

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE
PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

Page 1 OF 15					
MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	S	3,704.63	6,816.76	25,481.34
002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	S	3,792.73	7,044.68	30,765.78
003	ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	S	4,193.28	7,082.97	15,911.76
004	TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	S	3,628.34	6,138.24	10,428.96
005	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	S	3,659.10	7,669.01	26,119.36
006	LIVER TRANSPLANT W/O MCC	S	2,963.56	6,321.24	30,448.90
007	LUNG TRANSPLANT	S	3,480.69	5,935.74	27,873.50
008	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	S	2,923.45	5,761.61	36,127.05
010	PANCREAS TRANSPLANT	S	3,643.00	6,699.98	30,585.77
011	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W MCC	S	3,458.83	6,571.09	11,602.09
012	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W CC	S	3,416.16	6,023.84	12,072.12
013	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES W/O CC/MCC	S	3,158.40	5,822.95	11,779.90
014	ALLOGENEIC BONE MARROW TRANSPLANT	S	5,215.04	6,725.30	14,320.16
016	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	S	4,562.72	5,547.99	9,169.10
017	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	S	3,805.92	5,449.86	8,115.62
020	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	S	3,939.87	8,018.98	19,339.85
021	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	S	4,124.49	7,744.51	16,518.10
022	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	S	3,630.48	6,660.54	19,002.04
023	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	S	3,287.69	6,867.95	15,194.94
024	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	S	3,690.62	7,150.58	21,962.66
025	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	S	3,490.21	7,254.24	15,673.54
026	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	S	3,822.87	7,629.36	19,069.63
027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	S	3,482.37	7,103.96	29,231.63
028	SPINAL PROCEDURES W MCC	S	3,059.08	6,499.56	14,600.42
029	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	S	3,003.84	6,156.55	16,670.88
030	SPINAL PROCEDURES W/O CC/MCC	S	3,039.46	6,081.81	19,876.36
031	VENTRICULAR SHUNT PROCEDURES W MCC	S	3,447.30	6,767.36	11,688.43
032	VENTRICULAR SHUNT PROCEDURES W CC	S	3,336.84	6,459.59	15,252.18
033	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	S	2,923.84	5,485.49	22,626.73
034	CAROTID ARTERY STENT PROCEDURE W MCC	S	2,963.79	5,824.13	18,276.81
035	CAROTID ARTERY STENT PROCEDURE W CC	S	3,395.88	6,320.34	30,031.44
036	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	S	2,843.25	5,239.24	42,810.63
037	EXTRACRANIAL PROCEDURES W MCC	S	2,842.75	5,234.98	13,459.28
038	EXTRACRANIAL PROCEDURES W CC	S	2,992.10	5,358.91	18,933.68
039	EXTRACRANIAL PROCEDURES W/O CC/MCC	S	2,705.92	5,099.16	27,263.27
040	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	S	2,998.71	5,752.10	9,662.24
041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	S	2,992.63	5,610.16	11,173.18
042	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	S	3,488.23	6,073.25	23,050.52
052	SPINAL DISORDERS & INJURIES W CC/MCC	N	2,011.85	5,116.06	4,196.19
053	SPINAL DISORDERS & INJURIES W/O CC/MCC	N	1,460.30	3,295.41	3,562.98
054	NERVOUS SYSTEM NEOPLASMS W MCC	N	3,070.50	5,678.19	7,111.04
055	NERVOUS SYSTEM NEOPLASMS W/O MCC	N	2,575.50	4,544.41	6,457.63
056	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	N	2,603.58	5,214.35	4,152.10
057	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	N	2,731.95	5,205.25	2,277.91
058	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	N	3,174.94	5,561.00	6,782.26
059	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	N	2,982.03	4,714.44	6,384.36
060	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	N	2,898.63	4,700.33	6,229.04
061	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	N	3,267.70	6,257.18	11,991.42
062	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	N	3,447.90	6,638.79	14,806.63
063	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	N	3,543.67	6,736.08	19,116.36
064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	N	2,985.97	5,861.02	7,932.86
065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	N	2,750.53	5,124.15	7,412.03

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Page 2 OF 15					
MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	N	2,585.50	4,720.76	8,574.81
067	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	N	2,426.92	4,409.39	7,801.17
068	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	N	1,907.41	3,335.99	7,097.66
069	TRANSIENT ISCHEMIA	N	2,977.37	5,064.77	10,887.95
070	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	N	2,601.98	4,904.35	6,764.14
071	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	N	2,547.02	4,439.60	5,440.27
072	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	N	2,611.06	4,540.76	7,561.83
073	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	N	2,744.44	4,643.45	6,615.40
074	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	N	2,659.39	4,576.83	6,363.23
075	VIRAL MENINGITIS W CC/MCC	N	2,575.58	4,601.08	7,034.71
076	VIRAL MENINGITIS W/O CC/MCC	N	2,369.33	4,293.15	6,781.85
077	HYPERTENSIVE ENCEPHALOPATHY W MCC	N	2,682.14	5,383.41	7,695.66
078	HYPERTENSIVE ENCEPHALOPATHY W CC	N	2,525.94	4,658.89	6,724.97
079	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	N	2,521.18	4,194.56	7,178.03
080	NONTRAUMATIC STUPOR & COMA W MCC	N	3,030.75	5,714.55	6,802.19
081	NONTRAUMATIC STUPOR & COMA W/O MCC	N	2,499.24	4,571.22	4,964.15
082	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	N	2,736.75	6,397.34	8,661.77
083	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	N	2,914.30	6,265.94	7,107.00
084	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	N	3,012.04	6,612.42	9,048.91
085	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	N	2,954.30	6,165.31	7,210.24
086	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	N	2,948.82	5,938.84	6,484.48
087	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	N	2,593.50	5,453.93	6,582.44
088	CONCUSSION W MCC	N	3,376.01	7,504.87	10,700.81
089	CONCUSSION W CC	N	3,832.04	7,535.77	11,378.64
090	CONCUSSION W/O CC/MCC	N	3,531.19	6,645.45	11,691.15
091	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	N	2,634.54	5,093.06	6,533.25
092	OTHER DISORDERS OF NERVOUS SYSTEM W CC	N	2,871.32	4,962.18	6,266.48
093	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	N	2,605.58	4,383.56	6,939.87
094	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	N	2,755.90	5,363.03	7,674.64
095	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	N	2,787.39	4,936.28	8,748.46
096	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	N	2,591.93	4,740.90	11,741.94
097	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	N	3,113.93	5,566.66	8,679.92
098	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	N	2,921.44	4,812.48	7,016.70
099	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	N	2,759.22	4,136.85	7,152.14
100	SEIZURES W MCC	N	3,010.27	5,571.13	7,861.27
101	SEIZURES W/O MCC	N	3,111.52	4,960.27	7,134.37
102	HEADACHES W MCC	N	2,970.26	5,248.63	8,331.62
103	HEADACHES W/O MCC	N	2,405.71	4,153.88	7,299.18
113	ORBITAL PROCEDURES W CC/MCC	S	3,829.97	7,378.27	13,553.67
114	ORBITAL PROCEDURES W/O CC/MCC	S	3,340.09	6,803.86	16,960.08
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	S	3,386.01	6,326.84	11,189.82
116	INTRAOCULAR PROCEDURES W CC/MCC	S	3,162.90	5,620.87	9,781.72
117	INTRAOCULAR PROCEDURES W/O CC/MCC	S	3,323.02	7,197.02	14,781.20
121	ACUTE MAJOR EYE INFECTIONS W CC/MCC	N	3,079.76	5,158.66	4,918.46
122	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	N	2,530.98	4,899.76	3,780.62
123	NEUROLOGICAL EYE DISORDERS	N	2,999.46	4,653.64	10,132.46
124	OTHER DISORDERS OF THE EYE W MCC	N	3,484.76	5,737.45	7,118.53
125	OTHER DISORDERS OF THE EYE W/O MCC	N	3,144.51	4,937.29	6,059.98
129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	S	3,668.32	6,708.19	18,638.35
130	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	S	3,345.79	5,937.86	21,547.89
131	CRANIAL/FACIAL PROCEDURES W CC/MCC	S	3,847.96	7,496.75	18,459.29
132	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	S	5,023.29	9,361.13	29,725.16

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MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	S	3,082.68	5,885.50	12,192.64
134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	S	3,135.14	5,781.99	17,326.09
135	SINUS & MASTOID PROCEDURES W CC/MCC	S	2,768.18	5,309.42	12,646.44
136	SINUS & MASTOID PROCEDURES W/O CC/MCC	S	3,166.01	5,620.61	19,444.09
137	MOUTH PROCEDURES W CC/MCC	S	2,997.90	6,186.71	9,046.72
138	MOUTH PROCEDURES W/O CC/MCC	S	3,493.74	6,053.29	14,254.92
139	SALIVARY GLAND PROCEDURES	S	3,564.08	5,818.69	23,888.80
146	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	N	2,910.40	5,418.56	6,261.07
147	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	N	3,112.39	5,234.17	6,433.63
148	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	N	2,521.52	4,900.85	6,222.48
149	DYSEQUILIBRIUM	N	3,107.39	4,855.25	8,618.37
150	EPISTAXIS W MCC	N	2,928.32	5,100.92	6,536.75
151	EPISTAXIS W/O MCC	N	2,775.38	4,778.91	5,065.79
152	OTITIS MEDIA & URI W MCC	N	3,129.10	5,115.40	6,395.72
153	OTITIS MEDIA & URI W/O MCC	N	2,671.19	4,340.91	5,247.82
154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	N	2,790.91	5,127.32	6,513.66
155	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	N	2,795.79	4,888.57	6,031.35
156	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	N	2,642.02	4,893.65	5,847.53
157	DENTAL & ORAL DISEASES W MCC	N	2,964.10	5,248.07	6,858.27
158	DENTAL & ORAL DISEASES W CC	N	2,834.81	4,789.90	5,843.34
159	DENTAL & ORAL DISEASES W/O CC/MCC	N	3,191.91	5,512.46	7,187.27
163	MAJOR CHEST PROCEDURES W MCC	S	2,890.16	5,227.80	11,076.22
164	MAJOR CHEST PROCEDURES W CC	S	3,366.68	5,140.53	13,319.26
165	MAJOR CHEST PROCEDURES W/O CC/MCC	S	2,950.60	4,494.01	14,992.62
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	S	2,748.83	4,916.51	8,826.44
167	OTHER RESP SYSTEM O.R. PROCEDURES W CC	S	2,911.34	4,908.71	9,639.31
168	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	S	2,779.54	4,624.39	11,676.29
175	PULMONARY EMBOLISM W MCC	N	2,566.24	4,355.65	6,495.19
176	PULMONARY EMBOLISM W/O MCC	N	2,549.06	4,190.54	6,019.04
177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	N	2,665.82	4,669.13	6,306.34
178	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	N	2,635.61	4,539.85	5,702.34
179	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	N	2,511.18	4,511.15	5,368.32
180	RESPIRATORY NEOPLASMS W MCC	N	2,744.89	4,670.71	7,058.85
181	RESPIRATORY NEOPLASMS W CC	N	2,750.62	4,494.99	6,685.75
182	RESPIRATORY NEOPLASMS W/O CC/MCC	N	1,558.60	2,536.69	4,388.70
183	MAJOR CHEST TRAUMA W MCC	N	2,877.35	5,777.75	6,546.57
184	MAJOR CHEST TRAUMA W CC	N	3,346.45	6,838.14	7,859.68
185	MAJOR CHEST TRAUMA W/O CC/MCC	N	3,001.61	6,130.05	6,900.18
186	PLEURAL EFFUSION W MCC	N	2,585.20	4,345.43	6,598.56
187	PLEURAL EFFUSION W CC	N	2,852.25	4,550.82	6,717.31
188	PLEURAL EFFUSION W/O CC/MCC	N	2,461.84	4,073.90	6,183.78
189	PULMONARY EDEMA & RESPIRATORY FAILURE	N	2,422.32	4,259.25	5,712.25
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	N	2,326.79	4,056.12	5,596.08
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	N	2,292.21	3,935.63	5,374.81
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	N	2,081.74	3,748.69	4,961.99
193	SIMPLE PNEUMONIA & PLEURISY W MCC	N	2,476.53	4,329.13	6,234.35
194	SIMPLE PNEUMONIA & PLEURISY W CC	N	2,380.70	4,117.87	5,368.88
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	N	2,067.90	3,755.24	4,650.69
196	INTERSTITIAL LUNG DISEASE W MCC	N	2,750.63	4,799.85	6,012.75
197	INTERSTITIAL LUNG DISEASE W CC	N	2,738.34	4,556.99	5,850.35
198	INTERSTITIAL LUNG DISEASE W/O CC/MCC	N	2,507.39	4,216.66	5,841.67
199	PNEUMOTHORAX W MCC	N	2,623.98	4,695.29	6,001.53

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MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
200	PNEUMOTHORAX W CC	N	2,653.01	4,617.97	5,883.91
201	PNEUMOTHORAX W/O CC/MCC	N	2,128.27	3,701.79	4,595.27
202	BRONCHITIS & ASTHMA W CC/MCC	N	2,574.56	4,418.95	5,601.21
203	BRONCHITIS & ASTHMA W/O CC/MCC	N	2,317.41	4,070.97	4,837.91
204	RESPIRATORY SIGNS & SYMPTOMS	N	2,679.89	4,346.02	7,326.09
205	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	N	2,812.32	4,923.79	7,055.72
206	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	N	2,953.38	5,008.17	7,458.89
207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	N	2,723.97	5,187.21	8,258.46
208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	N	2,658.88	5,185.03	9,020.96
215	OTHER HEART ASSIST SYSTEM IMPLANT	S	3,000.12	6,472.72	29,311.68
216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	S	3,704.01	6,251.58	20,775.04
217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	S	3,828.44	6,042.73	23,334.50
218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	S	3,750.70	5,949.37	28,129.37
219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	S	3,615.36	6,409.47	22,867.35
220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	S	3,408.80	5,821.83	24,936.98
221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	S	3,091.73	5,165.07	27,741.84
222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	S	3,171.64	5,362.50	22,992.91
223	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	S	3,315.04	4,752.46	33,959.53
224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	S	3,279.53	5,589.80	26,462.45
225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	S	3,334.05	4,862.32	41,947.28
226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	S	3,285.02	5,350.91	26,728.61
227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	S	3,327.28	4,918.82	52,614.36
228	OTHER CARDIOTHORACIC PROCEDURES W MCC	S	3,064.96	5,992.54	20,332.79
229	OTHER CARDIOTHORACIC PROCEDURES W CC	S	3,051.97	5,666.67	24,407.90
230	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	S	3,124.49	5,778.86	37,841.30
231	CORONARY BYPASS W PTCA W MCC	S	2,741.18	5,498.60	24,261.16
232	CORONARY BYPASS W PTCA W/O MCC	S	2,816.91	5,191.28	25,956.04
233	CORONARY BYPASS W CARDIAC CATH W MCC	S	3,035.11	5,583.12	18,982.37
234	CORONARY BYPASS W CARDIAC CATH W/O MCC	S	2,847.32	4,981.21	20,312.36
235	CORONARY BYPASS W/O CARDIAC CATH W MCC	S	3,039.96	5,792.74	18,886.56
236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	S	2,817.07	5,103.72	20,613.81
239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	S	2,843.80	4,965.82	9,074.17
240	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	S	2,774.11	4,425.38	8,401.41
241	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	S	2,002.18	3,435.95	6,921.22
242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	S	3,326.02	5,673.22	16,556.04
243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	S	3,351.38	5,322.61	21,116.00
244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	S	3,038.67	4,797.53	25,652.61
245	AICD GENERATOR PROCEDURES	S	3,318.18	4,942.41	32,500.52
246	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	S	3,330.73	5,743.55	26,350.08
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	S	3,036.46	4,846.41	36,695.01
248	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	S	3,088.01	5,520.56	19,836.25
249	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	S	3,029.13	5,077.18	30,276.21
250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	S	3,544.00	6,118.10	19,153.04
251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	S	3,244.31	5,233.58	29,634.24
252	OTHER VASCULAR PROCEDURES W MCC	S	2,951.57	5,072.65	13,025.07
253	OTHER VASCULAR PROCEDURES W CC	S	3,098.50	4,924.24	16,285.85
254	OTHER VASCULAR PROCEDURES W/O CC/MCC	S	2,748.25	4,481.89	22,153.48
255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	S	2,810.79	4,560.71	7,646.83
256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	S	2,788.57	4,277.67	6,915.17
257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	S	2,387.92	3,867.77	6,835.46
258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	S	3,183.67	5,058.12	13,363.21
259	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	S	3,347.35	4,802.53	18,919.65

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE
PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

Page 5 OF 15					
MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	S	3,036.78	5,255.77	10,520.68
261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	S	3,039.27	4,877.77	14,270.00
262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	S	3,145.91	5,038.67	18,913.38
263	VEIN LIGATION & STRIPPING	S	2,926.63	4,916.89	10,026.56
264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	S	2,859.07	4,934.43	8,691.13
265	AICD LEAD PROCEDURES	S	2,797.27	4,496.71	21,550.81
266	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W MCC	S	4,417.52	7,353.15	28,639.78
267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W/O MCC	S	4,055.56	7,241.55	42,419.48
268	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	S	768.24	1,424.29	23,567.86
269	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	S	652.86	1,104.30	45,933.01
270	OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	S	779.41	1,458.10	19,336.57
271	OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	S	653.81	1,115.57	17,763.22
272	OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	S	633.18	1,081.11	25,566.33
273	PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	S	952.30	1,580.47	20,168.67
274	PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	S	1,017.90	1,528.26	39,604.31
280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	N	3,078.95	5,321.64	8,043.37
281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	N	3,395.78	5,557.51	9,875.85
282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	N	3,314.10	5,449.84	12,500.93
283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	N	3,783.43	7,331.25	13,109.35
284	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	N	2,649.72	5,129.77	8,989.63
285	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	N	2,565.36	5,743.36	10,807.45
286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	N	3,128.50	5,276.13	10,092.80
287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	N	2,982.64	4,603.30	13,642.13
288	ACUTE & SUBACUTE ENDOCARDITIS W MCC	N	2,683.22	4,852.89	5,497.48
289	ACUTE & SUBACUTE ENDOCARDITIS W CC	N	2,829.20	4,374.35	4,766.00
290	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	N	2,670.68	4,604.73	4,937.27
291	HEART FAILURE & SHOCK W MCC	N	2,644.29	4,561.03	5,909.76
292	HEART FAILURE & SHOCK W CC	N	2,650.72	4,365.54	4,888.84
293	HEART FAILURE & SHOCK W/O CC/MCC	N	2,395.67	4,116.24	4,741.14
294	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	N	2,484.16	5,047.84	5,063.10
295	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	N	2,078.53	4,375.91	3,176.82
296	CARDIAC ARREST, UNEXPLAINED W MCC	N	3,229.92	6,212.24	14,971.17
297	CARDIAC ARREST, UNEXPLAINED W CC	N	2,417.74	4,860.89	10,273.34
298	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	N	2,068.43	4,378.27	7,916.75
299	PERIPHERAL VASCULAR DISORDERS W MCC	N	2,813.81	4,947.72	6,090.30
300	PERIPHERAL VASCULAR DISORDERS W CC	N	2,739.39	4,690.20	5,093.52
301	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	N	2,513.43	4,481.18	4,809.10
302	ATHEROSCLEROSIS W MCC	N	2,900.83	5,115.57	7,021.60
303	ATHEROSCLEROSIS W/O MCC	N	3,146.21	5,349.64	8,090.88
304	HYPERTENSION W MCC	N	2,677.10	4,563.99	6,320.25
305	HYPERTENSION W/O MCC	N	2,739.69	4,352.30	6,737.47
306	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	N	3,594.05	5,958.82	6,491.87
307	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	N	3,085.94	5,077.18	6,000.93
308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	N	2,840.30	4,655.06	6,159.70
309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	N	2,858.08	4,515.82	6,011.13
310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	N	2,737.80	4,292.34	6,226.54
311	ANGINA PECTORIS	N	2,827.62	4,542.81	7,691.74
312	SYNCOPE & COLLAPSE	N	3,094.52	4,899.85	7,743.28
313	CHEST PAIN	N	3,130.72	4,749.83	9,780.95
314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	N	2,825.55	5,053.80	7,342.76
315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	N	2,844.67	4,835.92	6,652.97
316	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	N	2,909.14	4,890.78	7,777.81

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE
PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

Page 6 OF 15					
MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
326	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	S	2,873.68	5,502.30	11,239.91
327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	S	3,127.62	5,763.43	12,248.56
328	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	S	2,896.38	5,286.91	17,361.23
329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	S	2,594.44	5,032.02	9,856.90
330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	S	2,742.60	4,820.14	9,764.06
331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	S	2,654.43	4,548.07	12,003.16
332	RECTAL RESECTION W MCC	S	2,805.45	5,350.09	10,894.73
333	RECTAL RESECTION W CC	S	2,892.39	5,000.75	11,359.10
334	RECTAL RESECTION W/O CC/MCC	S	2,760.23	4,664.31	13,209.48
335	PERITONEAL ADHESIOLYSIS W MCC	S	2,735.63	5,224.93	9,698.51
336	PERITONEAL ADHESIOLYSIS W CC	S	2,674.00	4,789.42	8,764.97
337	PERITONEAL ADHESIOLYSIS W/O CC/MCC	S	2,674.30	4,777.95	10,754.29
338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	S	2,411.65	4,664.28	9,322.42
339	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	S	2,565.84	4,436.48	9,554.50
340	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	S	2,593.12	4,448.96	11,807.65
341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	S	2,739.51	4,699.67	11,862.25
342	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	S	2,835.58	4,916.47	15,076.77
343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	S	2,970.51	4,838.95	21,729.89
344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	S	2,805.64	5,171.38	8,813.88
345	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	S	2,778.21	4,645.22	8,220.45
346	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	S	2,540.45	4,082.93	9,132.57
347	ANAL & STOMAL PROCEDURES W MCC	S	2,533.32	4,786.81	8,347.28
348	ANAL & STOMAL PROCEDURES W CC	S	2,725.72	4,601.03	8,942.51
349	ANAL & STOMAL PROCEDURES W/O CC/MCC	S	2,588.22	4,607.56	10,765.13
350	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	S	2,774.88	5,032.16	10,109.54
351	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	S	3,261.67	5,499.26	12,418.50
352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	S	3,270.95	5,219.23	16,165.58
353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	S	2,627.28	5,069.77	11,321.66
354	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	S	2,737.33	4,869.29	12,123.37
355	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	S	2,719.56	4,504.73	14,945.99
356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	S	2,783.71	5,087.51	9,119.99
357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	S	2,801.86	4,861.80	9,840.86
358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	S	2,649.75	4,952.48	12,379.28
368	MAJOR ESOPHAGEAL DISORDERS W MCC	N	2,551.81	4,834.28	7,482.12
369	MAJOR ESOPHAGEAL DISORDERS W CC	N	2,710.13	4,748.18	7,157.48
370	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	N	2,630.38	4,450.21	7,361.43
371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	N	2,793.98	4,694.61	5,634.12
372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	N	2,711.26	4,373.47	4,741.97
373	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	N	2,608.70	4,180.77	4,542.51
374	DIGESTIVE MALIGNANCY W MCC	N	3,052.95	5,202.02	6,646.10
375	DIGESTIVE MALIGNANCY W CC	N	2,865.14	4,672.86	6,191.96
376	DIGESTIVE MALIGNANCY W/O CC/MCC	N	2,005.14	3,040.95	5,345.46
377	G.I. HEMORRHAGE W MCC	N	2,834.63	5,157.76	7,721.81
378	G.I. HEMORRHAGE W CC	N	2,725.37	4,823.24	7,034.34
379	G.I. HEMORRHAGE W/O CC/MCC	N	2,674.91	4,645.56	6,649.57
380	COMPLICATED PEPTIC ULCER W MCC	N	2,667.03	4,942.09	7,202.69
381	COMPLICATED PEPTIC ULCER W CC	N	2,500.15	4,441.02	6,551.87
382	COMPLICATED PEPTIC ULCER W/O CC/MCC	N	2,470.76	4,334.24	7,193.39
383	UNCOMPLICATED PEPTIC ULCER W MCC	N	2,663.70	4,576.40	7,732.82
384	UNCOMPLICATED PEPTIC ULCER W/O MCC	N	2,550.39	4,120.17	7,902.41
385	INFLAMMATORY BOWEL DISEASE W MCC	N	2,759.70	4,805.77	6,023.56
386	INFLAMMATORY BOWEL DISEASE W CC	N	2,588.36	4,373.83	5,505.09

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE
PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

Page 7 OF 15					
MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
387	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	N	2,477.18	4,099.59	5,534.85
388	G.I. OBSTRUCTION W MCC	N	2,587.20	4,566.26	5,863.34
389	G.I. OBSTRUCTION W CC	N	2,537.69	4,305.53	5,059.70
390	G.I. OBSTRUCTION W/O CC/MCC	N	2,501.40	4,152.21	4,993.77
391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	N	2,567.48	4,396.36	6,233.58
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	N	2,486.57	4,108.51	6,045.11
393	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	N	2,810.28	4,908.33	6,489.70
394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	N	2,711.56	4,561.48	5,954.36
395	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	N	2,989.48	4,849.95	7,075.55
405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	S	3,196.75	6,350.07	12,561.04
406	PANCREAS, LIVER & SHUNT PROCEDURES W CC	S	3,494.17	6,373.29	13,536.30
407	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	S	3,502.49	6,151.65	15,370.79
408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	S	2,675.16	5,136.59	9,664.26
409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	S	2,934.90	5,191.05	10,355.99
410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	S	2,844.00	4,908.07	10,746.90
411	CHOLECYSTECTOMY W C.D.E. W MCC	S	2,579.36	5,025.21	11,086.86
412	CHOLECYSTECTOMY W C.D.E. W CC	S	2,755.99	4,726.62	11,162.05
413	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	S	2,567.83	4,527.78	12,850.26
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	S	2,620.75	5,081.79	10,442.77
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	S	2,644.15	4,723.62	10,455.76
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	S	2,537.04	4,369.62	11,605.78
417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	S	2,664.12	4,876.66	11,870.85
418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	S	2,747.45	4,572.77	13,312.56
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	S	2,742.04	4,431.58	16,317.86
420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	S	3,055.36	6,046.69	10,781.15
421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	S	2,998.31	5,600.06	10,740.99
422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	S	3,062.39	5,154.13	14,168.00
423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	S	3,099.61	5,793.08	9,526.76
424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	S	2,903.59	4,743.47	8,632.79
425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	S	2,987.82	5,011.82	11,465.69
432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	N	2,846.43	5,236.15	7,509.04
433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	N	2,628.42	4,247.01	6,289.85
434	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	N	2,757.89	4,917.36	6,791.27
435	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC	N	3,048.07	5,211.52	7,711.30
436	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC	N	2,897.25	4,678.60	6,886.18
437	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC	N	2,060.68	3,154.16	6,495.81
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	N	2,542.47	4,652.15	6,904.69
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	N	2,378.76	4,013.67	5,601.32
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	N	2,253.82	3,779.19	5,663.72
441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	N	2,971.17	5,497.90	7,498.14
442	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	N	2,857.11	4,687.81	5,975.17
443	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	N	2,869.40	4,686.25	6,402.92
444	DISORDERS OF THE BILIARY TRACT W MCC	N	2,915.51	5,144.43	7,896.55
445	DISORDERS OF THE BILIARY TRACT W CC	N	2,959.42	4,825.29	8,215.50
446	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	N	2,886.73	4,543.02	8,808.56
453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	S	3,574.04	7,300.04	37,078.71
454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	S	3,298.76	6,549.62	51,310.22
455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	S	2,974.19	5,479.64	63,606.06
456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	S	3,500.08	7,069.44	30,259.22
457	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	S	3,149.62	6,586.17	38,458.77
458	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	S	2,726.76	5,554.28	48,197.97
459	SPINAL FUSION EXCEPT CERVICAL W MCC	S	2,749.90	5,710.45	25,544.83

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PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

Page 8 OF 15					
MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	S	2,642.99	5,128.51	40,349.89
461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	S	2,619.99	5,263.93	20,011.70
462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	S	2,872.36	4,080.46	31,180.03
463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	S	3,183.11	6,082.25	8,984.83
464	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	S	3,068.20	5,771.87	11,768.17
465	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	S	3,423.23	6,293.45	16,143.90
466	REVISION OF HIP OR KNEE REPLACEMENT W MCC	S	2,856.89	5,636.76	18,910.97
467	REVISION OF HIP OR KNEE REPLACEMENT W CC	S	2,713.01	4,803.15	26,839.78
468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	S	2,798.23	4,645.52	31,770.66
469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	S	3,011.14	5,798.29	16,302.64
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	S	2,689.83	4,569.93	23,440.73
471	CERVICAL SPINAL FUSION W MCC	S	3,080.90	6,534.48	20,269.87
472	CERVICAL SPINAL FUSION W CC	S	3,365.87	6,712.49	36,487.05
473	CERVICAL SPINAL FUSION W/O CC/MCC	S	2,681.50	5,455.77	48,948.62
474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	S	2,601.46	4,741.58	7,971.35
475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	S	2,980.62	4,918.79	8,744.03
476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	S	3,082.50	5,044.50	11,788.99
477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	S	2,772.47	4,733.48	8,769.32
478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	S	2,758.73	4,339.60	10,809.11
479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	S	2,718.20	4,396.23	14,763.19
480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	S	2,850.94	5,441.30	11,978.61
481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	S	2,824.65	4,873.62	13,115.85
482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	S	3,068.67	5,208.33	14,701.69
483	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	S	2,791.62	5,194.59	37,595.57
485	KNEE PROCEDURES W PDX OF INFECTION W MCC	S	2,598.93	5,038.06	9,494.62
486	KNEE PROCEDURES W PDX OF INFECTION W CC	S	2,581.39	4,386.54	10,005.50
487	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	S	2,322.19	3,905.88	9,783.68
488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	S	2,702.95	5,166.82	14,407.90
489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	S	3,068.37	5,237.21	21,044.54
492	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC	S	2,872.39	5,621.96	14,024.79
493	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC	S	2,903.11	4,949.93	16,168.15
494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	S	2,920.17	4,737.07	18,925.97
495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	S	3,044.81	5,865.91	9,140.38
496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	S	3,041.55	5,275.11	12,396.97
497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	S	3,144.64	5,767.12	19,812.48
498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	S	2,685.40	5,292.20	10,138.19
499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	S	3,404.97	4,916.61	18,278.54
500	SOFT TISSUE PROCEDURES W MCC	S	2,868.80	5,527.93	7,898.09
501	SOFT TISSUE PROCEDURES W CC	S	2,898.45	4,973.38	9,384.42
502	SOFT TISSUE PROCEDURES W/O CC/MCC	S	3,174.26	5,083.69	15,366.17
503	FOOT PROCEDURES W MCC	S	2,921.25	4,976.51	8,309.59
504	FOOT PROCEDURES W CC	S	3,075.60	4,893.21	9,155.49
505	FOOT PROCEDURES W/O CC/MCC	S	3,532.18	5,628.42	16,575.21
506	MAJOR THUMB OR JOINT PROCEDURES	S	3,022.30	4,653.30	10,295.43
507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	S	2,817.52	4,943.91	11,816.67
508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	S	3,036.49	5,385.70	24,918.24
509	ARTHROSCOPY	S	2,860.92	4,801.27	11,839.96
510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	S	3,264.24	6,286.23	16,116.74
511	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	S	3,185.13	5,544.47	17,512.16
512	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	S	2,968.47	4,866.23	21,704.34
513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	S	3,079.40	5,586.29	10,594.03
514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	S	3,002.18	5,063.23	12,990.03

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE
PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

Page 9 OF 15					
MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	S	3,154.06	6,026.64	12,040.36
516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	S	3,037.28	5,591.27	14,725.18
517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	S	3,138.07	5,690.16	22,579.59
518	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	S	3,168.58	6,086.11	18,350.48
519	BACK & NECK PROC EXC SPINAL FUSION W CC	S	3,172.69	5,796.47	16,818.57
520	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	S	3,029.46	5,167.51	21,905.15
533	FRACTURES OF FEMUR W MCC	N	2,440.71	4,404.46	5,532.87
534	FRACTURES OF FEMUR W/O MCC	N	2,572.65	4,497.28	4,397.95
535	FRACTURES OF HIP & PELVIS W MCC	N	2,536.85	4,776.66	5,509.18
536	FRACTURES OF HIP & PELVIS W/O MCC	N	2,342.72	4,476.44	3,862.12
537	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	N	2,836.53	4,744.54	5,732.56
538	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	N	2,522.51	4,513.21	4,875.85
539	OSTEOMYELITIS W MCC	N	2,693.58	4,212.35	3,970.48
540	OSTEOMYELITIS W CC	N	2,621.78	4,075.71	3,937.56
541	OSTEOMYELITIS W/O CC/MCC	N	2,118.08	3,354.97	3,259.22
542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	N	3,297.99	5,571.78	7,073.63
543	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	N	3,196.56	5,037.68	6,210.18
544	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	N	2,993.10	5,028.79	5,381.92
545	CONNECTIVE TISSUE DISORDERS W MCC	N	3,391.81	6,245.96	8,696.49
546	CONNECTIVE TISSUE DISORDERS W CC	N	3,107.20	5,211.43	6,854.48
547	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	N	3,284.32	5,469.61	7,262.49
548	SEPTIC ARTHRITIS W MCC	N	2,466.81	4,047.98	4,312.81
549	SEPTIC ARTHRITIS W CC	N	2,930.06	4,852.22	4,897.27
550	SEPTIC ARTHRITIS W/O CC/MCC	N	2,539.22	4,317.65	4,517.15
551	MEDICAL BACK PROBLEMS W MCC	N	2,711.68	5,322.61	6,468.41
552	MEDICAL BACK PROBLEMS W/O MCC	N	3,054.07	5,620.83	6,509.55
553	BONE DISEASES & ARTHROPATHIES W MCC	N	2,694.70	4,587.42	5,948.18
554	BONE DISEASES & ARTHROPATHIES W/O MCC	N	2,560.61	4,843.88	3,664.50
555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	N	2,751.71	4,708.04	6,517.75
556	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	N	2,534.98	4,197.16	5,641.06
557	TENDONITIS, MYOSITIS & BURSITIS W MCC	N	2,435.58	4,098.88	5,127.53
558	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	N	2,481.89	4,064.43	4,692.29
559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	N	2,367.95	4,149.82	3,891.97
560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	N	2,391.77	4,114.90	3,749.13
561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	N	1,654.32	2,831.22	3,251.21
562	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	N	2,578.60	4,678.33	5,826.74
563	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	N	3,064.12	5,246.08	5,745.09
564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	N	2,774.87	4,864.30	5,362.09
565	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	N	2,677.04	4,734.08	4,913.27
566	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	N	2,079.69	3,647.62	4,078.51
570	SKIN DEBRIDEMENT W MCC	S	2,664.21	4,457.68	4,772.01
571	SKIN DEBRIDEMENT W CC	S	2,745.08	4,578.49	6,004.49
572	SKIN DEBRIDEMENT W/O CC/MCC	S	2,376.96	4,134.64	6,289.80
573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	S	2,681.80	4,994.00	5,906.88
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	S	3,214.58	5,623.45	7,057.08
575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	S	2,563.80	4,363.58	6,530.30
576	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	S	3,504.47	7,616.57	11,831.48
577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	S	4,223.01	8,296.17	16,120.80
578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	S	4,634.12	8,749.57	21,707.06
579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	S	2,783.36	5,088.76	6,736.84
580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	S	3,510.15	6,150.45	12,213.05
581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	S	3,963.31	7,186.00	22,761.00

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE
PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

Page 10 OF 15					
MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
582	MASTECTOMY FOR MALIGNANCY W CC/MCC	S	3,758.49	7,017.25	24,080.37
583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	S	3,439.64	6,269.58	30,188.45
584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	S	3,616.12	6,703.27	15,913.52
585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	S	3,446.91	7,665.14	27,870.48
592	SKIN ULCERS W MCC	N	2,570.24	4,136.36	3,511.52
593	SKIN ULCERS W CC	N	2,538.80	3,916.49	3,603.65
594	SKIN ULCERS W/O CC/MCC	N	1,952.38	3,223.82	2,718.48
595	MAJOR SKIN DISORDERS W MCC	N	3,037.60	6,431.95	6,565.01
596	MAJOR SKIN DISORDERS W/O MCC	N	2,826.50	5,520.61	4,468.03
597	MALIGNANT BREAST DISORDERS W MCC	N	2,726.87	4,820.68	5,787.93
598	MALIGNANT BREAST DISORDERS W CC	N	2,740.24	4,681.52	5,170.90
599	MALIGNANT BREAST DISORDERS W/O CC/MCC	N	2,803.42	3,665.81	4,394.93
600	NON-MALIGNANT BREAST DISORDERS W CC/MCC	N	2,493.63	4,123.21	4,843.77
601	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	N	2,822.09	4,795.64	5,072.83
602	CELLULITIS W MCC	N	2,579.62	4,323.34	5,072.40
603	CELLULITIS W/O MCC	N	2,478.51	4,006.70	4,116.82
604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	N	2,909.11	5,166.60	6,931.93
605	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	N	3,220.42	5,548.89	7,327.16
606	MINOR SKIN DISORDERS W MCC	N	2,746.95	4,954.71	5,104.39
607	MINOR SKIN DISORDERS W/O MCC	N	2,865.96	4,867.20	4,503.00
614	ADRENAL & PITUITARY PROCEDURES W CC/MCC	S	3,520.33	6,932.88	17,589.65
615	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	S	3,234.49	6,235.64	24,214.78
616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	S	2,631.05	4,618.51	7,693.59
617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	S	2,609.73	4,199.04	7,428.86
618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	S	2,276.84	3,743.26	6,278.24
619	O.R. PROCEDURES FOR OBESITY W MCC	S	2,795.86	5,558.80	18,087.47
620	O.R. PROCEDURES FOR OBESITY W CC	S	3,060.53	5,773.16	26,271.82
621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	S	2,743.18	4,758.58	31,860.50
622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	S	2,971.14	4,902.64	6,099.72
623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	S	3,161.31	5,096.38	6,691.39
624	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	S	4,255.21	9,314.99	11,524.78
625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	S	3,053.50	5,662.55	12,497.54
626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	S	3,482.36	6,132.96	20,076.67
627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	S	3,155.81	5,222.23	26,928.60
628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	S	2,810.95	4,957.48	9,142.64
629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	S	3,063.61	4,862.93	8,687.14
630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	S	2,974.74	4,680.64	12,879.81
637	DIABETES W MCC	N	2,680.65	4,864.72	5,963.72
638	DIABETES W CC	N	2,713.83	4,637.63	4,996.81
639	DIABETES W/O CC/MCC	N	2,657.78	4,455.53	4,973.64
640	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	N	2,709.26	4,666.20	5,854.06
641	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC	N	2,525.68	4,290.17	4,824.01
642	INBORN AND OTHER DISORDERS OF METABOLISM	N	2,534.43	4,604.35	7,623.58
643	ENDOCRINE DISORDERS W MCC	N	2,874.49	5,030.89	5,872.97
644	ENDOCRINE DISORDERS W CC	N	2,955.22	4,783.57	5,340.02
645	ENDOCRINE DISORDERS W/O CC/MCC	N	3,160.82	5,257.95	6,024.90
652	KIDNEY TRANSPLANT	S	3,642.31	7,306.49	40,270.45
653	MAJOR BLADDER PROCEDURES W MCC	S	3,179.36	5,851.06	11,840.48
654	MAJOR BLADDER PROCEDURES W CC	S	3,058.89	5,372.27	12,358.85
655	MAJOR BLADDER PROCEDURES W/O CC/MCC	S	3,262.33	5,878.59	15,651.26
656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	S	2,937.65	5,629.87	13,183.74
657	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	S	3,055.55	5,578.28	15,186.28

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PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

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MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	S	2,949.76	5,303.81	20,834.51
659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	S	3,342.88	6,013.51	10,474.46
660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	S	3,556.51	6,038.75	13,478.50
661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	S	2,977.79	5,252.61	21,100.75
662	MINOR BLADDER PROCEDURES W MCC	S	2,693.15	4,814.54	8,045.65
663	MINOR BLADDER PROCEDURES W CC	S	2,849.90	4,761.66	9,580.53
664	MINOR BLADDER PROCEDURES W/O CC/MCC	S	2,664.84	3,996.56	18,352.57
665	PROSTATECTOMY W MCC	S	2,854.43	4,863.35	7,636.82
666	PROSTATECTOMY W CC	S	3,060.57	4,683.39	8,836.58
667	PROSTATECTOMY W/O CC/MCC	S	3,259.95	4,777.75	13,142.21
668	TRANSURETHRAL PROCEDURES W MCC	S	2,905.72	5,055.68	8,715.74
669	TRANSURETHRAL PROCEDURES W CC	S	3,166.91	5,278.62	11,999.53
670	TRANSURETHRAL PROCEDURES W/O CC/MCC	S	3,114.82	4,758.60	13,334.85
671	URETHRAL PROCEDURES W CC/MCC	S	3,135.86	5,514.75	11,140.15
672	URETHRAL PROCEDURES W/O CC/MCC	S	3,634.50	5,442.69	18,103.10
673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	S	2,966.70	4,996.97	9,266.31
674	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	S	2,868.14	4,809.70	9,941.90
675	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	S	2,587.43	4,000.89	18,116.56
682	RENAL FAILURE W MCC	N	2,611.36	4,542.18	6,042.27
683	RENAL FAILURE W CC	N	2,543.21	4,249.82	5,188.24
684	RENAL FAILURE W/O CC/MCC	N	2,414.93	4,111.74	5,057.97
685	ADMIT FOR RENAL DIALYSIS	N	2,489.53	3,911.69	6,750.44
686	KIDNEY & URINARY TRACT NEOPLASMS W MCC	N	2,897.59	5,480.35	6,339.96
687	KIDNEY & URINARY TRACT NEOPLASMS W CC	N	3,096.90	4,838.24	6,566.06
688	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	N	2,829.75	4,366.72	7,699.54
689	KIDNEY & URINARY TRACT INFECTIONS W MCC	N	2,580.25	4,381.52	5,102.67
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	N	2,533.14	4,236.40	4,865.88
691	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	N	2,496.71	4,334.62	14,715.71
692	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	N	2,121.09	3,922.69	17,079.46
693	URINARY STONES W/O ESW LITHOTRIPSY W MCC	N	2,611.23	4,672.82	7,792.43
694	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	N	2,634.39	4,353.38	9,884.37
695	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	N	2,937.12	4,884.87	5,960.73
696	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	N	3,007.49	4,752.55	5,450.61
697	URETHRAL STRICTURE	N	2,955.91	5,054.90	8,267.47
698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	N	3,057.80	5,265.88	6,288.75
699	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	N	3,009.42	4,835.57	6,394.03
700	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	N	2,971.37	4,756.03	6,385.14
707	MAJOR MALE PELVIC PROCEDURES W CC/MCC	S	3,143.43	5,882.62	20,815.52
708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	S	2,869.43	4,755.00	37,095.22
709	PENIS PROCEDURES W CC/MCC	S	3,011.63	5,663.20	11,080.16
710	PENIS PROCEDURES W/O CC/MCC	S	2,849.51	4,364.56	25,492.78
711	TESTES PROCEDURES W CC/MCC	S	2,832.60	5,288.63	9,057.34
712	TESTES PROCEDURES W/O CC/MCC	S	3,276.77	5,728.60	12,777.16
713	TRANSURETHRAL PROSTATECTOMY W CC/MCC	S	2,737.51	4,728.58	9,958.27
714	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	S	3,175.49	4,790.76	15,747.35
715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	S	2,869.13	4,935.49	9,550.98
716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	S	3,804.19	5,361.35	33,153.76
717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	S	2,801.47	4,742.66	7,719.64
718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	S	2,807.98	4,587.72	10,223.28
722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	N	3,088.54	4,818.11	5,414.10
723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	N	2,893.18	4,539.03	5,396.66
724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	N	2,376.06	3,566.69	6,050.20

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE
PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

Page 12 OF 15					
MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
725	BENIGN PROSTATIC HYPERTROPHY W MCC	N	2,857.13	4,340.53	5,208.35
726	BENIGN PROSTATIC HYPERTROPHY W/O MCC	N	3,356.17	5,321.22	6,168.40
727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	N	2,673.89	4,626.15	5,711.42
728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	N	2,495.25	4,185.42	4,896.46
729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	N	2,631.60	4,391.57	5,184.70
730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	N	2,522.60	4,113.46	6,019.53
734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	S	3,736.27	7,431.70	15,518.17
735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	S	3,338.69	5,490.37	24,712.46
736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	S	3,124.04	6,343.09	11,882.55
737	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	S	3,147.88	6,136.67	12,565.31
738	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	S	3,236.30	5,030.72	16,833.69
739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	S	3,501.35	6,763.55	13,404.48
740	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	S	3,511.27	6,457.31	17,440.76
741	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	S	3,291.68	5,582.04	25,029.39
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	S	2,853.02	5,640.53	15,476.49
743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	S	2,650.41	5,049.74	20,997.96
744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	S	3,391.02	5,868.84	10,522.25
745	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	S	3,124.41	5,027.71	17,098.58
746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	S	2,883.45	5,098.93	11,261.21
747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	S	2,755.81	4,479.02	20,457.14
748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	S	2,733.45	5,330.37	23,934.39
749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	S	3,176.94	5,838.59	10,577.50
750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	S	3,003.80	4,830.77	17,104.24
754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	N	2,750.76	4,897.88	5,834.02
755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	N	2,742.60	4,599.06	5,460.87
756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	N	2,190.15	3,879.84	4,641.50
757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	N	2,469.29	4,130.47	5,361.35
758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	N	2,569.51	4,103.69	5,122.31
759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	N	2,509.86	4,177.89	4,995.49
760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	N	3,220.45	5,463.12	7,165.80
761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	N	3,839.77	6,017.79	8,944.10
765	CESAREAN SECTION W CC/MCC	S	2,670.73	5,290.26	6,283.21
766	CESAREAN SECTION W/O CC/MCC	S	2,514.04	4,534.50	6,800.43
767	VAGINAL DELIVERY W STERILIZATION &/OR D&C	S	2,658.47	4,694.63	8,211.97
768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	S	4,003.80	7,748.08	8,200.91
769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	S	2,363.34	4,896.81	11,673.93
770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	S	3,206.29	5,601.39	12,225.54
774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	N	2,676.37	4,999.54	5,438.57
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	N	2,573.93	5,225.61	5,479.85
776	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	N	2,705.63	5,198.89	4,445.16
777	ECTOPIC PREGNANCY	N	2,866.64	5,744.58	16,022.52
778	THREATENED ABORTION	N	2,580.92	4,227.84	3,082.86
779	ABORTION W/O D&C	N	3,073.73	5,569.11	7,811.89
780	FALSE LABOR	N	2,125.29	3,987.65	4,285.50
781	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	N	2,971.47	5,294.22	3,651.52
782	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	N	2,492.91	4,584.68	4,513.15
789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	N	4,252.40	7,899.84	9,032.92
790	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	N	3,177.58	5,903.10	6,749.79
791	PREMATURITY W MAJOR PROBLEMS	N	2,553.03	4,742.87	5,423.14
792	PREMATURITY W/O MAJOR PROBLEMS	N	1,884.42	3,500.73	4,002.85
793	FULL TERM NEONATE W MAJOR PROBLEMS	N	2,079.12	3,862.45	4,416.45
794	NEONATE W OTHER SIGNIFICANT PROBLEMS	N	1,116.49	2,074.13	2,371.64

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE
PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

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MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
795	NORMAL NEWBORN	N	789.22	1,466.16	1,676.46
799	SPLENECTOMY W MCC	S	2,683.41	5,473.04	13,170.34
800	SPLENECTOMY W CC	S	2,909.87	5,141.08	14,327.01
801	SPLENECTOMY W/O CC/MCC	S	2,545.82	4,585.48	18,027.80
802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	S	2,967.47	5,130.82	9,798.04
803	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	S	3,133.36	5,376.57	11,191.87
804	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	S	2,811.65	4,705.42	14,725.05
808	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	N	3,027.20	5,145.12	8,421.85
809	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	N	2,816.13	4,438.40	7,096.12
810	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	N	2,728.55	4,343.61	7,828.36
811	RED BLOOD CELL DISORDERS W MCC	N	2,824.02	4,719.78	7,112.12
812	RED BLOOD CELL DISORDERS W/O MCC	N	2,580.68	4,193.36	6,049.94
813	COAGULATION DISORDERS	N	2,932.80	5,067.69	14,923.95
814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	N	3,132.35	5,440.27	7,710.51
815	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	N	2,778.04	4,887.58	6,848.73
816	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	N	2,490.30	4,350.26	6,654.67
820	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	S	3,519.97	6,465.65	12,591.97
821	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	S	3,403.78	5,606.66	13,539.77
822	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	S	3,360.76	5,910.48	20,023.01
823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	S	3,531.97	5,899.99	10,792.29
824	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	S	3,235.77	5,080.93	10,900.80
825	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	S	3,210.87	5,010.39	14,503.19
826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	S	3,172.88	6,365.66	11,961.90
827	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	S	3,319.63	6,181.73	12,518.62
828	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	S	3,198.08	5,617.14	15,958.60
829	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC	S	3,334.35	5,568.21	10,992.28
830	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC	S	3,693.25	6,075.81	17,277.07
834	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	N	3,755.76	5,974.20	10,557.05
835	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	N	3,445.12	4,869.85	8,950.65
836	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	N	3,792.41	5,390.90	10,287.94
837	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	N	3,509.60	5,131.12	9,066.29
838	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	N	3,558.15	5,239.25	10,530.61
839	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	N	3,268.69	4,039.71	7,044.03
840	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	N	3,370.67	5,656.15	9,269.06
841	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	N	3,091.09	4,806.78	7,914.65
842	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	N	2,760.22	4,496.71	8,479.98
843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	N	2,901.26	4,954.98	6,620.41
844	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	N	2,928.27	4,913.56	6,360.58
845	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	N	2,630.05	3,918.96	6,099.63
846	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	N	3,629.49	5,541.45	9,935.56
847	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	N	3,215.12	4,314.79	10,672.49
848	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	N	3,083.87	4,439.55	9,877.51
849	RADIOTHERAPY	N	3,564.53	5,670.99	8,674.82
853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	S	3,060.46	5,600.65	10,459.25
854	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	S	2,802.77	4,694.57	8,373.21
855	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	S	2,656.23	5,017.67	10,271.09
856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	S	2,772.85	5,344.39	8,788.36
857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	S	2,760.79	4,726.32	8,083.17
858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	S	2,544.78	4,223.82	8,389.70
862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	N	2,702.94	4,773.94	5,714.45
863	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	N	2,612.44	4,162.42	4,881.72
864	FEVER	N	2,735.68	4,415.69	6,344.91

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE
PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

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MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
865	VIRAL ILLNESS W MCC	N	3,044.17	5,378.93	7,378.69
866	VIRAL ILLNESS W/O MCC	N	2,670.27	4,314.13	5,500.29
867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	N	2,998.32	5,348.75	8,000.23
868	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	N	2,665.26	4,458.09	5,213.54
869	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	N	2,375.53	4,403.85	4,554.28
870	SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	N	3,669.85	6,133.26	10,602.83
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	N	2,993.78	5,201.62	7,028.80
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	N	2,758.19	4,399.23	5,215.77
876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	S	2,827.74	4,497.61	4,240.53
880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	N	2,004.20	3,517.78	2,804.81
881	DEPRESSIVE NEUROSES	N	2,172.01	3,264.23	844.09
882	NEUROSES EXCEPT DEPRESSIVE	N	1,982.65	3,071.92	702.78
883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	N	2,136.77	3,271.86	768.37
884	ORGANIC DISTURBANCES & MENTAL RETARDATION	N	2,395.48	4,270.59	1,438.91
885	PSYCHOSES	N	2,187.91	3,143.48	661.81
886	BEHAVIORAL & DEVELOPMENTAL DISORDERS	N	1,507.99	2,504.51	615.76
887	OTHER MENTAL DISORDER DIAGNOSES	N	1,271.14	2,014.05	806.21
894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	N	1,831.60	3,795.49	1,520.44
895	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	N	1,512.94	3,295.72	420.79
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	N	2,600.06	4,817.63	4,660.01
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	N	1,606.03	3,002.86	1,138.92
901	WOUND DEBRIDEMENTS FOR INJURIES W MCC	S	3,238.13	5,781.26	7,337.44
902	WOUND DEBRIDEMENTS FOR INJURIES W CC	S	3,020.43	5,340.79	7,145.09
903	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	S	2,978.19	5,589.51	8,901.94
904	SKIN GRAFTS FOR INJURIES W CC/MCC	S	3,209.17	6,297.69	9,268.10
905	SKIN GRAFTS FOR INJURIES W/O CC/MCC	S	3,138.74	6,534.69	10,226.12
906	HAND PROCEDURES FOR INJURIES	S	2,932.25	6,482.19	13,180.42
907	OTHER O.R. PROCEDURES FOR INJURIES W MCC	S	2,836.48	5,534.63	10,967.75
908	OTHER O.R. PROCEDURES FOR INJURIES W CC	S	2,823.15	5,162.24	11,026.84
909	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	S	2,788.97	5,164.09	14,010.07
913	TRAUMATIC INJURY W MCC	N	2,848.22	5,321.71	6,478.70
914	TRAUMATIC INJURY W/O MCC	N	2,506.57	4,668.92	5,519.85
915	ALLERGIC REACTIONS W MCC	N	2,873.35	5,656.55	8,078.24
916	ALLERGIC REACTIONS W/O MCC	N	2,629.62	5,022.42	5,029.76
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	N	2,750.29	5,274.28	8,050.86
918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	N	2,854.49	4,819.21	5,761.85
919	COMPLICATIONS OF TREATMENT W MCC	N	2,814.58	5,018.02	6,448.92
920	COMPLICATIONS OF TREATMENT W CC	N	2,822.40	4,845.70	6,030.01
921	COMPLICATIONS OF TREATMENT W/O CC/MCC	N	2,632.14	4,420.87	6,197.38
922	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	N	3,584.32	6,926.71	8,626.72
923	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	N	3,178.10	5,782.67	5,729.59
927	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	S	3,355.83	9,554.61	15,188.38
928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	S	3,247.95	8,310.38	8,259.05
929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	S	3,265.71	8,880.65	7,340.39
933	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	N	2,530.04	7,177.29	10,222.94
934	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	N	2,832.43	8,626.17	4,881.47
935	NON-EXTENSIVE BURNS	N	3,108.81	9,235.41	6,433.07
939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	S	2,757.68	5,567.92	6,761.29
940	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	S	2,772.40	5,757.43	7,389.44
941	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	S	2,643.58	5,236.80	13,730.46
945	REHABILITATION W CC/MCC	N	1,914.59	3,321.74	2,451.31
946	REHABILITATION W/O CC/MCC	N	1,680.06	2,491.43	1,744.07

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 PER DIEM CHARGES, BY MS-DRG (MEDICARE SEVERITY DIAGNOSIS RELATED GROUP)

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MS-DRG	Description	Surgical/Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
947	SIGNS & SYMPTOMS W MCC	N	2,785.81	4,826.46	6,236.50
948	SIGNS & SYMPTOMS W/O MCC	N	2,463.12	4,048.26	5,188.62
949	AFTERCARE W CC/MCC	N	2,278.93	3,543.66	2,691.19
950	AFTERCARE W/O CC/MCC	N	1,306.64	2,313.71	1,474.68
951	OTHER FACTORS INFLUENCING HEALTH STATUS	N	1,649.17	5,412.88	2,164.58
955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	S	3,332.68	7,554.40	16,749.30
956	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	S	3,275.45	7,260.77	16,502.91
957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	S	2,943.06	6,838.83	16,054.80
958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	S	3,048.62	6,988.80	15,965.98
959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	S	2,937.44	5,833.78	15,589.90
963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	N	2,685.46	6,406.72	8,889.46
964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	N	2,900.50	6,442.77	7,390.53
965	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	N	2,710.43	6,145.06	6,719.75
969	HIV W EXTENSIVE O.R. PROCEDURE W MCC	S	3,226.94	5,960.36	10,830.30
970	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	S	3,103.13	5,301.27	11,005.20
974	HIV W MAJOR RELATED CONDITION W MCC	N	3,104.67	5,514.86	7,683.62
975	HIV W MAJOR RELATED CONDITION W CC	N	3,251.75	4,825.17	6,024.95
976	HIV W MAJOR RELATED CONDITION W/O CC/MCC	N	3,150.47	4,943.99	5,733.29
977	HIV W OR W/O OTHER RELATED CONDITION	N	3,001.01	4,582.30	6,483.12
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	S	2,819.68	5,218.12	10,540.35
982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	S	2,755.11	4,761.02	11,287.45
983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	S	2,542.79	4,525.08	15,982.80
984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	S	2,727.49	4,394.08	7,166.42
985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	S	2,536.00	4,180.93	7,460.85
986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	S	2,516.52	4,169.78	10,638.31
987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	S	2,950.00	5,341.78	8,144.42
988	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	S	2,790.43	4,667.76	8,296.51
989	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	S	2,654.25	4,369.70	11,584.43

TABLE B. — SKILLED NURSING FACILITY/SUB-ACUTE
INPATIENT FACILITY NATIONWIDE PER DIEM CHARGE

Description	All-Inclusive Per Diem Charge
Skilled Nursing Facility/Sub-Acute Inpatient Facility	\$896.77