Private Sector National Hospital Cost Data Collection

Cost Report
Round 17 (2012-2013)

Overnight Private Hospitals

17 December 2014

DRG Version: AR-DRG 6.0x

pwc

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 Australia
SPS	Specialist procedure suites

Contents

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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 Australia (PwC) were engaged by the Independent Hospital Pricing Authority (IHPA) to provide the collection, processing and reporting of services in relation to Round 17 (12 months ending 30 June 2013) 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 2012-13 financial year. Emergency department costs are excluded.

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 two publications were for Round 16 (2011-12) and Round 13 (2008-09).

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 Reporting format

Prior to Round 16, the DRG-level information showed average costs by DRG, split by direct and overhead, and for seventeen cost buckets. As part of the Round 16 publication, it was agreed with private hospital representatives that the DRG-level information would be restricted to the publication of total cost weights, and cost weights for a selection of grouped cost buckets (Operating Room & Specialist Procedure Suites, Critical Care, and other cost buckets grouped into a category called “Miscellaneous”). For Round 17, as discussed and agreed with private hospital representatives, the public report in Round 17 has been expanded to show the cost weights for prostheses separately.

[1] Section 3.6 describes how acute admitted separations have been identified.

1.4 Key findings and features of the Round 17 Sample

This year's sample consisted of 95 hospitals and represented 60% of the separations in the population. Across the sample the total acute admitted separations was 1.65 million, which is a decrease of 7% compared to Round 16 last year. The average length of stay of the sample increased from 2.51 days to 2.53 days for Round 17. Additionally, six of the top 20 DRGs with the highest cost weight were neonate DRGs. 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 consistent since Round 16.

In Round 17 there were changes in the rankings of DRGs with the highest cost weights. These changes are likely due to the use of feeder data by many hospitals this year. Prosthetics and critical care costs were in many cases allocated directly from feeder data in this Round instead of service weights in Round 16. Since the service weights are based on public sector results, and there are many differences between private and public sector cost results and practices, the use of the feeder data is more likely to lead to DRG cost weights that are more reflective of the private sector in the current round.

In 2012/13, the DRG with the highest cost weight of 50.39 was DRG P61Z "Neonate, AdmWt <750 g". The average length of stay for this DRG was 84 days. The DRG with the highest number of separations (population-adjusted) of 207,697 was R63Z "Chemotherapy". This DRG has a low cost-weight (0.21) and the average length of stay was 1.2 days. The DRG that accounted for the highest proportion of hospital costs was I04B "Knee Replacement W/O Catastrophic or Severe CC". There were 24,615 separations (population-adjusted) with this DRG. The cost weight for this DRG is 5.5 and the average length of stay is 5.7 days. The table below illustrates the top five AR-DRGs in regards to cost weight, volume and level of consumption.

Table 1 AR-DRG Rankings

Rank	DRG	Description	Cost Weight	Number of Seps	Cost Weighted Seps	ALOS
DRGs with the highest cost-weight						
1	P61Z	Neonate, AdmWt <750 g	50.39	21	1,065	84.0
2	A06A	Tracheostomy W Ventilation >95 hours W Catastrophic CC	43.27	277	11,989	52.5
3	P62Z	Neonate, AdmWt 750-999 g	39.45	41	1,614	64.8
4	F01A	Implantation or Replacement of AICD, Total System W Catastrophic CC	28.76	300	8,621	7.6
5	P06A	Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems	27.69	28	788	36.6
DRGs with the highest number of separations						
1	R63Z	Chemotherapy	0.21	207,697	44,363	1.2
2	G48C	Colonoscopy, Sameday	0.21	110,786	23,341	1.1
3	L61Z	Haemodialysis	0.12	105,160	12,105	1.0
4	Z40Z	Endoscopy W Diagnoses of Other Contacts W Health Services, Sameday	0.19	78,499	14,603	1.1
5	Z64B	Other Factors Influencing Health Status, Sameday	0.20	72,613	14,235	1.2

Rank	DRG	Description	Cost Weight	Number of Seps	Cost Weighted Seps	ALOS
DRGs with the highest number of cost-weighted separations*						
1	I04B	Knee Replacement W/O Catastrophic or Severe CC	5.50	24,615	135,355	5.7
2	I03B	Hip Replacement W/O Catastrophic CC	6.54	18,684	122,186	6.0
3	I09B	Spinal Fusion W/O Catastrophic CC	8.35	9,801	81,805	6.1
4	F01B	Implantation or Replacement of AICD, Total System W/O Catastrophic CC	23.46	2,268	53,217	2.2
5	O01C	Caesarean Delivery W/O Catastrophic or Severe CC	1.67	29,303	48,914	4.8

Notes
a) See the Glossary in Appendix A
b) "Number of seps" means the number of separations in 2012/13, population adjusted.
c) See the Glossary in Appendix A
d) ALOS means "Average length of stay"
* Cost-weighted separations calculated as number of separations times the cost weight for the DRG shown. Reflects relative resource consumption.

2 Introduction

2.1 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). The AR-DRG code is a patient classification scheme that 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. This report documents the data, processes, methodology and results for acute admitted care[3] provided by overnight private hospitals. The results of the collection are expressed as national cost weights by AR-DRG version 6.0x, and associated analytical tables.

2.2 Format of the report

In 2012 a series of consultations were conducted to determine the views of the private sector around publication options for the NHCDC. These consultations were in the form of workshops and undertaken with key informants from the private hospital sector and peak bodies.

Consultation with the sector highlighted concern with commercial sensitivity of the published data, in particular the perceived negative impact it may have on negotiations with private health insurers. These concerns impacted on sector participation in the past and it was recommended that future publication be amended from Round 16 (2011-12) onwards.

Addressing these concerns, IHPA communicated to the private sector that the private NHCDC results would contain materially reduced detail. The Round 17 publication would only include DRG information, cost weights and other cost relativities. The report would no longer contain the seventeen cost components, direct and overhead cost breakdowns or the total average cost of the DRG.

Specifically, this report contains the Round 17 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. A06A: Tracheostomy W Ventilation >95 Hours W Catastrophic Cc with a cost weight of 43.1), 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 0.20).

As discussed and agreed with private hospital representatives, this report has been expanded to separate prosthesis costs into a separate bucket. DRG information will now be displayed in the following 5 cost weight buckets:

- 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;
- Prostheses; and

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

[3] Section 3.6 describes how acute admitted separations have been identified.

- Miscellaneous, which combines the costs of Ward Medical, Ward Nursing, Non-clinical salaries, Pathology, Imaging, Allied Health, Pharmacy, Depreciation, On-costs, Hotel and Supplies.

2.3 Scope of this collection

The scope of the collection is all acute-admitted separations with a discharge date in 2012/13, performed at private overnight hospitals with at least 200 acute admitted separations in 2012/13. This defines the population from which the sample is drawn. Emergency department costs are excluded.

Admitted episodes of care in hospitals are classified according to a data element called a "Care Type", which is defined in the AIHW National Health Data Dictionary. [4] The care types are acute care (admitted care), rehabilitation care (admitted care), palliative care, geriatric evaluation and management, psychogeriatric care, maintenance care, newborn care, other admitted patient care, organ procurement - posthumous (other care) and hospital boarder (other care)

Acute admitted care (including newborn care) consumes the vast majority of hospital resources. In 2012/13, 93% of separations and 86% of patient days relate to acute admitted care in the private sector, and 96% of separations and 82% of patient days in the public sector.[5]

Separations are defined as in or out of scope based on three variables – the date of discharge for the separation, the care type of the separation, and a non-missing DRG.

- Care type:

  The costs and separations associated with acute admitted care and newborn care with qualified care days are included in the calculation of the DRG-level cost weights. The costs associated with unqualified neonate separations[6] have been included in the costs of care on an adjusted basis: the costs of care have been allocated back to the delivery DRGs of the birth-giving mothers and the counts of the care type newborn care, with zero qualified care days, have been removed. This approach is consistent with other forms of national reporting on acute admitted care by the Australian Institute of Health and Welfare, and it is consistent with the treatment of acute admitted and neonate care in the National Efficient Price determination[7]. A further discussion of the treatment of neonate separations and costs is provided in Section 3.6;

- Discharge date:

  Separations discharged in the financial year 1 July 2012 to 30 June 2013 are included. There were a small number of costed separations reported by one of the self-costed hospitals, with a discharge date of 30 June 2012. These separations were removed from the calculation of the DRG cost weights;

- Non-missing DRG:

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

[7] E.g. refer to Table 3 of IHPA's "Technical Specifications 2014–15 National Pricing Model" Version 1.0 February 2014

Thirteen separations from one of the self-costed hospitals had a missing DRG. These separations were removed prior to the calculation of cost weights.

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").[8] These costs are defined as "all expenditure incurred by or on behalf of the hospital related to day to day delivery of services"[9]. 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 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.

Some of the self-costed hospitals allocated costs to the Emergency Department cost bucket. Emergency Department ("ED") costs are out of scope for Round 17, so the ED costs for these hospitals were removed.

2.4 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 17 and the last five published rounds.

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

9 Page 19 of Australian Hospital Patient Costing Standards v2.0 – 1 March 2011

Table 2 Summary of private hospital participation

	Round #					
	R7 (03-04)	R11 (06-07)	R12 (06-07)	R13 (08-09)	R16 (11-12)	R17 (12-13)
Number of hospitals	113	82	109	110	105	95
Sample separations	1,240,388	1,297,147	1,607,678	1,648,989	1,775,059	1,650,816
Percentage of population separations	65%	59%	72%	71%	66%	60%
AR-DRG version	4.2	4.2	4.2	5.1	6.0x	6.0x

2.5 Public and private sector differences

This report does not seek to compare the average cost per separation between the public and private sectors, as the scope of costs between the two sectors is different. Many of the cost items present in the public sector such as 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 do not provide these services directly and patients pay for these services separately. Many patients make private arrangements and they are charged on a fee-for-service basis. As a result, these costs are not captured 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.

2.6 Confidentiality of data

Due to the commercial nature of the sector, all participating hospitals in Round 17 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 (-----).

2.7 Reliances and limitations

Data checks and reasonableness tests have been performed at three 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. The costing process relies on information provided by hospitals in the following areas:

1 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 no tests of procedures have been performed to validate that the costs reported by hospitals comply with those standards.

2 The mapping of cost general ledger accounts to cost areas was performed by the participant hospitals.

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

4 A small number of hospitals have participated by submitting costed data using their own costing systems. Many of these hospitals are experienced in hospital costing and the costed results are critically reviewed by their internal management. It has been assumed that the hospitals have performed the costing process in accordance with the AHPCS v2.0.

5 There are a small number of patients that were admitted prior to 1 July 2012, and discharged in 2012/13. These patients are called WiP patients as their episode crosses a financial year boundary. Adjustments for these WiP patients will not be made. That is, 2012/13 costs have been allocated to WiP patients without special adjustment for the period of the episode occurring in the prior financial year as the adjustments are expected to be immaterial yet require considerable effort to determine. For DRG cost-weight reporting purposes, only those patients who were discharged in the 2012/13 financial year have been included.

3 Methodology

3.1 Identifying the minimum sample size

Prior to the commencement of the Round 16 collection, the minimum number of separations, number of hospitals and number of hospital groups required to participate was calculated based on data received from the Independent Hospital Pricing Authority (IHPA), the Department of Health, and Private Health Data Bureau dataset (PHDB).

The methodology that was adopted was described in Section 3 of the Round 16 report. A copy of that methodology is provided in Appendix B - Analysis performed to determine the minimum sample size. Based on this analysis:

- 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 Round 17 collection would go ahead. Hospitals were requested whether they had an intention to participate. The indicative participation rate exceeded the 60% and 90 hospital threshold requirements for the collection to proceed.

3.2 Costing methodologies

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

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

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 to measure, 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].

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 service weights, which are pre-determined statistics and service consumption weights. Service weights are applied to apportion 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

[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.

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

and apportions it across cost centres based on assumptions about relative resource utilisation which are set at the DRG level.

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

3.3 Stages and Phases of the private sector NHCDC

The three stages of the collection were:

Stage 1 - Data collection: At the commencement of the data collection phase a data specification guide was prepared and distributed to all participants. Hospitals were informed of their data collection window and provided access to a secure website to upload and submit all relevant files such as the patient activity data items, general ledger data and mapping files. Participants electing to perform their own costing provided data at the separation level with the allocated cost.

Stage 2 – Pre-costing checks and review: All participating hospitals were issued a pre-costing reasonableness and validation report. This phase comprised detailed pre-costing reasonableness and quality review checks by the costing team and alerting the hospital of any unexpected or unusual results so they can be corrected prior to costing. If hospital results fell outside the expected range of values, the hospital had the option to correct the data items and resubmit their data until all the issues are resolved or agreed by the hospital.

Stage 3 - Costing: The costing phase comprised of performing episode level costing using specialised costing software (PPM2) for all participating hospitals. After costing was completed, detailed checks were performed on the costed datasets.

Once the review was complete, the costed results for each hospital were shared with the hospitals to review and provide feedback. If unexplained variances were present in the costed reports, the costing staff reviewed the data that was submitted and contacted the hospital for further investigation where required. The approach to resolve issues identified during the checks were agreed with hospitals.

Each of these three Stages is described in more detail in Appendix C - Further detail on the costing process.

3.4 Costing approach for Round 17

For the Round 17 collection, focus was placed on improving the costing methodology by using feeder system data to allocate costs for the major patient care areas in private hospitals, such as prosthetics, operating rooms, critical care and ward nursing costs. Service weights were used to allocate costs to the smaller cost buckets, such as pharmacy, pathology (if any), and imaging (if any). In this round, the following categories of patient level data components have been utilised during the costing process:

Financial data: This includes the general ledger cost centres and accounts, along with mapping of those cost centres to patient care areas and standardised line items.

Activity data: This includes the encounter level data (such as patient ID, encounter ID, date of birth etc.) and transfer information identifying when patients have transferred between operating rooms and wards.

Allocation data: This includes data used to allocate overhead cost centres to patient care areas (such as allocation of Finance or IT department costs to wards and other patient care areas).

Feeder data: This includes data that identifies patient consumption of hospital products or services within a patient care area. For example, a prosthesis feeder might list the prosthetic items received by a patient and the cost of each. This feeder can be used to allocate costs in the general ledger as it identified how much of the prosthesis products each encounter consumed.

Allocation of patient care area costs to encounters:

After overheads are allocated, patient care areas are allocated to encounters. As each patient care area provides a different product or service to patients (known as intermediate products) then the method used to allocate these costs changes. A list of allocation methods for the Round 17 collection is provided below:

- **Ward Nursing costs** – allocated using fractional bed days. The 'fractional bed days' value is derived from the patient transfer file which details the time and date in which patients were transferred in and out of wards.

- **Prostheses costs –** allocated using a prosthesis listing. This identifies the direct cost of the prosthesis used by a patient during their encounter. If no prosthetics listing is provided by the hospital, and no information was made available from PHDB or HCP, these costs are allocated using service weights.

- **Operating room –** allocated using theatre minutes, provided directly from a feeder system. If no operating room data is provided, and no information was made available from PHDB or HCP, these costs are allocated using service weights.

- **Critical care** – allocated using Intensive Care Unit or Critical Care minutes (ICU or CC minutes), provided directly from a feeder system or patient transfer records. If no critical care data is provided, and no information was made available from PHDB or HCP, these costs are allocated using service weights.

- **Other patient care areas:** service weights were adopted.

Cost components ("cost buckets")

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

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 calculated for an individual patient, the patient's total cost of care is derived as the sum 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 E - Costs included in the cost buckets.

DRG Version 6.0x

Round 17 data in this report is presented in DRG version 6.0x. However, some of the sites costed provided data in an earlier version of the DRG classification system. For these sites, the patient data was regrouped (reclassified) to DRG version 6.0x using the original diagnosis and procedure codes recorded by the hospital. This process ensures consistency across the reporting process, as there are some additions, removals and amendments to the DRG classification system between each version released.

Service weights

The AR-DRGv6.0x service weights were used in Round 17, which are derived from patient-costed sites in public sector hospitals.

Costing standards

Costing was performed in compliance with AHPCS v2.0.

3.5 Changes in methodology compared to the Round 16 (2011/12) collection

A mix of patient-costing and cost modelling has been adopted for Round 17. The changes adopted in Round 17 represent less reliance on service weights compared to Round 16, and an increase in reliance on the measures that represent the resources consumed for each separation:

1. **Use of feeder data:** 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. In Round 17, a number of patient level data source or feeder systems were introduced. It was recommended hospitals submit data for prosthesis, operating room and critical care feeder data to improve accuracy of the cost allocation. Hospitals were also able to select the PHDB or HCP submissions as alternative source systems of feeder data.

2. **Allocation of overheads to patient care areas:** While the majority of hospitals in Round 17 chose not to submit overhead allocation statistics, participating hospitals were able to provide allocation statistics for allocating costs of overhead cost centres to patient care areas. If no allocation statistics were provided, overheads were allocated to patient care areas using a 'share of total expenses' method.

3. **Product fraction:** While the scope of R17 Private Sector is limited to acute inpatients only, as many hospitals provide additional products to patients (such as outpatient or emergency department services) it is important to separate out costs relating to those products. As such, participants are asked to enter patient fractions (PFRACs) to indicate how much of each cost centre's cost relates to each of the hospital products instead of the Inpatient Fraction (IFRAC) used in Round 16.

4. **General ledger data:** Negative expense accounts were accepted as part of the hospital general ledger submission.

5. **Changes in reporting:** As discussed and agreed with the private hospital representatives, the public report in Round 17 has been expanded to separate prosthesis costs into a separate bucket. DRG information will now be displayed in the following 5 cost weight buckets:

    a. Total costs

    b. Operating Room and Special Procedure Suites

    c. Critical Care

    d. Prosthesis; and

e Miscellaneous (Including Ward Medical, Ward Nursing, Non-clinical salaries, Pathology, Imagining, Allied Health, Pharmacy, Depreciation, On-costs, Hotel and Supplies.)

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 and applied to the public sector collection for Rounds 14 and 15 as inputs to the National Efficient Price weights.[13]

Population adjustment process

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

The methodology adopted for Round 17 is the same as that adopted in Round 16. As part of consultations with the private hospital sector for Round 16 it was agreed that a market-based approach would be adopted to weight the sample so that the weighted separations and costs of the larger participants did not exceed their actual markets shares based on separation counts.

In order to compile a study and strata file that is required for the population estimation process, the number of acute hospital separations for 2012-13 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 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 participated in Round 17, then the number of separations was based on the number of costed acute admitted separations;

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

The number of hospitals in the population file for Round 17 is 244.

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

[13] Advice from IHPA

The population separations have increased by 1.8% from Round 16 to Round 17 (see Table 3 for more detail.)

4 Summary of results

4.1 Summary of Round 17 Sample to Population

The population of hospitals for the NHCDC is defined as all multi-day private hospitals with at least 200 acute admitted separations. In Round 17 (2012/13), there were 244 hospitals eligible to participate. Of these 244 hospitals, 95 participated in Round 17, which represents 39% of the population of in-scope hospitals. This compares to a hospital participation level of 42% for Round 16 (2011-12).

The population of separations is defined as all acute admitted separations performed at these hospitals, which was 2,753,670 in 2012/13. Further detail is provided in Section 2.3. The number of in-scope sample separations in Round 17 was 1,650,816 which represent 60% of the population of in-scope separations. This is a decrease of 6% in coverage compared to the Round 16 sample in which there was 66% coverage.

Over the years, participation levels have varied from 59% of separations (Round 11, 2006/07) to a peak of 72% of separations in Round 12 (2007/08).

Table 3 Comparison of separations and hospitals, Round 7 (2002/03) to Round 17 (2012/13)

	R7 02/03	R11 06/07	R12 07/08	R13 08/09	R16 11/12	R17 12/13
Sample separations	1,240,388	1,297,147	1,607,678	1,648,989	1,775,059	1,650,816
% increase	28%	5%	24%	3%	8%	-7%
Population separations	1,903,975	2,192,314	2,248,324	2,328,814	2,703,792	2,753,670
% sample to population	65%	59%	72%	71%	66%	60%
Sample hospitals	113	82	109	110	105	95
% increase	36%	-27%	33%	1%	-5%	-10%
Population hospitals	221	229	229	226	248	244
% sample to population	51%	36%	48%	49%	42%	39%

The average length of stay of the sample in Round 17 was 2.53 days, which is 0.5% higher than Round 16 (2011-12) when the average length of stay was 2.52.

Table 4 Average length of stay (ALOS) of Sample Separations, Round 7 (2002/03) to Round 17 (2012/13)

	Round 7 2002/03	Round 11 2006/07	Round 12 2007/08	Round 13 2008/09	Round 16 2011/12	Round 17 2012/13
Average length of stay	2.97	2.88	2.62	2.57	2.52	2.53
% change		-3.0%	-9.0%	-1.9%	-2.2%	+0.5%

4.2 Comparison of cost-bucket break-down to Round 16

In Round 16 the private hospital sector agreed to the publication of cost weights for total costs, operating rooms and specialist procedure suites (combined), critical care, and "other" (representing the remainder). In Round 17 the sector agreed to the publication of cost weights for total costs, operating rooms and specialist procedure suites (combined), critical care, prostheses, and "miscellaneous" (representing the remainder). "Miscellaneous" represents the combined costs for ward nursing, supplies, on-costs, non-clinical costs, depreciation, hotel, pharmacy, allied health, ward medical, pathology, and imaging. 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.

In Round 17, operating rooms and specialist procedure suites ("ORSPS") represented 20.5% of costs, which is a 1.8% increase compared to Round 16. Critical care in Round 17 is 5.8% compared to 5% in Round 16, and the remainder of costs is 73.7% in Round 17 compared to 76.3% in Round 16. These movements are likely to represent the changes and the improvements in the costing allocation process for Round 17 compared to Round 16: in Round 16, ORSPS and critical care costs were allocated using service weights. In Round 17, feeder systems for ORSPS and critical care for actual minutes were adopted if available, otherwise service weights were adopted.

In Round 17, the sector requested the prostheses cost weights to be published. Across all DRGs, prostheses costs represent a large proportion at 22.9% of total costs.

Table 5 Breakdown of cost by cost-bucket group, Round 17 versus Round 16

Cost-bucket group	Round 16 2011-12	Round 17 2012-13	Change
Operating rooms and Specialist Procedure Suites	18.7%	20.5%	1.8%
Critical Care	5.0%	5.8%	0.8%
Remainder	76.3%	73.7%	-2.6%
Round 17 breakdown of "Remainder"			
Miscellaneous	n/a	50.9%	
Prostheses	n/a	22.9%	
Total	**100.0%**	**100.0%**	**0.0%**

4.3 DRG Analysis

The twenty DRGs ranked by highest cost weights

DRGs with the highest cost weights are those DRGs that have the highest average cost per separation. The DRG with the highest cost weight in Round 17 is DRG P61Z "Neonate, Admission Weight less than 760grams". This DRG has a long average length of stay of 84 days. The cost weight for this DRG is 50.39, which means that the average cost of this DRG is 50.39 times the average separation cost across all DRGs in the private sector. Six of the Top 20 cost weight DRGs relate to neonates with ranks 1, 3, 5, 6, 8 and 12. A further 4 DRGS are those that are classified in the Major Diagnostic Grouping as "High Cost Procedures". These are ranked 2, 9, 13, and 17. A number of the remaining high-cost DRGs relate to cardiac procedures and spinal fusion procedures. 18 of the top 20 DRGs are surgical, and two are classified as medical, both of which are Neonate DRGs (P61Z, and P62Z).

Twelve of the Round 17 top 20 cost-weight DRGs were also in the Round 16 Top 20. There are two Round 17 DRGs (P61Z and P05Z) for which no data was received last year and consequently no cost weight produced. The changes in the Top 20 rankings between Round 16 and Round 17 are likely due to the use of feeder data by many hospitals this year. Prosthetics and critical care costs were in many cases allocated directly from feeder data in this Round instead of service weights in Round 16. Since the service weights are based on public sector results, and there are many differences between private and public sector cost results and practices, the use of the feeder data is more likely to lead to DRG cost weights that are more reflective of resource consumption in the private sector. Furthermore, the top DRGs have high standard errors. Movements are therefore expected year-to-year for high-cost / low-volume DRGs.

The DRG with the highest number of separations was F01B "Implantation or replacement of AICD (Automatic Implantable Cardioverter-Defibrillator), Total system without catastrophic complications and/or co-morbidities". In 2012/13, this DRG had a cost weight of 23.46, and there was an estimated 2,268 separations.

The top 20 cost-weight DRGs account for 5.0% of total resources in 2012/13, but represent only 0.3% of total separations.

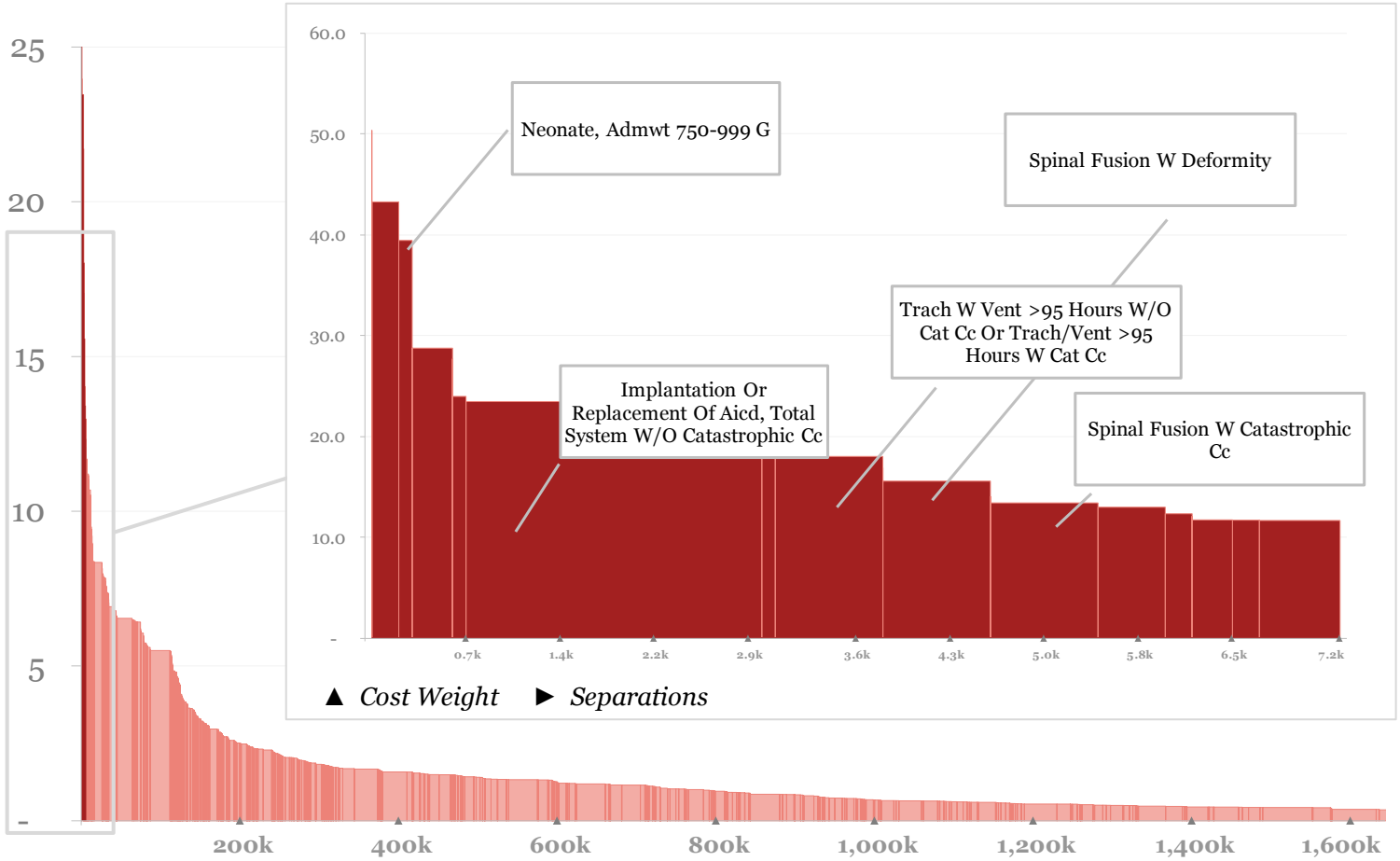
Table 6 DRGs with twenty highest cost weights, AR-DRG 6.0x, Round 17 (2012/13)

DRG Type	Indicator: Top 20 R16?	Rank R17	DRG	Description	Cost Weight	Seps	Cost Weighted Seps	Number of Days	ALOS (days)	Std Error	% of total seps	% of CW seps
					(a)	(b)	(c)=(a)x(b)	(d)	(e) = (d)/(b)			
M	N/A	1	P61Z	Neonate, AdmWt <750 g	50.39	21	1,065	1,776	84.0	9.34	0.0%	0.0%
S	Yes	2	A06A	Tracheostomy W Ventilation >95 hours W Catastrophic CC	43.27	277	11,989	14,559	52.5	2.47	0.0%	0.4%
M	Yes	3	P62Z	Neonate, AdmWt 750-999 g	39.45	41	1,614	2,650	64.8	4.58	0.0%	0.1%
S	Yes	4	F01A	Implantation or Replacement of AICD, Total System W Catastrophic CC	28.76	300	8,621	2,282	7.6	0.64	0.0%	0.3%
S	Yes	5	P06A	Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems	27.69	28	788	1,043	36.6	6.91	0.0%	0.0%
S	No	6	P03Z	Neonate, AdmWt 1000-1499 g W Significant OR Procedure	23.97	44	1,059	1,869	42.3	3.15	0.0%	0.0%
S	Yes	7	F01B	Implantation or Replacement of AICD, Total System W/O Catastrophic CC	23.46	2,268	53,217	5,000	2.2	0.25	0.1%	1.9%
S	Yes	8	P04Z	Neonate, AdmWt 1500-1999 g W Significant OR Procedure	21.71	32	702	1,194	36.9	5.18	0.0%	0.0%
S	Yes	9	A06B	Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC	18.02	803	14,479	22,136	27.6	0.61	0.0%	0.5%
S	No	10	W01Z	Ventilation or Cranial Procedures for Multiple Significant Trauma	16.90	8	134	285	35.8	3.87	0.0%	0.0%
S	Yes	11	I06Z	Spinal Fusion W Deformity	15.57	793	12,347	7,958	10.0	0.53	0.0%	0.4%
S	N/A	12	P05Z	Neonate, AdmWt 2000-2499 g W Significant OR Procedure	14.03	13	184	315	24.0	6.61	0.0%	0.0%
S	No	13	A11A	Insertion of Implantable Spinal Infusion Device W Catastrophic CC	13.52	14	183	314	23.2	2.59	0.0%	0.0%
S	Yes	14	I09A	Spinal Fusion W Catastrophic CC	13.41	833	11,176	11,324	13.6	0.35	0.0%	0.4%
S	Yes	15	F03A	Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC	12.98	467	6,063	8,188	17.5	0.33	0.0%	0.2%
S	No	16	I32A	Knee Revision W Catastrophic CC	12.34	197	2,433	3,772	19.1	0.66	0.0%	0.1%
S	No	17	A07Z	Allogeneic Bone Marrow Transplant	12.08	12	146	287	23.8	1.81	0.0%	0.0%
S	Yes	18	F07A	Other Cardiothoracic/Vascular Procedures W CPB Pump W Catastrophic CC	11.73	251	2,948	3,231	12.9	1.21	0.0%	0.1%
S	Yes	19	I01A	Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC	11.70	284	3,324	4,938	17.4	0.40	0.0%	0.1%
S	No	20	D01Z	Cochlear Implant	11.67	522	6,094	810	1.6	0.22	0.0%	0.2%
	12	**Sub-total, top 20 highest cost weight**			**19.22**	**7,210**	**138,567**	**93,934**	**13.0**		0.3%	5.0%
	in R16	**All DRGs**			**1.00**	**2,753,670**	**2,753,670**	**6,904,289**	**2.5**		100%	100%
	Top 20	Top 20, % of all DRGs				0.3%	5.0%	1.4%				

Notes: DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the above table.
(b) Separations shown are weighted using the methodology described in Section 3.5
(e) ALOS means average length of stay

Figure 1 below highlights the cost-weight (height) and volume (width) of these twenty DRGs and plots them relative to the cost weight and volume of all other DRGs, illustrating the significant difference in cost-weight for these DRGs. The in-set area focuses specifically on the top-20 DRGs, where the width of each bar represents the number of separations. (The main chart has been truncated on the vertical axis for clarity.) From this chart and Table 6, the top 20 cost-weight DRGs that had relatively higher separation volumes were F01B (Implantation Or Replacement Of Aicd, Total System W/O Catastrophic Cc), A06B (Trach W Vent >95 Hours W/O Cat Cc Or Trach/Vent >95 Hours W Cat Cc), I06Z (Spinal Fusion W Deformity) and I09A (Spinal Fusion W Catastrophic Cc).

Figure 1 Twenty highest cost-weight AR-DRGs – plot of cost weight versus number of separations



Twenty DRGs with the highest number of separations in 2012/13

The DRG with the highest number of population-weighted separations is R63Z Chemotherapy (207,697, 7.5% of the total of 2,753,670). Five of the top 20 by volume DRGs are from the Major Diagnostic Category "Diseases and disorders of the digestive system"). These are: G48C (Colonoscopy SameDay, ranked 2), G46C (Complex Gastroscopy SameDay, ranked 6), G47C (Other Gastroscopy SameDay, ranked 7), G10B (Hernia procedures w/ Cc, ranked 13) and G11Z (Anal And Stomal Procedures, ranked 17). The top 20 frequency DRGs account for 44% of separations in 2012/13, and are estimated to consume 17% of resources in the overnight private hospital sector (based on cost weighted separations). A high proportion of separations in these DRGs are same-day separations with low cost weights (and therefore lower average cost). The exception to this is O60B and O01C (vaginal and caesarean delivery DRGs without catastrophic or severe complications). 19 of these DRGs were ranked in the top 20 highest volume in Round 16. The ranks are very similar to the Round 16 ranks. This means that there has been little movement in the profile of DRGs in 2012/13 compared to 2011/12. The DRGs comprise a mixture of Medical DRGs, Surgical DRGs, and Other DRGs.

Table 7 Twenty highest volume (number of separations) DRGs, AR-DRG 6.0x, Round 17 (2012/13)

DRG Type	Indicator: Top 20 R16?	Volume Rank R17		Description	Cost Weight	Seps	Cost Weighted Seps	Number of Days	ALOS (days)	Std Error	% of total seps	% of CW seps
					(a)	(b)	(c)=(a)x(b)	(d)	(d)/(b)			
M	Yes	1	R63Z	Chemotherapy	0.21	207,697	44,363	241,009	1.2	0.001	7.5%	1.6%
O	Yes	2	G48C	Colonoscopy, Sameday	0.21	110,786	23,341	116,356	1.1	0.001	4.0%	0.8%
M	Yes	3	L61Z	Haemodialysis	0.12	105,160	12,105	109,974	1.0	0.000	3.8%	0.4%
O	Yes	4	Z40Z	Endoscopy W Diagnoses of Other Contacts W Health Services, Sameday	0.19	78,499	14,603	83,555	1.1	0.001	2.9%	0.5%
M	Yes	5	Z64B	Other Factors Influencing Health Status, Sameday	0.20	72,613	14,235	84,479	1.2	0.002	2.6%	0.5%
O	Yes	6	G46C	Complex Gastroscopy, Sameday	0.26	72,419	18,817	77,486	1.1	0.001	2.6%	0.7%
O	Yes	7	G47C	Other Gastroscopy, Sameday	0.15	63,075	9,720	67,046	1.1	0.001	2.3%	0.4%
S	Yes	8	I18Z	Other Knee Procedures	0.43	62,526	26,708	71,143	1.1	0.002	2.3%	1.0%
O	Yes	9	D40Z	Dental Extractions and Restorations	0.37	55,351	20,366	59,116	1.1	0.002	2.0%	0.7%
M	Yes	10	E63Z	Sleep Apnoea	0.27	43,513	11,787	46,882	1.1	0.001	1.6%	0.4%
S	Yes	11	C16Z	Lens Procedures	0.54	40,917	22,062	43,570	1.1	0.002	1.5%	0.8%
S	Yes	12	J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	0.35	37,193	13,112	43,334	1.2	0.003	1.4%	0.5%
S	Yes	13	G10B	Hernia Procedures W/O CC	0.86	36,921	31,595	49,328	1.3	0.003	1.3%	1.1%
M	Yes	14	O60B	Vaginal Delivery W/O Catastrophic or Severe CC	1.33	36,332	48,185	147,603	4.1	0.005	1.3%	1.7%
S	Yes	15	I16Z	Other Shoulder Procedures	1.19	35,952	42,765	46,342	1.3	0.005	1.3%	1.6%
S	Yes	16	N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy	0.47	34,211	16,136	40,216	1.2	0.003	1.2%	0.6%
S	Yes	17	G11Z	Anal and Stomal Procedures	0.44	31,009	13,685	43,371	1.4	0.008	1.1%	0.5%
O	Yes	18	L41Z	Cystourethroscopy, Sameday	0.18	29,854	5,416	32,172	1.1	0.002	1.1%	0.2%
S	Yes	19	O01C	Caesarean Delivery W/O Catastrophic or Severe CC	1.67	29,303	48,914	141,214	4.8	0.023	1.1%	1.8%
S	No	20	I30Z	Hand Procedures	0.64	28,367	18,243	33,292	1.2	0.005	1.0%	0.7%
	19	**Sub-total, 20 highest separation count**			**0.38**	**1,211,697**	**456,161**	**1,577,488**	**1.3**		44%	17%
	in R16	**All DRGs**			**1.00**	**2,753,670**	**2,753,670**	**6,904,289**	**2.5**		100%	100%
	Top 20	Top 20 separation count, % of all DRGs				44%	17%	23%				

Notes: DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the above table. (b) Separations shown are weighted using the methodology described in Section 3.5 (e) ALOS means average length of stay

Figure 2 illustrates the relationship between separation counts for these top 20 (44% of total separations), versus resources consumed (17%, as measured by "cost weighted separations").

Figure 2 Twenty DRGs with the highest number of separations in 2012/13:

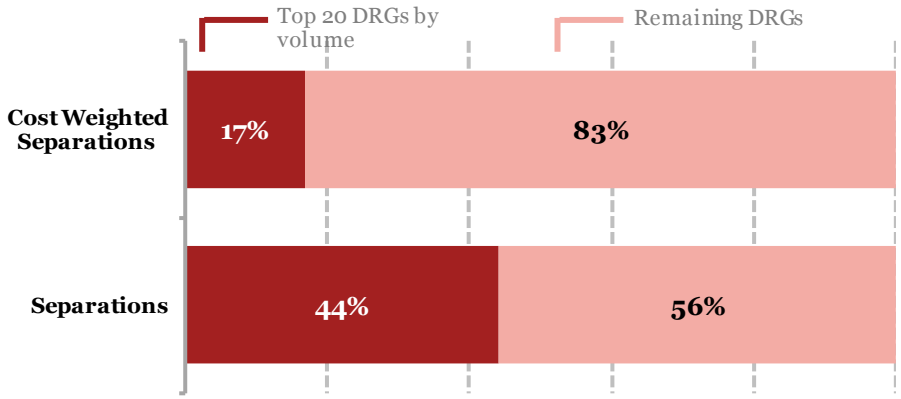
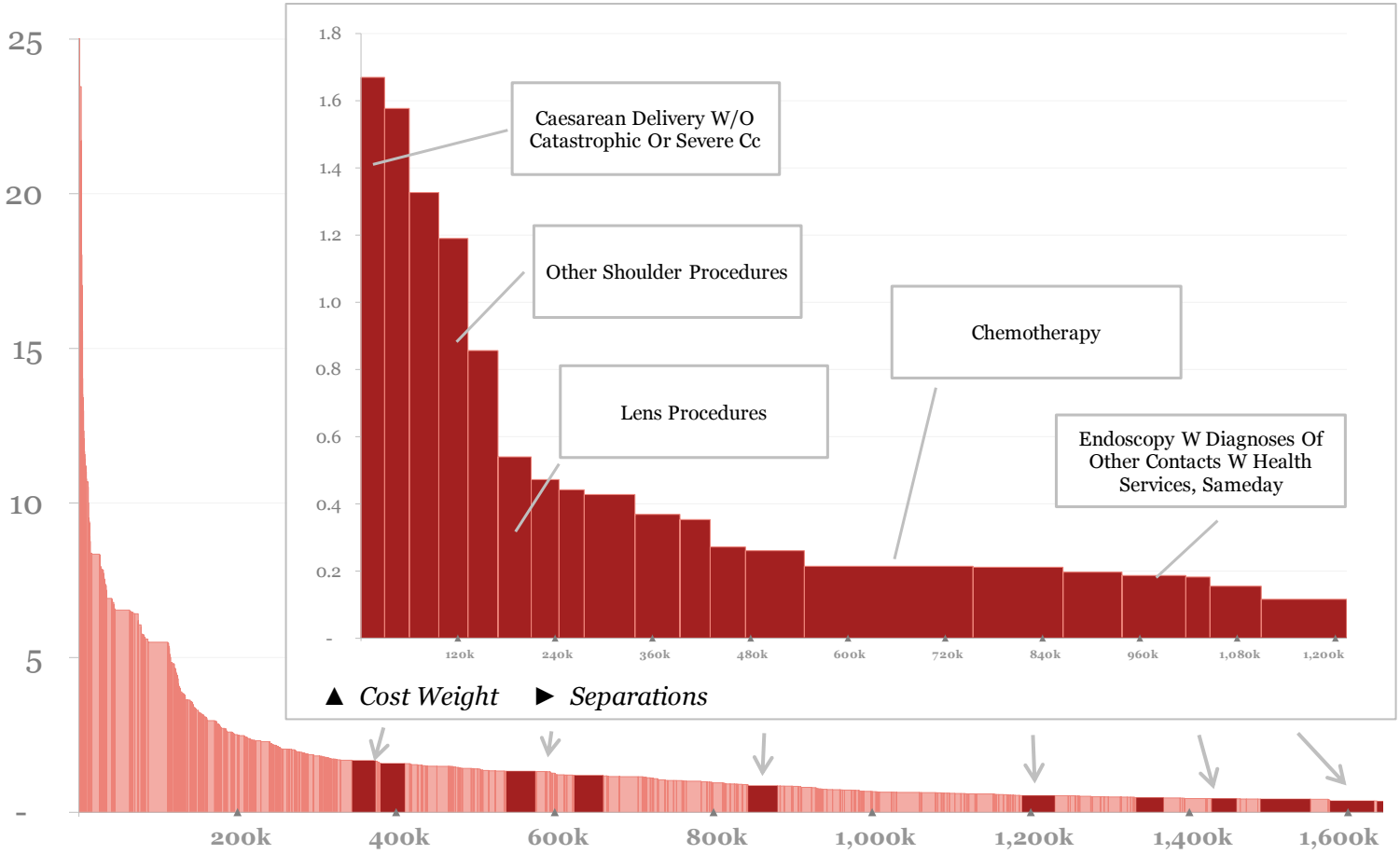


Figure 3 plots the top 20-volume DRGs against all other DRGs, comparing both volume and cost weight. The darker bars in the main chart show that these high-volume DRGs have relatively low cost weights compared to other DRGs. The in-set focuses only on the top-20 by volume, where the wider bars represent the higher volume DRGs such as Chemotherapy, and the height of each bar represents the cost-weight. Taller DRGs are those with the relatively higher cost weights (such as Caesarean Delivery w/o Catastrophic or Severe Cc).

Figure 3 Twenty highest volume DRGs – plot of cost weight versus number of separations (illustrates that most of them have relatively low cost-weights)



The twenty DRGs with the highest volume x cost-weight ("cost-weighted separations") in 2012/13

These DRGs are those that account for the highest proportion of total costs in the private overnight sector. Cost-weighted separations are calculated as the total number of separations multiplied by the cost weight. The percentage distribution of cost-weighted separations represents the percentage distribution of hospital costs incurred in delivering patient care.

The top 3 DRGs that account for the highest proportion of hospitals costs incurred in 2012/13 are:

- I04B "Knee Replacement W/O Catastrophic Or Severe Cc" representing 135,355 cost weighted separations (4.9%), cost weight of 5.50, and average length of stay of 5.7 days;

- I03B "Hip Replacement W/O Catastrophic Cc", representing 122,186 cost weighted separations (4.4%), cost weight 6.54, and average length of stay 6.0 days; and

- I09B "Spinal Fusion W/O Catastrophic Cc", representing 81,805 of cost weighted separations (3.0%), cost weight 8.35, and average length of stay 6.1 days.

Combined, these 3 DRGs represent 339,346 cost weighted separations which is 12.3% of total cost weighted separations of 2,753,670. Therefore, these 3 DRGs alone account for 12.3% of total hospital costs in 2012/13.

Nineteen of this year's top-20 DRGs were ranked in the top 20 in Round 16, indicating that the DRGs accounting for a significant proportion of total hospital costs in 2012/13 also accounted for total hospital costs in 2011/12. Overall, this group of DRGs accounts for 33% of total hospital costs in 2012/13, 25% of total separations, and 21% of total patient days.

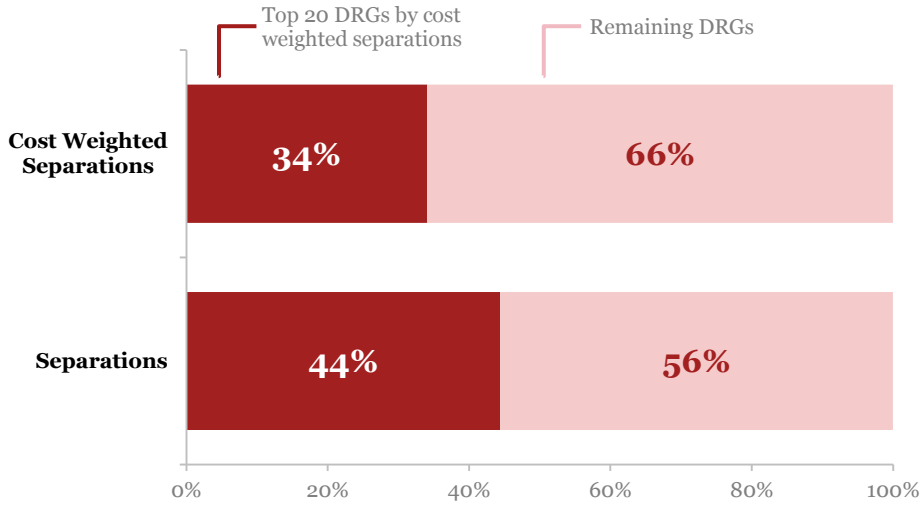
Table 8 DRGs with the twenty highest number of cost-weighted separations, AR-DRG 6.0x, Round 17 (2012/13)

DRG Type	Indicator: Top 20 R16?	Rank R17		Description	Cost Weight	Separations	Cost Weighted Separations	Number of Days	ALOS (days)	Std Error	% of total seps	% of CW seps
					(a)	(b)	(c)=(a)x(b)	(d)	(e)=(d)/(b)			
S	Yes	1	I04B	Knee Replacement W/O Catastrophic or Severe CC	5.50	24,615	135,355	139,618	5.7	0.01	0.9%	4.9%
S	Yes	2	I03B	Hip Replacement W/O Catastrophic CC	6.54	18,684	122,186	111,249	6.0	0.02	0.7%	4.4%
S	Yes	3	I09B	Spinal Fusion W/O Catastrophic CC	8.35	9,801	81,805	59,451	6.1	0.07	0.4%	3.0%
S	Yes	4	F01B	Implantation or Replacement of AICD, Total System W/O Catastrophic CC	23.46	2,268	53,217	5,000	2.2	0.25	0.1%	1.9%
S	Yes	5	O01C	Caesarean Delivery W/O Catastrophic or Severe CC	1.67	29,303	48,914	141,214	4.8	0.02	1.1%	1.8%
M	Yes	6	O60B	Vaginal Delivery W/O Catastrophic or Severe CC	1.33	36,332	48,185	147,603	4.1	0.00	1.3%	1.7%
S	Yes	7	F12B	Implantation or Replacement of Pacemaker, Total System W/O Catastrophic CC	6.92	6,705	46,374	20,251	3.0	0.05	0.2%	1.7%
M	Yes	8	R63Z	Chemotherapy	0.21	207,697	44,363	241,009	1.2	0.00	7.5%	1.6%
S	Yes	9	I16Z	Other Shoulder Procedures	1.19	35,952	42,765	46,342	1.3	0.00	1.3%	1.6%
S	Yes	10	G10B	Hernia Procedures W/O CC	0.86	36,921	31,595	49,328	1.3	0.00	1.3%	1.1%
S	Yes	11	I04A	Knee Replacement W Catastrophic or Severe CC	6.42	4,309	27,661	35,057	8.1	0.04	0.2%	1.0%
O	Yes	12	F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	1.15	23,472	27,036	48,335	2.1	0.01	0.9%	1.0%
S	Yes	13	F15B	Interventional Coronary Procs W/O AMI W Stent Implantation W/O Cat or Sev CC	2.96	9,067	26,870	17,014	1.9	0.02	0.3%	1.0%
S	Yes	14	I18Z	Other Knee Procedures	0.43	62,526	26,708	71,143	1.1	0.00	2.3%	1.0%
S	Yes	15	K04B	Major Procedures for Obesity W/O CC	2.29	10,692	24,438	23,147	2.2	0.01	0.4%	0.9%
S	Yes	16	I10B	Other Back and Neck Procedures W/O Catastrophic or Severe CC	1.68	14,355	24,173	48,976	3.4	0.01	0.5%	0.9%
S	Yes	17	F04A	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC	10.69	2,236	23,900	26,619	11.9	0.15	0.1%	0.9%
O	No	18	G48C	Colonoscopy, Sameday	0.21	110,786	23,341	116,356	1.1	0.00	4.0%	0.8%
S	Yes	19	C16Z	Lens Procedures	0.54	40,917	22,062	43,570	1.1	0.00	1.5%	0.8%
S	Yes	20	I13B	Humerus, Tibia, Fibula and Ankle Procedures W/O CC	1.49	14,276	21,217	30,636	2.1	0.01	0.5%	0.8%
	19	**Sub-total, top 20 highest cost-weighted separations**			**1.29**	**700,916**	**902,167**	**1,421,918**	**2.0**		25%	33%
	in R16	**All DRGs**			**1.00**	**2,753,670**	**2,753,670**	**6,904,289**	**2.5**		100%	100%
	Top 20	Top 20 cost-weighted separations, % of all DRGs				25%	33%	21%				

Notes: DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the above table. (b) Separations shown are weighted using the methodology described in Section 3.5 (e) ALOS means average length of stay

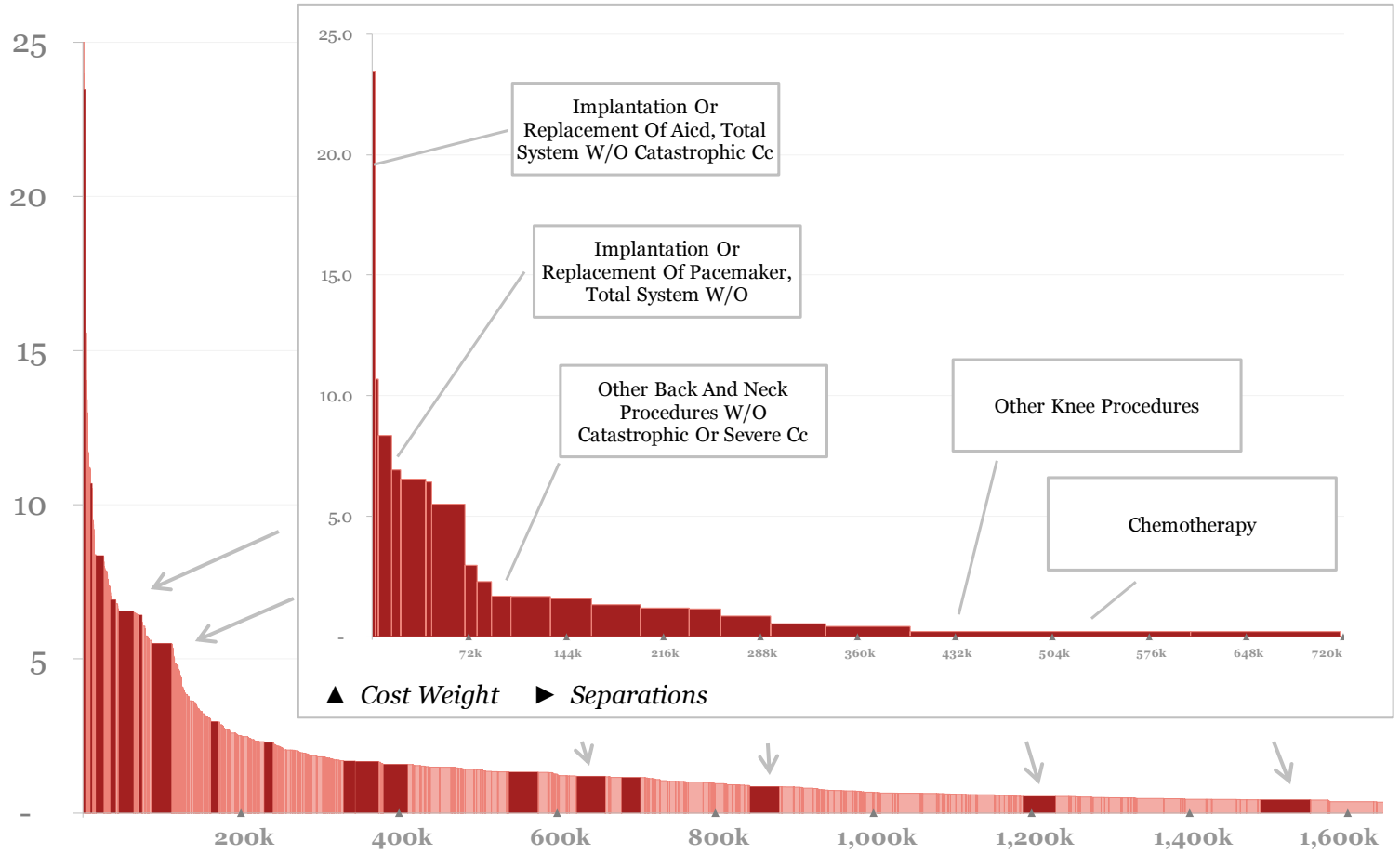
Figure 4 illustrates the relationship between separation counts for these top 20 (44% of total separations), versus resources consumed (25%, as measured by "cost weighted separations").

Figure 4 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 spread of dark red areas in Figure 5 below. The height of each bar represents the cost weight, while the width of each bar represents the number of separations. Figure 5 below highlights the cost-weight and volume of these DRGs (dark red) and plots them relative to the cost weight and volume of all other DRGs.

Figure 5 Twenty DRGs with the highest number of cost-weighted separations – plot of cost weight versus number of separations



DRG Analysis – Miscellaneous Group of Costs

Miscellaneous combines the costs of Ward Medical, Ward Nursing, Non-clinical salaries, Pathology, Imaging, Allied Health, Pharmacy, Depreciation, On-costs, Hotel and Supplies. The total cost weight across all DRGs is 0.51, which means that miscellaneous costs represent 51% of total costs in 2012/13.

The DRG with the highest miscellaneous cost weight is A06A "Tracheostomy W Ventilation >95 Hours W Catastrophic Cc". The cost weight is 13.28, i.e. these costs are 13.28 times the average cost across all separations and cost buckets. This DRG has a high proportion of costs (61%) incurred in the critical care cost bucket.

The next 2 DRGs are A07z (Allogenic bone marrow transplant, miscellaneous cost weight 11.58, representing 96% of total cost) and B60A (Acute paraplegia/quadriplegia, miscellaneous cost weight 10.07, representing 90% of total cost).

DRGs with high miscellaneous cost weights are characterised by significantly longer length of stay than the overall average of 2.5 days, and significantly higher proportion of critical care costs (46% of total cost) compared to all DRGs (critical care being 6% of total cost). Eleven of the DRGs are surgical DRGs, with the remaining nine being medical DRGs.

Twelve of the top-20 miscellaneous cost-weight DRGs were ranked in the top 20 for Round 16. There has been some movement in the ranking of miscellaneous cost weights. These movements reflect the refinements to the costing allocation process for Round 17, which better reflect the costs for the private sector, compared to Round 16 which placed greater reliance on public sector service weights.

Table 9 Twenty DRGs with the highest cost weight for Miscellaneous costs, AR-DRG 6.0x, Round 17 (2012/13)

DRG Type	Indicator: Top 20 R16?	DRG		Description	Miscellaneous Cost Weight	Separations	Overall Cost Weight	ALOS (days)	% of DRG Total Cost (f)			
									Oper Rooms & Spec Proc	Critical Care	Misce-llaneous	Prostheses
					(a)	(b)	(c)	(e)				
S	Yes	1	A06A	Tracheostomy W Ventilation >95 hours W Catastrophic CC	13.28	277	43.27	52.5	4%	61%	31%	4%
S	Yes	2	A07Z	Allogeneic Bone Marrow Transplant	11.58	12	12.08	23.8	3%	0%	96%	1%
M	Yes	3	B60A	Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	10.07	21	11.16	39.0	3%	4%	90%	3%
M	N/A	4	P61Z	Neonate, AdmWt <750 g	9.85	21	50.39	84.0	0%	80%	20%	0%
M	Yes	5	P62Z	Neonate, AdmWt 750-999 g	7.61	41	39.45	64.8	0%	80%	19%	0%
S	No	6	W01Z	Ventilation or Cranial Procedures for Multiple Significant Trauma	7.50	8	16.90	35.8	8%	22%	44%	26%
S	Yes	7	P06A	Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems	7.48	28	27.69	36.6	5%	68%	27%	0%
S	Yes	8	A08A	Autologous Bone Marrow Transplant W Catastrophic CC	7.29	155	8.32	25.3	2%	9%	88%	2%
M	Yes	9	P65A	Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems	7.27	18	11.58	26.1	0%	37%	63%	0%
S	Yes	10	W04A	Other OR Procs for Multiple Significant Trauma W Catastrophic or Severe CC	6.94	18	11.41	32.4	14%	6%	61%	20%
M	Yes	11	R60A	Acute Leukaemia W Catastrophic CC	6.89	294	7.33	23.6	2%	4%	94%	1%
S	Yes	12	A06B	Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC	6.51	803	18.02	27.6	6%	51%	36%	7%
S	No	13	P04Z	Neonate, AdmWt 1500-1999 g W Significant OR Procedure	6.39	32	21.71	36.9	1%	69%	29%	0%
S	Yes	14	F11A	Amputation for Circ System Except Upper Limb and Toe W Catastrophic CC	6.24	70	8.37	29.4	10%	12%	75%	3%
S	No	15	A11A	Insertion of Implantable Spinal Infusion Device W Catastrophic CC	6.23	14	13.52	23.2	4%	8%	46%	42%
M	Yes	16	P63Z	Neonate, AdmWt 1000-1249 g W/O Significant OR Procedure	5.97	47	10.01	25.6	0%	40%	60%	0%
M	No	17	P64Z	Neonate, AdmWt 1250-1499 g W/O Significant OR Procedure	5.91	143	10.52	30.8	0%	44%	56%	0%
M	No	18	B82A	Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Cat C	5.64	175	7.37	27.1	7%	9%	77%	8%
S	No	19	I02A	Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC), Excluding Hand	5.58	308	8.93	24.9	16%	5%	63%	17%
M	No	20	F61A	Infective Endocarditis W Catastrophic CC	5.46	59	6.63	26.9	3%	13%	82%	1%
	12		**Sub-total, top 20 highest miscellaneous cost-weight DRGs**		**7.21**	**2,545**	**16.58**	**30.9**	5%	46%	43%	5%
	in R16		**All DRGs**		**0.51**	**2,753,670**	**1.00**	**2.5**	21%	6%	51%	23%
	Top 20		Top 20 Miscellaneous cost-weight DRGs, % of all DRGs			0.1%						

Notes : (a) For cost weight (cost bucket specific) calculations please refer to the "Appendix A: Glossary of NHCDC terms". DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the above table. (b) Separations shown are weighted using the methodology described in Section 3.5 (c) Cost weight for total costs (e) ALOS means average length of stay (f) Derived from the cost weights shown in Appendix F, divided by the overall cost weight shown in (c).

DRG Analysis – Operating room and Specialist Procedure Suite ("ORSPS") cost weights

Across all DRGs, the ORSPS cost weight is 0.21, which means that ORSPS costs on average represent 21% of total costs incurred. The 20 DRGs with the highest ORSPS cost weights are all surgical DRGs. DRG J01A ("Microvas Tiss Transf For Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev Cc") has an ORSPS cost weight of 2.52, which means that the average ORSPS cost for this DRG is 2.52 times the overall average cost of all separations. This DRG has an average length of stay of 11.7 days. J01B ("Microvas Tiss Transf For Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev Cc") is ranked 2 and I06Z ("Spinal Fusion W Deformity") is ranked 3. These DRGs are characterised by a combined average length of stay of 13.5 days which is significantly longer than the overall average length of stay of 2.5 days. Overall, the proportion of costs incurred in the critical care cost bucket for this group of DRGs is 23%, which is higher than 6% for all DRGs.

Table 10 Twenty DRGs with the highest cost weight for Operating rooms and Specialist Procedure Suites, AR-DRG 6.0x, Round 17 (2012/13)

									% of DRG Total Cost (f)			
DRG Type	Indicator: Top 20 R16?	DRG		Description	OR and SPS Cost Weight (a)	Separations (b)	Overall Cost Weight (c)	ALOS (days) (e)	Oper Rooms & Spec Proc	Critical Care	Misce-llaneous	Prostheses
S	Yes	1	J01A	Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev CC	2.52	144	6.89	11.7	37%	12%	45%	6%
S	Yes	2	J01B	Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev CC	2.18	251	5.02	7.5	43%	6%	40%	10%
S	Yes	3	I06Z	Spinal Fusion W Deformity	1.97	793	15.57	10.0	13%	4%	22%	61%
S	Yes	4	F07A	Other Cardiothoracic/Vascular Procedures W CPB Pump W Catastrophic CC	1.94	251	11.73	12.9	17%	35%	37%	11%
S	Yes	5	A06A	Tracheostomy W Ventilation >95 hours W Catastrophic CC	1.81	277	43.27	52.5	4%	61%	31%	4%
S	Yes	6	F07B	Other Cardiothoracic/Vascular Procedures W CPB Pump W Severe or Moderate CC	1.77	126	7.45	8.2	24%	22%	42%	12%
S	No	7	A06D	Tracheostomy W/O Catastrophic CC	1.75	74	6.72	11.2	26%	32%	35%	7%
S	Yes	8	I15Z	Cranio-Facial Surgery	1.59	161	4.39	5.1	36%	12%	30%	22%
S	Yes	9	F03A	Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC	1.58	467	12.98	17.5	12%	21%	41%	25%
S	Yes	10	F04A	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC	1.56	2,236	10.69	11.9	15%	23%	35%	27%
S	Yes	11	W04A	Other OR Procs for Multiple Significant Trauma W Catastrophic or Severe CC	1.56	18	11.41	32.4	14%	6%	61%	20%
S	No	12	H01A	Pancreas, Liver and Shunt Procedures W Catastrophic CC	1.48	555	7.93	15.5	19%	19%	53%	9%
S	Yes	13	I09A	Spinal Fusion W Catastrophic CC	1.47	833	13.41	13.6	11%	6%	32%	51%
S	Yes	14	F05A	Coronary Bypass W Invasive Cardiac Investigation W Reoperation or W Cat CC	1.43	758	9.42	15.2	15%	30%	45%	10%
S	Yes	15	F07C	Other Cardiothoracic/Vascular Procedures W CPB Pump W/O CC	1.43	115	6.11	7.3	23%	26%	42%	8%
S	Yes	16	I02A	Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC), Excluding Hand	1.40	308	8.93	24.9	16%	5%	63%	17%
S	No	17	P06A	Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems	1.40	28	27.69	36.6	5%	68%	27%	0%
S	No	18	F03B	Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W/O Cat CC	1.38	209	9.20	9.3	15%	17%	38%	30%
S	Yes	19	F04B	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W/O Cat CC	1.36	1,427	7.84	8.7	17%	20%	34%	28%
S	No	20	D02A	Head and Neck Procedures W Catastrophic or Severe CC	1.36	153	4.32	7.1	31%	15%	49%	5%
	15	**Sub-total, top 20 highest ORSPS cost-weight DRGs**			**1.58**	**9,184**	**11.17**	**13.5**	14%	23%	35%	27%
	in R16	**All DRGs**			**0.21**	**2,753,670**	**1.00**	**2.5**	21%	6%	51%	23%
	Top 20	Top 20 OR and SPS cost-weight DRGs, % of all DRGs				0.3%						

Notes: (a) For cost weight (cost bucket specific) calculations please refer to the "Appendix A: Glossary of NHCDC terms". DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the above table. (b) Separations shown are weighted using the methodology described in Section 3.5 (c) Cost weight for total costs (e) ALOS means average length of stay (f) Derived from the cost weights shown in Appendix F, divided by the overall cost weight shown in (c).

DRG Analysis – Critical Care cost weight

Ten of the top 20 DRGs with the highest critical care cost weight are neonate DRGs.

The DRG with the highest critical care cost weight of 40.39 is for P61Z "Neonate, Admwt <750 G". The overall cost weight for this DRG is 50.39 therefore the critical care cost bucket is a significant proportion (80%, equal to 40.39 / 50.39) of the total costs incurred for this DRG. This DRG had an average length of stay of 84 days.

For all DRGs, critical care costs represent 6% of total costs. However, for this group of high critical care cost-weight DRGs, critical care costs represent a significant proportion (56% for the top-20) of total costs incurred. These DRGs have a combined average length of stay of 28.2 days, significantly higher than the 2.5 average across all DRGs.

There has been some movement in the rankings since Round 16, with only 10 of the 20 shown below ranked in the top 20 last year. These changes are likely due to the use of feeder data by many hospitals this year for critical care costs, compared to the use of service weights last year. Since feeder data has been used for critical care costs by many hospitals, the current round is likely to be more reflective of relative resource usage for the private sector than Round 16.

Table 11 Twenty DRGs with the highest cost weight for Critical Care costs, AR-DRG 6.0x, Round 17 (2012/13)

DRG Type	Indicator: Top 20 R16?	DRG		Description	Critical Care Cost Weight	Separations	Overall Cost Weight	ALOS (days)	% of DRG Total Cost (f)			
									Oper Rooms & Spec Proc	Critical Care	Misce-llaneous	Prostheses
					(a)	(b)	(c)	(e)				
M	N/A	1	P61Z	Neonate, AdmWt <750 g	40.39	21	50.39	84.0	0%	80%	20%	0%
M	Yes	2	P62Z	Neonate, AdmWt 750-999 g	31.65	41	39.45	64.8	0%	80%	19%	0%
S	Yes	3	A06A	Tracheostomy W Ventilation >95 hours W Catastrophic CC	26.52	277	43.27	52.5	4%	61%	31%	4%
S	Yes	4	P03Z	Neonate, AdmWt 1000-1499 g W Significant OR Procedure	19.55	44	23.97	42.3	0%	82%	18%	0%
S	Yes	5	P06A	Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems	18.81	28	27.69	36.6	5%	68%	27%	0%
S	Yes	6	P04Z	Neonate, AdmWt 1500-1999 g W Significant OR Procedure	15.08	32	21.71	36.9	1%	69%	29%	0%
S	N/A	7	P05Z	Neonate, AdmWt 2000-2499 g W Significant OR Procedure	10.28	13	14.03	24.0	7%	73%	20%	0%
S	Yes	8	A06B	Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC	9.17	803	18.02	27.6	6%	51%	36%	7%
O	Yes	9	B42A	Nervous System Diagnosis W Ventilator Support W Catastrophic CC	5.42	10	8.00	6.6	0%	68%	32%	0%
O	Yes	10	E40A	Respiratory System Diagnosis W Ventilator Support W Catastrophic CC	5.06	76	8.98	16.2	1%	56%	42%	1%
M	No	11	P65B	Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Major Problem	4.97	212	9.36	25.7	0%	53%	47%	0%
M	No	12	P64Z	Neonate, AdmWt 1250-1499 g W/O Significant OR Procedure	4.61	143	10.52	30.8	0%	44%	56%	0%
O	Yes	13	F40A	Circulatory System Diagnosis W Ventilator Support W Catastrophic CC	4.36	45	7.14	11.8	3%	61%	34%	2%
M	No	14	P65A	Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems	4.31	18	11.58	26.1	0%	37%	63%	0%
O	No	15	F43Z	Circulatory System Diagnosis W Non-Invasive Ventilation	4.18	126	7.05	16.0	1%	59%	39%	0%
S	No	16	F07A	Other Cardiothoracic/Vascular Procedures W CPB Pump W Catastrophic CC	4.14	251	11.73	12.9	17%	35%	37%	11%
M	No	17	P63Z	Neonate, AdmWt 1000-1249 g W/O Significant OR Procedure	4.01	47	10.01	25.6	0%	40%	60%	0%
S	Yes	18	W01Z	Ventilation or Cranial Procedures for Multiple Significant Trauma	3.65	8	16.90	35.8	8%	22%	44%	26%
O	No	19	T40Z	Infectious and Parasitic Diseases W Ventilator Support	3.26	29	5.46	10.5	2%	60%	38%	0%
M	No	20	P65C	Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Other Problem	3.11	268	7.18	20.5	0%	43%	57%	0%
	10		**Sub-total, top 20 highest critical care cost-weight DRGs**		**9.63**	**2,494**	**17.32**	**28.2**	5%	56%	36%	4%
	in R16		**All DRGs**		**0.06**	**2,753,670**	**1.00**	**2.5**	21%	6%	51%	23%
	Top 20		Top 20 Critical Care cost-weight DRGs, % of all DRGs			0.1%						

Notes: (a) For cost weight (cost bucket specific) calculations please refer to the "Appendix A: Glossary of NHCDC terms". DRGs with fewer than 5 separations or 3 participating hospitals are excluded from the above table. (b) Separations shown are weighted using the methodology described in Section 3.5 (c) Cost weight for total costs (e) ALOS means average length of stay (f) Derived from the cost weights shown in Appendix F, divided by the overall cost weight shown in (c).

DRG Analysis – Prosthesis cost weight

The prostheses cost weight for all DRGs is 0.23, i.e. prostheses costs represent 23% of total costs, making it one of the larger cost buckets for the overnight private hospital sector.

All of the Top-20 prostheses cost-weight DRGs are surgical DRGs. The 3 highest-ranked DRGs are:

- F01A "Implantation or Replacement of AICD (Automatic Implantable Cardioverter-Defibrillator), Total System W Catastrophic Complications and/or co-morbidities", the highest prostheses cost-weight rank. The prostheses cost for this DRG is 21.69 times the overall average cost per separation for all DRGs, while the overall cost weight for this DRG is 28.76. Therefore, the prostheses cost bucket is a significant proportion (75% = 21.69 / 28.76) of the costs for this DRG. The average length of stay is 7.6 days;

- F01B "Implantation or Replacement of AICD, Total System W/O Catastrophic CC (catastrophic complications and/or co-morbidities)", the 2nd highest-ranked DRG for the prostheses cost weight at 19.61. For this DRG, prostheses costs represent 84% of the total cost. The average length of stay ("ALOS") is 2.2 days which is shorter than the ALOS for all DRGs and is notably shorter than the ALOS of 7.6 days for DRG F01A;

- I06Z "Spinal Fusion w Deformity", the 3rd highest-ranked DRG for the prostheses cost weight at 9.57. For this DRG, prostheses costs represent 61% of the total cost. The ALOS is 10.0 days.

For the 20 highest-ranked prostheses cost weight DRGs, prostheses costs represent a significant proportion of total costs (68%). There has been some movement in the rankings since Round 16, with 15 of this year's top 20 ranked in the top 20 last year. These changes are likely due to the use of feeder data by many hospitals this year for prosthetics costs, compared to the use of service weights last year. Since feeder data has been used for prostheses costs by many hospitals, the current round is likely to be more reflective of relative resource usage for the private sector than Round 16.

Table 12 Twenty DRGs with the highest cost weight for Prostheses costs, AR-DRG 6.0x, Round 17 (2012/13)

DRG Type	Indicator: Top 20 R16?	DRG		Description	Prostheses Cost Weight (a)	Separations (b)	Overall Cost Weight (c)	ALOS (days) (e)	% of Total Cost (f) Oper Rooms & Spec Proc	Critical Care	Misce-llaneous	Prostheses
S	Yes	1	F01A	Implantation or Replacement of AICD, Total System W Catastrophic CC	21.69	300	28.76	7.6	2%	4%	19%	75%
S	Yes	2	F01B	Implantation or Replacement of AICD, Total System W/O Catastrophic CC	19.61	2,268	23.46	2.2	2%	1%	13%	84%
S	Yes	3	I06Z	Spinal Fusion W Deformity	9.57	793	15.57	10.0	13%	4%	22%	61%
S	Yes	4	D01Z	Cochlear Implant	8.90	522	11.67	1.6	7%	0%	16%	76%
S	Yes	5	A12Z	Insertion of Neurostimulator Device	8.49	1,800	11.20	3.6	5%	1%	18%	76%
S	Yes	6	A11B	Insertion of Implantable Spinal Infusion Device W/O Catastrophic CC	7.06	36	10.78	8.5	5%	3%	26%	66%
S	Yes	7	I09A	Spinal Fusion W Catastrophic CC	6.79	833	13.41	13.6	11%	6%	32%	51%
S	Yes	8	A11A	Insertion of Implantable Spinal Infusion Device W Catastrophic CC	5.71	14	13.52	23.2	4%	8%	46%	42%
S	Yes	9	I32A	Knee Revision W Catastrophic CC	5.61	197	12.34	19.1	8%	4%	42%	45%
S	Yes	10	I01A	Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC	5.32	284	11.70	17.4	10%	5%	39%	45%
S	No	11	F17A	Insertion or Replacement of Pacemaker Generator W Catastrophic or Severe C	5.17	110	7.53	5.3	6%	3%	22%	69%
S	Yes	12	I09B	Spinal Fusion W/O Catastrophic CC	5.15	9,801	8.35	6.1	11%	2%	25%	62%
S	No	13	F12A	Implantation or Replacement of Pacemaker, Total System W Catastrophic CC	5.02	579	9.52	11.7	6%	11%	30%	53%
S	Yes	14	I01B	Bilateral/Multiple Major Joint Pr of Lower Extremity W/O Revision W/O Cat CC	4.97	1,887	8.38	7.2	10%	3%	28%	59%
S	No	15	F12B	Implantation or Replacement of Pacemaker, Total System W/O Catastrophic CC	4.90	6,705	6.92	3.0	6%	4%	19%	71%
S	Yes	16	I32B	Knee Revision W Severe CC	4.59	321	8.76	11.0	10%	2%	35%	52%
S	No	17	F17B	Insertion or Replacement of Pacemaker Generator W/O Catastrophic or Severe	4.51	2,157	5.75	1.5	5%	1%	15%	79%
S	No	18	W01Z	Ventilation or Cranial Procedures for Multiple Significant Trauma	4.43	8	16.90	35.8	8%	22%	44%	26%
S	Yes	19	I05A	Other Joint Replacement W Catastrophic or Severe CC	4.23	332	8.15	9.5	11%	4%	33%	52%
S	Yes	20	I31A	Hip Revision W Catastrophic CC	4.08	328	11.01	21.2	10%	8%	46%	37%
	15		**Sub-total, top 20 highest prosthetic cost-weight DRGs**		**6.74**	**29,275**	**9.90**	**5.4**	8%	3%	22%	68%
	in R16		**All DRGs**		**0.23**	**2,753,670**	**1.00**	**2.5**	21%	6%	51%	23%
	Top 20		Top 20 Protheses cost-weight DRGs, % of all DRGs			1.1%						

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 cost weight across all cost buckets. (e) ALOS means average length of stay

Conclusions

In summary:

- Six of the 20 highest-ranked DRGs by overall cost weight are neonate DRGs. The highest cost-weight DRG is P61Z "Neonate, Admission Weight less than 760grams". DRGs with the 20 highest cost-weights represent 5.0% of total costs but only 0.3% of separations;

- Five of the top 20 by volume DRGs are from the Major Diagnostic Category "Diseases and disorders of the digestive system"). The DRG with the highest volume in 2012/13 is R63Z Chemotherapy. DRGs with the 20 highest-ranked volume represent 44% of all separations in 2012/13, and 23% of total costs. A high proportion of these separations are same-day separations;

- The 3 highest-ranked DRGs by cost-weighted separations represent 12.3% of total hospital costs in 2012/13: I04B "Knee Replacement W/O Catastrophic or Severe CC", I03B "Hip Replacement W/O Catastrophic CC", and I09B "Spinal Fusion W/O Catastrophic CC". Nineteen of these DRGs were ranked in the top 20 in Round 16, indicating that the DRGs accounting for a significant proportion of total hospital costs in 2012/13 also accounted for total hospital costs in 2011/12;

The DRG profile for Round 17 is relatively consistent with the Round 16 DRG profile, as 19 of the 20 highest-ranked DRGs by volume were also ranked in the top 20 in Round 16. However, when DRGs are ranked by total costs or by cost buckets, there has been more movement between rounds. Since feeder data has been used for by many hospitals this year, the current round is likely to be more reflective of relative resource usage for the private sector than Round 16.

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"

Average Cost across All DRGs = $80
Total Average Cost for DRG:XXX = $100
"XXX" Total Cost Weight = $100/$80 = 1.25

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

Average Cost across all DRGs = $80
Total Average Cost for DRG:XXX = $100
Critical Care Average Cost for DRG: XXX = $40
"XXX" Critical Care Cost Weight = $40/$80 = 0.5

Cost-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 Analysis performed to determine the minimum sample size

Prior to the commencement of the Round 16 collection, the minimum number of separations, number of hospitals and number of hospital groups required to participate was calculated based on data received from the Independent Hospital Pricing Authority (IHPA), the Department of Health, and Private Health Data Bureau dataset (PHDB).

This Appendix describes the methodology and analysis performed to derive the minimum sample size requirements for the collection.

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[14]. 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.

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

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.

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[15] 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;[16]
- 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 for the collection to proceed.

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

[16] 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.

Appendix C Further detail on the costing process

Stage 1 – The data collection phase

Steps of the data collection phase for the Round17 private sector collection include:

R17 Data specifications document: hospitals were provided a data specification document detailing data required for participation and the format of the data to be submitted. The data requirements were discussed and agreed with the Round 16 participants and other hospital groups during the focus group, which was held on 11 December 2013.

References to the Australian Hospital Patient Costing Standards (Version 2.0 – 1 March 2011) were included where relevant to guide hospitals on the scope of costs to be included.

Guidance was also provided on:

a. how to map hospital cost centres and accounts to the NHCDC line items and cost buckets;

b. the type of activity to be included in the collection;

c. the types of costs to be included in the collection;

d. the allocation of costs based on the proportion of acute admitted patient activity (use of patient fractions);

e. submitting cost allocation data used for overhead cost allocation;

f. submitting feeder data used to allocate Critical Care, Prosthetics and Operating Theatre costs; and

g. examples of these requested data items.

Data submission templates: hospitals were provided data submission templates to guide them through what was required for submission. The templates provided participants with consistent data requirements so that the submitted data could be interpreted in a consistent manner.

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. The data collection website contains data validation checks and reasonableness checks which flagged any issues at the point of submission. A real-time summary of hospitals' data during the data submission process meant that hospitals could correct data anomalies at the time of submission. 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) and Hospital Casemix Protocol (HCP) activity data: Access was granted to use the data submitted by private hospitals to the Private Hospital Data Bureau and Hospital Casemix Protocol. Hospitals were given the option to use their PHDB or HCP submissions for the purpose of the Round 17 NHCDC submissions of patient activity and feeder data such as admission records, Prosthetics charges, Operating Theatre and Critical Care minutes.

Hospitals were able to access and review the PHDB and HCP datasets via the data collection website and make further changes to these datasets for Round 17 submissions.

A number of hospitals elected to submit their own activity data, rather than to use the submitted PHDB or HCP data, to ensure that the most recent and up to date patient records were used in the costing.

Allocation of overheads to patient care areas: In round 17, participating hospitals were able to provide allocation statistics for allocating costs of overhead cost centres to patient care areas. This represents a change in requirement and costing approach from Round 16 NHCDC. However, the majority of the hospitals did not submit this information and overhead costs were allocated to each patient care area based on that area's share of the total expenses.

Self Costed Sites: As part of round 17 collection, a small number of hospitals have also participated by submitting costed data using their own costing systems. Many of these hospitals are experienced in hospital costing and have robust systems and reports which are critically reviewed by their internal management. During the data collection phase, discussions were held with all hospitals performing their own costing to understand their key assumptions, while also reviewing their mapping of accounts and costs buckets for consistent reporting for the collection.

Stage 2 – Pre-costing checks and review

All participating hospitals were provided with a validation and reasonableness report for them to review before the costing final submission. The reports were distributed to the hospitals for detailed review and resubmission if necessary. Below are some examples of the checks included in these reports:

Initial indicators: Examples include missing activity, spread of activity during the year, benchmark against R16 data - total costs, average cost per episode, total & average LOS, proportion of encounters that are classed as error DRGs;

Reasonableness tests: Examples include care area & Line Item mapping – highlight line items & areas with no costs, average cost per hour for operating theatres, critical care areas and general nursing areas, prosthetics cost allocation – total allocated cost $ vs Actual charge etc;

Variability tests: Examples include Length of Stay by DRG check – highlight each encounter LOS per DRG vs average LOS etc.;

These tests were aimed at identifying where there may be critical errors and highlight these early in the costing process.

The reports were also provided to the self-costed hospitals to review the reports for any unexpected or unusual results. Once satisfied with the results of the report, the hospitals finalised their submission for the collection.

Stage 3 – Costing

Changes in methodology compared to the Round 16 (2011/12) collection

Some identified differences in processes and assumptions are detailed below:

1 **Use of feeder data:** 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. In Round 17, a number of patient level data source or feeder systems were introduced. It was recommended hospitals submit data for prosthesis, operating room and critical care feeder data to improve accuracy of the cost allocation. Hospitals were also able to select the PHDB or HCP submissions as alternative source systems of feeder data.

2 **Allocation of overheads to patient care areas:** While the majority of hospitals in Round 17 chose not to submit overhead allocation statistics, participating hospitals were able to provide allocation statistics for allocating costs of overhead cost centres to patient care areas.

3 **Product fraction:** While the scope of R17 Private Sector is limited to acute inpatients only, as many hospitals provide additional products to patients (such as outpatient or emergency department services), it is important to separate out costs relating to those products. As such, participants are asked to enter patient fractions (PFRACs) to indicate how much of each cost centre's cost relates to each of the hospital products instead of the Inpatient Fraction (IFRAC) used in Round 16.

4 **General ledger data:** Negative expense accounts were accepted as part of the hospital general ledger submission.

5 **Changes in reporting:** As discussed and agreed with private hospital representatives, the public report in Round 17 has been expanded to separate prosthesis costs into a separate bucket. DRG information will now be displayed in the following 5 cost weight buckets:

   a Total costs

   b Operating Room and Special Procedure Suites

   c Critical Care

   d Prosthesis; and

   e Miscellaneous (Including Ward Medical, Ward Nursing, Non-clinical salaries, Pathology, Imagining, Allied Health, Pharmacy, Depreciation, On-costs, Hotel and Supplies.)

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;

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

3 Identification and removal of duplicate encounter and transfer records;

4 Reconciliation of allocated costs to the general ledger;

5 Overhead allocation by cost centre and cost bucket;

6 Identification of separations with negative costs;

7 Identification of separations costs lower than $20;

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

9 Statistical outliers by DRG, based on analysis of percentile bands from the Round 16 collection;

10 If a hospital participated in Round 16, a comparison of costs to the previous collection by cost bucket;

11 A comparison of the hospital's costs by cost bucket, compared what would be expected from the Round 17 collection.

Issues encountered during the data collection and costing phases

Below is a list of issues associated with the Round 17 collection:

Activity information

- Not all of the patient records were submitted to the Private Hospital Data Bureau (PHDB) or Hospital Casemix Protocol (HCP) 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)

Feeder data

- Not all of the patient records were submitted to the Private Hospital Data Bureau (PHDB) or Hospital Casemix Protocol (HCP) collection;
- Duplications and mismatches were identified between the Private Hospital Data Bureau (PHDB) or Hospital Casemix Protocol (HCP) data submissions;
- A reasonable number of PHDB/HCP patient records with less than 7 minutes of recorded theatre time were identified during data submission and costing process. The majority of Round 17 participating hospitals were impacted by this issue.
- A number of hospitals submitted feeder data containing negative duration (theatre and critical care) or theatre/critical care duration exceeding the total episode LOS.

General ledger data

- 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). The service weights for Operating Rooms were used for Specialist Procedure Suites costs and allocated across all DRGs at a patient episode level. Theatre minutes were not used to allocate Special Procedure Suites costs as separate SPS theatre duration is not available in PHDB or HCP collection.
- DRG average duration is used for records containing negative theatre duration.

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

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;
  - LOS by all DRGs,
  - Ward activity (transfer records) and percentage of cost allocation
  - Allocated cost by Care areas and Line Items,
  - Prosthetics cost allocation check,
  - 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.

Appendix D Standard error range, Round 17 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 13 Number of DRGs by Standard Error range, AR-DRG 6.0x, Private Sector, Round 17

	Number of DRGs	Separations	Percentage of DRGs (%)	Percentage of Total Separations (%)
0.000 - 0.039	230	2,423,702	33%	88%
0.040 - 0.099	147	203,559	21%	7%
0.100 - 0.149	87	64,449	13%	2%
0.150 - 0.199	47	22,940	7%	1%
0.200 - 0.399	101	30,141	15%	1%
0.400 +	80	8,836	12%	0%
Total*	**692**	**2,753,627***	**100%**	**100%**

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

The results above show that 54% (33% + 21%) of v6.0x DRGs have cost weight estimates with a standard error range of less than 0.1. Almost 95% of separations are within the subset of DRGs that have standard error less than 0.1.

Appendix E 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 F Cost weight tables by DRG

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Private Sector - Estimated Round 17 (2012-13) AR-DRG 6.0x Report

Private Sector Estimated - National Consolidated Cost Weights

List of Caveats and Notes for the Round 17 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. a mixture of patient costing and cost modelling approaches have been adopted for Round 17. Refer to the main report, Section 3.4, which describes the costing allocation processes and methodology;
    d. the version 6.0x service weights have gaps - these weights did not have a weight for Specialist Procedure Suites. The service weights for Operating Rooms were adopted.

Confidentiality Rules

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 17 (2012-13) For Overnight Private Hospitals.

Further detail of NHCDC terms can be found in the Australian Hospital Patient Costing Standards (v2.0), which is found at http://www.ihpa.gov.au/internet/ihpa/publishing.nsf/Content/Australia-Hospital-Patient-Costing-Standards.htm

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. Seven separations were removed before calculating the cost weights. These separations had costs that were inconsistent with their DRG, and had significant influence on the DRG cost weight and the cost weight relative to adjacent DRGs. One very high cost separation was excluded from DRG A06C (Ventilation >95 hours W/O Catastrophic CC), 3 low cost separations were excluded from DRG P66A (Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems), and 3 high cost separations were excluded from DRG P66B (Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Major Problem).

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 17 (2012-13) for Overnight Private Hospitals for more detail. Slight differences may occur between figures in the tables displayed in the Round 17 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. Separations are population-adjusted.

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.

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

Example for AR-DRG = "XXX"

Average Cost across All DRGs = $80
Total Average Cost for DRG:XXX = $100
"XXX" Total Cost Weight = $100/$80 = 1.25

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

Example for AR-DRG = "XXX"

Average Cost across All DRGs = $80
Total Average Cost for DRG:XXX = $100
Critical Care Average Cost for DRG: XXX = $40
"XXX" Critical Care Cost Weight = $40/$80 = 0.5

Cost-bucket specific cost weights are shown for:

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.

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.

Prostheses: The Prostheses column displays the cost weight for prostheses costs.

Miscellaneous: This column reports the cost weight for the combined costs of all other cost buckets:

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

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

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

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

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

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

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

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

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

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

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

Standard Error: 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 IHPA website:
www.ihpa.gov.au

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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 Weight)	No. of hospitals
						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)	Prostheses (b)		
801A	OR Procedures Unrelated to Principal Diagnosis W Catastrophic CC	947	18,080	19.09	1.6%	7.3742	0.5455	1.2902	4.2601	1.2784	0.26	56
801B	OR Procedures Unrelated to Principal Diagnosis W Severe or Moderate CC	1,115	8,579	7.69	7.4%	4.0724	0.4734	0.2999	1.8351	1.4640	0.18	64
801C	OR Procedures Unrelated to Principal Diagnosis W/O CC	3,143	8,396	2.67	25.0%	1.9421	0.4625	0.0491	0.6768	0.7538	0.06	85
960Z	Ungroupable	30,402	77,325	2.54	38.3%	1.5767	0.2122	0.0776	0.7902	0.4967	0.02	21
961Z	Unacceptable Principal Diagnosis	123	476	3.88	15.8%	1.7548	0.0570	0.0000	1.6978	0.0000	0.20	4
963Z	Neonatal Diagnosis Not Consistent W Age/Weight	******	******	******	******	******	******	******	******	******	******	******
A01Z	Liver Transplant	******	******	******	******	******	******	******	******	******	******	******
A03Z	Lung or Heart/Lung Transplant	******	******	******	******	******	******	******	******	******	******	******
A05Z	Heart Transplant	******	******	******	******	******	******	******	******	******	******	******
A06A	Tracheostomy W Ventilation >95 hours W Catastrophic CC	277	14,559	52.55	0.6%	43.2725	1.8126	26.5169	13.2827	1.6603	2.47	38
A06B	Trach W Vent >95 hours W/O Cat CC or Trach/Vent >95 hours W Cat CC	803	22,136	27.55	2.8%	18.0211	1.1423	9.1699	6.5084	1.2005	0.61	41
A06C	Ventilation >95 hours W/O Catastrophic CC	******	******	******	******	******	******	******	******	******	******	******
A06D	Tracheostomy W/O Catastrophic CC	74	825	11.17	3.8%	6.7227	1.7517	2.1388	2.3810	0.4512	0.56	17
A07Z	Allogeneic Bone Marrow Transplant	12	287	23.76	58.6%	12.0785	0.4004	0.0000	11.5823	0.0958	1.81	4
A08A	Autologous Bone Marrow Transplant W Catastrophic CC	155	3,921	25.33	0.0%	8.3189	0.1363	0.7525	7.2922	0.1380	0.77	4
A08B	Autologous Bone Marrow Transplant W/O Catastrophic CC	45	566	12.57	0.0%	3.5508	0.1072	0.0179	3.3161	0.1095	0.41	7
A09A	Renal Transplant W Pancreas Transplant or W Catastrophic CC	******	******	******	******	******	******	******	******	******	******	******
A09B	Renal Transplant W/O Pancreas Transplant W/O Catastrophic CC	------	------	------	------	------	------	------	------	------	------	------
A10Z	Insertion of Ventricular Assist Devices	******	******	******	******	******	******	******	******	******	******	******
A11A	Insertion of Implantable Spinal Infusion Device W Catastrophic CC	14	314	23.16	20.6%	13.5196	0.5078	1.0674	6.2318	5.7125	2.59	6
A11B	Insertion of Implantable Spinal Infusion Device W/O Catastrophic CC	36	305	8.52	0.0%	10.7822	0.5395	0.3393	2.8395	7.0639	1.00	11
A12Z	Insertion of Neurostimulator Device	1,800	6,520	3.62	11.1%	11.2021	0.5729	0.1013	2.0371	8.4908	0.19	51
A40Z	ECMO	******	******	******	******	******	******	******	******	******	******	******
B01A	Ventricular Shunt Revision W Catastrophic or Severe CC	53	416	7.90	3.2%	3.1386	0.5360	0.3198	1.7239	0.5588	0.32	12
B01B	Ventricular Shunt Revision W/O Catastrophic or Severe CC	75	322	4.29	6.7%	2.2732	0.5461	0.0915	1.0623	0.5733	0.20	12
B02A	Cranial Procedures W Catastrophic CC	676	11,789	17.44	4.7%	7.3584	1.0150	1.2641	4.1159	0.9633	0.22	25
B02B	Cranial Procedures W Severe CC	683	5,982	8.75	6.0%	4.7890	0.8971	0.5962	2.3433	0.9524	0.13	25
B02C	Cranial Procedures W/O Catastrophic or Severe CC	2,111	12,998	6.16	7.3%	3.8409	0.9242	0.4354	1.6427	0.8385	0.05	29
B03A	Spinal Procedures W Catastrophic or Severe CC	287	2,663	9.29	1.5%	5.9804	0.8593	0.3543	2.8319	1.9350	0.35	36
B03B	Spinal Procedures W/O Catastrophic or Severe CC	2,579	8,638	3.35	5.0%	3.2972	0.6251	0.0794	1.0352	1.5576	0.06	54
B04A	Extracranial Vascular Procedures W Catastrophic CC	153	1,636	10.70	1.1%	5.1130	0.7983	1.3953	2.4799	0.4395	0.41	29
B04B	Extracranial Vascular Procedures W/O Catastrophic CC	1,225	4,593	3.75	1.4%	2.2257	0.6557	0.3791	0.9084	0.2825	0.04	45
B05Z	Carpal Tunnel Release	14,798	16,344	1.10	72.1%	0.3023	0.1860	0.0008	0.1109	0.0046	0.00	91
B06A	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W CC	250	1,526	6.11	25.1%	2.8431	0.4023	0.2014	1.8935	0.3459	0.24	53
B06B	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O CC	4,545	5,860	1.29	49.2%	0.6068	0.2906	0.0049	0.2806	0.0306	0.01	92
B07A	Peripheral and Cranial Nerve and Other Nervous System Procedures W CC	129	1,621	12.52	7.1%	4.4349	0.4935	0.1927	2.6594	1.0893	0.50	32
B07B	Peripheral and Cranial Nerve and Other Nervous System Procedures W/O CC	1,485	2,198	1.48	39.5%	0.7551	0.3628	0.0085	0.3289	0.0549	0.03	84
B40Z	Plasmapheresis W Neurological Disease, Sameday	803	943	1.17	44.8%	0.3425	0.0179	0.0023	0.3004	0.0219	0.03	3
B41Z	Telemetric EEG Monitoring	******	******	******	******	******	******	******	******	******	******	******
B42A	Nervous System Diagnosis W Ventilator Support W Catastrophic CC	10	65	6.56	16.9%	7.9962	0.0137	5.4178	2.5270	0.0377	2.60	4
B42B	Nervous System Diagnosis W Ventilator Support W/O Catastrophic CC	18	78	4.42	9.4%	4.4758	0.0128	3.0542	1.3983	0.0105	0.68	8
B60A	Acute Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	21	832	39.01	0.0%	11.1557	0.3338	0.4599	10.0740	0.2879	3.17	10
B60B	Acute Paraplegia/Quadriplegia W or W/O OR Procs W/O Cat CC	20	294	14.99	0.0%	5.0489	0.7319	0.3131	2.4832	1.5207	1.08	9
B61A	Spinal Cord Conditions W or W/O OR Procedures W Catastrophic or Severe CC	91	1,681	18.55	3.1%	5.6228	0.4736	0.5762	3.9839	0.5891	0.50	31
B61B	Spinal Cord Conditions W or W/O OR Procedures W/O Catastrophic or Severe CC	343	1,352	3.94	16.7%	2.7393	0.4633	0.1103	1.1867	0.9789	0.21	43
B62Z	Apheresis	******	******	******	******	******	******	******	******	******	******	******

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						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)	Prostheses (b)		
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	1,250	15,515	12.41	3.6%	2.1895	0.0309	0.0176	2.1396	0.0014	0.07	76
B64A	Delirium W Catastrophic CC	391	5,325	13.62	4.1%	2.8607	0.0718	0.1070	2.6771	0.0048	0.15	51
B64B	Delirium W/O Catastrophic CC	1,400	10,702	7.65	5.2%	1.4856	0.0231	0.0240	1.4379	0.0006	0.05	79
B65Z	Cerebral Palsy	153	243	1.59	19.6%	0.3030	0.1000	0.0000	0.2011	0.0018	0.05	16
B66A	Nervous System Neoplasm W Catastrophic or Severe CC	794	9,595	12.08	2.7%	2.4562	0.0143	0.0341	2.4057	0.0021	0.13	58
B66B	Nervous System Neoplasm W/O Catastrophic or Severe CC	913	5,529	6.06	19.1%	1.3075	0.0374	0.0154	1.2527	0.0019	0.08	73
B67A	Degenerative Nervous System Disorders W Catastrophic or Severe CC	614	7,443	12.13	11.3%	2.3954	0.0317	0.1303	2.2260	0.0074	0.11	71
B67B	Degenerative Nervous System Disorders W Moderate CC	369	2,529	6.85	10.3%	1.3587	0.0247	0.0343	1.2964	0.0034	0.10	55
B67C	Degenerative Nervous System Disorders W/O CC	3,463	7,710	2.23	43.0%	0.4277	0.0244	0.0052	0.3910	0.0072	0.02	82
B68A	Multiple Sclerosis and Cerebellar Ataxia W CC	198	1,596	8.07	33.9%	2.3535	0.0274	0.0715	2.2240	0.0306	0.24	31
B68B	Multiple Sclerosis and Cerebellar Ataxia W/O CC	7,616	9,771	1.28	54.5%	0.2042	0.0067	0.0023	0.1946	0.0007	0.00	64
B69A	TIA and Precerebral Occlusion W Catastrophic or Severe CC	458	3,667	8.02	2.6%	1.4902	0.0377	0.0888	1.3524	0.0113	0.07	55
B69B	TIA and Precerebral Occlusion W/O Catastrophic or Severe CC	1,618	5,388	3.33	14.5%	0.6730	0.0423	0.0447	0.5821	0.0039	0.02	69
B70A	Stroke and Other Cerebrovascular Disorders W Catastrophic CC	899	15,184	16.90	0.7%	3.4668	0.0556	0.1228	3.2781	0.0103	0.10	72
B70B	Stroke and Other Cerebrovascular Disorders W Severe CC	1,038	9,519	9.17	1.7%	1.9273	0.0429	0.0943	1.7886	0.0015	0.06	66
B70C	Stroke and Other Cerebrovascular Disorders W/O Catastrophic or Severe CC	1,907	9,813	5.14	7.8%	1.1384	0.0513	0.0657	0.9948	0.0266	0.03	77
B70D	Stroke and Other Cerebrovascular Disorders, Died or Transferred <5 Days	366	801	2.19	18.6%	0.5674	0.0137	0.0230	0.5288	0.0020	0.03	50
B71A	Cranial and Peripheral Nerve Disorders W CC	901	6,294	6.98	28.9%	1.4804	0.0300	0.0741	1.3639	0.0124	0.07	74
B71B	Cranial and Peripheral Nerve Disorders W/O CC	7,935	13,668	1.72	63.1%	0.2856	0.0256	0.0067	0.2497	0.0035	0.01	88
B72A	Nervous System Infection Except Viral Meningitis W Cat or Sev CC	168	2,040	12.17	14.9%	3.2090	0.0374	0.4030	2.7632	0.0053	0.27	37
B72B	Nervous System Infection Except Viral Meningitis W/O Cat or Sev CC	482	2,465	5.11	23.6%	1.0986	0.0230	0.0717	0.9919	0.0120	0.06	59
B73Z	Viral Meningitis	303	1,134	3.75	5.3%	0.8500	0.0263	0.0198	0.8028	0.0010	0.06	39
B74A	Nontraumatic Stupor and Coma W CC	107	763	7.13	4.2%	1.2905	0.0092	0.1065	1.1749	0.0000	0.11	28
B74B	Nontraumatic Stupor and Coma W/O CC	234	318	1.36	9.5%	0.3256	0.0284	0.0038	0.2703	0.0231	0.03	30
B75Z	Febrile Convulsions	21	32	1.53	0.0%	0.8431	0.0075	0.1495	0.6860	0.0000	0.34	5
B76A	Seizure W Catastrophic or Severe CC	412	3,202	7.78	2.1%	1.7211	0.0192	0.1871	1.5136	0.0011	0.12	51
B76B	Seizure W/O Catastrophic or Severe CC	1,361	3,977	2.92	11.5%	0.7511	0.0257	0.0711	0.6518	0.0026	0.03	64
B77Z	Headache	3,298	9,406	2.85	18.7%	0.6474	0.0457	0.0269	0.5729	0.0019	0.11	81
B78A	Intracranial Injury W Catastrophic or Severe CC	209	2,614	12.50	5.0%	2.5981	0.0395	0.1513	2.4027	0.0045	0.25	43
B78B	Intracranial Injury W/O Catastrophic or Severe CC	373	1,788	4.79	7.2%	0.9824	0.0125	0.0437	0.9250	0.0012	0.05	50
B79A	Skull Fractures W Catastrophic or Severe CC	10	184	18.60	0.0%	3.6411	0.1150	0.1257	3.4004	0.0000	1.37	5
B79B	Skull Fractures W/O Catastrophic or Severe CC	67	226	3.39	25.1%	0.6872	0.0348	0.0919	0.5605	0.0000	0.11	23
B80Z	Other Head Injury	471	1,401	2.98	20.1%	0.5238	0.0363	0.0146	0.4728	0.0000	0.03	46
B81A	Other Disorders of the Nervous System W Catastrophic or Severe CC	1,007	12,098	12.01	2.8%	2.4297	0.0442	0.0963	2.2722	0.0169	0.17	71
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe CC	3,039	10,312	3.39	24.5%	0.7162	0.0620	0.0173	0.6226	0.0143	0.02	85
B82A	Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Cat CC	175	4,747	27.13	5.6%	7.3691	0.4816	0.6877	5.6391	0.5607	0.67	34
B82B	Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procs W Severe CC	198	1,767	8.93	4.7%	2.4210	0.1839	0.1173	1.8872	0.2325	0.29	40
B82C	Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Pr W/O Cat/Sev CC	488	2,004	4.11	29.2%	1.4847	0.2349	0.0396	0.8762	0.3340	0.17	56
C01Z	Procedures for Penetrating Eye Injury	51	110	2.13	41.4%	0.6853	0.2802	0.0000	0.3294	0.0757	0.06	16
C02Z	Enucleations and Orbital Procedures	210	331	1.58	26.2%	1.1682	0.5439	0.0058	0.4716	0.1469	0.06	28
C03Z	Retinal Procedures	8,411	8,609	1.02	8.9%	0.2594	0.1656	0.0000	0.0756	0.0182	0.00	29
C04Z	Major Corneal, Scleral and Conjunctival Procedures	315	354	1.12	30.5%	1.5065	0.5095	0.0013	0.3492	0.6466	0.05	17
C05Z	Dacryocystorhinostomy	936	1,066	1.14	32.2%	0.8086	0.4710	0.0116	0.2698	0.0562	0.02	37
C10Z	Strabismus Procedures	725	807	1.11	24.6%	0.6281	0.3958	0.0011	0.2138	0.0173	0.02	29
C11Z	Eyelid Procedures	4,621	5,122	1.11	51.7%	0.6302	0.4316	0.0018	0.1935	0.0033	0.01	79
C12Z	Other Corneal, Scleral and Conjunctival Procedures	1,933	2,041	1.06	61.9%	0.5039	0.3312	0.0000	0.1520	0.0207	0.01	45

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C13Z	Lacrimal Procedures	298	303	1.01	45.8%	0.2598	0.1530	0.0004	0.1048	0.0016	0.01	38
C14Z	Other Eye Procedures	1,176	1,274	1.08	54.8%	0.3363	0.2017	0.0011	0.1309	0.0026	0.01	74
C15A	Glaucoma and Complex Cataract Procedures	316	453	1.43	2.4%	1.0240	0.4486	0.0126	0.4632	0.0995	0.07	26
C15B	Glaucoma and Complex Cataract Procedures, Sameday	667	714	1.07	64.4%	0.5464	0.3237	0.0000	0.1557	0.0670	0.01	41
C16Z	Lens Procedures	40,917	43,570	1.06	56.3%	0.5392	0.2040	0.0007	0.1449	0.1895	0.00	49
C60A	Acute and Major Eye Infections W CC	57	563	9.84	4.9%	2.1012	0.0566	0.0220	2.0189	0.0037	0.19	19
C60B	Acute and Major Eye Infections W/O CC	127	653	5.13	5.5%	1.0510	0.0127	0.0187	1.0140	0.0056	0.13	38
C61A	Neurological and Vascular Disorders of the Eye W CC	79	302	3.84	16.3%	1.0732	0.0544	0.1187	0.8011	0.0990	0.14	22
C61B	Neurological and Vascular Disorders of the Eye W/O CC	238	569	2.39	20.0%	0.5271	0.0663	0.0439	0.4130	0.0039	0.05	38
C62Z	Hyphema and Medically Managed Trauma to the Eye	250	882	3.53	24.8%	0.6472	0.0560	0.0093	0.5819	0.0000	0.09	43
C63Z	Other Disorders of the Eye	821	1,756	2.14	28.6%	0.4249	0.0668	0.0075	0.3354	0.0152	0.03	70
D01Z	Cochlear Implant	522	810	1.55	3.6%	11.6679	0.8176	0.0327	1.9135	8.9041	0.22	20
D02A	Head and Neck Procedures W Catastrophic or Severe CC	153	1,090	7.13	1.1%	4.3205	1.3557	0.6268	2.1313	0.2067	0.35	33
D02B	Head and Neck Procedures W Malignancy or Moderate CC	224	584	2.61	22.7%	1.5900	0.6404	0.1927	0.7156	0.0413	0.11	43
D02C	Head and Neck Procedures W/O Malignancy W/O CC	898	1,441	1.61	26.1%	1.1260	0.5495	0.0571	0.4153	0.1040	0.04	70
D03Z	Surgical Repair for Cleft Lip or Palate Diagnosis	96	162	1.69	13.7%	1.6319	0.9248	0.0704	0.6323	0.0045	0.14	11
D04A	Maxillo Surgery W CC	203	519	2.56	14.8%	2.6023	0.9814	0.1954	0.8376	0.5879	0.16	40
D04B	Maxillo Surgery W/O CC	3,375	4,931	1.46	37.2%	1.4520	0.5938	0.0396	0.4419	0.3767	0.02	78
D05Z	Parotid Gland Procedures	772	1,612	2.09	5.5%	1.4787	0.8004	0.0519	0.5874	0.0390	0.03	62
D06Z	Sinus and Complex Middle Ear Procedures	12,484	14,938	1.20	21.5%	0.8071	0.4554	0.0143	0.3159	0.0214	0.01	86
D10Z	Nasal Procedures	15,510	17,686	1.14	30.5%	0.6501	0.3728	0.0099	0.2528	0.0146	0.00	85
D11Z	Tonsillectomy and/or Adenoidectomy	26,485	29,512	1.11	23.9%	0.4450	0.1979	0.0071	0.2340	0.0059	0.00	82
D12Z	Other Ear, Nose, Mouth and Throat Procedures	8,999	10,560	1.17	48.9%	0.6779	0.3433	0.0136	0.2580	0.0629	0.01	90
D13Z	Myringotomy W Tube Insertion	11,565	13,489	1.17	68.3%	0.2216	0.1139	0.0005	0.0908	0.0164	0.00	83
D14Z	Mouth and Salivary Gland Procedures	4,999	5,815	1.16	67.0%	0.5467	0.3027	0.0120	0.2071	0.0249	0.01	90
D15Z	Mastoid Procedures	651	904	1.39	8.3%	1.3394	0.8022	0.0352	0.4646	0.0375	0.04	53
D40Z	Dental Extractions and Restorations	55,351	59,116	1.07	85.3%	0.3679	0.2386	0.0011	0.1251	0.0033	0.00	84
D60A	Ear, Nose, Mouth and Throat Malignancy W Catastrophic or Severe CC	171	2,528	14.76	0.6%	3.3337	0.0546	0.1087	3.1282	0.0422	0.36	39
D60B	Ear, Nose, Mouth and Throat Malignancy W/O Catastrophic or Severe CC	800	2,126	2.66	38.1%	0.7300	0.1056	0.0048	0.6063	0.0133	0.05	67
D61Z	Dysequilibrium	3,854	13,911	3.61	6.7%	0.7079	0.0293	0.0622	0.5936	0.0227	0.02	81
D62Z	Epistaxis	825	1,861	2.26	41.7%	0.4089	0.0690	0.0131	0.3243	0.0025	0.03	72
D63Z	Otitis Media and URI	4,216	13,016	3.09	13.2%	0.6195	0.0332	0.0319	0.5507	0.0037	0.01	90
D64Z	Laryngotracheitis and Epiglottitis	134	249	1.85	12.7%	0.5368	0.0451	0.0777	0.4101	0.0039	0.08	20
D65Z	Nasal Trauma and Deformity	1,207	1,849	1.53	63.6%	0.2979	0.0983	0.0051	0.1943	0.0002	0.01	76
D66A	Other Ear, Nose, Mouth and Throat Diagnoses W CC	356	1,289	3.62	11.6%	0.8866	0.0965	0.0348	0.7526	0.0027	0.06	55
D66B	Other Ear, Nose, Mouth and Throat Diagnoses W/O CC	6,673	7,781	1.17	25.4%	0.3047	0.0978	0.0033	0.2007	0.0029	0.01	92
D67A	Oral and Dental Disorders Except Extractions and Restorations	712	4,120	5.78	1.5%	1.1468	0.0687	0.0716	0.9831	0.0234	0.08	63
D67B	Oral and Dental Disorders Except Extractions and Restorations, Sameday	1,690	1,848	1.09	83.0%	0.2434	0.1530	0.0004	0.0859	0.0041	0.01	85
E01A	Major Chest Procedures W Catastrophic CC	1,065	12,413	11.65	2.1%	5.4840	0.6777	1.3344	2.9111	0.5609	0.14	37
E01B	Major Chest Procedures W/O Catastrophic CC	2,289	14,904	6.51	3.3%	3.2221	0.5529	0.6518	1.5857	0.4318	0.04	42
E02A	Other Respiratory System OR Procedures W Catastrophic CC	203	3,105	15.28	3.0%	4.8407	0.4686	0.5919	3.4599	0.3203	0.27	38
E02B	Other Respiratory System OR Procedures W Severe or Moderate CC	355	1,356	3.82	5.5%	1.7949	0.3885	0.2291	0.9749	0.2024	0.08	52
E02C	Other Respiratory System OR Procedures W/O CC	7,680	9,392	1.22	12.8%	0.6085	0.2281	0.0521	0.3110	0.0172	0.01	74
E40A	Respiratory System Diagnosis W Ventilator Support W Catastrophic CC	76	1,228	16.22	0.0%	8.9788	0.1134	5.0600	3.7497	0.0557	1.28	23
E40B	Respiratory System Diagnosis W Ventilator Support W/O Catastrophic CC	12	76	6.50	0.0%	3.7479	0.0307	2.7395	0.9616	0.0161	1.29	6
E41Z	Respiratory System Diagnosis W Non-Invasive Ventilation	445	6,628	14.89	2.2%	5.7360	0.0279	2.7694	2.9270	0.0118	0.39	40

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						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)	Prostheses (b)		
E42A	Bronchoscopy W Catastrophic CC	359	5,853	16.29	1.7%	4.0196	0.2368	0.3287	3.4399	0.0141	0.21	35
E42B	Bronchoscopy W/O Catastrophic CC	1,674	10,732	6.41	0.9%	1.7068	0.1834	0.0527	1.4128	0.0579	0.04	51
E42C	Bronchoscopy, Sameday	3,716	4,016	1.08	63.8%	0.2088	0.1115	0.0005	0.0948	0.0020	0.00	54
E60A	Cystic Fibrosis W Catastrophic or Severe CC	18	161	9.22	0.0%	3.7596	0.0000	0.0000	3.7515	0.0081	0.48	3
E60B	Cystic Fibrosis W/O Catastrophic or Severe CC	111	386	3.47	9.5%	1.0345	0.0087	0.0058	1.0174	0.0025	0.12	15
E61A	Pulmonary Embolism W Catastrophic CC	251	2,879	11.48	1.3%	2.7477	0.0241	0.4649	2.2457	0.0130	0.18	49
E61B	Pulmonary Embolism W/O Catastrophic CC	1,962	11,684	5.96	2.9%	1.2666	0.0188	0.1824	1.0622	0.0031	0.03	72
E62A	Respiratory Infections/Inflammations W Catastrophic CC	3,886	45,869	11.80	3.0%	2.5110	0.0536	0.2698	2.1658	0.0218	0.05	83
E62B	Respiratory Infections/Inflammations W Severe or Moderate CC	4,973	34,933	7.02	3.3%	1.4043	0.0296	0.0880	1.2825	0.0043	0.02	85
E62C	Respiratory Infections/Inflammations W/O CC	5,081	22,214	4.37	7.3%	0.8489	0.0141	0.0252	0.8049	0.0047	0.01	86
E63Z	Sleep Apnoea	43,513	46,882	1.08	2.2%	0.2709	0.0592	0.0004	0.2099	0.0014	0.00	68
E64A	Pulmonary Oedema and Respiratory Failure W Catastrophic CC	140	1,107	7.91	6.3%	2.4180	0.0348	0.6019	1.7334	0.0479	0.20	34
E64B	Pulmonary Oedema and Respiratory Failure W/O Catastrophic CC	255	1,428	5.59	9.7%	1.3605	0.0307	0.2690	1.0586	0.0022	0.11	50
E65A	Chronic Obstructive Airways Disease W Catastrophic CC	1,888	22,723	12.04	2.6%	2.3314	0.0358	0.2039	2.0803	0.0114	0.05	76
E65B	Chronic Obstructive Airways Disease W/O Catastrophic CC	7,872	56,191	7.14	4.5%	1.3418	0.0249	0.0595	1.2484	0.0090	0.04	87
E66A	Major Chest Trauma W Catastrophic CC	141	2,239	15.92	5.5%	3.2469	0.0197	0.5408	2.6748	0.0116	0.31	39
E66B	Major Chest Trauma W Severe or Moderate CC	412	3,597	8.74	2.7%	1.7798	0.0207	0.1323	1.6262	0.0005	0.12	62
E66C	Major Chest Trauma W/O CC	262	1,602	6.12	1.9%	1.0997	0.0068	0.0154	1.0775	0.0000	0.07	49
E67A	Respiratory Signs and Symptoms W Catastrophic or Severe CC	622	3,950	6.35	6.2%	1.3292	0.0452	0.1083	1.1713	0.0043	0.07	60
E67B	Respiratory Signs and Symptoms W/O Catastrophic or Severe CC	3,167	6,705	2.12	31.1%	0.4897	0.0833	0.0478	0.3459	0.0126	0.01	88
E68A	Pneumothorax W CC	129	772	5.99	7.1%	1.2735	0.0226	0.2580	0.9846	0.0083	0.12	35
E68B	Pneumothorax W/O CC	166	440	2.65	8.2%	0.6573	0.0088	0.1461	0.4992	0.0033	0.06	35
E69A	Bronchitis and Asthma W CC	1,377	9,251	6.72	3.7%	1.3206	0.0336	0.0928	1.1819	0.0123	0.04	71
E69B	Bronchitis and Asthma W/O CC	2,727	9,050	3.32	9.0%	0.6190	0.0134	0.0274	0.5683	0.0099	0.02	74
E70A	Whooping Cough and Acute Bronchiolitis W CC	314	1,628	5.18	0.5%	1.7224	0.0055	0.1494	1.5672	0.0002	0.12	23
E70B	Whooping Cough and Acute Bronchiolitis W/O CC	577	1,333	2.31	6.1%	0.6343	0.0007	0.0095	0.6241	0.0001	0.03	24
E71A	Respiratory Neoplasms W Catastrophic CC	1,018	11,706	11.50	3.0%	2.4213	0.0673	0.0823	2.2454	0.0263	0.09	70
E71B	Respiratory Neoplasms W/O Catastrophic CC	4,475	22,716	5.08	16.5%	1.1169	0.0353	0.0211	1.0545	0.0061	0.03	84
E72Z	Respiratory Problems Arising from Neonatal Period	31	94	2.97	8.9%	1.2261	0.0000	0.2943	0.9318	0.0000	0.79	5
E73A	Pleural Effusion W Catastrophic CC	243	2,542	10.47	3.4%	2.1587	0.0518	0.2030	1.8579	0.0460	0.11	49
E73B	Pleural Effusion W Severe or Moderate CC	570	3,197	5.61	6.2%	1.2477	0.0539	0.0940	1.0819	0.0180	0.06	65
E73C	Pleural Effusion W/O CC	664	1,705	2.57	24.0%	0.5968	0.0492	0.0269	0.5195	0.0013	0.03	66
E74A	Interstitial Lung Disease W Catastrophic CC	188	2,200	11.71	0.9%	2.4320	0.0213	0.1888	2.2171	0.0049	0.15	46
E74B	Interstitial Lung Disease W Severe or Moderate CC	295	2,369	8.02	6.8%	1.6139	0.0286	0.0739	1.4985	0.0128	0.08	54
E74C	Interstitial Lung Disease W/O CC	418	1,877	4.49	21.6%	0.8981	0.0368	0.0264	0.8252	0.0097	0.05	60
E75A	Other Respiratory System Diagnosis W Catastrophic CC	692	7,566	10.94	2.5%	2.2271	0.0376	0.1944	1.9908	0.0044	0.10	68
E75B	Other Respiratory System Diagnosis W Severe or Moderate CC	2,269	15,202	6.70	3.6%	1.3291	0.0299	0.0792	1.2130	0.0071	0.03	84
E75C	Other Respiratory System Diagnosis W/O CC	2,433	9,122	3.75	7.6%	0.7195	0.0260	0.0353	0.6572	0.0010	0.02	81
E76Z	Respiratory Tuberculosis	6	31	4.87	0.0%	1.1876	0.0028	0.0000	1.1848	0.0000	0.35	5
F01A	Implantation or Replacement of AICD, Total System W Catastrophic CC	300	2,282	7.62	2.6%	28.7645	0.6560	1.0298	5.3875	21.6912	0.64	32
F01B	Implantation or Replacement of AICD, Total System W/O Catastrophic CC	2,268	5,000	2.20	11.5%	23.4624	0.5157	0.1896	3.1499	19.6071	0.25	41
F02Z	Other AICD Procedures	179	720	4.03	7.1%	4.4002	0.4845	0.3250	1.2495	2.3413	0.63	30
F03A	Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W Cat CC	467	8,188	17.54	6.1%	12.9831	1.5757	2.7856	5.3238	3.2979	0.33	20
F03B	Cardiac Valve Proc W CPB Pump W Invasive Cardiac Investigation W/O Cat CC	209	1,955	9.35	12.5%	9.2028	1.3850	1.5553	3.5029	2.7596	0.27	19
F04A	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Cat CC	2,236	26,619	11.90	2.5%	10.6868	1.5588	2.4881	3.7114	2.9285	0.15	22
F04B	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W/O Cat CC	1,427	12,479	8.75	3.9%	7.8366	1.3590	1.5944	2.6610	2.2222	0.08	21

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F05A	Coronary Bypass W Invasive Cardiac Investigation W Reoperation or W Cat CC	758	11,500	15.18	6.4%	9.4170	1.4342	2.8259	4.2188	0.9382	0.26	21
F05B	Coronary Bypass W Invasive Cardiac Investigation W/O Reoperation W/O Cat CC	571	6,101	10.68	9.0%	6.6003	1.3317	1.6995	3.0722	0.4968	0.14	21
F06A	Coronary Bypass W/O Invasive Cardiac Inves W Reoperation or W Cat or Sev CC	2,280	23,013	10.09	3.0%	6.4272	1.3263	2.0269	2.6412	0.4329	0.10	22
F06B	Coronary Bypass W/O Invasive Cardiac Inves W/O Reoperation W/O Cat or Sev CC	722	5,767	7.99	4.2%	5.0127	1.2908	1.3635	2.0577	0.3008	0.10	21
F07A	Other Cardiothoracic/Vascular Procedures W CPB Pump W Catastrophic CC	251	3,231	12.86	6.0%	11.7291	1.9413	4.1434	4.3425	1.3019	1.21	20
F07B	Other Cardiothoracic/Vascular Procedures W CPB Pump W Severe or Moderate CC	126	1,030	8.19	2.6%	7.4508	1.7742	1.6522	3.1120	0.9123	0.41	18
F07C	Other Cardiothoracic/Vascular Procedures W CPB Pump W/O CC	115	841	7.34	0.0%	6.1097	1.4315	1.5884	2.5768	0.5130	0.35	18
F08A	Major Reconstruct Vascular Procedures W/O CPB Pump W Catastrophic CC	805	11,336	14.08	0.8%	7.9583	1.1888	1.3925	3.5076	1.8693	0.21	37
F08B	Major Reconstruct Vascular Procedures W/O CPB Pump W/O Catastrophic CC	2,049	12,025	5.87	2.3%	4.8033	0.8621	0.3229	1.5880	2.0304	0.10	48
F09A	Other Cardiothoracic Procedures W/O CPB Pump W Catastrophic CC	182	2,003	11.01	2.7%	6.1358	0.6793	1.7477	2.5016	1.2072	0.53	25
F09B	Other Cardiothoracic Procedures W/O CPB Pump W Severe or Moderate CC	154	841	5.46	3.9%	3.8292	0.6413	0.6880	1.4064	1.0935	0.33	28
F09C	Other Cardiothoracic Procedures W/O CPB Pump W/O CC	329	968	2.94	11.5%	2.6413	0.6187	0.3992	0.8497	0.7737	0.16	35
F10A	Interventional Coronary Procedures W AMI W Catastrophic CC	454	4,221	9.29	1.5%	5.3554	0.4711	1.3898	1.9291	1.5653	0.18	30
F10B	Interventional Coronary Procedures W AMI W/O Catastrophic CC	3,103	11,275	3.63	2.7%	3.6396	0.4361	0.6575	0.9032	1.6427	0.04	36
F11A	Amputation for Circ System Except Upper Limb and Toe W Catastrophic CC	70	2,051	29.43	0.0%	8.3700	0.8663	0.9970	6.2394	0.2673	0.65	22
F11B	Amputation for Circ System Except Upper Limb and Toe W/O Catastrophic CC	83	1,193	14.40	0.0%	3.6289	0.4813	0.1106	2.9895	0.0474	0.23	21
F12A	Implantation or Replacement of Pacemaker, Total System W Catastrophic CC	579	6,779	11.72	2.0%	9.5150	0.5441	1.0509	2.9005	5.0196	0.22	39
F12B	Implantation or Replacement of Pacemaker, Total System W/O Catastrophic CC	6,705	20,251	3.02	4.4%	6.9163	0.4350	0.2790	1.3070	4.8954	0.05	45
F13A	Upper Limb and Toe Amputation for Circulatory Sys Disorders W Cat or Sev CC	124	2,343	18.91	2.3%	4.3277	0.4277	0.2140	3.4625	0.2235	0.35	32
F13B	Upper Limb and Toe Amputation for Circulatory Sys Disorders W/O Cat or Sev CC	151	865	5.74	6.1%	1.6622	0.2886	0.0382	1.1824	0.1530	0.13	43
F14A	Vascular Procs Except Major Reconstruction W/O CPB Pump W Cat CC	748	8,026	10.74	4.8%	4.4328	0.5865	0.4966	2.4379	0.9118	0.14	39
F14B	Vascular Procs Except Major Reconstruction W/O CPB Pump W Sev or Mod CC	2,237	6,016	2.69	15.2%	2.0432	0.4669	0.1048	0.7583	0.7131	0.04	44
F14C	Vascular Procs Except Major Reconstruction W/O CPB Pump W/O CC	6,238	9,764	1.57	14.0%	1.5732	0.3975	0.0330	0.4723	0.6704	0.02	63
F15A	Interventional Coronary Procs W/O AMI W Stent Implantation W Cat or Sev CC	1,749	6,684	3.82	3.0%	3.8924	0.4665	0.5628	1.1018	1.7613	0.06	37
F15B	Interventional Coronary Procs W/O AMI W Stent Implantation W/O Cat or Sev CC	9,067	17,014	1.88	4.0%	2.9635	0.4096	0.2688	0.6811	1.6041	0.02	39
F16A	Interventional Coronary Procedures W/O AMI W/O Stent Implantation W CC	149	738	4.94	1.1%	2.7901	0.5466	0.6473	1.0982	0.4980	0.28	28
F16B	Interventional Coronary Procedures W/O AMI W/O Stent Implantation W/O CC	466	876	1.88	7.8%	1.7857	0.4644	0.2683	0.5406	0.5124	0.08	35
F17A	Insertion or Replacement of Pacemaker Generator W Catastrophic or Severe CC	110	581	5.27	6.1%	7.5307	0.4762	0.2379	1.6461	5.1706	0.87	29
F17B	Insertion or Replacement of Pacemaker Generator W/O Catastrophic or Severe CC	2,157	3,219	1.49	29.6%	5.7453	0.2829	0.0587	0.8899	4.5138	0.13	44
F18A	Other Pacemaker Procedures W CC	79	619	7.88	2.1%	3.5356	0.5129	0.7321	1.7530	0.5377	0.41	21
F18B	Other Pacemaker Procedures W/O CC	226	497	2.20	9.4%	2.3243	0.3993	0.2009	0.6649	1.0593	0.36	33
F19Z	Trans-Vascular Percutaneous Cardiac Intervention	488	1,977	4.06	2.0%	4.6268	0.5884	0.2666	1.5897	2.1820	0.16	23
F20Z	Vein Ligation and Stripping	8,892	10,848	1.22	16.8%	0.7189	0.3971	0.0057	0.3068	0.0093	0.01	79
F21A	Other Circulatory System OR Procedures W Catastrophic CC	156	3,253	20.90	3.1%	4.5424	0.3879	0.5705	3.5320	0.0520	0.36	40
F21B	Other Circulatory System OR Procedures W/O Catastrophic CC	593	3,434	5.79	20.9%	1.5922	0.3376	0.0834	1.1045	0.0667	0.09	69
F40A	Circulatory System Diagnosis W Ventilator Support W Catastrophic CC	45	529	11.82	0.0%	7.1432	0.1978	4.3576	2.4164	0.1713	0.93	15
F40B	Circulatory System Diagnosis W Ventilator Support W/O Catastrophic CC	12	74	6.02	0.0%	3.3681	0.1221	2.0133	1.2158	0.0169	1.12	6
F41A	Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W Cat or Sev CC	537	4,076	7.59	6.0%	2.8155	0.2454	1.1742	1.3399	0.0561	0.10	39
F41B	Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	2,258	7,393	3.27	17.6%	1.3680	0.2203	0.4897	0.6170	0.0410	0.03	40
F42A	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W Cat or Sev CC	2,291	14,232	6.21	1.9%	2.3824	0.3739	0.6608	1.2757	0.0720	0.05	44
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W/O Cat or Sev CC	23,472	48,335	2.06	5.1%	1.1518	0.3607	0.1797	0.5487	0.0626	0.01	46
F42C	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc, Sameday	20,955	22,955	1.10	80.0%	0.4638	0.2323	0.0121	0.1727	0.0467	0.00	44
F43Z	Circulatory System Diagnosis W Non-Invasive Ventilation	126	2,014	15.98	2.6%	7.0483	0.0813	4.1783	2.7723	0.0165	1.34	30
F60A	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W Catastrophic CC	499	5,421	10.86	3.1%	2.5641	0.0262	0.7129	1.8218	0.0032	0.14	61
F60B	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Pr W/O Catastrophic CC	1,928	9,411	4.88	10.1%	1.2203	0.0082	0.4448	0.7578	0.0094	0.04	76
F61A	Infective Endocarditis W Catastrophic CC	59	1,590	26.91	2.8%	6.6260	0.2024	0.8885	5.4552	0.0799	0.69	22

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						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)	Prostheses (b)		
F61B	Infective Endocarditis W/O Catastrophic CC	155	2,150	13.83	12.9%	3.0683	0.2048	0.3514	2.4421	0.0700	0.24	35
F62A	Heart Failure and Shock W Catastrophic CC	3,358	40,668	12.11	2.8%	2.7125	0.0343	0.5167	2.1560	0.0056	0.06	82
F62B	Heart Failure and Shock W/O Catastrophic CC	7,394	49,268	6.66	5.4%	1.3529	0.0211	0.2198	1.1053	0.0067	0.02	87
F63A	Venous Thrombosis W Catastrophic or Severe CC	406	3,114	7.68	3.4%	1.6813	0.0443	0.0498	1.5824	0.0048	0.08	61
F63B	Venous Thrombosis W/O Catastrophic or Severe CC	1,500	7,090	4.73	7.9%	0.8928	0.0233	0.0339	0.8267	0.0089	0.03	73
F64A	Skin Ulcers in Circulatory Disorders W Catastrophic or Severe CC	248	4,156	16.74	3.8%	3.1838	0.0726	0.1119	2.9880	0.0114	0.26	57
F64B	Skin Ulcers in Circulatory Disorders W/O Catastrophic or Severe CC	560	3,315	5.92	27.8%	1.1406	0.0558	0.0446	1.0310	0.0092	0.07	64
F65A	Peripheral Vascular Disorders W Catastrophic or Severe CC	378	3,451	9.13	4.4%	1.8811	0.0817	0.0840	1.6791	0.0362	0.10	62
F65B	Peripheral Vascular Disorders W/O Catastrophic or Severe CC	3,308	6,370	1.93	42.3%	0.5402	0.1214	0.0280	0.3712	0.0195	0.01	80
F66A	Coronary Atherosclerosis W Catastrophic or Severe CC	483	4,185	8.66	4.2%	1.5702	0.0212	0.2944	1.2525	0.0022	0.10	56
F66B	Coronary Atherosclerosis W/O Catastrophic or Severe CC	2,034	5,325	2.62	18.1%	0.5565	0.0249	0.1592	0.3688	0.0036	0.02	72
F67A	Hypertension W Catastrophic or Severe CC	344	2,428	7.05	8.6%	1.3706	0.0237	0.1354	1.2095	0.0020	0.09	55
F67B	Hypertension W/O Catastrophic or Severe CC	1,866	6,522	3.50	9.8%	0.6626	0.0181	0.0662	0.5715	0.0068	0.03	74
F68A	Congenital Heart Disease W CC	50	126	2.50	67.4%	1.0123	0.1537	0.2736	0.5851	0.0000	0.23	15
F68B	Congenital Heart Disease W/O CC	313	352	1.13	71.2%	0.5539	0.2010	0.0132	0.2991	0.0406	0.06	33
F69A	Valvular Disorders W Catastrophic or Severe CC	377	2,914	7.73	7.8%	1.9227	0.0665	0.3736	1.4677	0.0149	0.13	52
F69B	Valvular Disorders W/O Catastrophic or Severe CC	2,384	4,695	1.97	34.7%	0.5367	0.0760	0.0947	0.3262	0.0398	0.02	68
F72A	Unstable Angina W Catastrophic or Severe CC	426	2,839	6.66	8.0%	1.5573	0.0235	0.5337	0.9974	0.0027	0.09	57
F72B	Unstable Angina W/O Catastrophic or Severe CC	1,710	4,765	2.79	9.5%	0.7678	0.0153	0.3502	0.4002	0.0020	0.02	59
F73A	Syncope and Collapse W Catastrophic or Severe CC	1,848	14,377	7.78	1.9%	1.7796	0.0282	0.1776	1.5635	0.0104	0.17	75
F73B	Syncope and Collapse W/O Catastrophic or Severe CC	4,941	15,503	3.14	12.3%	0.7962	0.0406	0.1063	0.5123	0.1370	0.01	84
F74Z	Chest Pain	14,376	27,853	1.94	20.5%	0.4300	0.0203	0.1340	0.2731	0.0027	0.01	84
F75A	Other Circulatory System Diagnoses W Catastrophic CC	627	6,808	10.85	2.3%	2.7050	0.0798	0.5549	2.0448	0.0254	0.20	67
F75B	Other Circulatory System Diagnoses W Severe or Moderate CC	1,811	9,089	5.02	11.9%	1.1953	0.0499	0.1988	0.9375	0.0091	0.03	80
F75C	Other Circulatory System Diagnoses W/O CC	2,229	5,781	2.59	27.6%	0.6321	0.0750	0.0982	0.4260	0.0330	0.02	78
F76A	Arrhythmia, Cardiac Arrest and Conduction Disorders W Cat or Sev CC	2,369	16,964	7.16	5.1%	1.7217	0.0408	0.5238	1.1525	0.0046	0.04	77
F76B	Arrhythmia, Cardiac Arrest and Conduction Disorders W/O Cat or Sev CC	17,116	34,747	2.03	37.8%	0.5381	0.0619	0.1485	0.3177	0.0100	0.01	80
G01A	Rectal Resection W Catastrophic CC	1,611	23,626	14.66	1.7%	6.4983	1.2134	1.2516	3.4394	0.5939	0.14	64
G01B	Rectal Resection W/O Catastrophic CC	3,040	21,779	7.16	2.5%	3.6277	0.9977	0.2181	1.8236	0.5883	0.03	72
G02A	Major Small and Large Bowel Procedures W Catastrophic CC	3,178	48,877	15.38	1.9%	6.0616	0.8783	1.1394	3.6218	0.4220	0.13	75
G02B	Major Small and Large Bowel Procedures W/O Catastrophic CC	6,764	37,728	5.58	7.6%	2.4790	0.6465	0.1483	1.3740	0.3102	0.02	84
G03A	Stomach, Oesophageal and Duodenal Procedure W Malignancy or W Catastrophic CC	813	10,973	13.50	1.8%	6.4736	1.1461	1.2887	3.4590	0.5798	0.21	57
G03B	Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W Sev or Mod CC	592	2,516	4.25	5.5%	2.3357	0.6461	0.2338	1.1692	0.2866	0.08	58
G03C	Stomach, Oesophageal and Duodenal Procedures W/O Malignancy W/O CC	2,893	6,758	2.34	6.6%	1.4653	0.5637	0.0341	0.6733	0.1942	0.02	76
G04A	Peritoneal Adhesiolysis W Catastrophic CC	495	6,936	14.01	0.7%	5.3676	0.7694	1.0570	3.2137	0.3276	0.20	58
G04B	Peritoneal Adhesiolysis W Severe or Moderate CC	1,192	7,510	6.30	3.7%	2.5405	0.5711	0.2023	1.5041	0.2629	0.06	77
G04C	Peritoneal Adhesiolysis W/O CC	4,156	12,939	3.11	7.5%	1.5229	0.4532	0.0437	0.7594	0.2667	0.02	84
G05A	Minor Small and Large Bowel Procedures W Catastrophic CC	119	1,230	10.37	0.0%	3.3745	0.5157	0.3750	2.2811	0.2028	0.26	27
G05B	Minor Small and Large Bowel Procedures W Severe or Moderate CC	201	1,520	7.58	5.1%	2.3259	0.4516	0.0584	1.5924	0.2235	0.10	42
G05C	Minor Small and Large Bowel Procedures W/O CC	686	2,939	4.29	9.1%	1.4164	0.3932	0.0153	0.9008	0.1070	0.04	66
G06Z	Pyloromyotomy Procedure	27	59	2.18	0.0%	1.1114	0.3109	0.0000	0.8004	0.0001	0.13	3
G07A	Appendicectomy W Malignancy or Peritonitis or W Catastrophic or Severe CC	1,528	5,380	3.52	1.2%	1.3156	0.3696	0.0921	0.8146	0.0393	0.03	65
G07B	Appendicectomy W/O Malignancy or Peritonitis W/O Cat or Sev CC	5,435	10,716	1.97	2.4%	0.9056	0.2878	0.0082	0.5680	0.0416	0.10	85
G10A	Hernia Procedures W CC	2,274	8,400	3.69	4.5%	1.7199	0.4253	0.1418	0.9059	0.2469	0.03	85
G10B	Hernia Procedures W/O CC	36,921	49,328	1.34	17.5%	0.8558	0.3128	0.0056	0.3328	0.2046	0.00	91
G11Z	Anal and Stomal Procedures	31,009	43,371	1.40	51.6%	0.4413	0.1767	0.0058	0.2296	0.0292	0.01	88

Private Sector - Estimated Round 17 (2012-13) 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 Weight)	No. of hospitals
						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)	Prostheses (b)		
G12A	Other Digestive System OR Procedures W Catastrophic CC	307	5,132	16.74	2.8%	5.1018	0.5040	0.6847	3.5879	0.3252	0.35	45
G12B	Other Digestive System OR Procedures W Severe or Moderate CC	553	2,832	5.12	14.7%	2.1920	0.3579	0.1366	1.5920	0.1054	0.47	62
G12C	Other Digestive System OR Procedures W/O CC	1,272	3,319	2.61	29.1%	0.9103	0.2695	0.0220	0.5681	0.0508	0.03	81
G46A	Complex Gastroscopy W Catastrophic CC	435	5,869	13.49	0.8%	3.5475	0.2319	0.4226	2.7222	0.1709	0.15	56
G46B	Complex Gastroscopy W/O Catastrophic CC	7,366	24,106	3.27	1.5%	1.0288	0.1877	0.0325	0.7692	0.0394	0.01	86
G46C	Complex Gastroscopy, Sameday	72,419	77,486	1.07	73.5%	0.2598	0.1665	0.0005	0.0852	0.0076	0.00	86
G47A	Other Gastroscopy W Catastrophic CC	475	6,628	13.95	0.7%	3.1947	0.1433	0.2585	2.7604	0.0325	0.19	53
G47B	Other Gastroscopy W/O Catastrophic CC	5,214	19,749	3.79	1.3%	0.9163	0.1133	0.0362	0.7521	0.0147	0.02	85
G47C	Other Gastroscopy, Sameday	63,075	67,046	1.06	72.6%	0.1541	0.0835	0.0003	0.0675	0.0028	0.00	88
G48A	Colonoscopy W Catastrophic or Severe CC	898	7,495	8.35	1.4%	2.0910	0.2253	0.1000	1.7377	0.0278	0.08	73
G48B	Colonoscopy W/O Catastrophic or Severe CC	7,094	16,673	2.35	1.4%	0.7346	0.1687	0.0113	0.5383	0.0163	0.01	85
G48C	Colonoscopy, Sameday	110,786	116,356	1.05	71.1%	0.2107	0.1253	0.0009	0.0765	0.0080	0.00	85
G60A	Digestive Malignancy W Catastrophic CC	1,105	11,004	9.96	4.3%	2.3207	0.0850	0.0690	2.1297	0.0370	0.10	62
G60B	Digestive Malignancy W/O Catastrophic CC	5,624	21,325	3.79	18.2%	0.9178	0.0609	0.0096	0.8170	0.0303	0.02	83
G61A	GI Haemorrhage W Catastrophic or Severe CC	477	3,630	7.60	4.3%	1.5210	0.0101	0.1542	1.3553	0.0014	0.09	58
G61B	GI Haemorrhage W/O Catastrophic or Severe CC	1,405	4,158	2.96	9.5%	0.5952	0.0222	0.0383	0.5322	0.0026	0.02	78
G62Z	Complicated Peptic Ulcer	89	497	5.58	9.6%	1.0817	0.0489	0.0295	0.9770	0.0263	0.19	26
G63Z	Uncomplicated Peptic Ulcer	29	206	7.12	11.0%	0.5284	0.0535	0.0000	0.4749	0.0000	0.08	13
G64A	Inflammatory Bowel Disease W CC	242	1,202	4.96	8.5%	1.1956	0.0135	0.0158	1.1663	0.0001	0.07	51
G64B	Inflammatory Bowel Disease W/O CC	3,870	5,673	1.47	42.5%	0.3664	0.0175	0.0100	0.3253	0.0137	0.01	68
G65A	GI Obstruction W Catastrophic or Severe CC	1,072	9,131	8.52	2.6%	1.7561	0.0428	0.1014	1.5902	0.0217	0.07	69
G65B	GI Obstruction W/O Catastrophic or Severe CC	2,786	10,198	3.66	4.8%	0.7247	0.0183	0.0198	0.6837	0.0029	0.02	79
G66Z	Abdominal Pain or Mesenteric Adenitis	7,373	18,555	2.52	12.6%	0.4919	0.0186	0.0201	0.4468	0.0064	0.01	89
G67A	Oesophagitis and Gastroenteritis W Cat/Sev CC	2,316	19,213	8.30	3.1%	1.6499	0.0366	0.1443	1.4508	0.0182	0.06	79
G67B	Oesophagitis and Gastroenteritis W/O Cat/Sev CC	5,995	17,298	2.89	8.1%	0.5742	0.0181	0.0203	0.5329	0.0029	0.01	86
G70A	Other Digestive System Diagnoses W Catastrophic or Severe CC	4,322	24,456	5.66	3.2%	1.1760	0.0359	0.0809	1.0441	0.0151	0.03	86
G70B	Other Digestive System Diagnoses W/O Catastrophic or Severe CC	13,661	37,484	2.74	20.6%	0.5186	0.0297	0.0106	0.4740	0.0043	0.01	94
H01A	Pancreas, Liver and Shunt Procedures W Catastrophic CC	555	8,590	15.46	2.9%	7.9320	1.4785	1.4837	4.2431	0.7267	0.32	31
H01B	Pancreas, Liver and Shunt Procedures W/O Catastrophic CC	773	4,944	6.40	5.5%	3.4029	0.8380	0.4757	1.6162	0.4731	0.10	40
H02A	Major Biliary Tract Procedures W Catastrophic CC	156	2,566	16.43	0.0%	5.7747	0.8580	0.7969	3.6210	0.4988	0.31	25
H02B	Major Biliary Tract Procedures W Severe CC	128	1,129	8.84	4.8%	3.6450	0.8885	0.2262	2.1529	0.3774	0.19	31
H02C	Major Biliary Tract Procedures W/O Catastrophic or Severe CC	235	1,068	4.53	9.9%	1.9494	0.5546	0.0775	1.1352	0.1821	0.15	42
H05A	Hepatobiliary Diagnostic Procedures W Catastrophic CC	73	1,025	14.08	0.0%	4.8126	0.6386	0.5230	3.4070	0.2439	0.81	19
H05B	Hepatobiliary Diagnostic Procedures W/O Catastrophic CC	464	1,383	2.98	29.9%	1.1675	0.3012	0.0539	0.7186	0.0937	0.06	52
H06A	Other Hepatobiliary and Pancreas OR Procedures W Catastrophic CC	151	1,438	9.55	11.4%	4.8009	0.4414	0.3492	2.9007	1.1096	0.40	23
H06B	Other Hepatobiliary and Pancreas OR Procedures W/O Catastrophic CC	672	1,406	2.09	10.3%	2.3266	0.5069	0.0121	0.7424	1.0652	0.09	38
H07A	Open Cholecystectomy W Closed CDE or W Catastrophic CC	137	1,663	12.13	1.2%	4.6069	0.6541	1.0659	2.7083	0.1787	0.27	32
H07B	Open Cholecystectomy W/O Closed CDE W/O Catastrophic CC	418	2,084	4.98	2.9%	2.0246	0.6506	0.1272	1.1067	0.1402	0.06	66
H08A	Laparoscopic Cholecystectomy W Closed CDE or W (Cat or Sev CC)	2,312	11,130	4.81	2.3%	2.0363	0.5355	0.1861	1.1126	0.2021	0.04	78
H08B	Laparoscopic Cholecystectomy W/O Closed CDE W/O Cat or Sev CC	18,895	30,850	1.63	3.9%	1.0059	0.3950	0.0111	0.4459	0.1539	0.00	86
H40A	Endoscopic Procedures for Bleeding Oesophageal Varices W Catastrophic CC	19	171	8.90	0.0%	2.5138	0.2155	0.3116	1.9714	0.0152	0.40	7
H40B	Endoscopic Procedures for Bleeding Oesophageal Varices W/O Catastrophic CC	33	120	3.70	21.1%	1.2394	0.1658	0.2788	0.7935	0.0012	0.30	13
H43A	ERCP Procedures W Catastrophic or Severe CC	554	4,670	8.42	3.1%	2.7432	0.2598	0.2522	1.9014	0.3299	0.12	32
H43B	ERCP Procedures W/O Catastrophic or Severe CC	2,711	6,342	2.34	20.5%	0.8303	0.2059	0.0114	0.4957	0.1173	0.02	38
H60A	Cirrhosis and Alcoholic Hepatitis W Catastrophic CC	157	1,874	11.90	1.3%	2.4201	0.1225	0.0637	2.2242	0.0097	0.21	33
H60B	Cirrhosis and Alcoholic Hepatitis W Severe or Moderate CC	418	1,715	4.10	30.0%	1.2884	0.0728	0.0149	1.1987	0.0020	0.43	52

Private Sector - Estimated Round 17 (2012-13) 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 Weight)	No. of hospitals
						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)	Prostheses (b)		
H60C	Cirrhosis and Alcoholic Hepatitis W/O CC	439	758	1.73	49.9%	0.3514	0.0777	0.0041	0.2620	0.0076	0.03	49
H61A	Malignancy of Hepatobiliary System, Pancreas W Catastrophic CC	693	7,616	10.98	1.2%	2.3207	0.0609	0.0831	2.1524	0.0242	0.10	64
H61B	Malignancy of Hepatobiliary System, Pancreas W/O Catastrophic CC	3,126	11,992	3.84	24.4%	1.0299	0.0657	0.0083	0.8722	0.0837	0.04	81
H62A	Disorders of Pancreas Except for Malignancy W Catastrophic or Severe CC	377	3,371	8.93	1.3%	2.2546	0.0396	0.4135	1.7906	0.0109	0.20	56
H62B	Disorders of Pancreas Except for Malignancy W/O Catastrophic or Severe CC	1,908	5,802	3.04	25.1%	0.6396	0.0427	0.0238	0.5715	0.0016	0.02	69
H63A	Disorders of Liver Except Malig, Cirrhosis, Alcoholic Hepatitis W Cat/Sev CC	451	3,923	8.70	6.4%	1.9904	0.0618	0.1334	1.7877	0.0075	0.10	58
H63B	Disorders of Liver Excep Malig, Cirrhosis, Alcoholic Hepatitis W/O Cat/Sev CC	1,668	3,372	2.02	49.4%	0.4449	0.0695	0.0126	0.3608	0.0020	0.02	73
H64A	Disorders of the Biliary Tract W CC	723	4,671	6.46	8.0%	1.4409	0.0355	0.1266	1.2628	0.0160	0.06	71
H64B	Disorders of the Biliary Tract W/O CC	1,519	3,703	2.44	21.8%	0.4883	0.0355	0.0155	0.4337	0.0037	0.02	80
I01A	Bilateral/Multiple Major Joint Proc of Lower Extremity W Revision or W Cat CC	284	4,938	17.38	1.8%	11.7003	1.1828	0.5841	4.6118	5.3217	0.40	56
I01B	Bilateral/Multiple Major Joint Pr of Lower Extremity W/O Revision W/O Cat CC	1,887	13,511	7.16	1.2%	8.3758	0.8369	0.2287	2.3375	4.9727	0.08	64
I02A	Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC), Excluding Hand	308	7,681	24.94	6.6%	8.9279	1.4012	0.4331	5.5818	1.5117	0.52	53
I02B	Skin Graft W/O Catastrophic or Severe CC, Excluding Hand	635	2,647	4.17	24.4%	1.8806	0.4729	0.0328	1.1497	0.2252	0.11	71
I03A	Hip Replacement W Catastrophic CC	1,442	18,455	12.79	1.9%	7.8623	0.6957	0.5328	3.2655	3.3683	0.10	73
I03B	Hip Replacement W/O Catastrophic CC	18,684	111,249	5.95	1.5%	6.5396	0.6009	0.0636	1.8809	3.9941	0.02	83
I04A	Knee Replacement W Catastrophic or Severe CC	4,309	35,057	8.14	1.9%	6.4195	0.6267	0.1977	2.3130	3.2821	0.04	81
I04B	Knee Replacement W/O Catastrophic or Severe CC	24,615	139,618	5.67	1.2%	5.4989	0.5911	0.0412	1.6862	3.1805	0.01	83
I05A	Other Joint Replacement W Catastrophic or Severe CC	332	3,159	9.51	0.0%	8.1501	0.9099	0.3202	2.6935	4.2265	0.36	59
I05B	Other Joint Replacement W/O Catastrophic or Severe CC	3,361	13,725	4.08	1.7%	5.6011	0.7323	0.0332	1.3938	3.4420	0.05	75
I06Z	Spinal Fusion W Deformity	793	7,958	10.04	0.0%	15.5715	1.9651	0.6761	3.3646	9.5657	0.53	30
I07Z	Amputation	60	1,083	18.06	0.0%	5.6329	0.5901	0.4027	4.1052	0.5349	0.78	21
I08A	Other Hip and Femur Procedures W Catastrophic CC	1,017	18,423	18.12	3.2%	5.6557	0.6186	0.4443	3.7470	0.8457	0.16	67
I08B	Other Hip and Femur Procedures W/O Catastrophic CC	6,326	29,954	4.73	7.3%	2.3147	0.5247	0.0390	1.2248	0.5262	0.03	79
I09A	Spinal Fusion W Catastrophic CC	833	11,324	13.59	2.3%	13.4103	1.4695	0.8586	4.2918	6.7904	0.35	39
I09B	Spinal Fusion W/O Catastrophic CC	9,801	59,451	6.07	2.7%	8.3466	0.9578	0.1551	2.0886	5.1452	0.07	51
I10A	Other Back and Neck Procedures W Catastrophic or Severe CC	1,467	11,917	8.12	2.9%	3.1447	0.6361	0.1534	2.0250	0.3302	0.07	50
I10B	Other Back and Neck Procedures W/O Catastrophic or Severe CC	14,355	48,976	3.41	5.7%	1.6839	0.4828	0.0264	0.8779	0.2968	0.01	58
I11Z	Limb Lengthening Procedures	48	186	3.88	2.1%	4.1660	0.6162	0.0056	1.1957	2.3486	0.67	17
I12A	Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Cat CC	423	9,250	21.84	1.3%	5.7326	0.4117	0.3046	4.6970	0.3192	0.29	58
I12B	Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W Sev or Mod CC	656	7,541	11.50	5.0%	3.0372	0.4039	0.0713	2.3548	0.2071	0.14	69
I12C	Infect/Inflam of Bone and Joint W Misc Musculoskeletal Procs W/O Sev or Mod CC	3,089	11,339	3.67	27.8%	1.3994	0.3436	0.0157	0.8309	0.2092	0.03	87
I13A	Humerus, Tibia, Fibula and Ankle Procedures W CC	1,121	9,247	8.25	6.0%	3.7842	0.6309	0.1212	1.9985	1.0336	0.12	74
I13B	Humerus, Tibia, Fibula and Ankle Procedures W/O CC	14,276	30,636	2.15	21.2%	1.4862	0.4441	0.0048	0.5939	0.4433	0.01	87
I15Z	Cranio-Facial Surgery	161	822	5.12	7.9%	4.3868	1.5857	0.5229	1.3299	0.9483	0.29	29
I16Z	Other Shoulder Procedures	35,952	46,342	1.29	6.6%	1.1895	0.4675	0.0068	0.3938	0.3214	0.00	87
I17A	Maxillo-Facial Surgery W CC	18	69	3.76	15.2%	3.0497	1.0977	0.2717	0.9365	0.7438	0.85	10
I17B	Maxillo-Facial Surgery W/O CC	266	396	1.49	18.9%	1.5374	0.5537	0.0572	0.4692	0.4573	0.13	49
I18Z	Other Knee Procedures	62,526	71,143	1.14	69.7%	0.4272	0.2376	0.0013	0.1733	0.0150	0.00	90
I19A	Other Elbow or Forearm Procedures W CC	419	2,349	5.60	9.6%	2.5937	0.5088	0.0898	1.1909	0.8042	0.12	63
I19B	Other Elbow or Forearm Procedures W/O CC	7,314	11,262	1.54	20.4%	1.5403	0.4345	0.0039	0.4379	0.6641	0.01	85
I20Z	Other Foot Procedures	13,908	22,580	1.62	21.2%	1.1558	0.3602	0.0049	0.4367	0.3540	0.01	90
I21Z	Local Excision and Removal of Internal Fixation Devices of Hip and Femur	567	1,001	1.77	21.7%	0.8457	0.3526	0.0059	0.4332	0.0539	0.05	65
I23Z	Local Excision and Removal of Internal Fixation Devices Excl Hip and Femur	10,220	12,825	1.25	58.6%	0.5030	0.2399	0.0035	0.1927	0.0669	0.01	90
I24Z	Arthroscopy	3,112	3,759	1.21	50.1%	0.5256	0.2724	0.0029	0.2165	0.0338	0.01	80
I25A	Bone and Joint Diagnostic Procedures Including Biopsy W CC	159	1,617	10.18	7.2%	2.4698	0.1242	0.0710	2.2301	0.0445	0.21	25
I25B	Bone and Joint Diagnostic Procedures Including Biopsy W/O CC	241	752	3.12	34.8%	0.7758	0.1242	0.0389	0.6028	0.0099	0.08	40

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I27A	Soft Tissue Procedures W CC	532	3,639	6.84	9.8%	2.2802	0.4137	0.0873	1.5940	0.1852	0.12	67
I27B	Soft Tissue Procedures W/O CC	9,116	14,297	1.57	36.3%	0.7310	0.2933	0.0043	0.3370	0.0964	0.01	91
I28A	Other Musculoskeletal Procedures W CC	266	2,276	8.55	8.7%	2.8802	0.3462	0.1374	1.9691	0.4275	0.15	52
I28B	Other Musculoskeletal Procedures W/O CC	3,792	6,002	1.58	23.5%	1.3112	0.3590	0.0057	0.4229	0.5236	0.02	87
I29Z	Knee Reconstruction or Revision	11,138	13,764	1.24	6.8%	1.4201	0.5022	0.0025	0.4244	0.4910	0.01	82
I30Z	Hand Procedures	28,367	33,292	1.17	55.7%	0.6431	0.3205	0.0026	0.2107	0.1094	0.00	92
I31A	Hip Revision W Catastrophic CC	328	6,944	21.16	1.0%	11.0081	1.0630	0.8470	5.0180	4.0801	0.32	54
I31B	Hip Revision W/O Catastrophic CC	2,369	19,276	8.14	1.0%	6.7867	0.8309	0.2113	2.2652	3.4793	0.08	69
I32A	Knee Revision W Catastrophic CC	197	3,772	19.13	1.7%	12.3353	0.9976	0.5439	5.1859	5.6079	0.66	47
I32B	Knee Revision W Severe CC	321	3,517	10.96	0.0%	8.7616	0.9120	0.1998	3.0563	4.5935	0.35	54
I32C	Knee Revision W/O Catastrophic or Severe CC	1,707	11,444	6.70	1.2%	6.4700	0.7578	0.0689	1.9775	3.6658	0.12	77
I60Z	Femoral Shaft Fractures	39	438	11.35	4.1%	2.2790	0.0988	0.0379	1.9829	0.1594	0.49	16
I61A	Distal Femoral Fractures W CC	58	625	10.78	5.5%	1.9632	0.0231	0.0638	1.8729	0.0034	0.31	24
I61B	Distal Femoral Fractures W/O CC	62	332	5.36	1.6%	1.0695	0.0369	0.0006	1.0210	0.0109	0.13	26
I63A	Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W CC	107	977	9.14	1.6%	1.5650	0.0329	0.0229	1.5085	0.0006	0.15	29
I63B	Sprains, Strains and Dislocations of Hip, Pelvis and Thigh W/O CC	401	1,125	2.80	10.2%	0.5193	0.0286	0.0084	0.4821	0.0001	0.03	56
I64A	Osteomyelitis W Catastrophic or Severe CC	175	2,874	16.40	2.5%	3.3369	0.0590	0.1341	3.0153	0.1284	0.25	45
I64B	Osteomyelitis W/O Catastrophic or Severe CC	294	3,302	11.24	9.9%	2.0846	0.0582	0.0309	1.9561	0.0393	0.14	53
I65A	Musculoskeletal Malignant Neoplasms W Catastrophic CC	502	7,535	15.02	1.4%	3.1645	0.0425	0.0684	3.0400	0.0135	0.15	53
I65B	Musculoskeletal Malignant Neoplasms W/O Catastrophic CC	1,786	13,103	7.34	9.4%	1.4830	0.0331	0.0208	1.4218	0.0074	0.04	78
I66A	Inflammatory Musculoskeletal Disorders W Cat or Sev CC	290	2,962	10.22	9.1%	2.3411	0.0877	0.3144	1.9335	0.0056	0.20	54
I66B	Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	8,134	11,754	1.45	37.9%	0.2837	0.0254	0.0043	0.2486	0.0053	0.01	85
I67A	Septic Arthritis W Catastrophic or Severe CC	76	1,198	15.85	6.4%	3.3206	0.0489	0.2910	2.9637	0.0170	0.51	30
I67B	Septic Arthritis W/O Catastrophic or Severe CC	276	1,187	4.30	56.9%	0.7509	0.0273	0.0079	0.6969	0.0189	0.11	41
I68A	Non-surgical Spinal Disorders W CC	3,627	38,051	10.49	2.5%	2.0226	0.0493	0.0563	1.9127	0.0043	0.04	86
I68B	Non-surgical Spinal Disorders W/O CC	9,349	40,186	4.30	1.8%	0.8461	0.0534	0.0103	0.7791	0.0034	0.01	90
I68C	Non-surgical Spinal Disorders, Sameday	19,457	20,735	1.07	70.5%	0.2194	0.1145	0.0015	0.1006	0.0027	0.00	73
I69A	Bone Diseases and Arthropathies W Catastrophic or Severe CC	426	3,986	9.36	5.8%	1.8081	0.0287	0.0694	1.7075	0.0025	0.10	71
I69B	Bone Diseases and Arthropathies W/O Catastrophic or Severe CC	4,726	11,359	2.40	51.6%	0.4366	0.0355	0.0088	0.3882	0.0041	0.01	90
I71A	Other Musculotendinous Disorders W Catastrophic or Severe CC	363	3,219	8.87	4.9%	1.6092	0.0746	0.0367	1.4958	0.0021	0.08	61
I71B	Other Musculotendinous Disorders W/O Catastrophic or Severe CC	4,497	10,944	2.43	34.7%	0.5027	0.0590	0.0087	0.4320	0.0030	0.03	91
I72A	Specific Musculotendinous Disorders W Catastrophic or Severe CC	229	2,156	9.40	3.6%	1.8195	0.0315	0.0601	1.7215	0.0063	0.13	46
I72B	Specific Musculotendinous Disorders W/O Catastrophic or Severe CC	2,378	6,643	2.79	40.9%	0.5523	0.0551	0.0116	0.4809	0.0048	0.02	90
I73A	Aftercare of Musculoskeletal Implants/Prostheses W Catastrophic or Severe CC	273	3,610	13.24	2.4%	2.5855	0.0882	0.1928	2.2748	0.0296	0.21	53
I73B	Aftercare of Musculoskeletal Implants/Prostheses W/O Cat or Sev CC	2,254	8,687	3.85	21.6%	0.7582	0.0602	0.0056	0.6740	0.0185	0.03	87
I74Z	Injury to Forearm, Wrist, Hand or Foot	2,865	8,085	2.82	33.9%	0.5548	0.0986	0.0099	0.4358	0.0106	0.02	89
I75A	Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W CC	1,066	12,414	11.65	3.9%	2.1323	0.0389	0.0640	1.9964	0.0330	0.10	79
I75B	Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle W/O CC	2,431	9,006	3.70	23.1%	0.6266	0.0408	0.0032	0.5748	0.0078	0.02	86
I76A	Other Musculoskeletal Disorders W Catastrophic or Severe CC	156	1,828	11.73	4.2%	2.0807	0.0401	0.1091	1.9116	0.0200	0.19	45
I76B	Other Musculoskeletal Disorders W/O Catastrophic or Severe CC	1,348	3,292	2.44	41.7%	0.4950	0.0936	0.0118	0.3857	0.0040	0.02	85
I77A	Fractures of Pelvis W Catastrophic or Severe CC	682	10,336	15.16	2.8%	2.7122	0.0273	0.0440	2.6377	0.0032	0.11	70
I77B	Fractures of Pelvis W/O Catastrophic or Severe CC	803	7,004	8.72	4.3%	1.5285	0.0432	0.0144	1.4694	0.0014	0.05	71
I78A	Fractures of Neck of Femur W Catastrophic or Severe CC	244	3,081	12.61	2.7%	2.1071	0.0198	0.0587	2.0192	0.0094	0.25	48
I78B	Fractures of Neck of Femur W/O Catastrophic or Severe CC	419	2,484	5.93	21.1%	0.9385	0.0190	0.0147	0.9021	0.0027	0.08	57
I79A	Pathological Fracture W Catastrophic CC	136	2,695	19.80	1.2%	4.0121	0.0826	0.1141	3.8075	0.0079	0.35	34
I79B	Pathological Fracture W/O Catastrophic CC	1,321	12,076	9.14	8.8%	1.7461	0.0341	0.0246	1.6742	0.0131	0.10	78

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J01A	Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W Cat/Sev CC	144	1,681	11.71	2.3%	6.8922	2.5176	0.8561	3.1086	0.4099	0.45	21
J01B	Microvas Tiss Transf for Skin, Subcutaneous Tiss & Breast Disd W/O Cat/Sev CC	251	1,873	7.46	3.2%	5.0245	2.1805	0.3204	2.0073	0.5163	0.21	28
J06A	Major Procedures for Malignant Breast Conditions	10,756	30,549	2.84	6.7%	1.3355	0.5183	0.0185	0.7136	0.0851	0.01	82
J06B	Major Procedures for Non-Malignant Breast Conditions	11,673	20,655	1.77	21.2%	1.3186	0.6795	0.0108	0.4934	0.1349	0.01	87
J07A	Minor Procedures for Malignant Breast Conditions	3,200	3,920	1.22	40.1%	0.5758	0.2947	0.0055	0.2658	0.0097	0.01	80
J07B	Minor Procedures for Non-Malignant Breast Conditions	5,296	6,219	1.17	58.5%	0.4448	0.2536	0.0021	0.1754	0.0138	0.01	90
J08A	Other Skin Graft and/or Debridement Procedures W CC	1,586	10,495	6.62	17.6%	1.9611	0.3967	0.0745	1.4651	0.0249	0.07	87
J08B	Other Skin Graft and/or Debridement Procedures W/O CC	21,066	29,210	1.39	56.9%	0.5939	0.3269	0.0030	0.2568	0.0072	0.00	93
J09Z	Perianal and Pilonidal Procedures	1,691	2,796	1.65	32.8%	0.5202	0.2131	0.0043	0.3007	0.0020	0.01	86
J10Z	Skin, Subcutaneous Tissue and Breast Plastic OR Procedures	17,393	23,694	1.36	56.8%	0.6366	0.3897	0.0058	0.2324	0.0086	0.01	91
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	37,193	43,334	1.17	68.5%	0.3525	0.2045	0.0023	0.1391	0.0066	0.00	93
J12A	Lower Limb Procs W Ulcer/Cellulitis W Catastrophic CC	221	5,044	22.86	6.0%	5.7840	0.4561	0.2604	4.8041	0.2634	0.38	45
J12B	Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W Skin Graft/Flap Repair	387	5,375	13.90	7.6%	3.1532	0.3282	0.0417	2.6787	0.1045	0.17	61
J12C	Lower Limb Procs W Ulcer/Cellulitis W/O Cat CC W/O Skin Graft/Flap Repair	381	3,188	8.36	10.2%	1.8873	0.2184	0.0483	1.5988	0.0218	0.11	64
J13A	Lower Limb Procs W/O Ulcer/Cellulitis W Cat CC or W (Skin Graft and Sev CC)	410	4,263	10.41	3.4%	2.5908	0.4110	0.0731	2.0779	0.0287	0.12	67
J13B	Lower Limb Procs W/O Ulcer/Cellulitis W/O Cat CC W/O (Skin Graft and Sev CC)	4,938	16,156	3.27	28.7%	0.8961	0.2554	0.0113	0.6264	0.0029	0.01	90
J14Z	Major Breast Reconstructions	712	4,503	6.32	5.4%	3.5009	1.2194	0.1156	1.7762	0.3897	0.08	51
J60A	Skin Ulcers W Catastrophic CC	269	4,797	17.82	2.3%	3.2894	0.0647	0.1235	3.0926	0.0086	0.20	49
J60B	Skin Ulcers W/O Catastrophic CC	975	10,003	10.26	2.5%	1.8884	0.0444	0.0308	1.8011	0.0121	0.06	79
J60C	Skin Ulcers, Sameday	231	231	1.00	97.8%	0.0581	0.0123	0.0042	0.0405	0.0011	0.01	23
J62A	Malignant Breast Disorders W CC	2,147	7,328	3.41	18.2%	0.9767	0.0253	0.0109	0.9360	0.0045	0.04	59
J62B	Malignant Breast Disorders W/O CC	1,486	3,058	2.06	26.0%	0.6838	0.0709	0.0046	0.6014	0.0069	0.05	53
J63A	Non-Malignant Breast Disorders W CC	55	248	4.52	13.8%	1.1754	0.1480	0.0440	0.9833	0.0002	0.17	20
J63B	Non-Malignant Breast Disorders W/O CC	795	1,160	1.46	60.6%	0.3927	0.1646	0.0009	0.2263	0.0008	0.01	78
J64A	Cellulitis W Catastrophic or Severe CC	2,217	23,898	10.78	2.5%	2.1688	0.0562	0.0992	1.9963	0.0171	0.05	87
J64B	Cellulitis W/O Catastrophic or Severe CC	7,159	36,997	5.17	7.7%	0.9868	0.0402	0.0194	0.9202	0.0070	0.01	92
J65A	Trauma to the Skin, Subcutaneous Tissue and Breast W Cat or Sev CC	494	4,881	9.89	5.0%	1.8821	0.0521	0.0918	1.7366	0.0016	0.09	64
J65B	Trauma to the Skin, Subcutaneous Tissue and Breast W/O Cat or Sev CC	1,453	5,307	3.65	17.9%	0.7035	0.0639	0.0118	0.6177	0.0102	0.04	88
J67A	Minor Skin Disorders	1,070	4,717	4.41	1.5%	0.9098	0.0678	0.0155	0.8205	0.0060	0.04	84
J67B	Minor Skin Disorders, Sameday	3,365	3,506	1.04	76.0%	0.2071	0.1166	0.0006	0.0857	0.0042	0.00	93
J68A	Major Skin Disorders W Catastrophic or Severe CC	165	1,999	12.09	4.0%	2.4100	0.0227	0.0552	2.3224	0.0096	0.18	36
J68B	Major Skin Disorders W/O Catastrophic or Severe CC	603	2,885	4.79	2.2%	1.1176	0.0206	0.0283	1.0686	0.0001	0.06	60
J68C	Major Skin Disorders, Sameday	250	250	1.00	87.0%	0.1439	0.0388	0.0011	0.1039	0.0001	0.01	36
J69A	Skin Malignancy W Catastrophic CC	112	1,343	12.00	2.5%	2.9327	0.0525	0.0690	2.8064	0.0049	0.32	25
J69B	Skin Malignancy W/O Catastrophic CC	262	2,919	11.13	0.0%	2.7529	0.0455	0.0163	2.6882	0.0029	0.26	48
J69C	Skin Malignancy, Sameday	299	319	1.07	75.3%	0.1186	0.0545	0.0002	0.0628	0.0011	0.01	60
K01A	OR Procedures for Diabetic Complications W Catastrophic CC	158	5,163	32.74	0.0%	6.6334	0.5936	0.2858	5.4532	0.3009	0.79	34
K01B	OR Procedures for Diabetic Complications W/O Catastrophic CC	547	6,734	12.31	5.9%	2.9797	0.3669	0.0668	2.3874	0.1586	0.14	59
K02A	Pituitary Procedures W CC	139	1,149	8.29	3.6%	4.5529	0.9776	1.0729	2.0540	0.4485	0.25	16
K02B	Pituitary Procedures W/O CC	149	850	5.72	6.7%	3.1785	0.9282	0.4652	1.3617	0.4235	0.11	14
K03Z	Adrenal Procedures	247	1,123	4.56	2.6%	2.6610	0.7240	0.4967	1.2886	0.1517	0.16	31
K04A	Major Procedures for Obesity W CC	2,119	6,961	3.29	4.6%	3.0823	0.6199	0.2479	1.0765	1.1380	0.08	59
K04B	Major Procedures for Obesity W/O CC	10,692	23,147	2.16	4.5%	2.2856	0.4708	0.0343	0.6628	1.1177	0.01	67
K05A	Parathyroid Procedures W Catastrophic or Severe CC	117	805	6.86	5.2%	2.4840	0.6993	0.3090	1.3801	0.0956	0.21	30
K05B	Parathyroid Procedures W/O Catastrophic or Severe CC	2,254	3,339	1.48	4.8%	0.9141	0.4100	0.0819	0.3945	0.0277	0.01	59

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K06A	Thyroid Procedures W Catastrophic or Severe CC	556	2,016	3.62	1.7%	2.1675	0.8587	0.3070	0.9105	0.0913	0.09	62
K06B	Thyroid Procedures W/O Catastrophic or Severe CC	5,629	9,943	1.77	3.0%	1.1497	0.5637	0.0678	0.4676	0.0506	0.01	76
K07Z	Obesity Procedures	2,606	9,403	3.61	6.1%	1.9559	0.9812	0.0397	0.8578	0.0772	0.03	78
K08Z	Thyroglossal Procedures	182	228	1.26	11.2%	0.8278	0.4649	0.0162	0.3339	0.0129	0.03	45
K09A	Other Endocrine, Nutritional and Metabolic OR Procedures W Catastrophic CC	72	1,463	20.38	4.5%	7.4053	0.6866	1.2161	4.2334	1.2692	0.68	20
K09B	Other Endocrine, Nutritional and Metabolic OR Procs W Severe or Moderate CC	102	815	7.98	5.7%	2.7389	0.4899	0.1212	1.4252	0.7026	0.28	25
K09C	Other Endocrine, Nutritional and Metabolic OR Procedures W/O CC	349	739	2.11	33.4%	1.1362	0.3626	0.0473	0.5277	0.1986	0.07	47
K40A	Endoscopic or Investigative Proc for Metabolic Disorders W Catastrophic CC	115	1,796	15.66	0.0%	3.9522	0.2266	0.1772	3.5418	0.0065	0.32	27
K40B	Endoscopic or Investigative Proc for Metabolic Disorders W/O Catastrophic CC	976	3,549	3.64	1.3%	1.1043	0.2146	0.0281	0.8513	0.0102	0.04	77
K40C	Endoscopic or Investigative Procedure for Metabolic Disorders, Sameday	6,560	6,933	1.06	69.6%	0.2189	0.1268	0.0009	0.0834	0.0078	0.00	83
K60A	Diabetes W Catastrophic or Severe CC	895	9,312	10.40	4.5%	2.0392	0.0469	0.1581	1.8168	0.0174	0.07	66
K60B	Diabetes W/O Catastrophic or Severe CC	3,612	12,305	3.41	22.5%	1.5063	0.0956	0.0322	0.7056	0.6730	0.04	83
K61Z	Severe Nutritional Disturbance	158	1,584	9.99	6.1%	2.0481	0.0130	0.1186	1.8921	0.0245	0.18	37
K62A	Miscellaneous Metabolic Disorders W Catastrophic or Severe CC	1,798	15,365	8.55	4.9%	1.7651	0.0277	0.1175	1.6176	0.0023	0.06	81
K62B	Miscellaneous Metabolic Disorders W/O Catastrophic or Severe CC	7,772	15,298	1.97	43.3%	0.4303	0.0171	0.0210	0.3875	0.0047	0.01	90
K63A	Inborn Errors of Metabolism W CC	33	140	4.19	12.3%	1.1529	0.0367	0.0210	1.0745	0.0207	0.19	14
K63B	Inborn Errors of Metabolism W/O CC	158	224	1.42	46.7%	0.2649	0.0497	0.0030	0.2065	0.0056	0.03	31
K64A	Endocrine Disorders W Catastrophic or Severe CC	296	3,048	10.31	2.8%	2.2159	0.0378	0.3073	1.8443	0.0265	0.20	50
K64B	Endocrine Disorders W/O Catastrophic or Severe CC	1,113	3,464	3.11	18.9%	0.6377	0.0248	0.0301	0.5799	0.0029	0.03	72
L02A	Operative Insertion of Peritoneal Catheter for Dialysis W Cat or Sev CC	32	133	4.15	26.0%	2.9005	0.5092	0.3654	1.8865	0.1394	0.45	13
L02B	Operative Insertion of Peritoneal Catheter for Dialysis W/O Cat or Sev CC	165	303	1.84	13.6%	0.8329	0.3555	0.0097	0.4013	0.0666	0.04	22
L03A	Kidney, Ureter and Major Bladder Procedures for Neoplasm W Catastrophic CC	503	7,397	14.71	0.9%	6.5730	1.3066	1.2872	3.5360	0.4432	0.28	40
L03B	Kidney, Ureter and Major Bladder Procedures for Neoplasm W Severe CC	494	3,883	7.87	1.8%	4.0726	1.1367	0.5748	1.9532	0.4079	0.13	44
L03C	Kidney, Ureter and Major Bladder Procedures for Neoplasm W/O Cat or Sev CC	1,750	8,396	4.80	3.2%	2.4975	0.8778	0.2081	1.1288	0.2828	0.05	62
L04A	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W Catastrophic CC	468	5,334	11.39	6.7%	4.1189	0.6500	0.6152	2.6131	0.2405	0.33	46
L04B	Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm W Severe CC	472	2,327	4.93	13.4%	2.1317	0.5463	0.1152	1.2544	0.2158	0.10	60
L04C	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/O Cat or Sev CC	8,785	15,520	1.77	26.1%	1.0498	0.3949	0.0101	0.4393	0.2054	0.01	79
L05A	Transurethral Prostatectomy W Catastrophic or Severe CC	416	4,606	11.07	1.1%	2.8330	0.4381	0.2421	2.1316	0.0211	0.12	49
L05B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	1,945	5,659	2.91	1.8%	1.0160	0.3679	0.0171	0.6199	0.0111	0.01	74
L06A	Minor Bladder Procedures W Catastrophic or Severe CC	364	2,992	8.22	6.2%	2.6381	0.4293	0.2713	1.7097	0.2279	0.16	55
L06B	Minor Bladder Procedures W/O Catastrophic or Severe CC	2,738	5,317	1.94	16.1%	0.9768	0.2491	0.0106	0.4632	0.2540	0.03	81
L07A	Transurethral Procedures Except Prostatectomy W CC	2,127	7,137	3.36	25.3%	1.1089	0.2517	0.0555	0.7458	0.0560	0.05	76
L07B	Transurethral Procedures Except Prostatectomy W/O CC	15,234	20,302	1.33	38.7%	0.4954	0.2201	0.0039	0.2528	0.0187	0.00	87
L08A	Urethral Procedures W CC	239	870	3.63	8.9%	1.1529	0.3028	0.0716	0.7545	0.0240	0.12	45
L08B	Urethral Procedures W/O CC	2,253	3,554	1.58	22.6%	0.5802	0.2458	0.0047	0.3226	0.0071	0.02	79
L09A	Other Procedures for Kidney and Urinary Tract Disorders W Cat CC	108	1,913	17.75	4.6%	6.2021	0.6660	1.1444	4.1508	0.2409	0.70	25
L09B	Other Procedures for Kidney and Urinary Tract Disorders W Sev CC	157	660	4.21	12.2%	1.8319	0.4061	0.0654	1.0255	0.3350	0.19	31
L09C	Other Procedures for Kidney and Urinary Tract Disorders W/O Cat or Sev CC	1,166	1,791	1.54	24.9%	1.4958	0.3799	0.0073	0.4179	0.6907	0.07	65
L40Z	Ureteroscopy	811	1,172	1.44	39.6%	0.5609	0.2251	0.0051	0.2957	0.0351	0.02	65
L41Z	Cystourethroscopy, Sameday	29,854	32,172	1.08	75.7%	0.1814	0.0999	0.0015	0.0747	0.0053	0.00	87
L42Z	ESW Lithotripsy for Urinary Stones	2,493	2,874	1.15	59.8%	0.4561	0.2737	0.0025	0.1683	0.0115	0.01	43
L60A	Renal Failure W Catastrophic CC	687	8,746	12.73	3.5%	3.1509	0.0534	0.5081	2.5697	0.0196	0.13	61
L60B	Renal Failure W Severe CC	757	5,795	7.65	3.8%	1.7213	0.0408	0.2123	1.4598	0.0084	0.08	68
L60C	Renal Failure W/O Catastrophic or Severe CC	1,076	5,164	4.80	11.2%	0.9197	0.0229	0.0406	0.8513	0.0049	0.03	78
L61Z	Haemodialysis	105,160	109,974	1.05	92.9%	0.1151	0.0226	0.0007	0.0918	0.0000	0.00	12
L62A	Kidney and Urinary Tract Neoplasms W Catastrophic or Severe CC	626	5,419	8.66	15.9%	1.8617	0.0591	0.0326	1.7637	0.0063	0.11	65
L62B	Kidney and Urinary Tract Neoplasms W/O Catastrophic or Severe CC	955	2,714	2.84	22.1%	0.6593	0.0721	0.0046	0.5728	0.0097	0.04	71

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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 Weight)	No. of hospitals
						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)	Prostheses (b)		
L63A	Kidney and Urinary Tract Infections W Catastrophic or Severe CC	2,817	29,367	10.42	2.6%	2.0495	0.0388	0.1366	1.8527	0.0214	0.06	81
L63B	Kidney and Urinary Tract Infections W/O Catastrophic or Severe CC	7,027	31,234	4.44	8.5%	0.8389	0.0245	0.0201	0.7882	0.0062	0.02	92
L64Z	Urinary Stones and Obstruction	5,232	9,668	1.85	10.7%	0.4990	0.1034	0.0104	0.3559	0.0293	0.01	84
L65A	Kidney and Urinary Tract Signs and Symptoms W Catastrophic or Severe CC	744	5,373	7.22	1.8%	1.5172	0.0448	0.0620	1.4017	0.0087	0.06	72
L65B	Kidney and Urinary Tract Signs and Symptoms W/O Catastrophic or Severe CC	4,273	9,579	2.24	22.0%	0.4913	0.0571	0.0151	0.4127	0.0063	0.02	90
L66Z	Urethral Stricture	625	994	1.59	19.8%	0.4428	0.1238	0.0123	0.3023	0.0044	0.03	65
L67A	Other Kidney and Urinary Tract Diagnoses W Catastrophic or Severe CC	1,042	7,180	6.89	4.1%	1.5887	0.0543	0.1553	1.3693	0.0098	0.07	78
L67B	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Severe CC	10,744	16,386	1.53	53.1%	0.3162	0.0453	0.0102	0.2523	0.0084	0.01	92
L68Z	Peritoneal Dialysis	******	******	******	******	******	******	******	******	******	******	******
M01A	Major Male Pelvic Procedures W Catastrophic or Severe CC	644	3,883	6.03	0.0%	3.5905	1.2424	0.3454	1.8353	0.1674	0.11	50
M01B	Major Male Pelvic Procedures W/O Catastrophic or Severe CC	5,110	16,249	3.18	0.2%	2.5950	1.1394	0.0818	1.2293	0.1445	0.02	59
M02A	Transurethral Prostatectomy W Catastrophic or Severe CC	1,098	7,286	6.64	1.0%	2.1540	0.4129	0.1662	1.4456	0.1292	0.11	69
M02B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	11,875	30,105	2.54	1.5%	0.9531	0.3453	0.0147	0.5857	0.0073	0.01	81
M03Z	Penis Procedures	2,312	3,316	1.43	34.4%	1.4240	0.3574	0.0038	0.3773	0.6855	0.06	82
M04Z	Testes Procedures	6,173	7,699	1.25	39.5%	0.5351	0.2895	0.0041	0.2278	0.0136	0.01	89
M05Z	Circumcision	5,850	6,422	1.10	67.6%	0.3284	0.2020	0.0010	0.1208	0.0046	0.00	86
M06A	Other Male Reproductive System OR Procedures W CC	222	1,140	5.13	22.4%	1.9183	0.3114	0.0944	1.2981	0.2144	0.14	49
M06B	Other Male Reproductive System OR Procedures W/O CC	2,322	2,832	1.22	50.0%	1.2054	0.2319	0.0040	0.3620	0.6076	0.04	73
M40Z	Cystourethroscopy, Sameday	6,333	6,577	1.04	76.1%	0.1673	0.0991	0.0008	0.0652	0.0023	0.00	81
M60A	Malignancy, Male Reproductive System W Catastrophic or Severe CC	681	5,893	8.65	12.5%	1.9017	0.0861	0.0359	1.7744	0.0053	0.10	60
M60B	Malignancy, Male Reproductive System W/O Catastrophic or Severe CC	10,140	13,051	1.29	69.2%	0.2641	0.0901	0.0011	0.1698	0.0031	0.01	81
M61Z	Benign Prostatic Hypertrophy	1,316	1,937	1.47	62.9%	0.3087	0.0927	0.0024	0.2116	0.0020	0.01	74
M62Z	Inflammation of the Male Reproductive System	1,048	3,511	3.35	25.5%	0.6817	0.0541	0.0204	0.6031	0.0041	0.04	76
M63Z	Sterilisation, Male	5,942	6,316	1.06	92.0%	0.2323	0.1428	0.0008	0.0880	0.0008	0.00	59
M64Z	Other Male Reproductive System Diagnoses	1,282	1,641	1.28	67.3%	0.2946	0.1125	0.0131	0.1656	0.0034	0.02	75
N01Z	Pelvic Evisceration and Radical Vulvectomy	376	2,690	7.16	1.3%	3.1858	0.8816	0.2617	1.9116	0.1310	0.16	20
N04A	Hysterectomy for Non-Malignancy W Catastrophic or Severe CC	1,182	5,885	4.98	2.9%	2.1013	0.7841	0.0861	1.1150	0.1161	0.04	70
N04B	Hysterectomy for Non-Malignancy W/O Catastrophic or Severe CC	11,964	39,637	3.31	1.9%	1.4900	0.6526	0.0118	0.7564	0.0692	0.01	80
N05A	Oophorectomies and Complex Fallopian Tube Procs for Non-Malig W Cat or Sev CC	271	1,364	5.04	8.5%	2.1942	0.7022	0.3076	1.1063	0.0781	0.21	56
N05B	Oophorectomies & Complex Fallopian Tube Procs for Non-Malig W/O Cat or Sev CC	3,741	6,294	1.68	19.1%	1.0285	0.4998	0.0107	0.4683	0.0498	0.03	81
N06A	Female Reproductive System Reconstructive Procs W Catastrophic or Severe CC	968	4,354	4.50	3.4%	1.9159	0.5514	0.0850	0.9739	0.3056	0.05	68
N06B	Female Reproductive System Reconstructive Procs W/O Catastrophic or Severe CC	8,923	21,308	2.39	7.9%	1.2127	0.4033	0.0070	0.5490	0.2534	0.01	87
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy	34,211	40,216	1.18	70.6%	0.4717	0.2562	0.0033	0.1903	0.0218	0.00	86
N08Z	Endoscopic and Laparoscopic Procedures for Female Reproductive System	7,735	9,370	1.21	62.1%	0.5974	0.3331	0.0029	0.2104	0.0510	0.01	85
N09Z	Conisation, Vagina, Cervix and Vulva Procedures	11,881	13,370	1.13	75.2%	0.2983	0.1677	0.0014	0.1275	0.0017	0.01	90
N10Z	Diagnostic Curettage or Diagnostic Hysteroscopy	17,320	18,649	1.08	79.4%	0.2370	0.1414	0.0011	0.0927	0.0019	0.00	82
N11Z	Other Female Reproductive System OR Procedures	5,094	6,475	1.27	59.3%	0.2950	0.1125	0.0062	0.1641	0.0123	0.02	50
N12A	Uterine and Adnexa Procedures for Malignancy W Catastrophic CC	353	3,561	10.09	1.4%	4.4432	1.0247	0.7790	2.4400	0.1995	0.22	37
N12B	Uterine and Adnexa Procedures for Malignancy W/O Catastrophic CC	1,896	6,978	3.68	10.1%	1.7916	0.6677	0.1103	0.9541	0.0594	0.03	71
N60A	Malignancy, Female Reproductive System W Catastrophic CC	191	2,262	11.83	16.4%	2.6071	0.0548	0.1041	2.4412	0.0070	0.25	33
N60B	Malignancy, Female Reproductive System W/O Catastrophic CC	1,417	5,065	3.58	25.3%	0.9706	0.0449	0.0078	0.9070	0.0109	0.04	59
N61Z	Infections, Female Reproductive System	292	1,022	3.50	20.4%	0.8112	0.0340	0.0724	0.7037	0.0010	0.16	48
N62Z	Menstrual and Other Female Reproductive System Disorders	4,825	5,921	1.23	69.3%	0.2410	0.0969	0.0038	0.1381	0.0022	0.00	88
O01A	Caesarean Delivery W Catastrophic CC	1,374	14,418	10.49	0.8%	3.3763	0.5793	0.1890	2.5850	0.0229	0.10	41
O01B	Caesarean Delivery W Severe CC	5,338	32,238	6.04	1.4%	2.0438	0.4702	0.0370	1.5208	0.0159	0.02	41
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	29,303	141,214	4.82	1.1%	1.6693	0.4236	0.0175	1.2109	0.0173	0.02	42

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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 Weight)	No. of hospitals
						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)	Prostheses (b)		
O02A	Vaginal Delivery W OR Procedure W Catastrophic or Severe CC	288	1,579	5.49	3.4%	2.1197	0.3720	0.1091	1.6358	0.0028	0.10	37
O02B	Vaginal Delivery W OR Procedure W/O Catastrophic or Severe CC	875	3,808	4.35	1.7%	1.4385	0.1834	0.0145	1.2401	0.0003	0.03	40
O03A	Ectopic Pregnancy W CC	48	101	2.11	0.0%	1.0159	0.3664	0.1014	0.5339	0.0143	0.16	15
O03B	Ectopic Pregnancy W/O CC	538	758	1.41	18.2%	0.6518	0.3295	0.0029	0.3057	0.0137	0.03	54
O04A	Postpartum and Post Abortion W OR Procedure W Catastrophic or Severe CC	63	194	3.07	18.0%	1.4511	0.4876	0.1448	0.8068	0.0118	0.22	22
O04B	Postpartum and Post Abortion W OR Procedure W/O Catastrophic or Severe CC	768	1,079	1.40	51.9%	0.4520	0.1821	0.0131	0.2546	0.0022	0.02	56
O05Z	Abortion W OR Procedure	9,505	10,504	1.11	73.6%	0.2508	0.1301	0.0016	0.1179	0.0011	0.01	75
O60A	Vaginal Delivery W Catastrophic or Severe CC	4,248	21,287	5.01	1.6%	1.6972	0.1789	0.0300	1.4864	0.0019	0.02	42
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	36,332	147,603	4.06	1.5%	1.3263	0.1598	0.0145	1.1512	0.0007	0.00	42
O60C	Vaginal Delivery Single Uncomplicated W/O Other Condition	5,459	19,629	3.60	1.6%	1.0867	0.1175	0.0118	0.9560	0.0015	0.01	41
O61Z	Postpartum and Post Abortion W/O OR Procedure	2,687	8,148	3.03	11.5%	0.6000	0.0142	0.0138	0.5712	0.0008	0.02	59
O63Z	Abortion W/O OR Procedure	454	629	1.39	24.9%	0.3702	0.0190	0.0090	0.3402	0.0019	0.04	41
O64A	False Labour Before 37 Weeks or W Catastrophic CC	1,931	5,002	2.59	15.5%	0.4752	0.0034	0.0058	0.4656	0.0004	0.02	41
O64B	False Labour After 37 Weeks W/O Catastrophic CC	819	912	1.11	43.4%	0.1534	0.0017	0.0010	0.1505	0.0001	0.01	40
O66A	Antenatal and Other Obstetric Admission	6,924	19,662	2.84	2.3%	0.6138	0.0281	0.0097	0.5748	0.0012	0.02	59
O66B	Antenatal and Other Obstetric Admission, Sameday	4,385	5,190	1.18	81.5%	0.1274	0.0215	0.0003	0.1020	0.0036	0.01	56
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	44	1,869	42.32	5.9%	23.9748	0.0274	19.5488	4.3978	0.0008	3.15	3
P04Z	Neonate, AdmWt 1500-1999 g W Significant OR Procedure	32	1,194	36.93	0.0%	21.7109	0.2329	15.0837	6.3943	0.0000	5.18	4
P05Z	Neonate, AdmWt 2000-2499 g W Significant OR Procedure	13	315	24.00	0.0%	14.0310	0.9682	10.2812	2.7805	0.0011	6.61	4
P06A	Neonate, AdmWt >2499 g W Significant OR Procedure W Multi Major Problems	28	1,043	36.64	0.0%	27.6879	1.3982	18.8125	7.4769	0.0002	6.91	4
P06B	Neonate, AdmWt >2499 g W Significant OR Procedure W/O Multi Major Problems	70	549	7.82	2.3%	3.7856	0.3159	1.5842	1.8037	0.0819	0.64	11
P60A	Neonate, Died or Transferred <5 Days of Adm, W/O Significant OR Proc, Newborn	593	834	1.41	26.3%	0.6056	0.0021	0.1803	0.4232	0.0000	0.08	39
P60B	Neonate, Died or Transf <5 Days of Adm, W/O Significant OR Proc, Not Newborn	43	96	2.24	9.9%	1.7508	0.0000	0.9697	0.7810	0.0000	0.36	10
P61Z	Neonate, AdmWt <750 g	21	1,776	84.02	9.7%	50.3855	0.1472	40.3872	9.8497	0.0014	9.34	4
P62Z	Neonate, AdmWt 750-999 g	41	2,650	64.78	5.0%	39.4475	0.1804	31.6524	7.6147	0.0000	4.58	4
P63Z	Neonate, AdmWt 1000-1249 g W/O Significant OR Procedure	47	1,215	25.63	8.0%	10.0089	0.0285	4.0083	5.9721	0.0000	2.04	13
P64Z	Neonate, AdmWt 1250-1499 g W/O Significant OR Procedure	143	4,400	30.83	2.0%	10.5195	0.0039	4.6054	5.9102	0.0000	0.83	17
P65A	Neonate, AdmWt 1500-1999 g W/O Significant OR Proc W Multi Major Problems	18	482	26.15	9.0%	11.5751	0.0000	4.3084	7.2667	0.0000	3.09	9
P65B	Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Major Problem	212	5,442	25.68	1.5%	9.3600	0.0003	4.9666	4.3931	0.0000	0.69	23
P65C	Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W Other Problem	268	5,494	20.49	1.8%	7.1816	0.0038	3.1130	4.0648	0.0000	0.48	26
P65D	Neonate, AdmWt 1500-1999 g W/O Significant OR Procedure W/O Problem	330	6,041	18.29	3.0%	5.2998	0.0045	1.0968	4.1985	0.0000	0.31	29
P66A	Neonate, AdmWt 2000-2499 g W/O Significant OR Proc W Multi Major Problems	21	435	20.78	0.0%	5.7540	0.0042	1.9686	3.7811	0.0000	0.92	8
P66B	Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Major Problem	259	4,179	16.15	0.6%	5.5227	0.0014	2.3748	3.1464	0.0000	0.32	27
P66C	Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W Other Problem	1,532	18,820	12.28	0.9%	4.8435	0.0021	1.7078	3.1336	0.0000	0.19	36
P66D	Neonate, AdmWt 2000-2499 g W/O Significant OR Procedure W/O Problem	683	3,661	5.36	1.1%	1.9942	0.0017	0.7428	1.2496	0.0000	0.18	35
P67A	Neonate, AdmWt >2499 g W/O Significant OR Procedure W Multi Major Problems	193	1,929	9.98	0.0%	3.8067	0.0007	1.1144	2.6916	0.0001	0.48	35
P67B	Neonate, AdmWt >2499 g W/O Significant OR Procedure W Major Problem	1,269	9,448	7.45	2.0%	2.3810	0.0040	0.6512	1.7258	0.0000	0.14	40
P67C	Neonate, AdmWt >2499 g W/O Significant OR Procedure W Other Problem	6,125	38,886	6.35	1.1%	1.8645	0.0057	0.4584	1.3993	0.0010	0.05	42
P67D	Neonate, AdmWt >2499 g W/O Significant OR Procedure W/O Problem	21,990	89,411	4.07	3.0%	0.4210	0.0024	0.0536	0.3644	0.0006	0.01	44
Q01Z	Splenectomy	167	832	5.00	0.0%	2.8287	0.6909	0.2962	1.4019	0.4396	0.18	36
Q02A	Other OR Procedure of Blood and Blood Forming Organs W Cat or Sev CC	548	5,664	10.33	8.7%	4.4794	0.4548	0.5522	2.5703	0.9022	0.21	63
Q02B	Other OR Procedure of Blood and Blood Forming Organs W/O Cat or Sev CC	1,300	2,782	2.14	39.3%	0.9463	0.2694	0.0503	0.4366	0.1900	0.05	85
Q60A	Reticuloendothelial and Immunity Disorders W Catastrophic or Severe CC	946	6,803	7.19	8.4%	1.9152	0.0464	0.0827	1.7800	0.0061	0.08	55
Q60B	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W Malignancy	640	1,956	3.06	34.7%	0.6865	0.0118	0.0021	0.6711	0.0015	0.03	41
Q60C	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC W/O Malignancy	8,375	12,051	1.44	61.5%	0.2421	0.0222	0.0040	0.2144	0.0015	0.01	83

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						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)	Prostheses (b)		
Q61A	Red Blood Cell Disorders W Catastrophic or Severe CC	2,647	17,118	6.47	10.9%	1.4137	0.0671	0.1369	1.1973	0.0123	0.05	85
Q61B	Red Blood Cell Disorders W/O Catastrophic or Severe CC	24,454	34,951	1.43	53.5%	0.2928	0.0683	0.0046	0.2131	0.0069	0.00	92
Q62Z	Coagulation Disorders	2,144	6,608	3.08	44.3%	0.5974	0.0197	0.0275	0.5477	0.0025	0.04	75
R01A	Lymphoma and Leukaemia W Major OR Procedures W Catastrophic or Severe CC	178	3,370	18.89	5.3%	7.7308	0.7754	0.9481	5.2557	0.7516	0.62	33
R01B	Lymphoma and Leukaemia W Major OR Procedures W/O Catastrophic or Severe CC	420	1,604	3.82	13.4%	1.9945	0.4412	0.1119	1.1269	0.3144	0.13	61
R02A	Other Neoplastic Disorders W Major OR Procedures W Catastrophic CC	133	1,650	12.45	0.0%	5.0893	1.2125	0.8270	2.6226	0.4272	0.39	33
R02B	Other Neoplastic Disorders W Major OR Procedures W Severe or Moderate CC	249	1,513	6.08	3.7%	2.7252	0.7320	0.3310	1.5175	0.1447	0.13	48
R02C	Other Neoplastic Disorders W Major OR Procedures W/O CC	1,148	4,064	3.54	6.3%	1.6144	0.6177	0.0670	0.8441	0.0856	0.04	73
R03A	Lymphoma and Leukaemia W Other OR Procedures W Catastrophic or Severe CC	346	5,985	17.28	2.5%	5.6963	0.3822	0.3376	4.4114	0.5651	0.33	47
R03B	Lymphoma and Leukaemia W Other OR Procedures W/O Catastrophic or Severe CC	1,265	2,753	2.18	36.7%	0.7888	0.2342	0.0197	0.4962	0.0387	0.03	79
R04A	Other Neoplastic Disorders W Other OR Procedures W CC	381	2,001	5.25	22.6%	1.7711	0.3916	0.1275	1.1713	0.0807	0.17	57
R04B	Other Neoplastic Disorders W Other OR Procedures W/O CC	606	1,033	1.70	41.7%	0.6531	0.2797	0.0100	0.3275	0.0359	0.03	68
R60A	Acute Leukaemia W Catastrophic CC	294	6,931	23.56	0.0%	7.3290	0.1165	0.2603	6.8906	0.0616	0.31	27
R60B	Acute Leukaemia W/O Catastrophic CC	1,793	4,956	2.76	53.2%	0.7090	0.0289	0.0261	0.6511	0.0028	0.03	53
R61A	Lymphoma and Non-Acute Leukaemia W Catastrophic CC	962	17,330	18.01	0.8%	4.6610	0.0793	0.3459	4.2107	0.0250	0.15	50
R61B	Lymphoma and Non-Acute Leukaemia W/O Catastrophic CC	7,639	33,453	4.38	0.5%	1.2050	0.0367	0.0152	1.1419	0.0112	0.02	79
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	12,055	13,411	1.11	68.0%	0.2267	0.0215	0.0023	0.1974	0.0055	0.01	74
R62A	Other Neoplastic Disorders W CC	617	4,211	6.82	20.4%	1.4399	0.0409	0.0375	1.3512	0.0104	0.11	60
R62B	Other Neoplastic Disorders W/O CC	648	2,237	3.45	45.0%	0.8437	0.0952	0.0033	0.7346	0.0107	0.08	70
R63Z	Chemotherapy	207,697	241,009	1.16	60.9%	0.2136	0.0228	0.0026	0.1786	0.0096	0.00	61
R64Z	Radiotherapy	******	******	******	******	******	******	******	******	******	******	******
S60Z	HIV, Sameday	110	110	1.00	95.5%	0.0866	0.0144	0.0000	0.0722	0.0001	0.01	4
S65A	HIV-Related Diseases W Catastrophic CC	------	------	------	------	------	------	------	------	------	------	------
S65B	HIV-Related Diseases W Severe CC	******	******	******	******	******	******	******	******	******	******	******
S65C	HIV-Related Diseases W/O Catastrophic or Severe CC	8	59	7.68	0.0%	2.1983	0.0941	0.0000	2.1042	0.0000	0.76	4
T01A	OR Procedures for Infectious and Parasitic Diseases W Catastrophic CC	870	18,847	21.67	1.3%	7.5836	0.5970	1.1470	5.3172	0.5225	0.25	70
T01B	OR Procedures for Infectious and Parasitic Diseases W Severe or Moderate CC	890	8,422	9.46	5.0%	3.0722	0.4049	0.2051	2.1227	0.3395	0.14	65
T01C	OR Procedures for Infectious and Parasitic Diseases W/O CC	1,347	6,740	5.00	17.0%	1.5473	0.3102	0.0274	1.0817	0.1281	0.09	88
T40Z	Infectious and Parasitic Diseases W Ventilator Support	29	302	10.49	0.0%	5.4639	0.0952	3.2646	2.0846	0.0195	0.84	14
T60A	Septicaemia W Catastrophic CC	1,364	19,382	14.20	2.1%	3.5819	0.0590	0.6721	2.8055	0.0453	0.16	70
T60B	Septicaemia W/O Catastrophic CC	1,981	14,481	7.31	4.9%	1.8134	0.0382	0.0963	1.6451	0.0338	0.28	78
T61A	Postoperative and Post-Traumatic Infections W Catastrophic or Severe CC	805	7,050	8.76	2.4%	1.8789	0.0597	0.1210	1.6803	0.0180	0.08	69
T61B	Postoperative and Post-Traumatic Infections W/O Catastrophic or Severe CC	2,891	15,268	5.28	5.8%	1.0085	0.0319	0.0188	0.9423	0.0155	0.02	89
T62A	Fever of Unknown Origin W CC	1,269	6,952	5.48	4.3%	1.2072	0.0358	0.0424	1.1200	0.0091	0.04	65
T62B	Fever of Unknown Origin W/O CC	1,369	4,155	3.04	7.2%	0.5897	0.0172	0.0115	0.5587	0.0024	0.02	68
T63Z	Viral Illness	2,156	7,923	3.68	6.1%	0.6875	0.0205	0.0220	0.6426	0.0024	0.03	71
T64A	Other Infectious and Parasitic Diseases W Catastrophic CC	435	6,948	15.97	1.8%	3.7840	0.0814	0.3933	3.2946	0.0147	0.24	31
T64B	Other Infectious and Parasitic Diseases W Severe or Moderate CC	669	5,019	7.50	12.1%	1.4426	0.0486	0.0255	1.3598	0.0086	0.06	49
T64C	Other Infectious and Parasitic Diseases W/O CC	434	1,474	3.40	24.9%	0.7563	0.0650	0.0157	0.6392	0.0365	0.04	52
U40Z	Mental Health Treatment, Sameday, W ECT	480	480	1.00	100.0%	0.2220	0.0205	0.0000	0.2015	0.0000	0.01	5
U60Z	Mental Health Treatment, Sameday, W/O ECT	22,670	22,675	1.00	99.8%	0.1078	0.0011	0.0000	0.1067	0.0000	0.00	32
U61A	Schizophrenia Disorders W Mental Health Legal Status	******	******	******	******	******	******	******	******	******	******	******
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	170	3,658	21.57	0.0%	3.0955	0.0223	0.0000	3.0628	0.0104	0.23	11
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Health Legal Status	15	274	18.23	0.0%	3.9027	0.1270	0.0000	2.7322	1.0435	1.84	7
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Health Legal Status	37	554	14.95	0.0%	1.7759	0.0013	0.0000	1.7746	0.0000	0.28	12

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						Total(a)	Oper Rooms & Spec Proc Suites (b)	Critical Care (b)	Misce-llaneous (b)	Prostheses (b)		
U63A	Major Affective Disorders Age >69 or W (Catastrophic or Severe CC)	496	12,438	25.07	0.0%	3.9777	0.0497	0.0229	3.8822	0.0229	0.19	28
U63B	Major Affective Disorders Age <70 W/O Catastrophic or Severe CC	1,797	37,829	21.05	0.0%	2.9516	0.0282	0.0012	2.9222	0.0000	0.08	22
U64Z	Other Affective and Somatoform Disorders	688	12,848	18.67	0.0%	2.3434	0.0226	0.0199	2.2764	0.0244	0.12	50
U65Z	Anxiety Disorders	1,409	6,979	4.95	1.7%	0.9409	0.0401	0.0156	0.8735	0.0117	0.05	67
U66Z	Eating and Obsessive-Compulsive Disorders	273	6,667	24.46	0.0%	2.8352	0.0113	0.0031	2.8207	0.0001	0.24	16
U67Z	Personality Disorders and Acute Reactions	964	18,505	19.19	0.0%	2.5629	0.0578	0.0061	2.2253	0.2738	0.09	36
U68Z	Childhood Mental Disorders	18	66	3.65	0.0%	1.8760	0.0643	0.0080	1.8037	0.0000	0.28	5
V60A	Alcohol Intoxication and Withdrawal W CC	41	247	6.03	14.2%	1.0551	0.0000	0.0103	1.0447	0.0000	0.24	14
V60B	Alcohol Intoxication and Withdrawal W/O CC	122	267	2.19	35.9%	0.3998	0.0049	0.0218	0.3732	0.0000	0.07	19
V61Z	Drug Intoxication and Withdrawal	67	471	7.08	2.4%	1.4559	0.0140	0.1301	1.2352	0.0767	0.21	22
V62A	Alcohol Use Disorder and Dependence	626	11,795	18.84	0.0%	1.8128	0.0154	0.0053	1.7901	0.0019	0.06	19
V62B	Alcohol Use Disorder and Dependence, Sameday	3,956	3,956	1.00	100.0%	0.1008	0.0109	0.0000	0.0899	0.0000	0.00	9
V63Z	Opioid Use Disorder and Dependence	44	416	9.50	14.5%	1.0365	0.0688	0.0759	0.8911	0.0006	0.22	10
V64Z	Other Drug Use Disorder and Dependence	98	559	5.68	55.2%	0.7372	0.0184	0.0382	0.6542	0.0265	0.10	8
W01Z	Ventilation or Cranial Procedures for Multiple Significant Trauma	8	285	35.80	0.0%	16.8981	1.3247	3.6489	7.4965	4.4280	3.87	5
W02A	Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W Cat/Sev CC	49	1,154	23.66	3.4%	9.4928	1.2717	0.7782	5.0570	2.3858	1.49	16
W02B	Hip, Femur & Limb Pr for Mult Signif Trauma, Incl Implantation W/O Cat/Sev CC	27	321	11.80	0.0%	5.3801	0.5713	0.1713	2.9903	1.6472	1.00	12
W03Z	Abdominal Procedures for Multiple Significant Trauma	******	******	******	******	******	******	******	******	******	******	******
W04A	Other OR Procs for Multiple Significant Trauma W Catastrophic or Severe CC	18	576	32.43	0.0%	11.4124	1.5558	0.6639	6.9422	2.2504	3.36	6
W04B	Other OR Procs for Multiple Significant Trauma W/O Catastrophic or Severe CC	15	111	7.52	0.0%	4.5113	0.7108	0.0592	2.1329	1.6083	1.42	8
W60Z	Multiple Trauma, Died or Transferred to Another Acute Care Facility <5 Days	21	46	2.16	0.0%	1.0688	0.1438	0.1311	0.5005	0.2934	0.51	11
W61A	Multiple Trauma W/O Significant Procedures W Catastrophic or Severe CC	62	982	15.79	0.0%	3.3646	0.0057	0.3922	2.9584	0.0083	0.36	18
W61B	Multiple Trauma W/O Significant Procedures W/O Catastrophic or Severe CC	66	721	10.93	0.0%	2.0306	0.0083	0.1160	1.9056	0.0006	0.36	25
X02A	Microvascular Tiss Transfer or (Skin Graft W Cat/Sev CC) for Injuries to Hand	428	872	2.04	28.5%	1.1819	0.5429	0.0050	0.5654	0.0685	0.06	48
X02B	Skin Graft for Injuries to Hand W/O Catastrophic or Severe CC	966	1,327	1.37	34.0%	0.5583	0.2819	0.0018	0.2647	0.0099	0.02	58
X04A	Other Procedures for Injuries to Lower Limb W Catastrophic or Severe CC	243	2,364	9.74	5.3%	2.5971	0.3778	0.0622	1.9021	0.2550	0.19	54
X04B	Other Procedures for Injuries to Lower Limb W/O Catastrophic or Severe CC	1,074	2,594	2.42	29.3%	0.9578	0.2869	0.0123	0.5018	0.1567	0.05	78
X05A	Other Procedures for Injuries to Hand W CC	225	969	4.31	8.8%	1.1252	0.2269	0.0332	0.8546	0.0104	0.08	45
X05B	Other Procedures for Injuries to Hand W/O CC	2,686	3,395	1.26	44.6%	0.4586	0.2317	0.0008	0.2132	0.0128	0.01	75
X06A	Other Procedures for Other Injuries W Catastrophic or Severe CC	1,109	9,313	8.40	6.1%	2.7061	0.4247	0.3556	1.7231	0.2027	0.11	78
X06B	Other Procedures for Other Injuries W/O Catastrophic or Severe CC	6,958	13,380	1.92	23.0%	1.0255	0.3352	0.0167	0.4417	0.2318	0.02	92
X07A	Skin Graft for Injuries Ex Hand W Microvascular Tiss Tfr or W (Cat or Sev CC)	468	5,811	12.41	5.9%	3.3446	0.5462	0.0928	2.6247	0.0809	0.15	55
X07B	Skin Graft for Injuries Ex Hand W/O Microvascular Tiss Tfr W/O Cat or Sev CC	683	3,444	5.04	18.3%	1.4969	0.2956	0.0318	1.1452	0.0243	0.07	69
X40Z	Injuries, Poisoning and Toxic Effects of Drugs W Ventilator Support	12	89	7.68	14.4%	3.6617	0.0158	1.8403	1.8056	0.0000	0.86	6
X60A	Injuries W Catastrophic or Severe CC	1,307	12,321	9.43	3.3%	1.7367	0.0440	0.0686	1.6179	0.0061	0.06	75
X60B	Injuries W/O Catastrophic or Severe CC	2,916	11,165	3.83	17.8%	0.6486	0.0460	0.0131	0.5883	0.0012	0.02	91
X61Z	Allergic Reactions	327	711	2.18	20.3%	0.5149	0.0182	0.1593	0.3367	0.0008	0.05	45
X62A	Poisoning/Toxic Effects of Drugs and Other Substances W Cat or Sev CC	199	1,641	8.26	4.3%	1.6125	0.0154	0.2990	1.2969	0.0012	0.21	39
X62B	Poisoning/Toxic Effects of Drugs and Other Substances W/O Cat or Sev CC	506	1,104	2.18	17.4%	0.4818	0.0056	0.0830	0.3932	0.0000	0.03	50
X63A	Sequelae of Treatment W Catastrophic or Severe CC	965	6,040	6.26	7.6%	1.4813	0.0689	0.0968	1.2657	0.0499	0.06	72
X63B	Sequelae of Treatment W/O Catastrophic or Severe CC	4,911	12,804	2.61	19.1%	0.5700	0.0805	0.0159	0.4585	0.0151	0.02	91
X64A	Other Injury, Poisoning and Toxic Effect Diagnosis W Cat or Sev CC	42	311	7.37	3.8%	1.8028	0.1149	0.2031	1.4768	0.0080	0.34	15
X64B	Other Injury, Poisoning and Toxic Effect Diagnosis W/O Cat or Sev CC	174	378	2.18	19.8%	0.4178	0.0147	0.0467	0.3563	0.0001	0.10	44
Y01Z	Ventilation for Burns and Severe Full Thickness Burns	******	******	******	******	******	******	******	******	******	******	******
Y02A	Other Burns W Skin Graft W CC	12	135	11.22	0.0%	3.5003	0.3862	0.2927	2.8214	0.0000	0.63	5
Y02B	Other Burns W Skin Graft W/O CC	68	240	3.54	30.5%	1.3620	0.3272	0.0060	1.0213	0.0075	0.11	27

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Y03Z	Other OR Procedures for Other Burns	120	373	3.11	38.4%	1.1197	0.2955	0.0001	0.8218	0.0022	0.09	36
Y60Z	Burns, Transferred to Another Acute Care Facility <5 Days	------	------	------	------	------	------	------	------	------	------	------
Y61Z	Severe Burns	******	******	******	******	******	******	******	******	******	******	******
Y62A	Other Burns W CC	38	261	6.86	4.2%	1.2506	0.0017	0.0000	1.2489	0.0000	0.35	17
Y62B	Other Burns W/O CC	77	455	5.94	29.7%	0.8734	0.0133	0.0257	0.8335	0.0010	0.18	27
Z01A	OR Procedures W Diagnoses of Other Contacts W Health Services W Cat/Sev CC	1,182	2,614	2.21	56.6%	1.1727	0.2301	0.0672	0.6265	0.2488	0.12	75
Z01B	OR Procedures W Diagnoses of Other Contacts W Health Services W/O Cat/Sev CC	4,516	5,916	1.31	53.6%	0.6676	0.2289	0.0051	0.2346	0.1989	0.03	92
Z40Z	Endoscopy W Diagnoses of Other Contacts W Health Services, Sameday	78,499	83,555	1.06	69.9%	0.1860	0.1043	0.0012	0.0766	0.0039	0.00	90
Z60A	Rehabilitation W Catastrophic CC	1,853	27,508	14.85	5.4%	2.8630	0.0846	0.0003	2.7777	0.0003	0.14	21
Z60B	Rehabilitation W/O Catastrophic CC	7,354	69,775	9.49	9.5%	1.8231	0.1011	0.0002	1.7210	0.0009	0.06	27
Z60C	Rehabilitation, Sameday	20,588	21,917	1.06	82.4%	0.1051	0.0000	0.0000	0.1051	0.0000	0.00	17
Z61A	Signs and Symptoms	2,852	11,844	4.15	1.3%	1.2648	0.0375	0.0289	1.1971	0.0012	0.03	86
Z61B	Signs and Symptoms, Sameday	3,120	3,264	1.05	67.2%	0.2143	0.1142	0.0010	0.0952	0.0038	0.00	80
Z63A	Other Surgical Follow Up and Medical Care W Catastrophic CC	369	5,071	13.73	3.3%	2.8348	0.0211	0.2967	2.5132	0.0038	0.22	53
Z63B	Other Surgical Follow Up and Medical Care W/O Catastrophic CC	3,319	12,717	3.83	9.0%	0.8523	0.0164	0.0964	0.7385	0.0010	0.04	90
Z64A	Other Factors Influencing Health Status	5,223	11,669	2.23	1.7%	0.7439	0.1070	0.0098	0.5565	0.0707	0.02	88
Z64B	Other Factors Influencing Health Status, Sameday	72,613	84,479	1.16	60.2%	0.1960	0.0621	0.0016	0.1013	0.0311	0.00	92
Z65Z	Congenital Anomalies and Problems Arising from Neonatal Period	35	57	1.64	14.3%	0.6970	0.0110	0.0609	0.6251	0.0000	0.09	5
Total		**2,753,670**	**6,904,289**	**2.51**	**42.1%**	**1.0000**	**0.2051**	**0.0577**	**0.5085**	**0.2287**	**0.00**	**95**

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