrophic Cc	136	2,047	15.10	5.6%	3.2715	0.1323	0.2226	0.2399	0.21	34
H60B	Cirrhosis And Alcoholic Hepatitis W Severe Or Moderate Cc	405	1,881	4.64	38.8%	0.9609	0.0412	0.0207	0.0941	0.06	58
H60C	Cirrhosis And Alcoholic Hepatitis W/O Cc	385	786	2.04	78.5%	0.3535	0.0294	0.0000	0.0353	0.05	55
H61A	Malignancy Of Hepatobiliary System, Pancreas W Catastrophic Cc	477	5,887	12.35	3.4%	2.3734	0.0280	0.0522	0.1220	0.13	56
H61B	Malignancy Of Hepatobiliary System, Pancreas W/O Catastrophic Cc	2,577	10,457	4.06	33.1%	0.8531	0.0246	0.0004	0.0949	0.02	85
H62A	Disorders Of Pancreas Except For Malignancy W Catastrophic Or Severe Cc	310	2,879	9.28	3.2%	2.3713	0.0240	0.3673	0.2144	0.11	46
H62B	Disorders Of Pancreas Except For Malignancy W/O Catastrophic Or Severe Cc	1,857	5,567	3.00	32.0%	0.6472	0.0155	0.0146	0.0825	0.02	85
H63A	Disorders Of Liver Except Malig, Cirrhosis, Alcoholic Hepatitis W Cat/Sev Cc	362	2,780	7.67	14.6%	1.9508	0.0621	0.1822	0.1839	0.11	62
H63B	Disorders Of Liver Excep Malig, Cirrhosis, Alcoholic Hepatitis W/O Cat/Sev Cc	1,915	4,126	2.15	67.1%	0.4283	0.0239	0.0000	0.0531	0.01	83
H64A	Disorders Of The Biliary Tract W Cc	610	4,195	6.88	7.2%	1.5199	0.0276	0.0879	0.1372	0.05	67
H64B	Disorders Of The Biliary Tract W/O Cc	1,833	4,643	2.53	25.1%	0.5633	0.0123	0.0000	0.0674	0.02	88
I01A	Bilateral/Multiple Major Joint Proc Of Lower Extremity W Revision Or W Cat Cc	333	5,077	15.25	0.0%	12.5636	1.1015	0.3324	6.1854	0.31	56
I01B	Bilateral/Multiple Major Joint Pr Of Lower Extremity W/O Revision W/O Cat Cc	2,229	16,415	7.36	0.9%	8.2638	0.7650	0.1494	4.9797	0.07	68
I02A	Microvascular Tissue Transfer Or (Skin Graft W Cat Or Sev Cc), Excluding Hand	349	6,987	20.00	3.5%	8.9382	1.9957	0.5604	1.9476	0.27	49
I02B	Skin Graft W/O Catastrophic Or Severe Cc, Excluding Hand	989	4,631	4.68	26.0%	2.6245	0.8037	0.0291	0.6187	0.05	83
I03A	Hip Replacement W Catastrophic Cc	1,134	15,669	13.81	0.0%	7.7696	0.5649	0.2684	3.6204	0.11	72
I03B	Hip Replacement W/O Catastrophic Cc	19,918	129,880	6.52	0.3%	5.2944	0.5718	0.0372	2.8793	0.01	91
I04A	Knee Replacement W Catastrophic Or Severe Cc	3,800	32,685	8.60	0.3%	6.6474	0.6232	0.1272	3.4718	0.05	76
I04B	Knee Replacement W/O Catastrophic Or Severe Cc	25,079	153,629	6.13	0.4%	5.6978	0.6076	0.0189	3.2864	0.01	90
I05A	Other Joint Replacement W Catastrophic Or Severe Cc	282	2,602	9.22	0.0%	7.4427	0.7786	0.2099	3.9825	0.18	53
I05B	Other Joint Replacement W/O Catastrophic Or Severe Cc	3,286	14,410	4.39	0.6%	5.6058	0.6910	0.0283	3.4300	0.03	86
I06Z	Spinal Fusion W Deformity	843	8,606	10.21	4.7%	17.7725	1.4817	0.8354	11.7682	0.33	32
I07Z	Amputation	101	1,529	15.07	0.0%	4.9509	0.7404	0.3238	0.5990	0.22	37
I08A	Other Hip And Femur Procedures W Catastrophic Cc	823	17,068	20.75	1.3%	5.5332	0.5157	0.2120	1.0809	0.11	53
I08B	Other Hip And Femur Procedures W/O Catastrophic Cc	6,533	34,163	5.23	8.0%	2.5858	0.5210	0.0177	0.7925	0.02	89
I09A	Spinal Fusion W Catastrophic Cc	689	11,598	16.83	1.9%	14.1509	1.2369	0.7605	7.4854	0.21	42
I09B	Spinal Fusion W/O Catastrophic Cc	10,871	70,280	6.46	0.7%	8.8520	0.9920	0.1048	5.6048	0.03	53
I10A	Other Back And Neck Procedures W Catastrophic Or Severe Cc	1,160	10,680	9.21	1.5%	3.5474	0.6805	0.1510	0.6796	0.05	51
I10B	Other Back And Neck Procedures W/O Catastrophic Or Severe Cc	15,914	60,540	3.80	3.9%	1.7216	0.5184	0.0028	0.3236	0.01	61
I11Z	Limb Lengthening Procedures	81	259	3.21	11.6%	4.7130	0.6038	0.0000	2.9541	0.30	21
I12A	Infect/Inflam Of Bone And Joint W Misc Musculoskeletal Procs W Cat Cc	303	6,766	22.36	0.5%	5.5527	0.4336	0.2505	0.5280	0.19	56
I12B	Infect/Inflam Of Bone And Joint W Misc Musculoskeletal Procs W Sev Or Mod Cc	515	6,359	12.34	4.2%	3.2724	0.4766	0.0332	0.4491	0.10	66
I12C	Infect/Inflam Of Bone And Joint W Misc Musculoskeletal Procs W/O Sev Or Mod Cc	3,201	13,249	4.14	27.3%	1.5368	0.3597	0.0000	0.2793	0.02	94
I13A	Humerus, Tibia, Fibula And Ankle Procedures W Cc	887	8,867	10.00	4.3%	3.8453	0.6611	0.0847	1.1553	0.07	67
I13B	Humerus, Tibia, Fibula And Ankle Procedures W/O Cc	14,297	34,269	2.40	18.0%	1.7415	0.4407	0.0002	0.6190	0.01	93
I15Z	Cranio-Facial Surgery	200	1,035	5.17	18.0%	7.3553	1.3062	0.6088	4.0411	0.85	32
I16Z	Other Shoulder Procedures	36,362	47,047	1.29	4.8%	1.3712	0.5031	0.0003	0.4412	0.00	93
I17A	Maxillo-Facial Surgery W Cc	40	126	3.14	4.6%	2.0280	0.6987	0.0988	0.5387	0.13	19
I17B	Maxillo-Facial Surgery W/O Cc	302	469	1.56	27.2%	1.5266	0.4755	0.0328	0.5526	0.04	57
I18Z	Other Knee Procedures	62,946	70,002	1.11	82.3%	0.5787	0.2632	0.0001	0.1226	0.00	95
I19A	Other Elbow Or Forearm Procedures W Cc	281	1,912	6.81	5.5%	2.8607	0.5029	0.0541	0.8819	0.09	54
I19B	Other Elbow Or Forearm Procedures W/O Cc	7,483	11,373	1.52	19.8%	1.5627	0.4266	0.0003	0.6836	0.01	95
I20Z	Other Foot Procedures	14,638	24,336	1.66	21.3%	1.1367	0.3568	0.0005	0.3230	0.00	95

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I21Z	Local Excision And Removal Of Internal Fixation Devices Of Hip And Femur	602	931	1.54	40.0%	0.9350	0.3354	0.0130	0.1724	0.03	74
I23Z	Local Excision And Removal Of Internal Fixation Devices Excl Hip And Femur	11,932	14,077	1.18	72.8%	0.5521	0.2364	0.0000	0.1216	0.00	98
I24Z	Arthroscopy	4,149	4,799	1.16	57.7%	0.7105	0.2885	0.0000	0.1700	0.01	89
I25A	Bone And Joint Diagnostic Procedures Including Biopsy W Cc	130	1,259	9.69	30.1%	2.4483	0.1962	0.0320	0.3455	0.20	25
I25B	Bone And Joint Diagnostic Procedures Including Biopsy W/O Cc	277	833	3.01	51.6%	0.7354	0.0978	0.0000	0.1211	0.05	40
I27A	Soft Tissue Procedures W Cc	459	4,344	9.46	13.1%	2.8652	0.4227	0.1624	0.3702	0.13	68
I27B	Soft Tissue Procedures W/O Cc	9,394	14,866	1.58	43.5%	0.8019	0.2923	0.0002	0.1586	0.01	100
I28A	Other Musculoskeletal Procedures W Cc	229	2,371	10.37	3.6%	3.4666	0.3584	0.0975	0.9049	0.13	47
I28B	Other Musculoskeletal Procedures W/O Cc	4,067	6,810	1.67	26.9%	1.1262	0.3300	0.0001	0.3627	0.01	95
I29Z	Knee Reconstruction Or Revision	11,386	13,719	1.20	12.6%	1.5881	0.5044	0.0000	0.6260	0.01	90
I30Z	Hand Procedures	29,588	32,685	1.10	69.7%	0.7054	0.3140	0.0000	0.1854	0.00	99
I31A	Hip Revision W Catastrophic Cc	340	6,920	20.36	2.1%	10.6782	0.9960	0.5314	3.9006	0.33	47
I31B	Hip Revision W/O Catastrophic Cc	2,889	25,651	8.88	0.5%	6.9127	0.8397	0.1732	3.5101	0.05	75
I32A	Knee Revision W Catastrophic Cc	178	3,439	19.35	0.0%	10.1942	0.8049	0.1488	4.2827	0.38	42
I32B	Knee Revision W Severe Cc	273	3,094	11.33	3.4%	8.1831	0.8852	0.1208	4.1621	0.22	53
I32C	Knee Revision W/O Catastrophic Or Severe Cc	1,830	13,652	7.46	0.4%	6.7903	0.7950	0.0578	3.8874	0.06	79
I60Z	Femoral Shaft Fractures	55	391	7.15	28.5%	1.9263	0.1193	0.0000	0.1917	0.41	15
I61A	Distal Femoral Fractures W Cc	54	735	13.68	0.0%	2.2415	0.0254	0.0937	0.1847	0.23	19
I61B	Distal Femoral Fractures W/O Cc	59	438	7.46	16.8%	1.1996	0.0275	0.0000	0.0837	0.15	24
I63A	Sprains, Strains And Dislocations Of Hip, Pelvis And Thigh W Cc	110	796	7.24	0.0%	1.3451	0.0304	0.0000	0.1421	0.10	34
I63B	Sprains, Strains And Dislocations Of Hip, Pelvis And Thigh W/O Cc	419	1,393	3.33	14.4%	0.6272	0.0211	0.0000	0.0890	0.03	51
I64A	Osteomyelitis W Catastrophic Or Severe Cc	141	2,520	17.88	6.7%	3.4187	0.0576	0.0678	0.2455	0.31	37
I64B	Osteomyelitis W/O Catastrophic Or Severe Cc	311	3,280	10.56	20.8%	1.9973	0.0307	0.0000	0.2809	0.17	65
I65A	Musculoskeletal Malignant Neoplasms W Catastrophic Cc	343	5,312	15.51	1.8%	3.0856	0.0298	0.0241	0.1703	0.12	43
I65B	Musculoskeletal Malignant Neoplasms W/O Catastrophic Cc	1,710	12,719	7.44	11.5%	1.4547	0.0276	0.0002	0.0964	0.04	88
I66A	Inflammatory Musculoskeletal Disorders W Cat Or Sev Cc	304	3,282	10.80	3.9%	2.5653	0.0332	0.2233	0.1927	0.15	47
I66B	Inflammatory Musculoskeletal Disorders W/O Cat Or Sev Cc	7,388	12,060	1.63	87.3%	0.3551	0.0125	0.0003	0.0263	0.01	93
I67A	Septic Arthritis W Catastrophic Or Severe Cc	45	770	17.19	0.0%	3.3609	0.0572	0.1554	0.2706	0.39	22
I67B	Septic Arthritis W/O Catastrophic Or Severe Cc	220	1,587	7.21	26.2%	1.1689	0.0363	0.0000	0.1151	0.09	56
I68A	Non-Surgical Spinal Disorders W Cc	2,784	31,253	11.23	0.3%	1.9837	0.0396	0.0406	0.1342	0.03	82
I68B	Non-Surgical Spinal Disorders W/O Cc	9,930	47,156	4.75	0.5%	0.8892	0.0167	0.0005	0.0768	0.01	99
I68C	Non-Surgical Spinal Disorders, Sameday	16,341	16,341	1.00	100.0%	0.0994	0.0092	0.0000	0.0208	0.00	85
I69A	Bone Diseases And Arthropathies W Catastrophic Or Severe Cc	441	4,599	10.44	6.6%	1.7624	0.0126	0.0051	0.1320	0.07	70
I69B	Bone Diseases And Arthropathies W/O Catastrophic Or Severe Cc	3,853	10,954	2.84	55.9%	0.5274	0.0118	0.0001	0.0558	0.01	101
I71A	Other Musculotendinous Disorders W Catastrophic Or Severe Cc	271	2,890	10.65	2.1%	2.0601	0.0474	0.0170	0.1234	0.21	55
I71B	Other Musculotendinous Disorders W/O Catastrophic Or Severe Cc	4,337	11,255	2.60	40.8%	0.4823	0.0164	0.0007	0.0515	0.01	98
I72A	Specific Musculotendinous Disorders W Catastrophic Or Severe Cc	173	1,883	10.86	3.8%	1.9805	0.0259	0.1190	0.1396	0.11	46
I72B	Specific Musculotendinous Disorders W/O Catastrophic Or Severe Cc	2,254	6,211	2.76	43.3%	0.5084	0.0267	0.0010	0.0513	0.01	98
I73A	Aftercare Of Musculoskeletal Implants/Prostheses W Catastrophic Or Severe Cc	201	2,431	12.09	28.5%	2.1031	0.1253	0.0329	0.1547	0.16	45
I73B	Aftercare Of Musculoskeletal Implants/Prostheses W/O Cat Or Sev Cc	2,512	8,531	3.40	33.2%	0.6543	0.0506	0.0003	0.0701	0.02	91
I74Z	Injury To Forearm, Wrist, Hand Or Foot	2,833	7,781	2.75	45.8%	0.5414	0.0655	0.0011	0.0816	0.02	95
I75A	Injury To Shoulder, Arm, Elbow, Knee, Leg Or Ankle W Cc	869	10,925	12.57	3.5%	2.2676	0.0414	0.0419	0.1721	0.08	70
I75B	Injury To Shoulder, Arm, Elbow, Knee, Leg Or Ankle W/O Cc	2,656	10,956	4.13	24.0%	0.8546	0.0150	0.0000	0.0846	0.05	94
I76A	Other Musculoskeletal Disorders W Catastrophic Or Severe Cc	172	2,285	13.32	3.7%	2.5287	0.0887	0.1028	0.1758	0.16	46
I76B	Other Musculoskeletal Disorders W/O Catastrophic Or Severe Cc	1,495	3,881	2.60	59.4%	0.4686	0.0369	0.0025	0.0564	0.02	96

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I77A	Fractures Of Pelvis W Catastrophic Or Severe Cc	599	9,527	15.91	0.8%	3.0511	0.0084	0.0333	0.3210	0.13	65
I77B	Fractures Of Pelvis W/O Catastrophic Or Severe Cc	855	7,941	9.28	1.7%	1.5398	0.0017	0.0000	0.1000	0.05	83
I78A	Fractures Of Neck Of Femur W Catastrophic Or Severe Cc	209	2,656	12.72	3.1%	2.1763	0.0294	0.0535	0.1470	0.17	51
I78B	Fractures Of Neck Of Femur W/O Catastrophic Or Severe Cc	345	2,251	6.52	13.3%	1.0539	0.0069	0.0000	0.0972	0.07	69
I79A	Pathological Fracture W Catastrophic Cc	128	2,614	20.46	0.0%	3.9091	0.0142	0.1140	0.1949	0.25	38
I79B	Pathological Fracture W/O Catastrophic Cc	1,307	12,771	9.77	8.2%	1.6644	0.0093	0.0000	0.1000	0.04	89
J01A	Microvas Tiss Transf For Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev Cc	145	1,533	10.61	1.8%	7.2652	2.5614	0.6199	1.2615	0.25	22
J01B	Microvas Tiss Transf For Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev Cc	408	2,985	7.32	2.3%	5.2918	2.1807	0.1531	0.9762	0.09	33
J06A	Major Procedures For Malignant Breast Conditions	10,777	29,887	2.77	8.0%	1.3795	0.4604	0.0025	0.2197	0.01	89
J06B	Major Procedures For Non-Malignant Breast Conditions	12,523	21,952	1.75	23.6%	1.1427	0.4915	0.0007	0.1953	0.01	95
J07A	Minor Procedures For Malignant Breast Conditions	3,236	3,757	1.16	62.7%	0.5811	0.2566	0.0013	0.0771	0.01	85
J07B	Minor Procedures For Non-Malignant Breast Conditions	5,507	5,725	1.04	88.0%	0.4455	0.2276	0.0001	0.0656	0.00	96
J08A	Other Skin Graft And/Or Debridement Procedures W Cc	1,084	10,081	9.30	15.0%	2.6996	0.4742	0.0891	0.2503	0.09	81
J08B	Other Skin Graft And/Or Debridement Procedures W/O Cc	24,436	33,723	1.38	71.6%	0.6214	0.2760	0.0001	0.0895	0.00	101
J09Z	Perianal And Pilonidal Procedures	1,690	2,607	1.54	46.7%	0.5876	0.2185	0.0000	0.0817	0.01	92
J10Z	Skin, Subcutaneous Tissue And Breast Plastic Or Procedures	19,809	25,061	1.27	71.3%	0.5885	0.3014	0.0003	0.0781	0.00	101
J11Z	Other Skin, Subcutaneous Tissue And Breast Procedures	42,357	46,436	1.10	90.0%	0.3460	0.1696	0.0001	0.0485	0.00	101
J12A	Lower Limb Procs W Ulcer/Cellulitis W Catastrophic Cc	151	4,901	32.50	0.0%	6.2310	0.4231	0.1894	0.5179	0.27	42
J12B	Lower Limb Procs W Ulcer/Cellulitis W/O Cat Cc W Skin Graft/Flap Repair	514	6,480	12.61	9.7%	2.9122	0.3150	0.0865	0.2278	0.09	77
J12C	Lower Limb Procs W Ulcer/Cellulitis W/O Cat Cc W/O Skin Graft/Flap Repair	492	4,413	8.97	14.1%	2.1900	0.1865	0.0698	0.2328	0.10	80
J13A	Lower Limb Procs W/O Ulcer/Cellulitis W Cat Cc Or W (Skin Graft And Sev Cc)	325	4,114	12.67	2.0%	3.1485	0.4032	0.0732	0.2273	0.14	63
J13B	Lower Limb Procs W/O Ulcer/Cellulitis W/O Cat Cc W/O (Skin Graft And Sev Cc)	5,270	18,842	3.58	33.6%	1.0577	0.2644	0.0003	0.1175	0.01	96
J14Z	Major Breast Reconstructions	727	4,605	6.34	6.0%	3.2741	1.1017	0.0655	0.5545	0.05	58
J60A	Skin Ulcers W Catastrophic Cc	181	3,287	18.15	2.9%	3.3966	0.0559	0.0772	0.1851	0.24	47
J60B	Skin Ulcers W/O Catastrophic Cc	1,112	12,757	11.47	0.6%	1.9240	0.0282	0.0017	0.0975	0.06	89
J60C	Skin Ulcers, Sameday	32	32	1.00	100.0%	0.0960	0.0000	0.0000	0.0259	0.03	11
J62A	Malignant Breast Disorders W Cc	1,879	6,364	3.39	22.0%	0.9329	0.0228	0.0000	0.0503	0.03	58
J62B	Malignant Breast Disorders W/O Cc	1,505	2,172	1.44	20.0%	0.4477	0.0083	0.0000	0.0268	0.02	62
J63A	Non-Malignant Breast Disorders W Cc	28	101	3.56	10.0%	0.8765	0.1058	0.0000	0.0650	0.09	17
J63B	Non-Malignant Breast Disorders W/O Cc	739	1,314	1.78	63.3%	0.3538	0.0558	0.0012	0.0334	0.02	80
J64A	Cellulitis W Catastrophic Or Severe Cc	1,623	19,422	11.97	0.8%	2.2369	0.0639	0.0664	0.1560	0.04	78
J64B	Cellulitis W/O Catastrophic Or Severe Cc	7,197	38,771	5.39	9.1%	0.9630	0.0256	0.0021	0.0835	0.01	99
J65A	Trauma To The Skin, Subcutaneous Tissue And Breast W Cat Or Sev Cc	399	4,221	10.59	2.7%	1.8676	0.0283	0.0750	0.1134	0.09	57
J65B	Trauma To The Skin, Subcutaneous Tissue And Breast W/O Cat Or Sev Cc	1,488	6,168	4.15	26.0%	0.7539	0.0106	0.0032	0.0687	0.04	96
J67A	Minor Skin Disorders	887	3,864	4.36	3.6%	0.9891	0.0860	0.0167	0.1082	0.04	84
J67B	Minor Skin Disorders, Sameday	3,960	3,956	1.00	100.0%	0.1228	0.0380	0.0000	0.0212	0.00	100
J68A	Major Skin Disorders W Catastrophic Or Severe Cc	160	1,784	11.13	0.0%	2.2373	0.0231	0.1522	0.1257	0.13	42
J68B	Major Skin Disorders W/O Catastrophic Or Severe Cc	646	3,640	5.64	4.3%	1.1615	0.0126	0.0006	0.0905	0.04	68
J68C	Major Skin Disorders, Sameday	334	334	1.00	99.7%	0.1777	0.0057	0.0000	0.0284	0.01	36
J69A	Skin Malignancy W Catastrophic Cc	61	1,207	19.75	0.0%	3.7387	0.2010	0.0677	0.1391	0.69	25
J69B	Skin Malignancy W/O Catastrophic Cc	266	1,849	6.95	0.0%	1.4693	0.1105	0.0000	0.1055	0.09	48
J69C	Skin Malignancy, Sameday	462	462	1.00	100.0%	0.0946	0.0202	0.0000	0.0239	0.01	65
K01A	Or Procedures For Diabetic Complications W Catastrophic Cc	324	8,426	25.99	1.9%	6.0694	0.5663	0.3186	0.5011	0.21	41
K01B	Or Procedures For Diabetic Complications W/O Catastrophic Cc	442	6,695	15.14	2.9%	3.2025	0.3162	0.0343	0.2450	0.19	58
K02A	Pituitary Procedures W Cc	154	1,548	10.02	5.1%	4.4724	1.1307	0.9532	0.6417	0.14	19

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K02B	Pituitary Procedures W/O Cc	206	1,231	5.98	1.3%	2.9339	0.8515	0.3535	0.4546	0.05	18
K03Z	Adrenal Procedures	309	1,415	4.58	2.1%	3.0842	0.8245	0.4220	0.4954	0.09	38
K04A	Major Procedures For Obesity W Cc	862	3,672	4.26	0.3%	3.5685	0.5916	0.2656	1.3880	0.05	51
K04B	Major Procedures For Obesity W/O Cc	9,103	17,103	1.88	2.6%	2.5114	0.4131	0.0394	1.3477	0.01	74
K05A	Parathyroid Procedures W Catastrophic Or Severe Cc	107	429	4.01	2.4%	2.8071	0.7129	0.5583	0.3623	0.15	26
K05B	Parathyroid Procedures W/O Catastrophic Or Severe Cc	2,039	3,068	1.51	3.6%	1.3736	0.3738	0.0826	0.3711	0.03	66
K06A	Thyroid Procedures W Catastrophic Or Severe Cc	499	1,612	3.23	2.0%	2.4843	0.7312	0.3239	0.4242	0.06	53
K06B	Thyroid Procedures W/O Catastrophic Or Severe Cc	6,334	10,954	1.73	1.0%	1.4701	0.5164	0.0698	0.3305	0.02	85
K07Z	Obesity Procedures	2,382	8,489	3.56	7.3%	1.3246	0.4225	0.0341	0.1646	0.01	82
K08Z	Thyroglossal Procedures	276	332	1.20	15.4%	1.1248	0.3273	0.0052	0.3211	0.09	62
K09A	Other Endocrine, Nutritional And Metabolic Or Procedures W Catastrophic Cc	56	1,066	19.13	0.0%	5.4559	0.4532	0.3966	0.6135	0.48	19
K09B	Other Endocrine, Nutritional And Metabolic Or Procs W Severe Or Moderate Cc	92	557	6.05	4.8%	1.9403	0.2542	0.1871	0.3441	0.11	25
K09C	Other Endocrine, Nutritional And Metabolic Or Procedures W/O Cc	126	593	4.71	28.7%	1.3283	0.1630	0.1307	0.1612	0.13	40
K40A	Endoscopic Or Investigative Proc For Metabolic Disorders W Catastrophic Cc	79	1,528	19.39	3.3%	4.8132	0.4973	0.3435	0.3675	0.33	26
K40B	Endoscopic Or Investigative Proc For Metabolic Disorders W/O Catastrophic Cc	837	3,705	4.43	2.0%	1.4009	0.1937	0.0530	0.1521	0.04	83
K40C	Endoscopic Or Investigative Procedure For Metabolic Disorders, Sameday	7,000	7,000	1.00	100.0%	0.1591	0.0533	0.0000	0.0294	0.00	88
K60A	Diabetes W Catastrophic Or Severe Cc	579	6,801	11.74	3.0%	2.4715	0.0208	0.2790	0.2266	0.09	65
K60B	Diabetes W/O Catastrophic Or Severe Cc	2,372	10,008	4.22	22.4%	0.9660	0.0080	0.0789	0.1576	0.02	89
K61Z	Severe Nutritional Disturbance	114	1,442	12.62	6.3%	2.4636	0.0167	0.1160	0.1202	0.20	38
K62A	Miscellaneous Metabolic Disorders W Catastrophic Or Severe Cc	1,264	11,788	9.33	6.4%	1.7468	0.0128	0.1294	0.1277	0.04	78
K62B	Miscellaneous Metabolic Disorders W/O Catastrophic Or Severe Cc	6,864	14,228	2.07	72.1%	0.4584	0.0004	0.0191	0.0419	0.01	95
K63A	Inborn Errors Of Metabolism W Cc	30	191	6.36	61.5%	2.3405	0.0132	0.0711	0.1650	0.50	10
K63B	Inborn Errors Of Metabolism W/O Cc	123	277	2.25	78.5%	0.3797	0.0120	0.0000	0.0267	0.10	29
K64A	Endocrine Disorders W Catastrophic Or Severe Cc	246	2,732	11.11	3.1%	1.9803	0.0137	0.0985	0.1360	0.12	52
K64B	Endocrine Disorders W/O Catastrophic Or Severe Cc	1,120	3,555	3.17	33.2%	0.5796	0.0119	0.0000	0.0621	0.02	74
L02A	Operative Insertion Of Peritoneal Catheter For Dialysis W Cat Or Sev Cc	35	251	7.20	20.3%	3.2905	0.2981	0.3368	0.3496	0.20	14
L02B	Operative Insertion Of Peritoneal Catheter For Dialysis W/O Cat Or Sev Cc	204	332	1.63	12.2%	0.9490	0.2743	0.0000	0.1953	0.03	34
L03A	Kidney, Ureter And Major Bladder Procedures For Neoplasm W Catastrophic Cc	421	6,676	15.85	1.2%	6.5039	1.2037	1.0793	0.8023	0.17	44
L03B	Kidney, Ureter And Major Bladder Procedures For Neoplasm W Severe Cc	352	3,027	8.61	0.9%	4.0865	1.0329	0.4584	0.7117	0.06	47
L03C	Kidney, Ureter And Major Bladder Procedures For Neoplasm W/O Cat Or Sev Cc	1,853	10,000	5.40	4.3%	2.6798	0.8645	0.1571	0.4831	0.02	67
L04A	Kidney, Ureter & Major Bladder Procedures For Non-Neoplasm W Catastrophic Cc	312	3,480	11.15	8.9%	4.6091	0.9641	0.4932	0.7320	0.13	43
L04B	Kidney, Ureter And Major Bladder Procedures For Non-Neoplasm W Severe Cc	304	1,840	6.06	12.3%	2.4092	0.5756	0.0888	0.4622	0.06	53
L04C	Kidney, Ureter & Major Bladder Procedures For Non-Neoplasm W/O Cat Or Sev Cc	8,192	15,584	1.90	34.5%	1.0341	0.3327	0.0015	0.2487	0.01	86
L05A	Transurethral Prostatectomy W Catastrophic Or Severe Cc	350	4,302	12.31	0.0%	3.1011	0.3427	0.2082	0.2665	0.11	51
L05B	Transurethral Prostatectomy W/O Catastrophic Or Severe Cc	2,080	6,751	3.25	0.7%	1.1187	0.2936	0.0005	0.1457	0.02	78
L06A	Minor Bladder Procedures W Catastrophic Or Severe Cc	330	2,916	8.84	3.8%	2.5453	0.3681	0.2184	0.2429	0.12	54
L06B	Minor Bladder Procedures W/O Catastrophic Or Severe Cc	2,940	5,808	1.98	19.5%	0.8441	0.2415	0.0014	0.1688	0.01	91
L07A	Transurethral Procedures Except Prostatectomy W Cc	1,727	5,804	3.36	36.0%	1.2461	0.2563	0.0323	0.1791	0.03	75
L07B	Transurethral Procedures Except Prostatectomy W/O Cc	15,953	20,703	1.30	53.5%	0.5856	0.2269	0.0001	0.1005	0.00	92
L08A	Urethral Procedures W Cc	237	736	3.11	20.2%	1.0540	0.2760	0.0154	0.1222	0.06	51
L08B	Urethral Procedures W/O Cc	2,563	3,588	1.40	36.3%	0.5970	0.2263	0.0000	0.0764	0.01	81
L09A	Other Procedures For Kidney And Urinary Tract Disorders W Cat Cc	86	1,515	17.72	0.0%	5.1362	0.8109	0.3453	0.5896	0.28	20
L09B	Other Procedures For Kidney And Urinary Tract Disorders W Sev Cc	86	679	7.89	10.0%	2.1465	0.3388	0.0389	0.2846	0.19	28
L09C	Other Procedures For Kidney And Urinary Tract Disorders W/O Cat Or Sev Cc	1,067	1,869	1.75	30.5%	0.7834	0.2230	0.0000	0.1812	0.02	70
L40Z	Ureteroscopy	877	1,247	1.42	49.6%	0.7004	0.2354	0.0037	0.1385	0.01	69

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L41Z	Cystourethroscopy, Sameday	32,125	32,124	1.00	100.0%	0.1954	0.0873	0.0000	0.0340	0.00	95
L42Z	Esw Lithotripsy For Urinary Stones	3,270	3,436	1.05	84.7%	0.5445	0.2509	0.0001	0.0996	0.00	49
L60A	Renal Failure W Catastrophic Cc	539	7,998	14.83	2.2%	3.7824	0.0287	0.5181	0.4129	0.17	59
L60B	Renal Failure W Severe Cc	642	5,656	8.81	1.8%	1.7598	0.0162	0.1259	0.1496	0.06	71
L60C	Renal Failure W/O Catastrophic Or Severe Cc	1,262	7,146	5.66	9.2%	1.0732	0.0113	0.0311	0.1013	0.03	79
L61Z	Haemodialysis	89,758	89,766	1.00	100.0%	0.1793	0.0000	0.0000	0.0523	0.00	13
L62A	Kidney And Urinary Tract Neoplasms W Catastrophic Or Severe Cc	436	3,564	8.18	15.8%	1.7612	0.0917	0.0340	0.1357	0.09	56
L62B	Kidney And Urinary Tract Neoplasms W/O Catastrophic Or Severe Cc	928	2,198	2.37	38.3%	0.5163	0.0332	0.0002	0.0490	0.02	78
L63A	Kidney And Urinary Tract Infections W Catastrophic Or Severe Cc	2,146	22,932	10.68	1.9%	2.0490	0.0121	0.0787	0.1718	0.05	77
L63B	Kidney And Urinary Tract Infections W/O Catastrophic Or Severe Cc	6,981	33,369	4.78	8.2%	0.8610	0.0017	0.0002	0.0903	0.01	98
L64Z	Urinary Stones And Obstruction	4,664	8,628	1.85	15.8%	0.4747	0.0526	0.0002	0.0973	0.01	91
L65A	Kidney And Urinary Tract Signs And Symptoms W Catastrophic Or Severe Cc	606	4,917	8.12	3.2%	1.5356	0.0323	0.0409	0.1367	0.06	72
L65B	Kidney And Urinary Tract Signs And Symptoms W/O Catastrophic Or Severe Cc	4,561	10,551	2.31	24.1%	0.4777	0.0135	0.0000	0.0632	0.01	96
L66Z	Urethral Stricture	760	1,124	1.48	25.2%	0.4554	0.1177	0.0000	0.0616	0.01	73
L67A	Other Kidney And Urinary Tract Diagnoses W Catastrophic Or Severe Cc	815	5,733	7.03	6.1%	1.5337	0.0634	0.0769	0.1221	0.05	74
L67B	Other Kidney And Urinary Tract Diagnoses W/O Catastrophic Or Severe Cc	11,235	16,473	1.47	61.7%	0.2790	0.0199	0.0001	0.0321	0.00	99
L68Z	Peritoneal Dialysis	******	******	******	******	******	******	******	******	******	******
M01A	Major Male Pelvic Procedures W Catastrophic Or Severe Cc	683	4,176	6.11	0.4%	3.8619	0.9942	0.3531	0.4969	0.07	51
M01B	Major Male Pelvic Procedures W/O Catastrophic Or Severe Cc	6,643	23,619	3.56	0.1%	2.6810	0.8986	0.0414	0.4195	0.01	62
M02A	Transurethral Prostatectomy W Catastrophic Or Severe Cc	968	7,375	7.62	0.4%	2.1390	0.3578	0.1344	0.1767	0.04	63
M02B	Transurethral Prostatectomy W/O Catastrophic Or Severe Cc	13,108	36,138	2.76	1.1%	1.0335	0.3296	0.0011	0.1153	0.00	88
M03Z	Penis Procedures	2,372	3,480	1.47	59.6%	0.7370	0.2867	0.0009	0.1490	0.02	85
M04Z	Testes Procedures	5,819	6,556	1.13	63.8%	0.5418	0.2578	0.0005	0.0719	0.00	98
M05Z	Circumcision	4,764	4,858	1.02	92.7%	0.3664	0.1997	0.0000	0.0423	0.00	93
M06A	Other Male Reproductive System Or Procedures W Cc	277	851	3.07	41.9%	1.8649	0.3116	0.0323	0.3826	0.08	40
M06B	Other Male Reproductive System Or Procedures W/O Cc	3,536	4,183	1.18	70.4%	0.8391	0.2266	0.0001	0.2298	0.01	80
M40Z	Cystourethroscopy, Sameday	7,592	7,592	1.00	100.0%	0.1732	0.0876	0.0000	0.0276	0.00	89
M60A	Malignancy, Male Reproductive System W Catastrophic Or Severe Cc	458	3,999	8.72	5.6%	2.0848	0.1888	0.0000	0.1512	0.10	56
M60B	Malignancy, Male Reproductive System W/O Catastrophic Or Severe Cc	11,502	13,357	1.16	91.7%	0.2136	0.0603	0.0000	0.0246	0.00	92
M61Z	Benign Prostatic Hypertrophy	1,642	2,293	1.40	81.2%	0.2847	0.0680	0.0000	0.0303	0.01	83
M62Z	Inflammation Of The Male Reproductive System	1,191	4,025	3.38	39.6%	0.6167	0.0283	0.0009	0.0603	0.03	86
M63Z	Sterilisation, Male	5,952	5,954	1.00	99.4%	0.2224	0.1233	0.0000	0.0230	0.00	62
M64Z	Other Male Reproductive System Diagnoses	1,424	1,719	1.21	85.5%	0.2356	0.0554	0.0003	0.0310	0.01	88
N01Z	Pelvic Evisceration And Radical Vulvectomy	356	2,245	6.30	0.4%	2.5947	0.7240	0.1261	0.3230	0.07	23
N04A	Hysterectomy For Non-Malignancy W Catastrophic Or Severe Cc	1,024	5,747	5.61	0.8%	2.1449	0.6674	0.0710	0.2728	0.04	70
N04B	Hysterectomy For Non-Malignancy W/O Catastrophic Or Severe Cc	12,295	42,438	3.45	0.7%	1.5389	0.5515	0.0001	0.2235	0.01	87
N05A	Oophorectomies And Complex Fallopian Tube Procs For Non-Malig W Cat Or Sev Cc	217	1,057	4.87	3.5%	2.0944	0.6266	0.1250	0.2921	0.08	48
N05B	Oophorectomies & Complex Fallopian Tube Procs For Non-Malig W/O Cat Or Sev Cc	3,858	6,777	1.76	16.9%	1.1221	0.4607	0.0009	0.1925	0.01	91
N06A	Female Reproductive System Reconstructive Procs W Catastrophic Or Severe Cc	845	3,793	4.49	2.2%	1.7916	0.4352	0.0272	0.3757	0.03	64
N06B	Female Reproductive System Reconstructive Procs W/O Catastrophic Or Severe Cc	9,337	23,823	2.55	8.5%	1.2901	0.3685	0.0001	0.3151	0.01	96
N07Z	Other Uterine And Adnexa Procedures For Non-Malignancy	32,386	36,797	1.14	81.0%	0.5710	0.2695	0.0000	0.0903	0.00	97
N08Z	Endoscopic And Laparoscopic Procedures For Female Reproductive System	8,357	10,010	1.20	68.0%	0.6603	0.3056	0.0003	0.1279	0.00	95
N09Z	Conisation, Vagina, Cervix And Vulva Procedures	13,001	14,033	1.08	91.6%	0.3370	0.1597	0.0000	0.0501	0.00	95
N10Z	Diagnostic Curettage Or Diagnostic Hysteroscopy	17,795	17,993	1.01	97.6%	0.3274	0.1735	0.0000	0.0560	0.00	92
N11Z	Other Female Reproductive System Or Procedures	3,874	4,827	1.25	95.0%	0.2743	0.0898	0.0009	0.0261	0.01	53

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N12A	Uterine And Adnexa Procedures For Malignancy W Catastrophic Cc	280	3,240	11.57	2.4%	3.8335	0.8601	0.3346	0.3962	0.15	29
N12B	Uterine And Adnexa Procedures For Malignancy W/O Catastrophic Cc	1,882	8,076	4.29	13.4%	1.8766	0.5720	0.0405	0.2635	0.03	75
N60A	Malignancy, Female Reproductive System W Catastrophic Cc	158	1,968	12.43	15.4%	2.6854	0.0570	0.0503	0.1564	0.28	25
N60B	Malignancy, Female Reproductive System W/O Catastrophic Cc	1,354	3,898	2.88	24.9%	0.7590	0.0378	0.0335	0.0608	0.02	70
N61Z	Infections, Female Reproductive System	253	838	3.31	25.1%	0.6817	0.0163	0.0000	0.0705	0.06	57
N62Z	Menstrual And Other Female Reproductive System Disorders	5,372	6,597	1.23	83.4%	0.2002	0.0375	0.0001	0.0268	0.00	98
O01A	Caesarean Delivery W Catastrophic Cc	1,318	14,169	10.75	28.1%	3.6636	0.4630	0.1721	0.2286	0.10	36
O01B	Caesarean Delivery W Severe Cc	4,889	30,379	6.21	16.4%	2.2926	0.3864	0.0339	0.1723	0.02	44
O01C	Caesarean Delivery W/O Catastrophic Or Severe Cc	33,837	168,411	4.98	11.8%	1.8886	0.3621	0.0000	0.1349	0.00	48
O02A	Vaginal Delivery W Or Procedure W Catastrophic Or Severe Cc	305	1,879	6.17	17.7%	2.4732	0.2922	0.1022	0.1608	0.12	34
O02B	Vaginal Delivery W Or Procedure W/O Catastrophic Or Severe Cc	941	4,263	4.53	17.0%	1.7216	0.1478	0.0054	0.0904	0.03	44
O03A	Ectopic Pregnancy W Cc	38	69	1.83	22.2%	1.0838	0.3780	0.0326	0.1527	0.04	17
O03B	Ectopic Pregnancy W/O Cc	535	722	1.35	15.8%	0.6887	0.3107	0.0000	0.0836	0.01	60
O04A	Postpartum And Post Abortion W Or Procedure W Catastrophic Or Severe Cc	96	340	3.53	27.7%	1.6448	0.3200	0.2778	0.1384	0.13	31
O04B	Postpartum And Post Abortion W Or Procedure W/O Catastrophic Or Severe Cc	785	1,120	1.43	73.2%	0.4997	0.1946	0.0000	0.0549	0.01	62
O05Z	Abortion W Or Procedure	10,329	10,524	1.02	93.3%	0.2937	0.1430	0.0000	0.0420	0.00	87
O60A	Vaginal Delivery W Catastrophic Or Severe Cc	3,642	18,625	5.11	14.6%	1.6325	0.0403	0.0182	0.0803	0.02	38
O60B	Vaginal Delivery W/O Catastrophic Or Severe Cc	36,425	150,076	4.12	13.9%	1.3403	0.0095	0.0000	0.0559	0.01	47
O60C	Vaginal Delivery Single Uncomplicated W/O Other Condition	9,516	36,425	3.83	2.0%	1.2223	0.0000	0.0000	0.0463	0.01	47
O61Z	Postpartum And Post Abortion W/O Or Procedure	2,683	8,074	3.01	20.9%	0.6601	0.0013	0.0286	0.0291	0.04	65
O63Z	Abortion W/O Or Procedure	432	546	1.26	29.5%	0.3708	0.0090	0.0000	0.0427	0.02	52
O64A	False Labour Before 37 Weeks Or W Catastrophic Cc	1,888	4,026	2.13	34.6%	0.5182	0.0000	0.0000	0.0255	0.02	48
O64B	False Labour After 37 Weeks W/O Catastrophic Cc	852	934	1.10	64.2%	0.2007	0.0000	0.0000	0.0163	0.01	45
O66A	Antenatal And Other Obstetric Admission	7,457	21,934	2.94	11.4%	0.6223	0.0141	0.0036	0.0370	0.01	66
O66B	Antenatal And Other Obstetric Admission, Sameday	5,875	5,875	1.00	99.8%	0.1598	0.0012	0.0000	0.0098	0.01	58
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	6	6	1.00	100.0%	9.4863	0.0368	8.0980	0.0766	4.60	3
P04Z	Neonate, Admwt 1500-1999 G W Significant Or Procedure	******	******	******	******	******	******	******	******	******	******
P06A	Neonate, Admwt >2499 G W Significant Or Procedure W Multi Major Problems	------	------	------	------	------	------	------	------	------	------
P06B	Neonate, Admwt >2499 G W Significant Or Procedure W/O Multi Major Problems	148	3,745	25.32	95.0%	13.4481	0.2079	8.6835	1.5057	1.56	7
P60A	Neonate, Died Or Transferred <5 Days Of Adm, W/O Significant Or Proc, Newborn	238	304	1.28	67.8%	0.5761	0.0000	0.2194	0.0612	0.04	29
P60B	Neonate, Died Or Transf <5 Days Of Adm, W/O Significant Or Proc, Not Newborn	73	145	1.98	53.1%	1.0606	0.0000	0.5022	0.1540	0.13	18
P62Z	Neonate, Admwt 750-999 G	******	******	******	******	******	******	******	******	******	******
P63Z	Neonate, Admwt 1000-1249 G W/O Significant Or Procedure	16	481	30.08	0.0%	7.6519	0.0000	1.0384	0.1468	0.84	5
P64Z	Neonate, Admwt 1250-1499 G W/O Significant Or Procedure	56	1,812	32.34	2.8%	7.9144	0.0000	2.2374	0.2021	0.75	13
P65A	Neonate, Admwt 1500-1999 G W/O Significant Or Proc W Multi Major Problems	******	******	******	******	******	******	******	******	******	******
P65B	Neonate, Admwt 1500-1999 G W/O Significant Or Procedure W Major Problem	21	516	24.44	13.9%	6.6677	0.0000	2.7434	0.1794	0.87	7
P65C	Neonate, Admwt 1500-1999 G W/O Significant Or Procedure W Other Problem	77	1,785	23.31	2.0%	5.6359	0.0000	1.3771	0.1558	0.42	10
P65D	Neonate, Admwt 1500-1999 G W/O Significant Or Procedure W/O Problem	138	2,993	21.62	0.0%	4.4013	0.0000	0.6722	0.1484	0.26	20
P66A	Neonate, Admwt 2000-2499 G W/O Significant Or Proc W Multi Major Problems	******	******	******	******	******	******	******	******	******	******
P66B	Neonate, Admwt 2000-2499 G W/O Significant Or Procedure W Major Problem	39	535	13.75	0.0%	4.2407	0.0000	1.4106	0.1508	0.50	8
P66C	Neonate, Admwt 2000-2499 G W/O Significant Or Procedure W Other Problem	365	4,963	13.60	0.0%	3.0209	0.0000	0.6726	0.0908	0.12	22
P66D	Neonate, Admwt 2000-2499 G W/O Significant Or Procedure W/O Problem	199	980	4.93	5.8%	1.1325	0.0000	0.2312	0.0388	0.07	20
P67A	Neonate, Admwt >2499 G W/O Significant Or Procedure W Multi Major Problems	89	1,532	17.27	76.5%	9.1582	0.0410	5.3942	1.0521	1.65	10

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P67B	Neonate, Admwt >2499 G W/O Significant Or Procedure W Major Problem	576	5,838	10.13	62.4%	4.2287	0.0057	2.3930	0.4721	0.28	35
P67C	Neonate, Admwt >2499 G W/O Significant Or Procedure W Other Problem	1,916	14,219	7.42	45.2%	2.1939	0.0022	1.0471	0.2506	0.07	45
P67D	Neonate, Admwt >2499 G W/O Significant Or Procedure W/O Problem	11,335	45,716	4.03	7.8%	0.7657	0.0008	0.0960	0.0508	0.00	48
Q01Z	Splenectomy	140	1,156	8.23	7.4%	3.7790	0.6357	0.6138	0.4948	0.31	30
Q02A	Other Or Procedure Of Blood And Blood Forming Organs W Cat Or Sev Cc	318	3,885	12.22	13.5%	3.5754	0.3280	0.3599	0.4561	0.14	53
Q02B	Other Or Procedure Of Blood And Blood Forming Organs W/O Cat Or Sev Cc	1,294	2,805	2.17	55.0%	0.7496	0.2291	0.0186	0.1379	0.02	90
Q60A	Reticuloendothelial And Immunity Disorders W Catastrophic Or Severe Cc	768	6,119	7.97	10.4%	1.9005	0.0374	0.0617	0.1168	0.07	59
Q60B	Reticuloendothelial And Immunity Disorders W/O Cat Or Sev Cc W Malignancy	569	1,937	3.41	36.4%	0.7851	0.0143	0.0204	0.0782	0.03	40
Q60C	Reticuloendothelial And Immunity Disorders W/O Cat Or Sev Cc W/O Malignancy	7,882	10,796	1.37	85.6%	0.2410	0.0018	0.0001	0.0316	0.00	87
Q61A	Red Blood Cell Disorders W Catastrophic Or Severe Cc	2,164	13,046	6.03	14.6%	1.2620	0.0310	0.0463	0.1232	0.03	85
Q61B	Red Blood Cell Disorders W/O Catastrophic Or Severe Cc	24,285	33,463	1.38	75.5%	0.2550	0.0302	0.0002	0.0284	0.00	96
Q62Z	Coagulation Disorders	1,743	5,050	2.90	61.2%	0.5478	0.0096	0.0191	0.0498	0.02	78
R01A	Lymphoma And Leukaemia W Major Or Procedures W Catastrophic Or Severe Cc	192	4,444	23.18	1.4%	8.8029	0.7959	0.7217	1.3276	0.45	40
R01B	Lymphoma And Leukaemia W Major Or Procedures W/O Catastrophic Or Severe Cc	417	1,851	4.44	24.7%	1.9077	0.4242	0.0804	0.3577	0.06	63
R02A	Other Neoplastic Disorders W Major Or Procedures W Catastrophic Cc	129	1,879	14.52	0.0%	5.4610	0.8556	0.7849	0.6234	0.21	34
R02B	Other Neoplastic Disorders W Major Or Procedures W Severe Or Moderate Cc	269	1,825	6.78	2.1%	3.0170	0.7946	0.2577	0.4029	0.09	49
R02C	Other Neoplastic Disorders W Major Or Procedures W/O Cc	1,295	5,129	3.96	5.2%	1.9699	0.5702	0.0395	0.3569	0.04	86
R03A	Lymphoma And Leukaemia W Other Or Procedures W Catastrophic Or Severe Cc	260	5,500	21.15	1.0%	6.3742	0.3429	0.3949	0.6556	0.32	37
R03B	Lymphoma And Leukaemia W Other Or Procedures W/O Catastrophic Or Severe Cc	1,327	3,272	2.47	52.2%	0.8512	0.2077	0.0023	0.1386	0.02	89
R04A	Other Neoplastic Disorders W Other Or Procedures W Cc	282	1,598	5.68	28.7%	2.2115	0.4312	0.0694	0.3928	0.16	55
R04B	Other Neoplastic Disorders W Other Or Procedures W/O Cc	746	1,713	2.30	53.5%	0.6681	0.1990	0.0034	0.0928	0.03	84
R60A	Acute Leukaemia W Catastrophic Cc	313	7,678	24.53	4.4%	6.8348	0.1121	0.4403	0.1976	0.26	29
R60B	Acute Leukaemia W/O Catastrophic Cc	1,280	4,196	3.28	63.6%	0.8265	0.0341	0.0002	0.0592	0.03	59
R61A	Lymphoma And Non-Acute Leukaemia W Catastrophic Cc	995	18,601	18.69	2.4%	4.5427	0.0538	0.3356	0.1420	0.12	50
R61B	Lymphoma And Non-Acute Leukaemia W/O Catastrophic Cc	7,742	31,821	4.11	1.1%	1.0921	0.0251	0.0014	0.0562	0.01	87
R61C	Lymphoma And Non-Acute Leukaemia, Sameday	11,702	11,702	1.00	100.0%	0.1990	0.0138	0.0000	0.0268	0.00	86
R62A	Other Neoplastic Disorders W Cc	490	4,082	8.33	15.7%	1.6849	0.0740	0.0654	0.0978	0.10	63
R62B	Other Neoplastic Disorders W/O Cc	737	1,794	2.43	51.5%	0.5158	0.0320	0.0000	0.0381	0.03	80
R63Z	Chemotherapy	192,612	192,650	1.00	100.0%	0.1958	0.0001	0.0000	0.0169	0.00	68
R64Z	Radiotherapy	******	******	******	******	******	******	******	******	******	******
S60Z	Hiv, Sameday	46	46	1.00	100.0%	0.1378	0.0259	0.0000	0.0014	0.01	3
S65A	Hiv-Related Diseases W Catastrophic Cc	10	248	25.94	0.0%	6.1519	0.1133	0.7221	0.1592	0.73	4
S65B	Hiv-Related Diseases W Severe Cc	******	******	******	******	******	******	******	******	******	******
S65C	Hiv-Related Diseases W/O Catastrophic Or Severe Cc	8	78	9.22	0.0%	2.0748	0.0234	0.0388	0.0841	0.60	4
T01A	Or Procedures For Infectious And Parasitic Diseases W Catastrophic Cc	559	13,970	25.01	1.8%	8.2768	0.5651	1.2249	0.8224	0.27	64
T01B	Or Procedures For Infectious And Parasitic Diseases W Severe Or Moderate Cc	643	8,366	13.00	4.0%	3.1633	0.3711	0.1074	0.2937	0.09	72
T01C	Or Procedures For Infectious And Parasitic Diseases W/O Cc	1,521	10,449	6.87	15.4%	1.6730	0.2708	0.0242	0.1612	0.06	95
T40Z	Infectious And Parasitic Diseases W Ventilator Support	33	379	11.46	0.0%	10.1150	0.0295	2.6401	1.5374	0.75	10
T60A	Septicaemia W Catastrophic Cc	949	13,832	14.58	2.0%	3.6374	0.0396	0.5495	0.2325	0.10	60
T60B	Septicaemia W/O Catastrophic Cc	1,993	15,859	7.96	5.6%	1.7295	0.0136	0.1278	0.1611	0.04	83
T61A	Postoperative And Post-Traumatic Infections W Catastrophic Or Severe Cc	669	6,835	10.22	1.4%	1.9615	0.0333	0.0854	0.1271	0.07	73
T61B	Postoperative And Post-Traumatic Infections W/O Catastrophic Or Severe Cc	3,083	16,661	5.40	9.1%	0.9305	0.0225	0.0011	0.0651	0.02	100
T62A	Fever Of Unknown Origin W Cc	994	5,839	5.88	5.1%	1.3243	0.0125	0.0458	0.1206	0.06	64
T62B	Fever Of Unknown Origin W/O Cc	1,386	4,506	3.25	15.2%	0.6789	0.0008	0.0000	0.0953	0.02	76
T63Z	Viral Illness	1,822	6,333	3.48	12.6%	0.6968	0.0015	0.0083	0.0821	0.03	77

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T64A	Other Infectious And Parasitic Diseases W Catastrophic Cc	124	1,872	15.10	2.9%	3.5204	0.0766	0.2322	0.1993	0.28	30
T64B	Other Infectious And Parasitic Diseases W Severe Or Moderate Cc	160	1,204	7.53	17.7%	1.5802	0.0222	0.0422	0.1010	0.17	39
T64C	Other Infectious And Parasitic Diseases W/O Cc	410	1,329	3.24	46.3%	0.5948	0.0144	0.0000	0.0494	0.03	64
U40Z	Mental Health Treatment, Sameday, W Ect	2,362	2,362	1.00	100.0%	0.1835	0.0174	0.0000	0.0125	0.00	7
U60Z	Mental Health Treatment, Sameday, W/O Ect	34,504	34,555	1.00	100.0%	0.2207	0.0000	0.0000	0.0222	0.00	38
U61A	Schizophrenia Disorders W Mental Health Legal Status	******	******	******	******	******	******	******	******	******	******
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	422	8,932	21.18	0.0%	2.6167	0.0053	0.0000	0.1219	0.16	15
U62A	Paranoia & Acute Psych Disorder W Cat/Sev Cc Or W Mental Health Legal Status	13	358	27.71	0.0%	2.6890	0.0000	0.0000	0.1453	0.89	5
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev Cc W/O Mental Health Legal Status	83	1,139	13.75	0.0%	2.0045	0.0000	0.0000	0.1056	0.30	17
U63A	Major Affective Disorders Age >69 Or W (Catastrophic Or Severe Cc)	686	16,966	24.75	0.0%	3.1434	0.0848	0.0155	0.2043	0.13	35
U63B	Major Affective Disorders Age <70 W/O Catastrophic Or Severe Cc	3,779	74,242	19.65	0.0%	2.1531	0.0153	0.0000	0.1547	0.04	25
U64Z	Other Affective And Somatoform Disorders	838	15,495	18.48	0.0%	1.8313	0.0069	0.0000	0.1251	0.07	66
U65Z	Anxiety Disorders	1,657	11,166	6.74	0.5%	1.0284	0.0125	0.0122	0.0805	0.03	76
U66Z	Eating And Obsessive-Compulsive Disorders	332	8,620	25.97	0.8%	2.6645	0.0069	0.0354	0.2894	0.15	27
U67Z	Personality Disorders And Acute Reactions	1,554	28,559	18.38	0.0%	1.8657	0.0044	0.0000	0.1387	0.07	42
U68Z	Childhood Mental Disorders	14	93	6.45	18.1%	1.5948	0.0037	0.0000	0.1494	0.38	7
V60A	Alcohol Intoxication And Withdrawal W Cc	21	135	6.41	15.7%	0.7689	0.0000	0.0762	0.0835	0.11	11
V60B	Alcohol Intoxication And Withdrawal W/O Cc	119	667	5.61	21.8%	0.5442	0.0000	0.0000	0.0945	0.06	30
V61Z	Drug Intoxication And Withdrawal	148	1,748	11.78	7.3%	1.2068	0.0000	0.0371	0.0534	0.06	20
V62A	Alcohol Use Disorder And Dependence	2,128	29,037	13.65	0.0%	1.2404	0.0000	0.0000	0.0513	0.03	20
V62B	Alcohol Use Disorder And Dependence, Sameday	9,357	9,357	1.00	100.0%	0.1356	0.0000	0.0000	0.0086	0.00	12
V63Z	Opioid Use Disorder And Dependence	415	1,491	3.59	61.3%	0.5194	0.0000	0.0000	0.0311	0.04	13
V64Z	Other Drug Use Disorder And Dependence	925	4,787	5.17	72.8%	0.7708	0.0002	0.0011	0.0803	0.05	13
W01Z	Ventilation Or Cranial Procedures For Multiple Significant Trauma	******	******	******	******	******	******	******	******	******	******
W02A	Hip, Femur & Limb Pr For Mult Signif Trauma, Incl Implantation W Cat/Sev Cc	50	1,348	27.20	0.0%	10.9552	1.0609	0.7783	2.5464	1.26	18
W02B	Hip, Femur & Limb Pr For Mult Signif Trauma, Incl Implantation W/O Cat/Sev Cc	22	322	14.51	0.0%	6.6594	1.0666	0.2436	2.2788	0.32	11
W03Z	Abdominal Procedures For Multiple Significant Trauma	******	******	******	******	******	******	******	******	******	******
W04A	Other Or Procs For Multiple Significant Trauma W Catastrophic Or Severe Cc	13	487	37.73	0.0%	11.3547	1.4676	1.3525	2.0441	1.62	6
W04B	Other Or Procs For Multiple Significant Trauma W/O Catastrophic Or Severe Cc	15	77	5.03	12.0%	3.2095	0.7375	0.1684	0.7308	0.35	6
W60Z	Multiple Trauma, Died Or Transferred To Another Acute Care Facility <5 Days	20	24	1.19	38.0%	1.5914	0.2044	0.7305	0.2556	0.32	7
W61A	Multiple Trauma W/O Significant Procedures W Catastrophic Or Severe Cc	42	1,157	27.39	0.0%	5.2567	0.0197	0.6526	0.1937	0.78	20
W61B	Multiple Trauma W/O Significant Procedures W/O Catastrophic Or Severe Cc	32	226	7.15	0.0%	1.6471	0.0169	0.4283	0.0907	0.21	17
X02A	Microvascular Tiss Transfer Or (Skin Graft W Cat/Sev Cc) For Injuries To Hand	375	728	1.94	41.9%	1.4742	0.6414	0.0000	0.2307	0.04	42
X02B	Skin Graft For Injuries To Hand W/O Catastrophic Or Severe Cc	1,044	1,349	1.29	59.6%	0.5493	0.2423	0.0000	0.0745	0.01	67
X04A	Other Procedures For Injuries To Lower Limb W Catastrophic Or Severe Cc	209	2,274	10.86	7.7%	2.8335	0.4437	0.0778	0.3260	0.16	51
X04B	Other Procedures For Injuries To Lower Limb W/O Catastrophic Or Severe Cc	1,201	2,989	2.49	34.4%	0.8137	0.2427	0.0000	0.1255	0.01	89
X05A	Other Procedures For Injuries To Hand W Cc	151	634	4.20	17.8%	1.2609	0.2896	0.0258	0.1635	0.06	34
X05B	Other Procedures For Injuries To Hand W/O Cc	2,635	3,150	1.20	60.0%	0.4995	0.2134	0.0000	0.0815	0.00	88
X06A	Other Procedures For Other Injuries W Catastrophic Or Severe Cc	1,037	9,709	9.36	8.3%	2.9464	0.3685	0.2408	0.2871	0.12	77
X06B	Other Procedures For Other Injuries W/O Catastrophic Or Severe Cc	7,085	14,730	2.08	32.6%	0.7906	0.2424	0.0013	0.1265	0.01	101
X07A	Skin Graft For Injuries Ex Hand W Microvascular Tiss Tfr Or W (Cat Or Sev Cc)	397	6,499	16.37	4.4%	4.1233	0.6818	0.1143	0.3859	0.17	61
X07B	Skin Graft For Injuries Ex Hand W/O Microvascular Tiss Tfr W/O Cat Or Sev Cc	716	4,282	5.98	21.5%	1.7685	0.3420	0.0141	0.1974	0.05	74
X40Z	Injuries, Poisoning And Toxic Effects Of Drugs W Ventilator Support	11	58	5.26	23.9%	7.4823	0.0309	4.8373	0.6977	1.04	5
X60A	Injuries W Catastrophic Or Severe Cc	980	9,788	9.99	2.8%	1.8437	0.0480	0.0245	0.1419	0.06	73
X60B	Injuries W/O Catastrophic Or Severe Cc	2,814	11,300	4.02	22.5%	0.7138	0.0179	0.0012	0.0852	0.02	99

Private Sector - Estimated Round 16 (2011-12) AR-DRG 6.0x Report□

Private Sector Estimated - National Consolidated Cost Weights

DRG	DRG Description	Number of Seps	Number of days	ALOS (Days)	Percentage of same day seps incl in ALOS	Cost Weight for Selected Cost Buckets				Standard Error (Total Cost	No. of hospitals
						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)		
X61Z	Allergic Reactions	347	796	2.29	19.8%	0.5007	0.0000	0.0552	0.0847	0.03	51
X62A	Poisoning/Toxic Effects Of Drugs And Other Substances W Cat Or Sev Cc	173	1,271	7.35	6.1%	1.8111	0.0078	0.4732	0.1247	0.11	42
X62B	Poisoning/Toxic Effects Of Drugs And Other Substances W/O Cat Or Sev Cc	497	1,383	2.79	20.5%	0.5892	0.0000	0.0941	0.0935	0.03	67
X63A	Sequelae Of Treatment W Catastrophic Or Severe Cc	855	5,839	6.83	13.1%	1.5338	0.0547	0.0858	0.1211	0.07	75
X63B	Sequelae Of Treatment W/O Catastrophic Or Severe Cc	4,892	13,032	2.66	24.7%	0.5334	0.0358	0.0019	0.0510	0.01	102
X64A	Other Injury, Poisoning And Toxic Effect Diagnosis W Cat Or Sev Cc	57	559	9.85	8.0%	1.8870	0.0498	0.3204	0.1659	0.26	20
X64B	Other Injury, Poisoning And Toxic Effect Diagnosis W/O Cat Or Sev Cc	162	321	1.99	38.5%	0.4569	0.0179	0.0239	0.1062	0.05	38
Y02A	Other Burns W Skin Graft W Cc	9	75	8.71	0.0%	5.1520	0.6761	0.6714	0.3166	0.59	6
Y02B	Other Burns W Skin Graft W/O Cc	79	251	3.16	33.9%	1.7139	0.3817	0.3147	0.1055	0.11	32
Y03Z	Other Or Procedures For Other Burns	70	228	3.28	34.9%	1.4875	0.3128	0.1293	0.1296	0.11	30
Y60Z	Burns, Transferred To Another Acute Care Facility <5 Days	------	------	------	------	------	------	------	------	------	------
Y61Z	Severe Burns	10	49	4.92	25.8%	1.2956	0.0128	0.1692	0.0744	0.27	7
Y62A	Other Burns W Cc	32	411	12.71	0.0%	2.1000	0.0391	0.1735	0.0850	0.25	15
Y62B	Other Burns W/O Cc	69	286	4.15	30.0%	0.7313	0.0080	0.0505	0.0742	0.13	26
Z01A	Or Procedures W Diagnoses Of Other Contacts W Health Services W Cat/Sev Cc	1,138	2,776	2.44	73.2%	1.2451	0.2696	0.0860	0.2585	0.04	69
Z01B	Or Procedures W Diagnoses Of Other Contacts W Health Services W/O Cat/Sev Cc	5,644	7,048	1.25	73.2%	0.6169	0.1890	0.0007	0.1750	0.01	100
Z40Z	Endoscopy W Diagnoses Of Other Contacts W Health Services, Sameday	76,071	76,039	1.00	100.0%	0.1778	0.0826	0.0000	0.0301	0.00	95
Z60A	Rehabilitation W Catastrophic Cc	487	9,621	19.74	12.9%	2.6633	0.0000	0.0198	0.0878	0.12	26
Z60B	Rehabilitation W/O Catastrophic Cc	5,192	64,629	12.45	3.3%	1.8997	0.0000	0.0000	0.0503	0.03	35
Z60C	Rehabilitation, Sameday	1,358	1,358	1.00	100.0%	0.0798	0.0000	0.0000	0.0119	0.00	17
Z61A	Signs And Symptoms	2,389	11,587	4.85	1.1%	0.9468	0.0417	0.0212	0.0676	0.02	89
Z61B	Signs And Symptoms, Sameday	3,811	3,811	1.00	100.0%	0.1427	0.0382	0.0000	0.0228	0.00	85
Z63A	Other Surgical Follow Up And Medical Care W Catastrophic Cc	386	4,928	12.77	0.4%	2.4236	0.0156	0.0948	0.0773	0.11	50
Z63B	Other Surgical Follow Up And Medical Care W/O Catastrophic Cc	4,437	17,328	3.91	5.0%	0.7744	0.0139	0.0276	0.0258	0.01	97
Z64A	Other Factors Influencing Health Status	4,482	9,728	2.17	4.6%	0.6069	0.0600	0.0010	0.0630	0.01	96
Z64B	Other Factors Influencing Health Status, Sameday	65,766	65,761	1.00	100.0%	0.1493	0.0385	0.0000	0.0319	0.00	99
Z65Z	Congenital Anomalies And Problems Arising From Neonatal Period	17	32	1.85	43.8%	0.7507	0.0409	0.0386	0.0680	0.18	8
Total		**2,703,792**	**6,815,026**	**2.52**	56.7%	**1.0000**	**0.1844**	**0.0487**	**0.2665**	**0.00**	**105**

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