Department of Health

Health Funding Principles and Guidelines 2013-14

Supporting document three

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Contributors

Special thanks go to all who contributed to the development of this document and in particular to all members of the ABF Operational and Technical Network with representatives from Department of Health (DoH) and Hospital and Health Services

For Further Information

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1 Introduction

The purpose of this manual is to document and explain the funding policies and principles underlying the Department of Health (DoH) and Hospital and Health Services (HHS) budgets for 2013-14, with a particular focus on the operational guidelines of Activity Based Funding (ABF) in Queensland.

In order to better allocate funding to where resources are required to meet clinical needs, all health and hospital costs relating to provision of activity are included in the Queensland healthcare funding model with an aim for greater allocation transparency by:

- Increasing the level of hospital activity for a given level of inputs through technical efficiency;
- Ensuring hospital resources are allocated to those activities which maximise health outcomes through allocative efficiency;
- Providing incentives for technological and clinical innovations that lead to better health outcomes through dynamic efficiency;
- Ensuring that hospitals are funded on a comparable basis for the activity they provide, and that unavoidable differences in costs between hospitals are taken into account through equitable funds distribution;
- Providing incentives to support continuous improvement in patient safety and quality;
- Providing the public with information on hospital performance and accountability.

The primary audience for this manual includes Hospital and Health Service Chief Executive Officers, Chief Financial Officers and staff who require a broad understanding of the model's components and its impacts on the delivery of public health services across Queensland.

2 Budget Overview

2.1 2013-14 Health Portfolio Budget

The 2013-14 Queensland Health portfolio operating budget is $12.326 billion, an increase of $532.7 million or 4.5% on the 2012-13 estimated actual. In 2013-14, $10.319 billion (or 83.7% of the total budget) will be allocated to Hospital and Health Services (HHSs) and other organisations including Mater Health Services through service agreements to provide public hospital services.

Table 1 provides a breakdown of the 2013-14 budgets of the 16 independent hospital and heath services and the DoH's three divisions and two agencies, which in combination comprise 23.1% of the health portfolio's 2013-14 operating budget.

Table 1: 2013-14 Queensland health portfolio budgets

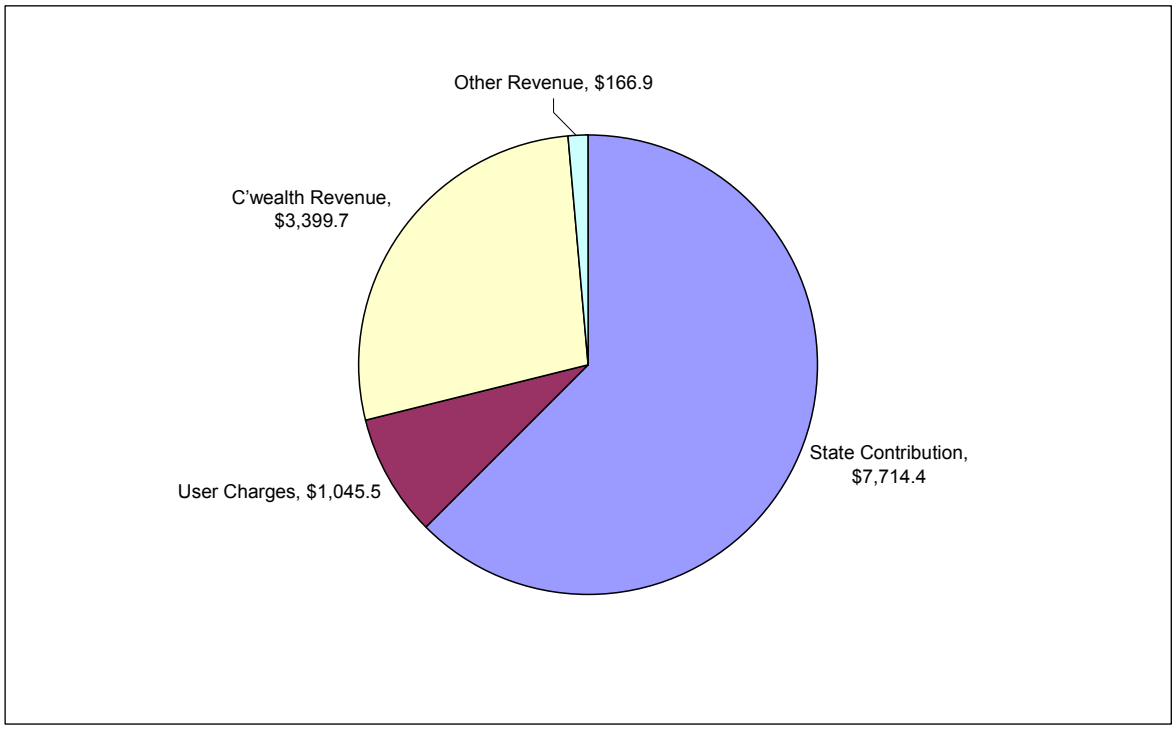
Agency	Activity Based Funding ($M)	Block funding ($M)	Total ($M)
Hospital and Health Services			
Cairns and Hinterland	428.04	192.94	620.97
Cape York	..	79.96	79.96
Central Queensland	243.31	201.49	444.80
Central West	..	52.09	52.09
Children's Health Services	201.61	99.81	301.42
Darling Downs	263.73	310.10	573.82
Gold Coast	711.09	208.29	919.38
Mackay	193.98	101.04	295.02
Metro North	1,612.68	409.46	2,022.14
Metro South	1,276.84	463.43	1,740.28
North West	63.88	70.11	133.99
South West	..	110.92	110.92
Sunshine Coast	468.72	162.78	631.50
Torres Strait - Northern Peninsula	..	84.82	84.82
Townsville	496.39	232.08	728.47
West Moreton	239.16	178.53	417.70
Wide Bay	316.35	131.72	448.07
Sub total	6,515.79	3,089.58	9,605.37
Other independent health statutory bodies			
Queensland Mental Health Commission	..		7.15
Health Quality and Complaints Commission	..		10.19
The Council of the Queensland Institute of Medical Research	..		106.79
Sub total	..		124.13
Department of Health*			2,596.92
Total			12,326.42

*Note: DoH figure includes payments to Mater Public Hospitals and budgets not allocated at time of publication.

2.2 Sources of funding

In 2013-14 the State Government will continue to provide the majority of funding for Queensland's public hospital and health system, with its $7.714 billion comprising 62.6% of the health portfolio's total funding of $12.326 billion. The Commonwealth Government's 2013-14 funding has been budgeted at $3.340 billion (27.6%). Along with this State and Commonwealth government funding revenue from User Charges is expected to total $1.045 billion (8.5%), while Other Revenue will comprise $166.85 million (1.4%). Figure1 summarises the health portfolio's 2013-14 revenue by the source of funds.

Figure 1: 2013-14 Total Health Portfolio Revenue by Source of Funds ($M)



2.3 Funding flows

Among the changes arising from the August 2011 *National Health Reform Agreement* (NHRA) are new payment arrangements for Commonwealth and state and territory government health funding.

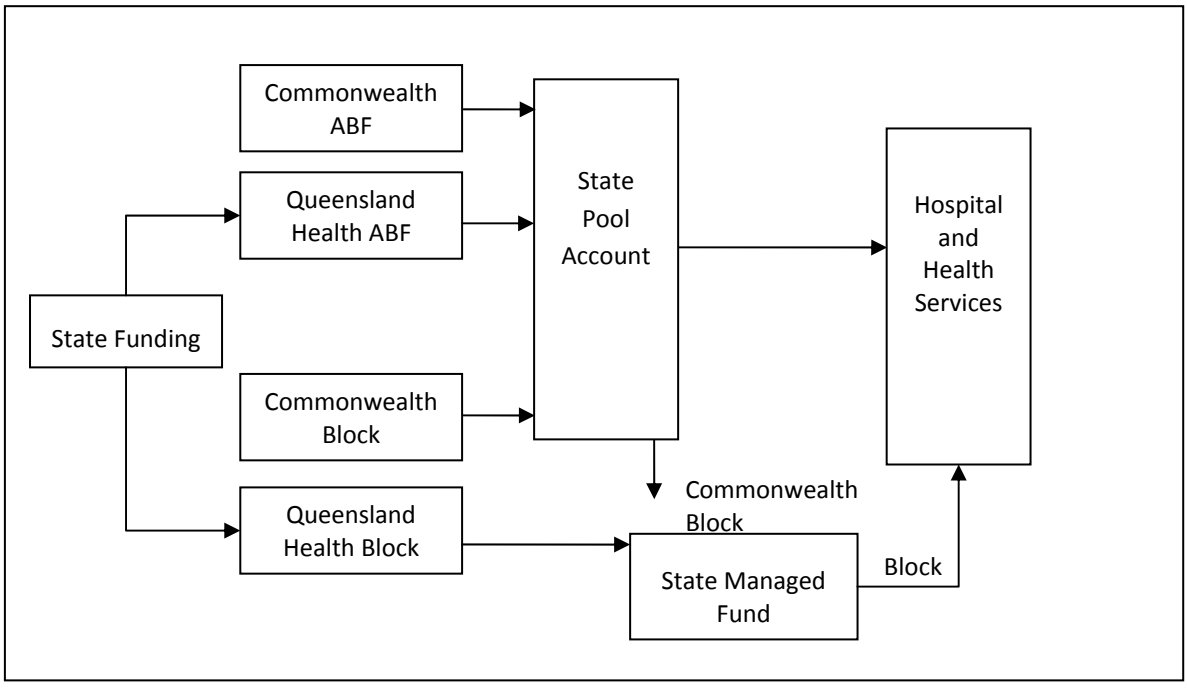
In line with the NHRA a single National Health Funding Pool (NHFP) has been established, comprising a Reserve Bank of Australia account for each state and territory, for the purposes of receiving all Commonwealth and activity-based state public hospital funding. The NHFP is operated by an Administrator, an independent statutory office position established by provisions of Commonwealth and state and territory and legislation.

The Administrator is responsible for ensuring state and territory deposits into pool accounts, and payments from pool accounts to hospital and health services accord with directions from the responsible state or territory ministers and with the NHRA. The Administrator is also responsible for calculating the Commonwealth public health funding contribution to states and territories and ensuring funds are deposited into pool accounts in line with the NHRA.

In addition to the State Pool Account, under the NHRA Commonwealth and state and territory block funding for public hospitals and other public sector health services and funding for Teaching and Research will flow through a state/territory managed fund.

Figure 2 illustrates how Commonwealth and state and territory health funding will flow to hospital and health services.

Figure 2: Funding flows under the National Health Reform Agreement



2.4 Budget Context

The total Queensland Health Budget (including Department of Health and Hospital and Health Services) will increase from $11.862 billion in 2012-13 to $12.326 billion in 2013-14. This represents an overall increase of $532.7 million or 4.5%.

2.4.1 Savings requirements

Under the Fiscal repair plan, Queensland Health is required to find recurrent savings of $616.099 million. This comprises of $326.928 million in 2012-2013, increasing by a further $289.161 million in 2013-14 to provide a total recurrent saving of $616.099 million in 2013-14.

These savings will be achieved through a combination of both FTE related reductions of $540.242 million and savings related to consultancy, contractor, travel and advertising expenditure of $75.557 million. Table 2 provides a summary of these savings.

Table 2: 2013-14 Queensland Health Recurrent Savings

Saving Category	2013-2014		
	HHS ($'000)	Department of Health ($'000)	Total Qld Health Savings ($'000)
Employee Related Savings	$332,053	$208,489	$540,542
Contractors, Consultants, Travel & Advertising	$48,494	$27,063	$75,557
Total Recurrent Savings	**$380,547**	**$235,552**	**$616,099**

2.4.2 Key sources of growth

The key sources of growth for the 2013-14 budget are:

- EB Funding ($117.6M)
- More Beds for Hospitals ($222.1M)
- National Health Reform Funding ($219.3M)
- NPA on Improving Public Hospital Services ($45.4M)
- OSR increase ($55.0M)
- Regional Cancer Centres ($13.9M)
- NPA on Improving Mental Health ($5.0M)

The foundation of the 2013-14 budget model is the 2012-13 Service Level Agreement window 2 Deeds for the HHS's. These budgets are then built for 2013-14 via allocations from the centralised purchasing pool. These allocations include items such as enterprise bargaining, non-labour escalation and additional purchased activity. These have been developed in alignment with the DoH purchasing framework and adhere to the principles of Activity Based Funding (ABF) under National Health Reform.

The 2013-14 budget build is premised on the principle of full transparency and ensuring that all additional income is clearly identified and used for the purpose for which it is provided.

The purchasing pool is developed from recurrent HHS funding in 2012-13 service agreements and additional growth funds that have been provided to Queensland Health in 2013-14. This pool of funds is used to inform the purchaser of the funds available for purchasing initiatives for the coming year. This pool of funds is used to fund specific initiatives such as Regional Cancer and general growth through the purchasing framework. The pool also funds enterprise bargaining and non-labour escalation.

System wide commitments such as payroll and depreciation funding are not placed into the purchasing pool but rather funded via Corporately Managed Funds. These funds are equivalent

to the 2012-13 System Wide costs adjusted for known factors such as commissioning of facilities and any additional System Wide initiatives (eg: E-Health) for 2013-14.

2.4.3 Department of Health divisional budgets

The 2012-13 DoH base budgets represent the opening budgets for 2013-14 and are then adjusted for any funding flows/movements in program funding for 2013-14.

DoH Divisions will not receive enterprise bargaining and non-labour increases for 2013-14.

Divisional budgets will also be adjusted to remove any funding allocations that are distributed to the HHSs in the original 2013-14 budget build. They will also be adjusted during the year to remove any subsequent funding allocations to HHSs.

2.4.4 Corporately Managed Funds

Corporately Managed Funds are used to fund system wide expenditure that cannot be devolved down to HHS or Divisional levels. This includes Payroll costs, Health Quality and Complaints Commission and Commercial contracts.

In addition, some HHS funding is initially held in Corporately Managed Funds, but will be distributed during the 2013-14 financial year once the allocations for this funding have been determined. This funding includes depreciation, Patient Travel Subsidy Scheme, Commonwealth Dental Program, additional Queensland Government insurance funding and various Grants and Contributions and Commonwealth programs.

Once these allocations are finalised this funding will be allocated out to HHSs through the service amendment window process.

2.4.5 Hospital and Health Service budgets

The processes above are designed to ensure that priority is given to maximising the amount of funds available for service delivery through HHS budgets.

The starting point for determining the budget for each HHS is the budget for 2012-13, as per the 2012-13 Service Level Agreement window 2 Deeds.

Non-labour escalation of 3% has been applied to HHS budgets for 2013-14.

The enterprise bargaining escalation per stream for 2013-14 is as follows:

- Medical Officers – 2.5%
- Nursing staff – 2.5%
- Health Practitioners – 2.5%
- Dental Officers – 3%
- Health Executives and Senior Officers – 2.5%
- Administrative Officers – 3%
- Professional and Technical Officers – 3%
- Operational Officers – 2.5%

- Building, Engineering and Maintenance staff – 3%

Enterprise bargaining escalation funding has been distributed based upon calculations by the Finance Models and Costings team, based on a staffing profile by HHS and by labour stream.

Additional funding is then provided for specific commitments such as election commitments or National Partnership Agreements or other agreements with the Commonwealth Government. In 2013-14, most HHSs received funding for the election commitments relating to General Practice Liaison Officers and Mums and Bubs from the 2012 election. In addition, a number of HHSs received additional funding relating to the National Partnership Agreement (NPA) on Improving Public Hospital Services, or funding to meet operating costs arising from Regional Cancer Centres funded under the Health and Hospitals Fund. Where these commitments relate to public hospital activity at ABF facilities, they are funded at the Queensland efficient price of $4,660. Some funding relating to the NPA on Improving Public Hospital Services is being held in corporately managed funds to be allocated as required as projects are completed.

Additional funding is also provided for growth in activity based on analysis of health need. The areas of greatest health need in percentage terms have been identified as neonatal intensive care units, designated mental health wards, endoscopies, special care nurseries, immunology and infections, geriatric evaluation and maintenance, non-specialty medicine, renal dialysis and haematology. Again, such activity is funded at the Queensland efficient price. The 2013-14 budget provides for an additional 47,207 Queensland weighted activity units (QWAUs) (or 3.0%) compared to purchased levels in 2012-13. This includes provision for some additional activity that will be purchased during the year.

The budgets also incorporate the savings requirements for 2013-14, as determined through 2012-13 budget process. These include HHS shares of the employee related savings and the savings targets for contractors, consultants, travel and advertising. Finally, there are a range of minor adjustments affecting particular HHSs.

For those HHSs that are projected to have a cost per QWAU in 2013-14 above the Queensland efficient price of $4,660, a further efficiency requirement of the level of inefficiency up to a maximum of 2% has been implemented. There are no additional efficiency requirements on those HHSs projected to have a cost per QWAU of less than $4,660 in 2013-14.

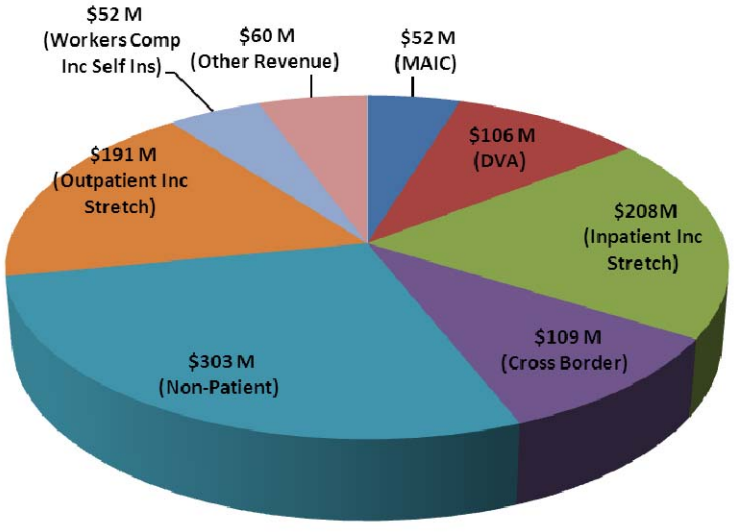
2.5 Own Source Revenue (OSR)

Own Source Revenue (OSR) is a key component of the DoH Purchasing Framework and has historically provided for growth and improvements in service delivery. Revenue derived through OSR initiatives supports the sustainability and further development of current and future services for all patients.

To build the 2013-14 OSR budget of $1,081M, the forecast 2012-13 result has been indexed by 3% to account for activity and price movements. Forecast results are agreed between the DoH and individual HHSs as a means to set a reasonable baseline for indexation.

A stretch target has then been applied to the types of revenue that HHSs have the most ability to influence. This includes the utilisation of Private Health Insurance for admitted patients who hold valid health insurance and improvements to the rate of bulk billed outpatient consultation and diagnostic services provided by medical officers. Figure 3 displays the statewide 2013-14 OSR group targets.

Figure 3: Statewide 2013-14 OSR Group Targets ($M)



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3 Activity Based Funding (ABF) Overview

3.1 Introduction

The implementation of a nationally consistent approach to Activity Based Funding (ABF) for health services was established by the Council of Australian Governments (COAG) as part of the National Health Reform Agreement (NHRA), August 2011.

The NHRA sets out the shared intention of the Federal, State and Territory governments to work in partnership to improve health outcomes for all Australians and ensure the sustainability of the Australian health system. Part of the need for this agreement was a realisation of the many pressures placed on hospitals including an ageing population, an increasing prevalence of chronic diseases, increasing costs associated with improved medical technologies and increased consumer expectations.

ABF is an important tool for health service management in monitoring and understanding patient activity and cost profiles assisting the budget management and improvement in quality of services provided. Increased transparency under ABF will provide sharing of innovative practices with other hospitals. In combination with a comprehensive governance framework and appropriate performance and quality measures, it is anticipated ABF will assist the delivery of cost effective health services.

Hospital and Health Service funding will be based on the services provided and an agreed price and methodology of calculation. The State will purchase services and in that way provide funding to the hospital and health services. Smaller hospitals and other health services will be funded by block grants.

3.2 Independent Hospital Pricing Authority (IHPA)

The IHPA is an independent statutory authority established to oversee the phased implementation of a nationally consistent approach to ABF. The IHPA calculates and determines a national efficient price (NEP) and price weights for public hospital services, as well as determining the national efficient cost (NEC) for block funding small rural health services.

The IHPA determines the NEP for a National Weighted Activity Unit (NWAU) and has the responsibility for setting the NEP based on the National Hospital Cost Data Collection (NHCDC). The IHPA releases a Pricing Framework and NEP Determination annually.

The IHPA has produced the NEP Determination and it covers:

- National Efficient Price (NEP);
- cost weights;
- technical details of funding model;
- scope of services;
- basis for price setting; and
- block funding criteria.

The NEP is based on the average cost of providing acute admitted services across Australia, but also applies to emergency and non-admitted services. All cost weights are expressed as a single unit of measure being the National Weighted Activity Unit (NWAU). It provides a scale that identifies the relative measure of resource use of each public hospital service.

In the National ABF model, the 2013-14 National Efficient Price (NEP) per National Weighted Activity Unit (NWAU) is $4,993. This is an increase of $185 (3.8%) in comparison with the 2012-13 NEP of $4,808.

3.3 Implementation of the 2013-14 National Model in Queensland

In 2012-13, Queensland adopted a state-specific Queensland ABF model because the National ABF model was released too late to inform Service Agreements. Additionally, some product categories e.g. outpatients, could not be modelled at that time.

For 2013-14, Queensland's policy intent is to align the ABF model with the National ABF model as much as practicable, with Queensland applying a limited number of localisations where appropriate.

The major differences in the Queensland model are as follows:

- The inclusion of site specific grants and grants for clinical education and training.
- Full funding for private and ineligible patients.
- The continuation of per diems for admitted mental health patients in designated wards.
- The continuation of historical funding for block-funded hospitals, rather than applying the IHPA national efficient price cost model.
- A range of other localisations including different prices for new/ review outpatients, no funding for emergency department patients who did not wait, inclusion of a non-admitted clinic for clinical measurement, and others.

The unit of measure for the 2013-14 Queensland ABF model is the 2013-14 Queensland Weighted Activity Unit (QWAU). QWAUs differ from NWAUs as a result of the localisations outlined above.

In 2013-14, the DoH will be required to report on the number of NWAUs for the purposes of the National Health Funding Body. However, the State funding model will be based on QWAUs, not NWAUs.

3.4 Queensland Efficient Price

The base price per QWAU in the Queensland ABF model is the Queensland Efficient Price (QEP). The QEP for 2013-14 is set at $4,660.

This price is based on the NEP for 2013-14 of $4,993. The NEP is then adjusted to reflect differences in coverage between the costs underpinning the NEP and the costs that are borne by HHSs.

First, it is necessary to increase the price to add back costs that are excluded from the NEP but which are borne by HHSs, specifically highly specialised drugs and unlinked diagnostics.

Second, it is necessary to reduce the price to remove the effect of costs that are included in the NEP but paid to HHSs as block grants (site specific grants (SSGs) and clinical education and training) or not borne by HHSs (overheads borne by the DoH rather than HHSs).

Third, discounts are applied to reflect the localisations to the Queensland ABF model relating to mental health admitted patients in designated wards and clinical measurement. Both of these localisations will lead to a significantly higher number of QWAUs compared with the number of NWAUs, and a discount to the QEP is required to fund these additional WAUs. Table 3 summarises the calculation of the 2013-14 Queensland Efficient Price.

Table 3: Calculation of the Queensland Efficient Price 2013-14

National Efficient Price 2013-14		***$4,993***
Additions to Price 2013-14:		
Highly specialised drugs	$73	
Unlinked diagnostics	$120	+$193
Discounts to Price 2013-14:		
Site Specific Grants	-$69	
Clinical Education and Training	-$180	
Corporate Overheads	-$189	
Mental Health Inpatient Localisation	-$68	
Clinical Measurement Localisation	-$21	-$526
Queensland Efficient Price 2013-14		***$4,660***

3.5 ABF Hospitals

In 2013-14, the 34 public hospitals funded in Queensland via the ABF model are:

- 28 public hospitals as in the 2012-13 ABF model;
- Mater Adult, Mater Children's Mater Mothers';
- Kingaroy, Proserpine and Robina (as a separate facility from Gold Coast Hospital).

Table 4: 2013-14 ABF hospitals

Atherton	Logan	Queen Elizabeth II Jubilee
Bundaberg	Mackay	Redcliffe
Caboolture	Mareeba	Redland
Cairns	Maryborough	Robina

Caloundra	Mater Adult	Rockhampton
Gladstone	Mater Children's	Royal Brisbane & Women's
Gold Coast	Mater Mothers'	Royal Children's
Gympie	Mount Isa	The Townsville
Hervey Bay	Nambour General	Toowoomba
Innisfail	Prince Charles (The)	Warwick
Ipswich	Princess Alexandra	
Kingaroy	Proserpine	

4 ABF Components

The following hospital services are within the Queensland ABF Model and information on each service is detailed in the following sections:

- Acute Admitted Inpatients
- Critical Care
- Sub and Non-Acute Patients
- Mental Health
- Emergency Departments and Emergency Services
- Non-Admitted Patients (Outpatients)
- Renal Dialysis

4.1 Acute Admitted Inpatients

Listed below are a summary of changes in 2013-14:

	2012-13	**2013-14**
Classification	DRG 6.0	DRG 6.x
Peers Groups	M1, M2, L3, P, CSO	Not applicable
Private patients	No difference for public or private patients	No differential (National model is discounted)
Trim points	Percentile methodology 10%, 95% 98%	Outliers based on L3H3 (no extra high trim point)
Hospital in the Home	Adjustment	Adjustment (National model has no adjustment)
Loadings	Indigenous (30%)	Indigenous (4%) Specialist Paediatric (DRG specific) Remoteness (8%, 15%, 24%) Psychiatric age (4% to 37%)

4.1.1 Definition/Cost Unit

Acute admitted care is that provided to patients who undergo a facility's formal admission processes, where the clinical intent or treatment goal is the provision of acute care, or the patient is a baby born in hospital, or is nine days old or less at the time of admission and has been qualified for one or more days.

An 'episode of admitted patient care' is the activity unit for acute admitted inpatients. It refers to a phase of treatment rather than actual patient days. The episode ends when the clinical intent of care changes or when the patient is formally discharged from hospital.

4.1.2 Data source

The Queensland Hospital Admitted Patient Data Collection (QHAPDC) collects demographic data and clinical information on all admitted patients from all public acute and psychiatric hospitals and licensed private hospitals and day surgery units within Queensland.

For more information, refer to the QHAPDC manual.

4.1.3 Classification

The health records reporting a patient's diagnosis and procedures are coded using the International Classification of Diseases (ICD) 10th Revision, Australian Modification (ICD-10-AM) and Australian Classification of Health Intervention (ACHI) in accordance with the Australian Coding Standards (ACS). These codes along with other patient specific data form clinical documentation to classify patients into resource homogeneous groups known as a Diagnosis Related Group (DRG) used for the purposes of ABF, patient costing and benchmarking.

In 2013-14, the Australian Refined Diagnosis Related Groups (AR-DRGs) version applied for funding is 6.x. This is a modified version from Version 6.0, with some Adjacent DRGs rolled back to Version 5.2. ICD-10-AM/ACHI/ACS 8th Edition will be applied for diagnosis and procedural coding.

4.1.4 Cost analysis and WAU derivation for acute admitted care

Broadly, the steps involved in developing the QWAU for acute admitted care involved classifying and adjusting episodes into relevant categories including inlier bounds, short- and long-stay outliers, ICU, designated same-day AR-DRGs, paediatric status, indigenous status and remoteness area status.

Information in relation to these steps is detailed in sections 2.2-2.3 of the National Pricing Model Technical Specifications 2013-14.

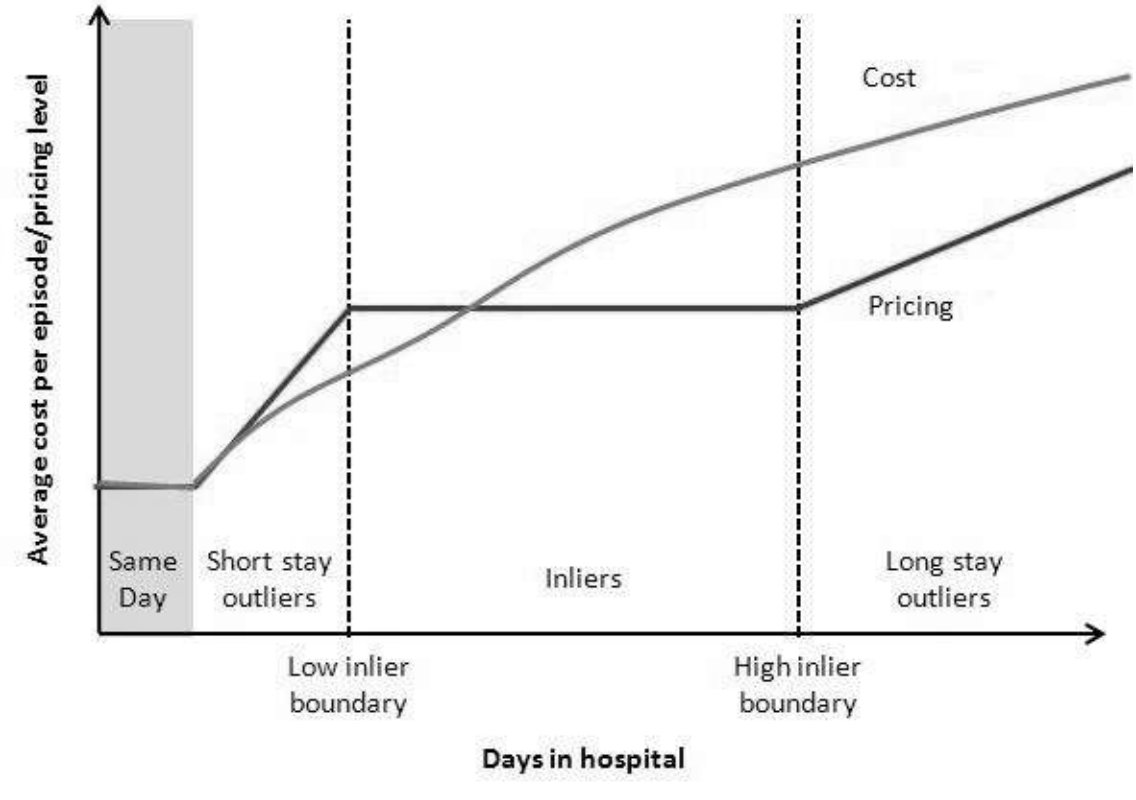
4.1.5 Weights and trim points

In contrast to the 2012-13 Queensland model that used the percentile methodology, the 2013-14 model adopts the national L3H3 trimming method where:

- the low trim point is a third of the national mean length of stay for each AR-DRG and;
- the high trim point is three times the average length of stay.

A (1/3, 3) boundary setting aims to balance financial incentives to drive inpatient throughput with financial disincentives to keep patients in hospital. The L3H3 method was applied to the population of in-scope activity from ABF establishments, to identify inlier bounds, outside of which are short-stay and long-stay outliers. The method excluded same-day episodes occurring in AR-DRGs designated for a separate same-day payment, and used length of stay adjusted to remove ICU days for ICU-unbundled AR-DRGs.

Figure 4 Trim point parameters for the assignment of cost weights



Average costs per episode will typically increase as length of stay increases. To establish an appropriate funding level, episodes within an AR-DRG are partitioned into the four categories described above and costs analysed to yield the relevant parameters. The resulting funding model is shown in the pricing line.

For episodes with shorter length of stays the funding levels will tend to exceed average costs. For longer stays funding levels will be less than the average costs as shown in the 'Pricing' and 'Cost' lines in the chart above. The intention is to create the incentive to better manage the length of stay and associated costs.

For more detail, see sections 2.2.6 of the National Pricing Model Technical Specifications 2013-14.

4.1.6 Same Day Payment List

For some DRGs, both the lower and upper inlier bounds are set at one day. For these DRGs, payment is set at the inlier rate regardless of actual length of stay and there are no additional payments for long stay outliers. These are generally DRGs where the proportion of same-day separations is more than 90%. In addition, the model includes a same day payment list.

The intent of a same-day payment list is to encourage some overnight procedures to be carried out in a same day setting. A same-day price avoids over-paying hospitals with higher proportions of same day patients, while underpaying hospitals with higher proportions of multiday patients. These DRGs exhibit significant bimodality in their length of stay distribution (i.e. two different distributions with different peaks or mean lengths of stay) that may not be even across hospitals.

For 2013-14, IHPA reviewed both the Victorian list used in NEP12 and the NSW proposed list and removed any DRGs if at least one of the following criteria were met:

a) the proportion of same-day separations is less than 10% or more than 90%
b) the mean length of stay after removal of same-day separations is less than 3 days
c) the mean length of stay including same-day separations is greater than 6 days.

AR-DRGs designated for a separate same day payment are identified as 'Yes' in the column "Same-Day Payment List" within the Acute admitted patients - AR-DRG v 6.x table: Appendix 2.

For these overnight DRGs, the same-day price weight applies if performed on the same day (this replaces short stay payment for same day patients). Overnight episodes will attract the inlier payment and the long stay outlier per diem if they stayed longer then the high trim point. These would be equivalently classified as "extended day" cases.

Some common DRGs performed on a same-day basis e.g. B40Z and D67B will not be on the same-day payment list. These DRGs will have a low and high trim point of one day, and no long stay payments apply. These DRGs will be only be paid at the inlier weight regardless of length of stay. The Queensland daycase/extended daycase list applied in 2012-13 is no longer applicable.

4.1.7 Payment

Queensland has adopted the national model with the following exceptions:

- Private patients are paid at the full NEP, and not at the discounted rate as per national model (see section 4.8);
- Queensland purchasing localisations (see section 4.1.8);

The national model is based on episodic payments plus per diems, and includes paediatric, Indigenous and remote loadings (see section 4.9 for more detail).

The method for calculating the number of QWAUs is as follows:

- Where length of stay is less than the lower inlier bound, the number of QWAUs is equal to the short stay outlier base plus the short-stay outlier per diem multiplied by the number of days.
- Where length of stay is within the lower and upper inlier bounds, the number of QWAUs is equal to the inlier price weight.
- Where length of stay is greater than the upper inlier bounds, the number of QWAUs is equal to the inlier price weight plus the long-stay outlier per diem multiplied by the number of days above the upper inlier bound.

Example: DRG F21B, Other Circulatory System OR Procedures W/O Catastrophic CC

DRG	Same-day Payment List	Lower bound	Upper Bound	Same Day	Short-stay outlier base	Short-stay outlier per diem	Inlier	Long stay per diem
F21B	Yes	2	19	0.7188	0.7075	0.4731	2.5697	0.2027

- If the DRG was performed as a same-day episode, it will attract a price of 0.7188 same day weight (on the same day payment list) * $ base price.
- If the episode was 1 day (overnight), the episode will attract a price of (0.7075 short-stay outlier base + 0.4731) * $ base price.
- If the episode was 12 days, the episode will attract a price of 2.5697 inlier weight * $ base price.
- If the episode was 25 days, the episode will attract a price of [2.5697 inlier weight + (0.2027 * 6 long stay outlier days)] * $ base price.

4.1.8 Queensland purchasing localisations

Localisation	Description
Hospital in the Home (HITH)	1) All episodes with DRGs of E61B non-complex pulmonary embolism, J64B; non-complex cellulitis; and F63B non-complex venous thrombosis will be funded at 85% of DRG price weights. 2) For all other episodes that involve a HITH component and have a length of stay that exceeds the DRG inlier period, the DRG long stay component will be paid at 85% of the long stay per diem rate. All other DRGs with a HITH component that do not exceed the DRG inlier period will be paid at 100% of DRG price weights.
Out-of-scope activity	No payment for activity identified as out of scope including: • Vasectomies and reversal of vasectomies • Laser refraction
Pre-operative Bed days	Elective episodes with surgical DRGs that have both pre-operative days and long stay days (above trim point) will have the number of paid long day stays reduced by the number of pre-operative bed days, up to a maximum of 3 days.
Never events	No payment for an episode of care that involves the following never events: 1. Death or likely permanent harm as a result of haemolytic blood transfusion reaction resulting from ABO incompatibility. 2. Death or likely permanent harm as a result of bed rail entrapment or entrapment in other bed accessories (no exclusions). 3. Infants discharged to the wrong family (no exclusions). 4. Death or neurological damage as a result of Intravascular Gas Embolism 5. Procedures involving the retention of instruments or other material after surgery. 6. Procedures involving the wrong patient or body part resulting in death or major permanent loss of function.
Adverse events - Hospital Acquired Blood stream infection	Financial adjustment for all avoidable hospital acquired bloodstream infections based on a CHRISP-defined peer group target rate per 10,000 bed days
Adverse events- Hospital Acquired Stage 3	Financial adjustment of $30,000 for Stage 3 and $50,000 for Stage 4 avoidable hospital acquired pressure injuries

and 4 Pressure Injuries	
QIP - Fractured Neck of Femur (NoF)	Incentive payment if target of 80% or more of patients admitted as an emergency for repair of NoF are taken to theatre within two days of admission.
QIP - Stroke Unit Care	Incentive payment for meeting targets set at a facility and HHS-wide level for the proportion of stroke patients accessing the stroke unit Funding for an endorsed plan for rural and remote HHS delivering initiatives that meet the Rural and Remote Stroke and TIA pathway

Refer to the Healthcare Purchasing Framework webpage for detailed purchasing specifications.

4.2 Critical Care

Critical care is an area that requires significant resources to the treatment of patients which a AR-DRG alone does not reflect. Therefore additional funding is provided in some cases for those patients who are admitted to Critical Care, over and above the acute inpatient payment. Nevertheless, it should be noted that critical care payments are more limited in the Queensland 2013-14 model than in the 2012-13 model.

Summary of changes in 2013-14:

	2012-13	**2013-14**
Classification	Bed Type (CCU, ICU, PICU, NICU, SCN1, SCN2)	ANZICS Level 3 or Qld ICU Level 6
Payment	Per diem	Per diem for selected DRGs
Peer Groups	M1, M2, L3, P, CSO	Not applicable, largely bundled with acute inpatients

4.2.1 Definition

An intensive care patient for the purpose of ABF is a patient who is located in an Intensive Care Unit (ICU), and is critically ill requiring at least one of the following:

- continuous renal support,
- invasive mechanical ventilation (via tracheostomy or endotracheal tube),
- inotropes or vasopressors,
- non-invasive ventilation (>50% continuously and >6 hours) or
- 1:1 nursing.

4.2.2 Payment

AR-DRGs with a 'Yes' in the Bundled ICU field in Appendix 2: Acute admitted patients will have the ICU component bundled within the inlier weight as most patients within the DRG receive ICU care. Thus the DRG inlier payment is higher because there is no separate critical care component. These DRGs do not attract an ICU loading (see section 4.9.3 for more detail).

For those AR-DRGs not on the ICU bundled list, an ICU adjustment of 0.0401 QWAUs will apply for each hour spent in ICUs and PICUs that are Queensland Level 6 Clinical Services Capability Framework (equivalent to Level 3 College of Intensive Medicine Standards). IHPA uses hospitals listed by the Australian and New Zealand Intensive Care Society (ANZICS) as meeting this standard, or otherwise nominated by jurisdictions as meeting this standard.

Facilities with Level 6 ICU/PICU are:

- Gold Coast Hospital
- The Prince Charles Hospital
- Royal Brisbane and Women's Hospital
- Princess Alexandra Hospital
- The Townsville Hospital
- Cairns Base Hospital
- Royal Children's Hospital
- Mater Misericordiae Children's Public Hospital

Example: F05A Coronary Bypass and invasive investigations + re-opening + CCC								
DRG	Same-day Payment List	Bundled ICU	Lower bound	Upper Bound	Short-stay outlier base	Short-stay outlier per diem	Inlier	Long stay per diem
F05A		Yes	6	55	3.1687	0.7449	10.6919	0.3208
• If the episode was 42 days (including 2 days in ICU), the episode will attract a price of 10.6919 inlier weight * $ base price. ICU is bundled in inlier price weight								

Example: F17A Insertion/replacement of Pacemaker Generator + CSCC								
DRG	Same-day Payment List	Bundled ICU	Lower bound	Upper Bound	Short-stay outlier base	Short-stay outlier per diem	Inlier	Long stay per diem
F05A			1	18			2.6960	0.2236
• If the episode was 10 days and the patient was also in an ICU level 6 for 20 hours, the episode will attract a price of (2.6960 inlier weight * $ base price) + (0.0401 * 20 ICU hours). • If the same patient was in a lower ICU level, this does not attract the additional ICU hourly rate.								

4.3 Sub-Acute and Non-Acute Patients (SNAP)

Listed below is a summary of changes in 2013-14:

	2012-13	2013-14
Classification	AN-SNAP v1	AN-SNAP v3
Payment	Per diem	Episodic, with per diem for outliers.
Peer groups	Peer groups applied	Not applicable
Loadings	None	Indigenous (14%) Remoteness (8%, 15%, 24%) Paediatric (204%)

4.3.1 Definition/Cost Unit

An 'episode of admitted patient care' is the cost unit for Subacute and Non-Acute Patients (SNAP). These patients undergo a facility's formal admission processes, where the clinical intent or treatment goal is the provision of subacute care or non-acute care. Peer groups are not applied.

4.3.2 Data Source

Information requirements for sub and non-acute patients that are utilised for counting of activity are captured in the Queensland Hospitals Admitted Patients Data Collection. For more information, refer to the QHAPDC manual.

4.3.3 Classification

Sub-Acute and Non-Acute patients differ from acute patients in that their need for health care is predicted by their functional status, rather than their principal medical diagnosis and therefore an AR-DRG is not a good indicator of their resource requirements. As such the Australian National Sub and Non-Acute Patient (AN-SNAP) classification system categorises patients on the basis of care type (rehabilitation, palliative care, geriatric evaluation and management, psychogeriatric and maintenance care), functional assessments and scores, and factors including impairment type, age and palliative care phase. Where data on AN-SNAP classification is not available, the episode is classified by care type. Note that episodes are also grouped to a AR-DRG based on diagnoses and procedures as per all admitted inpatients.

Table 5 shows the relevant Activity of Daily Living (ADL) assessment tool for each care type.

Table 5: Care Types and applicable SNAP Assessment Forms

Care Type	Applicable AN-SNAP ADL Assessment Tool
Palliative Care	RUG (Resource Utilisation Group)-ADL
Rehabilitation	FIM (Functional Independence Measure)
Geriatric Evaluation and Management (GEM)	FIM (Functional Independence Measure)
Psychogeriatric	HoNOS (Health of the Nation Outcome Scales)
Maintenance	RUG-ADL

4.3.4 Cost analysis and NWAU derivation for subacute care

Information on the steps involved in analysing costs and assigning NWAUs for subacute care is detailed in sections 5.2-5.4 of the National Pricing Model Technical Specifications 2013-14.

The AN-SNAP cost model parameters comprise of:

a. An episode cost parameter for inliers and long-stay outliers, which varies according to the relevant AN-SNAP class; plus

b. A per diem cost parameter which varies according to whether the LOS is:

- a short-stay outlier with a per diem payment which varies across AN-SNAP classes;
- an inlier, with a per diem payment which is the same across all AN-SNAP classes; or
- a long-stay outlier, with an inlier payment for each day up to and including the upper inlier bound plus the outlier per diem payment which varies across AN-SNAP classes for every day above the inlier upper bound.

4.3.5 Payment

Under the 2013-14 national model adopted by Queensland, episodes able to be assigned an AN-SNAP class will be funded using an episodic model with per diem for outliers and loading adjustments. Where AN-SNAP data is not available, per diem payments, weighted by care type, will be the default. This differs from the Queensland funding model in previous years whereby all episodes were funded using a per diem approach (with AN-SNAP classed episodes receiving a higher per diem payment).

- For short stay outlier phases, the total cost weight for a phase is calculated as follows:

  Outlier per diem cost weight x episode LOS

- For inlier phases, the total cost weight for a phase is calculated as follows:

  Episode cost weight + (inlier per diem CW x episode LOS)

- For long stay outlier phases, the total cost weight for a phase is calculated as follows:

  Episode cost weight + (inlier per diem CW x episode LOS up to high trim) + (outlier per diem cost weight x number of days over high trim)

Example: 3-207 Overnight Rehabilitation – Stroke, FIM motor 47-62, FIM cognition 5-15					
AN-SNAP v3.0	Lower bound	Upper Bound	Price weight Episode	Price weight inlier per diem	Price weight outlier per diem
3-207	13	38	1.6794	0.1265	0.1889

- A patient is admitted after suffering a stroke. After an episode of acute treatment, the patient is then transferred to a rehabilitation ward. AN-SNAP data was submitted with the episodic coding records.
- If the episode was 10 days, the episode will attract a price of [0.1889 outlier per diem weight * 10)] * $ base price.
- If the episode was 29 days, the episode will attract a price of [1.6794 episode + (0.1265 inlier per diem weight * 29)] * $ base price.
- If the episode was 45 days, the episode will attract a price of [1.6794 episode + (0.1265 inlier per diem weight * 38) + (0.1889 * 7 outlier per diem)] * $ base price.

Example: 3-304 Overnight Psychogeriatric – HoNOS 65+ Overactive behaviour 1,2 HoNOS 65+ ADL0-3					
AN-SNAP v3.0	Lower bound	Upper Bound	Price weight Episode	Price weight inlier per diem	Price weight outlier per diem
3-304	0	0			0.2069

- If the episode was 7 days for an Indigenous patient aged 12, the episode will attract a price of [0.2069 outlier per diem weight x (2.05 paediatric adjustment x (1+ 0.17indigenous adjustment)) * 7] * $ base price.

Example: 3-562 Ambulatory maintenance – Maintenance and support, physical therapy, RUG-ADL 4,5					
AN-SNAP v3.0	Lower bound	Upper Bound	Price weight Episode	Price weight inlier per diem	Price weight outlier per diem
3-562			0.1497		

- Irrespective of the length of stay, the episode would only attract a price of 0.1497 * $base price.

Example: GEM with no AN-SNAP

A patient is admitted as a Geriatric Evaluation and Management (GEM) patient under the sub and non-acute care type with no AN-SNAP data supplied. The patient stays for 15 days before they are discharged to a nursing home. No AN-SNAP data was supplied.

(0.1771 GEM per diem price weight * 15 admitted days) * $ base price

4.4 Mental Health Inpatients

4.4.1 Definition/Cost Unit

Mental Health inpatients are currently classified the same as other inpatients using ICD-10-AM and are generally grouped to AR- DRG under Major Diagnostic Category (MDC) 19 (mental diseases and disorders) and MDC 20 (alcohol/ drug use and induced organic mental disorders).

For NEP13, an 'episode of admitted patient care' is the cost unit for mental health patients that are in MDCs 19 and 20, and those patients in other MDCs that have recorded psychiatric care days. As such mental health patients are a sub-set of acute admitted patients and therefore they were analysed together in the Acute Cost Model.

The following designated mental health wards within the ABF facilities in 2013-14 are:

- Adolescent Acute Inpatient
- Adult Acute Inpatient
- Child Acute Inpatient
- Community Care Unit
- Extended Treatment and Rehabilitation
- Older Persons Acute Inpatient
- Older Persons Extended Treatment
- Secure Mental Health Rehabilitation Unit

Non-ABF facilities (i.e. specialised mental health facilities) include the following designated mental health wards:

- Acquired Brain Injury Extended Treatment
- Adolescent Extended Treatment
- Dual Diagnosis (MH and Intellectual Disability)
- Extended Treatment and Rehabilitation
- High Security Inpatient Service
- Non Mental Health Intellectual Disability
- Older Persons Extended Treatment
- Secure Mental Health Rehabilitation Unit

4.4.2 Payment

In 2013-14, the National model uses an interim classification which applies only to acute admitted patients with narrower inlier bands to enhance the explanatory power of mental health AR-DRGs. The low trim point is two thirds of the national average length of stay, while the high trim point is one and a half times the average length of stay. All sub-acute, Emergency Department and Non-admitted patients requiring mental health care would continue to be treated within the cost models for those respective streams. A new national mental health ABF classification for 2014-15 will be developed in consultation with jurisdictions with a view of improving the clinical meaningfulness and explanation of resource consumption of mental health services across all service settings.

There is concern that the cost of treating mental health patients under a funding model based on DRGs is not strongly correlated with diagnosis, and analysis indicates under-funding in comparison to the current Queensland per diem funding model. Thus mental health in 2013-14 will continue to be funded in accordance under the existing Queensland ABF Model, whilst a new mental health patient classification system is being developed by IHPA. Specialist mental health facilities such as Baillie Henderson Hospital and The Park Centre for Mental Health, as well as non-admitted mental health services, will continue to be block funded in 2013-14.

Mental Health inpatients are funded according to acuity or designated mental health ward:

- Patients in designated mental health wards are funded on a per day basis (pro-rated if part day) and may have an acute or a non-acute care type (see Appendix 8).
- For acute inpatients who receive care outside of a designated mental health ward, funding is allocated using the relevant AR-DRG assigned for the episode of care, as per the national model (see Appendix 2)
- Non-acute mental health patients receiving care outside of a designated mental health wards will receive funding via AN-SNAP, as per the national model (see Appendix 3).

Example: A patient is admitted for self-induced poisoning under X62A (Poisoning/Toxic effect of drugs + CSCC) and is then transferred to a designated mental health ward for a further 10 days.

DRG	Same-day Payment List	Lower bound	Upper Bound	Same Day	Short-stay outlier base	Short-stay outlier per diem	Inlier	Long stay per diem
X62A		1	15				1.1958	0.2116

The acute episode will attract a price of (1.1958 * $ base price).
The mental health episode will attract a price of 10 days * Adult Acute Inpatient ward rate.

Example: An acute patient in a non-designated ward with Schizophrenia Disorders + MHLS

DRG	Same-day Payment List	Lower bound	Upper Bound	Same Day	Short-stay outlier base	Short-stay outlier per diem	Inlier	Long stay per diem
U61A		20	46		0.0000	0.2052	6.3864	0.1746

- If the episode length was 48 days, the episode will attract a price of (6.3864 inlier + 0.1746 long-stay per diem * 2) * $ base price.

4.4.3 Age adjustments

Specialist Psychiatric Age Adjustment (less than or equal to 17 years) - This adjustment applied in respect of a person who is aged 17 or less at the time of admission and has 1 or more Total Psychiatric Care Days recorded. The amount to be applied is 37%, except for patients admitted to a Specialist Children's hospital, who will receive 30%.

Specialist Psychiatric Age Adjustment (between 65 to 84 years) - This adjustment applies in respect of a person who is between 65 to 84 years of age at the time of admission and has 1 or more Total Psychiatric Care Days recorded. The amount to be applied is 4%.

Specialist Psychiatric Age Adjustment (greater than or equal to 85 years) - This adjustment applies in respect of a person who is greater than or equal to 85 years at the time of admission and has 1 or more Total Psychiatric Care Days recorded. The amount to be applied is 9%.

These adjustments do not apply to patients in designated mental health wards that are funded on a per diem basis. They apply only to patients who receive care outside a designated mental health ward who are funded under the national model.

Information is also available in section 4.9.2

4.4.4 Queensland purchasing localisations

Localisation	Description
Multiple admissions	A facility will not be funded for a consumer after their 10th admission to an acute mental health inpatient unit within a rolling 12 months.
Adverse Event	A reduction in payment of $10,000 for each episode involving a hospital acquired injury associated with the administration of psychotropic medications
Quality Improvement Payment (QIP)	Reward funding for HHSs achieving 70% pre-admission community contact in the 1-7 days prior to an acute mental health admission

Refer to the Healthcare Purchasing Framework webpage for detailed purchasing specifications.

4.5 Emergency Departments and Services

Emergency Department (ED) and Emergency Services (ES) patients are those patients who require urgent treatment.

Listed below is a summary of changes in 2013-14:

	2012/13	2013-14
Classification	UDG	URG (3B–6) and UDG (1–3A)
Payment	No payment for Did Not Wait	Qld zero price for Did Not Wait (national Payment for Did Not Wait)
Peer groups	M1, M2, L3, P, CSO	Not applicable
Loadings	None	Indigenous Loading (4%)

4.5.1 Definition/ Cost unit

The cost unit for ABF for emergency care is an ‘emergency department stay’ or presentation. It includes stays for patients who are treated and go home, and ones who are subsequently admitted to hospital or transferred to another facility for further care.

Emergency care is that provided to patients registered for care in an emergency department in selected public hospitals. Patients who were dead on arrival are in scope if an emergency department clinician certified the death of the patient. Patients who leave the emergency department after being triaged and then advised of alternative treatment options are also in scope.

4.5.2 Data Source

All patients in the Emergency Department Care ABF DSS (patient level data) and Emergency Services ABF DSS (aggregate level) datasets are in scope. Patients being treated in emergency departments may subsequently become 'admitted' (including admission to a short stay unit, admission to elsewhere in the emergency department, admission to another hospital ward, or

admission to hospital-in-the-home). All patients remain in scope for ABF for emergency care until they are recorded as having physically departed the emergency department, regardless of whether they have been admitted.

Presently, In Queensland, the majority of large size public hospitals (with ED) collect patient level information via the Emergency Department Information System (EDIS) while smaller hospitals report using Rural EDIS (REDIS). Non-EDIS hospitals report total counts of ES activity at the aggregate level via the Monthly Activity Collection (MAC).

4.5.3 Classification

In 2013-14, two systems are used to classify emergency care for the purposes of ABF of these services:

- Urgency Disposition Groups (UDG) classification system defines 17 patient categories. Using the UDG classification system, patients are classified by disposition (admitted, non-admitted, did not wait or dead on arrival) and triage type according to the "Australasian Triage Scale". UDG Version 1.3 applies to small and medium size facilities with Queensland levels 1 to 3A emergency services. In terms of ABF facilities, this only includes Kingaroy and Warwick.
- The Urgency Related Groups (URG) classification system segments the UDG classification system further by using 13 major diagnostic blocks (MDB) which are derived from the diagnosis assigned to the emergency department presentation. URG Version 1.3 applies to large size facilities with emergency departments, Queensland levels 3B to 6. This includes all ABF facilities with emergency departments except for Kingaroy and Warwick.

4.5.4 Cost analysis and NWAU derivation for emergency care

Information regarding the steps involved in analysing costs and assigning NWAUs for emergency care is detailed in sections 3.2-3.3 of the National Pricing Model Technical Specifications 2013-14.

4.5.5 Payment

Refer to Appendix 6: QLD Emergency departments - URG v 1.3 and Appendix 7: QLD Emergency department - UDG v 1.3 for price weights.

Example: URG 6 –Admitted Triage 1 – Circulatory system illness

A patient arrives at a large Emergency Department with stroke symptoms and is triaged as a category 1 patient. She is discharged from ED and admitted into a hospital ward for 5 days.

ED payment = 0.2528 price weight * $base price

Example: URG 44 – Non-Admitted Triage 2 - Injury

An Indigenous patient arrives at a large Emergency Department with head injuries and is triaged as a category 2 patient. He is then discharged home after treatment.

ED payment = [0.1733 price weight + (0.04 indigenous adjustment *0.1733)] * $base price

Example: UDG 9 – Non-Admitted Triage 4

A patient arrives at a small Emergency Services facility with an infected cut and is triaged as a category 4 patient. He is then discharged home after treatment.

ED payment = 0.0773 price weight * $base price

4.5.6 Queensland purchasing localisation

Localisation	Description
QIP – ED Patient Experience	Incentive payments for meeting targets related to improved patient experience in the ED
ED DNW	No payment for Did Not Wait (DNW) presentations

Refer to the Healthcare Purchasing Framework webpage for detailed purchasing specifications.

4.6 Non-Admitted Patients (Outpatients)

Listed below is a summary of changes in 2013-14:

	2012/13	2013-14
Classification	Tier 2	Tier 2
Private patient	No price differential	Qld no price differential (national has price distinction)
Peer groups	Peer Groups M1, M2, L3, P, CSO	Not applicable
New/Review	Differentiated	Qld differentiated (national not differentiated)
Loadings		Indigenous (4%)
Clinical measurement	Paid	Paid (National Tier 2 clinic 30.08 out-of-scope)

4.6.1 Definition/ Cost unit

The cost unit for non-admitted care is a Non-Admitted Patient Service Event. This is “An interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record”. The interaction may be for assessment, examination, consultation, treatment and/or education. It is independent of the service setting and thus services provided on an outreach basis are included.

Regardless of the number of healthcare providers or locations involved, a non-admitted patient service event must be counted once only (except in the case of the tele-health localisation). Thus non-admitted services involving multiple healthcare providers are counted as one non-admitted patient service event, regardless of whether the patient was seen jointly or separately by multiple

providers. Where a clinic is a combination of two or more disciplines, the “50% or more” rule should be applied to determine which class a non-admitted patient service event is to be reported against, using the usual provider as the criterion.

Patients can be counted as having multiple non-admitted patient service events on the same day, provided that every visit meets each of the criteria in the definition of a non-admitted patient service event.

4.6.2 Data Source

The Monthly Activity Collection (MAC) collects summary data on admitted and non-admitted patient activity and bed availability from public acute hospitals, public residential psychiatric hospitals and public nursing homes/hostels/independent living units; and summary data on admitted patient activity from licensed private hospital facilities.

Summary-level non-admitted patient information for larger facilities is sourced from appointment scheduling information systems. Smaller facilities may utilise a combination of appointment scheduling systems, spreadsheets or other manual systems.

For more information, refer to the MAC manual.

4.6.3 Classification

The NHCDC Tier 2 clinics V2.0 are used to classify non-admitted care for the purposes of ABF. Tier 2 is an expansion and refinement in the classification of outpatient activity mapped from the Corporate Clinic Code (CCC).

There are two broad categories of in-scope, public hospital non-admitted services:

(a) Specialist Outpatient Clinic Services - Tier 2 Non-admitted Services Classification – Classes 10, 20 and 30.

This comprises all clinics in the Tier 2 Non-Admitted Services classification, classes 10, 20 and 30 that were reported as a public hospital service in the 2010 Public Hospital Establishments Collection in terms of their activity, expenditure or staffing, with the exception of the General Practice and Primary Care (20.06) clinic, which is considered by the Pricing Authority as not to be eligible for Commonwealth funding as a public hospital service.

(b) Other Non-admitted Patient Services and non-medical specialist outpatient clinics (Tier 2 Non-Admitted Services Class 40).

To be eligible for Commonwealth funding as an Other Non-admitted Patient Service or a Class 40 Tier 2 Non-Admitted Service, a service must be:

- directly related to an inpatient admission or an emergency department attendance; or
- intended to substitute directly for an inpatient admission or emergency department attendance; or
- expected to improve the health or better manage the symptoms of persons with physical or mental health conditions who have a history of frequent hospital attendance or admission; or
- reported as a public hospital service in the 2010 Public Hospital Establishments Collection.

More information on counting and classification rules are outlined in the IHPA Tier 2 Non-Admitted Services Compendium 2013-2014.

4.6.4 Cost analysis and NWAU derivation for non-admitted care

Information the steps involved in analysing costs and assigning NWAUs for non-admitted care is detailed in sections 4.2 - 4.3 of the National Pricing Model Technical Specifications 2013-14.

4.6.5 Payment

In 2013-14, the national model is adopted with some exceptions:

- Price differential for new and review patients.
- Private and ineligible outpatients in scope (out of scope nationally).
- Clinical measurement clinic type in-scope (see localisation).

See Appendix 5: QLD Tier 2 non-admitted services for Tier 2 clinics in-scope for funding.

The costs for all ancillary services (Imaging, Diagnostic, Pharmacy) linked to the appointment are bundled in the pricing.

Telephone consultation occasions of service that meets the outpatient service event criteria will be paid at the relevant Tier 2 clinic rate.

Group sessions (where two or more non-admitted patients receive services at the same time from one or more facility staff) and multidisciplinary clinics are paid as if for Face to Face Services.

Private and ineligible outpatients attract the same funding as public patients.

Example: Tier 2 Clinic 10.06

A patient has an outpatient appointment with a gastroenterologist and has a blood test as part of the outpatient appointment. Subsequently, a telephone follow up by the gastroenterologist is documented in the patient's medical record. Payment will be made for the initial outpatient appointment as a gastroenterology outpatient. As the blood test is part of the appointment, no additional payment will be made for this service. A separate payment will be made for the telephone consultation at the rate for telephone consultation under a separate encounter.

- Outpatient gastroenterology payment = 0.3482 new appointment * $ base price
- Outpatient telephone payment = 0.0126 telephone * $ base price

4.6.6 Queensland purchasing localisation

Localisation	Description
Outpatients (New to Review ratio)	Price differential retained between new and review outpatient activity
Telehealth	The counting rules for the Queensland ABF Model for Tele-health remains the same where a tele-health occasion of service can be reported once by the provider (where the patient is located off campus) and once by the recipient facility

	(where the patient was located). Each facility should report against the relevant provider type (medical officer or other health professional) and clinic type that best matches the service they are providing at their end. The MAC form will be amended to capture the service delivery setting to facilitate accurate national reporting requirements. Each will be funded at the national model price weight for the calculation and reporting of QWAUs. This differs to the national counting rules, derived from the patient perspective, that stipulate that service events can only be counted once. These two services will be reported as one service event against the hospital where the patient was located for correct NWAUs for national data activity submissions. The localisation has been introduced to maintain hospital participation in tele-health consultations and support a new rural tele-health service.
Clinical Measurement Clinics	In the development of the non-admitted patient classification (NHCDC Tier 2 clinic structure), Clinical Measurement Clinics were allocated to Class 30 Stand Alone Diagnostic Clinics which have been attributed a zero price weight i.e. deemed to be out-of-scope for funding as their associated costs have been included in the price weights of admitted episodes, emergency attendances and non-admitted patients. However, the services provided by the Clinical Measurement Clinics in Queensland are scheduled outpatients in their own right and not services predominantly provided to other patient episodes (i.e. able to be costed to other inpatient and out-patient episodes). Therefore, each occasion of service will be counted, priced and funded appropriately at the price weight allocated to Tier 2 30.08 Clinical Measurement. This localisation will be reviewed for 2014-15.

4.7 Renal Dialysis

Dialysis forms part of a long term treatment provision to patients and is offered in a flexible manner where patients can move between settings as their condition changes. Dialysis patients can be treated in a hospital setting, via walk in centres or receive treatment at home. The Queensland Statewide Renal Health Services Plan (2008-2017) promotes the shift in the current modality pattern away from inpatient activity to well-supported outpatient, self-care/home-based activity.

4.7.1 Definition/Cost unit

In-centre dialysis undertaken as an inpatient episode will be classified either as:

- Haemodialysis (payment is via AR-DRG L61Z)
- Peritoneal dialysis (payment is via AR-DRG L68Z).

Home dialysis undertaken as an outpatient occasion of service will be classified either as:

- Home haemodialysis
- Self-care dialysis
- Extended hours home dialysis
- Continuous Ambulatory Peritoneal Dialysis (CAPD).
- Automated Peritoneal Dialysis (APD).

National reporting requirements state that activity related to home dialysis patients are to be counted in terms of the number of treatments undertaken in each reporting period, with jurisdictions having the option to supply either aggregate or patient-level data (best effort). Queensland will continue to supply aggregate data for home based renal dialysis for 2013-14.

The Queensland model will reflect current Queensland prescribing norms in the census approach to counting service events. To report the number of home dialysis treatments, the following standard weekly dialysis prescription have been newly endorsed by the Queensland Statewide Renal Clinical Network for 2013-14:

- Home haemodialysis (5 hours x 3.5 sessions)
- Extended hours home haemodialysis (8.5 hours x 4.5 sessions)
- Self-care haemodialysis (4.5 hours x 3.5 sessions)
- Continuous ambulatory peritoneal dialysis (4 bag exchanges x 7 days)
- Automated peritoneal dialysis (4-6 bag exchanges x 7 days).

These prescriptions will assist in informing service planning, costing and national reporting requirements. These prescribing norms per patient will be funded at the national model Tier 2 clinic price weights (which are similar for both hospital and home-based service delivery) and thus are considered to incentivise home-based care.

To more accurately capture home dialysis activity, additional fields will be added to the MAC form to capture patients undertaking extended hour home dialysis and out-of-are activity flows for home dialysis patients.

4.7.2 Payment

Home Dialysis is paid at the relevant Tier 2 code (e.g. 10.15, 10.16) and in-centre patients are paid at the relevant AR-DRG (e.g. L61Z, L68Z).

Patients admitted for other conditions who have dialysis as part of their treatment are classified into the DRG relating to their main reason for admission. These patients do not receive a dialysis payment in addition to the DRG payment.

4.8 Private and Ineligible Patients

Funding for private admitted patients under the national model is discounted in accordance with clause A41 of the National Health Reform Agreement. Under the National Model, the National Efficient Price for private admitted patients is reduced due to funding received from other Commonwealth sources and patient charges (including prostheses and accommodation/nursing related components equivalent to the private health insurance default bed day rate or equivalent).

The Queensland ABF model has a major variation to the National ABF Model for acute admitted patients as there are no private patient adjustments. The Queensland model funds the following patient types (which are either discounted or out-of-scope in the national model) at the same rate as public patients:

- private admitted patients;
- ineligible admitted patients, e.g. Veteran's affairs, workers compensation, other compensable);
- private non-admitted patients; and
- ineligible non-admitted patients.

Funding private patients the same as public patients is consistent with private admitted and non-admitted patient Own Source Revenue (OSR) optimisations strategies for 2013-14, as well as purchasing framework output contributions. Projected revenue for these patients is clawed back through OSR targets, with the State contribution reduced accordingly.

These arrangements will be reviewed for the 2014-15 model.

4.9 Model Adjustments

There are six adjustments in the national model and Queensland will apply four of them. These adjustments are discussed below and are to be applied in the following order:

1. Paediatric Adjustment; then
2. Specialist Psychiatric Age Adjustment; then
3. Patient Remoteness Area Adjustment and/or Indigenous Adjustment; then
4. ICU Adjustment; then
5. Private Patient Service Adjustment (not being applied in Queensland); then
6. Private Patient Accommodation Adjustment (not being applied in Queensland).

Peer groups will be discontinued in the Queensland model in 2013-14.

4.9.1 Paediatric

Acute Admitted Paediatric Adjustment - An acute admitted paediatric adjustment applies not to a newborn/neonate AR-DRG, but in respect of a person who is aged up to and including 16 years and is admitted to a Specialised Children's Hospital (such as Mater Children's Hospital and Royal Children's Hospital). The level of loading varies with the AR-DRG, with rates detailed in Column headed "Paediatric Adjustment" in the tables of Acute Admitted Price Weights.

Admitted Subacute Paediatric Adjustment - An admitted subacute loading of 205% applies in respect of a person who is aged up to and including 16 years. Unlike the acute admitted paediatric adjustment, this adjustment applies in respect of eligible persons treated in any facility.

4.9.2 Psychiatric

The adjustments for mental health patients in age groups that exhibited significantly higher costs are as follows:

- Less than or equal to 17 years in a specialist paediatric hospital – 30%
- Less than or equal to 17 years not in a specialist paediatric hospital – 37%
- 65 to 84 years – 4%
- Greater than or equal to 85 years – 9%

4.9.3 Intensive Care Unit Adjustment

An ICU adjustment is applied where the ABF activity is not represented by a newborn/neonate AR-DRG; and is not identified as being "ICU bundled" in the tables of Price Weights but is in respect of a person who has spent time within a Specified ICU. The price weight to be applied is 0.0401 QWAU/hour spent by that person within a Specified Level 6 ICU.

4.9.4 Outer Regional/Remote/Very Remote

For all admitted patients, a differential adjustment applies in respect of a person whose residential address is within an area that is classified as outer regional (8%), remote (15%) or very remote (24%).

4.9.5 Indigenous

An adjustment applies in respect of a person who identifies as being of Aboriginal and/or Torres Strait Islander origin. For an admitted acute, emergency or non-admitted patient the Indigenous loading is 4%. For admitted subacute patients the Indigenous loading is 17%.

Table 6: Summary of Adjustments

	Adjustment	Acute Admitted	SNAP	ED	Outpatients
	Indigenous	4%	17%	4%	4%
Remoteness	Outer Regional	8%	8%		
	Remote	15%	15%		
	Very Remote	24%	24%		
	Paediatric	DRG specific	204%		
	ICU hourly rate	0.0401			
Specialist Psychiatric Age	<=17 in specialised paediatric	30%			
	<=17 not in specialised paediatric	37%			
	65-84years	4%			
	>=85 years	9%			

Adjustments have the following order of application precedence:

(a) Paediatric Adjustment; then

(b) Specialist Psychiatric Age adjustment; then

(c) Patient Remoteness Area Adjustment and/or Indigenous Adjustment; then

(d) ICU Adjustment.

For more information, see Chapter 5 of the NEP

5 ABF Grants

5.1 Site Specific Grants

The purpose of site specific grants (SSGs) is to provide funding to Hospital and Health Services (HHSs) for necessary costs incurred by facilities funded through Activity Based Funding (ABF) in the delivery of public hospital services which cannot be appropriately funded through the ABF model.

While the vast majority of costs associated with the delivery of public hospital services at ABF facilities are funded on an activity basis, there may be some costs that are not able to be funded in this way. In general, SSGs are provided where:

- The service is critical to the delivery of public hospital services but does not give rise to activity that attracts funding under the ABF model; or
- There is 'classification failure' in the ABF model such that an ABF hospital, when operating efficiently, cannot fund the activity through ABF funding.

Commonly, SSGs are provided in respect of statewide and/or highly complex services which are not appropriately captured in the classification systems underpinning ABF. SSGs may also be provided in respect of clinical advisory and management services which do not generate activity. SSGs are funded through a discount to the Queensland efficient price.

For the 2013-14 Qld ABF model there have been 55 services approved as SSGs, with the 2013-14 costs of these services totalling $93.134 million. Examples include the Queensland Spinal Injuries Service, the Deep Brain Stimulation and the Queensland Centre for Gynaecological Oncology. A full list of these services is provided at Appendix 1.

5.2 Clinical Education and Training

It is recognised that the public hospital system has significant role in educating and training the clinical workforce of the future. Clinical education funding is allocated for the mix and level of staffing and also the under-graduate and post-graduate student clinical placement in the Hospital and Health Services (HHS).

For the purposes of the funding model, clinical education is defined as an activity where the primary aim is to transfer clinical knowledge for ongoing professional development via a teacher or mentor to a student or candidate in a recognised program/course resulting in either:

- qualifications that may meet registration requirements; or
- other admission to a specialised discipline where the right to practice in that discipline requires completion of the program or course.

Due to difficulties to accurately identify the costs and considerable formative developmental effort that is required, a notional cost is determined based on methodologies applied to each of the following components of clinical education:

- salaried employees in clinical training positions;
- under-graduate and post-graduate student scholarships and clinical placements; and
- jointly appointed clinical academics.

This funding approach was developed by reviewing practices of other jurisdictions and through an extensive consultation process with key internal stakeholders. Funding levels are based on a percentage of annual base salaries.

The funding provides incentives for health facilities and staff to build the capacities for future health workforce and influence student decisions when choosing their future employer. Jointly appointed clinical academic positions in Queensland public facilities provide the nexus between the university sector, professional colleges and the health industry. A notional estimate of the statewide cost of this activity is allocated on a pro rata basis according to the distribution of positions in-scope for the salaried employee component.

As with SSGs, block grants for clinical education and training are funded through a discount to the Queensland Efficient Price.

Table 7: 2013-14 Clinical Education Grants

Facility ID	Facility Name	Revenue ($M)
00001	Mater Adult Public Hospital	$7.142
00002	Mater Children's Public Hospital	$4.498
00003	Mater Mother's Public Hospital	$3.500
00004	The Prince Charles Hospital	$14.261
00007	Royal Children's Hospital	$6.565
00011	Princess Alexandra Hospital	$34.760
00015	Ipswich Hospital	$9.214
00016	Redcliffe Hospital	$7.534
00022	QEII Hospital	$6.016
00028	Redland Hospital	$3.654
00029	Logan Hospital	$11.184
00030	Caboolture Hospital	$4.890
00043	Caloundra Hospital	$1.358
00049	Nambour Hospital	$12.697
00050	Gold Coast Hospital	$23.324
00062	Bundaberg Hospital	$5.550
00068	Gympie Hospital	$0.642
00069	Hervey Bay Hospital	$3.879
00070	Kingaroy Hospital	$0.608
00071	Maryborough Hospital	$1.491
00104	Toowoomba Hospital	$7.970
00105	Warwick Hospital	$0.842
00136	Gladstone Hospital	$0.900
00141	Rockhampton Base Hospital	$7.905
00172	Mackay Base Hospital	$5.929
00174	Proserpine Hospital	$0.352
00200	Townsville Hospital	$18.559
00201	Royal Brisbane and Women's Hospital	$35.992
00211	Atherton Hospital	$0.535
00214	Cairns Base Hospital	$13.089
00222	Innisfail Hospital	$0.328
00223	Mareeba Hospital	$0.532
00246	Mount Isa Hospital	$2.345
Total		**$258.043**

6 Block funded hospitals

Block funding is typically applied for small public hospitals where there is an absence of economies of scale that mean some hospitals would not be financially viable under ABF. Additionally, in 2013-14 block funding will also apply to Queensland's four specialist psychiatric hospitals.

In the national ABF model, block funded facilities are public hospitals:

- in a metropolitan area (defined as 'major city' in the Australian Standard Geographical Classification) and they provide ≤ 1,800 acute inpatient NWAU per annum; or
- in a rural area (defined as 'inner regional', 'outer regional', 'remote' and 'very remote' in the Australian Standard Geographical Classification) with less than 3,500 acute inpatient NWAUs per annum.

For 2013-14 IHPA calculated a National Efficient Cost (NEC) for each small hospital, based on five regional categories and seven categories of service volume. For a small number of hospitals national efficient cost was determined through negotiation with IHPA. There are five Queensland hospitals in this category: Baillie Henderson Hospital; The Park -The Centre for Mental Health; Ellen Barron Family Centre; Kirwan Rehabilitation Unit; and Thursday Island Hospital.

The IHPA block funding hospital applies only to those facilities that provide public hospital services that are within the scope of the national ABF model. Other facilities are not covered by the block funding model. In general, facilities that do not provide admitted patient services are out of scope for the IHPA block funding model.

Due to concerns about the consistency of the Public Hospital Establishments Collection (PHEC), which was used by IHPA to determine the NEC, Queensland will not be adopting the NEC to block fund Queensland's 89 small hospitals in 2013-14. Instead, block funded facilities will be funded on the basis of historical costs indexed for enterprise bargaining and non-labour escalation. Table 8 lists Queensland's 89 small hospitals/facilities to which block funding arrangements will apply for 2013-14.

Table 8: Queensland Public Hospitals/Facilities Block Funded in 2013-14

Alpha Hospital	Collinsville Hospital	Joyce Palmer	Richmond Hospital
Augathella Hospital	Cooktown Hospital	Julia Creek Hospital	Roma Hospital
Ayr Hospital	Cunnamulla Hospital	Kilcoy Hospital	Sarina Hospital
Babinda Hospital	Dalby Hospital	Kirwan Rehab Unit	Springsure Hospital
Baillie Henderson Hospital	Dirranbandi Hospital	Laidley Hospital	St George Hospital (Qld)
Bamaga Hospital	Doomadgee Hospital	Longreach Hospital	Stanthorpe Hospital
Baralaba Hospital	Dysart Hospital	Maleny Hospital	Surat Hospital
Barcaldine Hospital	Eidsvold Hospital	Miles Hospital	Tara Hospital
Beaudesert Hospital	Ellen Barron Family Centre	Millmerran Hospital	Taroom Hospital
Biggenden Hospital	Emerald Hospital	Mitchell Hospital	Texas Hospital
Biloela Hospital	Esk Hospital	Monto Hospital	The Park - Centre For Mental Health
Blackall Hospital	Gatton Hospital	Moranbah Hospital	Theodore Hospital

Blackwater Hospital	Gayndah Hospital	Mornington Island Hospital	Thursday Island Hospital
Boonah Hospital	Gin Gin Hospital	Mossman Hospital (Douglas Shire)	Tully Hospital
Bowen Hospital	Goondiwindi Hospital	Mount Morgan Hospital	Weipa Hospital
Charleville Hospital	Gordonvale Hospital	Moura Hospital	Winton Hospital
Charters Towers Hospital	Herberton Hospital	Mundubbera Hospital	Wondai Hospital
Charters Towers Rehab Unit	Home Hill Hospital	Mungindi Hospital	Woorabinda Hospital
Cherbourg Hospital	Hughenden Hospital	Murgon Hospital	Wynnum Hospital
Childers Hospital	Ingham Hospital	Nanango Hospital	Yeppoon Hospital
Chinchilla Hospital	Inglewood	Normanton Hospital	
Clermont Hospital	Injune Hospital	Oakey Hospital	
Cloncurry Hospital	Jandowae Hospital	Quilpie Hospital	

7 Services not funded through ABF

7.1 Services required under HHS service agreements

In addition to hospital services, under their respective service agreements Queensland HHSs also provide a wide range of primary and community health and other services that are outside the scope of ABF. The following is a non-exhaustive list of these services.

- Aboriginal and Torres Strait Islander Health
- Alcohol Tobacco and Other Drug Services
- Cancer screening services
- Child and family health
- Chronic disease management
- Community mental health
- Community rehabilitation
- Health Promotion
- Offender health services
- Oral health
- Palliative care
- Post acute care
- Refugee health
- Residential and community aged care
- School Based Youth Nursing
- Sexual health

Most of these services do not have the necessary systems in place that would enable funding to linked to the production of outputs. Hence these services will continue to be funded through recurrent allocations based on historical levels with indexation provided to account for enterprise bargaining and non-labour cost escalation.

7.2 Output based funded services

In 2013-14 two HHS non-hospital services - oral health and breast cancer screening – will be funded via Output Based Funding (OBF) models.

OBF works in a similar fashion to ABF, by linking the production of services (outputs) to funding. Importantly, OBF arrangements still allow HHSs to maintain discretion in allocating resources in accordance with local health service priorities.

Two key principles underpinning the direction of this work have been to provide appropriate incentives for efficient service delivery, and to enable equitable service access across the state.

Under OBF arrangements HHSs are set budgets and activity targets based on a pricing structures that reflect the average cost of service delivery across the state, adjusted where appropriate for factors that may affect the efficient cost of service delivery.

Where HHSs are currently less efficient relative to comparable HHSs they are being transitioned of a three years through incremental price adjustments.

Oral Health Services (OHS) and BreastScreen Queensland (BSQ) services were the first two of Queensland's non-hospital services to be funded via OBF, as from a systems capability perspective they were evaluated to be in the best position to move to an OBF environment. It is intended that the other HHS non-hospital services will be funded via OBF models as the necessary data systems are developed.

7.2.1 2013-14 OHS OBF model

The oral health budget for each HHS for 2013-14 is based on actual expenditure in 2011-12, plus indexation of 5.5% for enterprise bargaining and non-labour escalation over the two year period.

For the eleven metropolitan and regional HHSs, the model operates to promote efficiency by setting a base price of $58 per weighted occasion of service (WOOS). This is slightly higher than the average cost per WOOS of $57.2 in 2011-12.

- For those HHSs with a projected cost per WOOS of less than $58 in 2013-14, the price for their baseline activity is set equal to projected cost. The baseline level of activity is set equal to actual activity in 2011-12.
- Those HHSs with a projected cost per WOOS of greater than $58 in 2013-14 are expected to transition to the efficient price over three years. These HHSs still receive an increase in their budget of 5.5% compared to actual expenditure in 2011-12, but are expected to increase their baseline level of activity compared to 2011-12.

HHSs will also receive additional funding in 2013-14 under the National Partnership Agreement on Treating More Public Dental Patients (NPA), for activity above their baseline level. All additional activity funded under the NPA will be funded at the base price of $58 per WOOS.

The output based funding model is not being applied to the five remote HHSs, due to their higher costs and the unreliability of their cost data. Budgets for these five HHSs are set equal to actual expenditure in 2011-12 plus 5.5%, with their baseline activity level set equal to actual activity in 2011-12. Funding for NPA activity for these HHSs will be determined in consultation with the DoH.

Table 9: 2013-14 OHS OBF Model Groups

OHS OBF Model Group	Hospital and Health Service
Metro/Regional	Cairns and Hinterland
	Central Queensland
	Darling Downs
	Gold Coast
	Mackay
	Metro North
	Metro South
	Sunshine Coast
	Townsville
	West Moreton
	Wide Bay
Remote	Cape York
	Central West
	North West
	South West
	Torres Strait-Northern Peninsula

7.2.2 2013-14 BSQ OBF model

The BreastScreen budget for each HHS is based on the 2012-13 budget, as per their 2012-13 Service Level Agreement, plus 2.5% for enterprise bargaining and non-labour escalation.

The model operates by setting an efficient price per screen of $131 for metropolitan HHSs and $167 for regional HHSs. These are based broadly on average funding levels in the 2012-13 Service Level Agreements indexed to 2013-14.

Transition arrangements are similar to those applying to oral health:

- For those HHSs with a projected cost per screen (based on their 2012-13 Service Level Agreement plus indexation) below the efficient price, price is set equal to projected cost. Activity is set slightly higher than purchased activity in 2011-12.
- Those HHSs with a projected cost per screen above the efficient price are expected to transition to the efficient price over three years. These HHSs still receive an increase in their budget of 2.5% compared to 2012-13, but are expected to produce more activity with this budget.

The Metro group comprises the Gold Coast, Metro North, Metro South and Sunshine Coast BSQ services, as these all exhibit considerably higher annual screen throughputs than the other seven services, as well as their services being predominantly provided at sites located in Major Cities. A second (Regional) group comprise the other BSQ services, which generally deliver much lower numbers of screens services that the Metro group services in more remotely located sites.

The BSQ OBF model does differ from the funding model for OHS, where there is only one price for all Metro and Regional HHSs. However, the service delivery model is more decentralised for BSQ services with a larger number of delivery sites in Regional HHSs. Moreover, BSQ services in Cairns and Hinterland, Townsville, Central Queensland and Darling Downs are responsible for the delivery of services in the rural and remote HHSs, which adds significantly to their costs.

The categorisation of the HHS BSQ services is provided in Table 10 below.

Table 10: 2013-14 BSQ OBF Model Groups

BSQ OBF Model Group	BSQ Service
Metro	Gold Coast
	Metro North
	Metro South
	Sunshine Coast
Regional	Cairns and Hinterland
	Central Queensland
	Darling Downs
	Mackay
	Townsville
	West Moreton
	Wide Bay

8 Governance, Audit and Compliance

Governance

The governance arrangements of the funding model define the roles and responsibilities regarding decision making and administration of the funding model components. The rationale for the governance arrangements of the ABF Model is to clarify and facilitate reporting relationships and enable these processes to be managed effectively.

In previous years, the ABF Operational and Technical Network (ABF OTN) would meet monthly to consider the ABF issues as they arise. Outcomes from the ABF OTN are passed through the ABF Project Board. The governance model includes input from various groups such as the CEO forum, Directors of Medical Services Advisory Committee (DOMSAC), Clinical Senate and other clinical groups.

For 2013-14, the structure and governance of the ABF OTN is currently under review. Once approved by the ABF Board, new governance arrangements will published.

Audit

A Statewide Clinical Coding Audit Program has been adopted following endorsement by the ABF Project Board in February 2013. A three year coding audit cycle will be conducted by suitably qualified and appointed Queensland Department of Health clinical coders. The Statewide Clinical Coding Audit Program will operate as a function of the Statewide Health Information Management – Clinical Coding Network Audit Program.

All ABF HHSs are encouraged to participate in the audit program and provide appointed coding auditors as detailed in the Statewide Clinical Coding Audit Framework. An independent, external consultant will ratify and validate results of the coding audit process and outcome and provide annual and final reports to HHSs and the Director-General.

Compliance

Compliance with relevant counting, coding and costing requirements is mandatory. The standards and definitions for each element are as follows:

- Coding: ICD-10-AM Australian Coding Standards
- Costing: Costing Standards (to be confirmed)
- Counting: Data definitions outlined in
    - Queensland Hospital Admitted Patient Data Collection (QHAPDC) Manual
    - Monthly Activity Collection (MAC) Manual
    - EDIS Reference Tables Manual v3.1

9 Abbreviations

ABF	Activity Based Funding
ACHI	Australian Classification Of Health Interventions
ACS	Australian Coding Standard
ADL	Activity Of Daily Living
AIS	Access Improvement Service
ALOS	Average Length Of Stay
AN-SNAP	Australian National Subacute and Non Acute Patient Classification
ANZICS	Australian and New Zealand Intensive Care Society
AR-DRG	Australian Refined Diagnosis Related Groups
CCC	Corporate Clinic Code
CCU	Coronary Care Unit
CEO	Chief Executive Officer
COAG	Council Of Australian Governments
CSO	Community Service Obligation
DNW	Did Not Wait
DoH	Department of Health
DoHA	Department of Health and Aging
DOMSAC	Directors of Medical Services Advisory Committee
DRG	Diagnosis Related Group
DSS	Data Set Specification
DVA	Department of Veterans' Affairs
ED	Emergency Department
EDIS	Emergency Department Information System
ES	Emergency Services
FIM	Functional Improvement Measure
HBCIS	Hospital Based Clinical Information System
HHS	Hospital and Health Services
HITH	Hospital In The Home
HoNOS	Health of the National Outcome Scales
ICD	International Classification Of Diseases
ICU	Intensive Care Unit
IHPA	Independent Hospital Pricing Authority
LOS	Length Of Stay
MAC	Monthly Activity Collection
MBS	Medical Benefit Scheme
MDB	Major Diagnostic Block (used in Urgency Related Groups – URGs)
MDC	Major Diagnostic Category
MVA	Motor Vehicle Accident
NABF	National Activity Based Funding
NEC	National Efficient Cost
NEP	National Efficient Price
NHCDC	National Hospital Cost Data Collection
NHRA	National Health Reform Agreement
NICU	Neonatal Intensive Care Unit
NoF	Neck of Femur
NSW	New South Wales

NWAU	National Weighted Activity Unit (applicable nationally)
OSR	Own Source Revenue
PHEC	Public Hospital Establishments Collection
PICU	Paediatric Intensive Care Unit
QABF	Queensland Activity Based Funding
QHAPDC	Queensland Health Admitted Patient Data Collection
QIP	Quality Improvement Payment
Qld	Queensland
QWAU	Queensland Weighted Activity Unit
REDIS	Rural Emergency Department Information System
RUG	Resource Utilisation Groups
SCN	Special Care Nursery
SEP	State Efficient Price
SNAP	Sub And Non-Acute Patient
SPP	Special Purpose Payments
SSG	Site Specific Grants
TTR	Teaching Training Research
UDG	Urgency Disposition Groups
UoW	University of Wollongong
URG	Urgency Related Groups
WAU	Weighted Activity Unit (used in Queensland Health)

10 References

ABF Price Model Reference Classifications for 2012-13
Australian Hospital Patient Costing Standards Version 2.0
Australian Institute of Health and Welfare
Classification systems (AR-DRG, URG, UDG, Tier 2, AN-SNAP)
Clinical Services Capability Framework
Hospital and Health Service Agreements
Independent Hospital Pricing Authority
Monthly Activity Collection Manual
National Efficient Cost Determination 2013-2014
National Efficient Price Determination 2013-14
National Health Reform Agreement
National Pricing Model Technical Specifications 2013-14
Non Admitted patients – Queensland Health Corporate Clinic Codes
Queensland Health Admitted Patient Data Collection Manual
Queensland Health Strategic Plan 2011-15
Tier 2 Non-admitted Services Definitions Manual 2013–2014 V2.0
Tier 2 Non-Admitted Services Compendium 2013-2014
Statewide Clinical Coding Audit Framework
UDG Classification System for Small and Medium Facilities
URG Classification System for Large Facilities

11 Appendices

Appendix 1: 2013-14 Qld ABF Model Site Specific Grants
Appendix 2: Acute admitted patients - AR-DRG v 6.x
Appendix 3: Subacute and non-acute admitted AN-SNAP v 3.0
Appendix 4: Non Sub and Non-acute (NSNA)
Appendix 5: Tier 2 non-admitted services v 2.0
Appendix 6: Emergency departments - URG v 1.3
Appendix 7: Emergency department - UDG v 1.3
Appendix 8: Mental Health per diem rates for designated wards

Appendix 1: 2013-14 Qld ABF Model Site Specific Grants

HHS	Service	$M
Cairns and Hinterland	Lithotripsy	0.035
Cairns and Hinterland Total		***0.035***
Children's Health Service	Blood Clotting	6.264
	Cerebral Palsy Service (S/Wide)	3.985
	Haemophilia Centre (S/Wide)	0.451
	Paediatric Retrieval Service	0.668
	Telepaediatric Service (S/Wide)	0.049
Children's Health Service Total		***11.416***
Darling Downs	Lithotripsy	0.033
Darling Downs Total		***0.033***
Gold Coast	Coil Insertions (neurocoils)	1.190
	Limited Indication Medication Scheme	0.606
	Lithotripsy	0.278
Gold Coast Total		***2.074***
Mackay	Mater Contract - Palliative Care - Private	0.049
Mackay Total		***0.049***
Metro North	Adult Congenital Service - Inpatient	3.652
	Adult Congenital Service - Outpatient	0.128
	Bone Marrow Transplant (Cell Therapy Lab)	1.570
	Centre for Gynaecological Oncology (S/Wide)	0.849
	Clotting factors	9.916
	Coil Insertions (neurocoils)	2.596
	Genetic Health Qld	6.872
	Haemophilia Centre (S/Wide)	1.063
	Hyperbaric Services - Inpatient	0.486
	Interim Care Services - Private	1.032
	Limited Indication Medication Scheme	0.794
	Lutate Therapy treatment	0.122
	Maternal Fetal Medicine Service - Outpatient	0.044

HHS	Service	$M
	Neonatal Retrieval Service - SE Qld	0.866
	Nuclear Medicine (Cyclon. Lab)	0.421
	Organ Transplant - Multiple DRGs - Inpatient	9.145
	Paediatric/Adolescent Gynaecology (S/Wide)	0.129
	Percutaneous Valve Replacement	1.076
	PET Service	2.163
	Rehabilitation Engineering	0.622
Metro North Total		***43.546***
Metro South	Base of Skull Surgery	0.802
	Brain Injury Rehab - Inpatient only	1.239
	Coil Insertions (neurocoils)	1.739
	Deep Brain Stimulation Service	0.357
	Leasing Clinical Service Space	1.215
	Limited Indication Medication Scheme	0.674
	Lithotripsy	0.483
	Major Trauma Unit	5.882
	Neurosurgery Unit	5.892
	Organ Transplant - Multiple DRGs - Inpatient	5.289
	PET Service	1.955
	Qld Spinal Cord Injuries Service (S/Wide)	3.491
	Radical Peritonectomy Service	0.485
	Respiratory Unit	2.240
Metro South Total		***31.743***
Sunshine Coast	Limited Indication Medication Scheme	0.060
	Lithotripsy	0.140
Sunshine Coast Total		***0.200***
Townsville	Hyperbaric Services - Inpatient	1.785
	Limited Indication Medication Scheme	0.666
	Maternal Fetal Medicine Service - Outpatient	0.985
	Neonatal Retrieval Service - North Qld	0.286
Townsville Total		***3.722***
West Moreton	Alternate Site Infusion - other HHS (PAH)	0.213
	Neonatal Retcam - Private	0.039
	Pain Management (Morphine Infusion Pump) - Private	0.042
West Moreton Total		***0.294***
Wide Bay	Lithotripsy	0.023
Wide Bay Total		***0.023***
Grand Total		**93.134**

Appendix 2: Acute Admitted AR-DRG v6.x

Abbreviations:

- Same Day = Same-Day Payment List
- ICU = Bundled ICU
- LB = Lower Bound
- UB = Upper Bound
- Paed Adj = Paediatric Adjustment
- PW = Price Weight
- Short Base = Short-Stay Outlier Base
- Short Diem = Short-Stay Outlier Per Diem
- Long Diem = Long-Stay Outlier Per Diem

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
801A	OR PR UNREL TO PDX+CCC			6	62	154%		0.7941	0.5112	7.2574	0.2513		$3,701	$2,382	$33,819	$1,171
801B	OR PR UNREL TO PDX+SMCC			2	26	123%		0.4466	0.4678	3.4881	0.2582		$2,081	$2,180	$16,255	$1,203
801C	OR PR UNREL TO PDX-CC			1	9	100%				1.3256	0.2998				$6,177	$1,397
A01Z	LIVER TRANSPLANT		Yes	11	101	100%		5.7745	1.2786	35.2379	0.6340		$26,909	$5,958	$164,209	$2,954
A03Z	LUNG OR HEART/LUNG TRANSPLANT		Yes	10	98	100%		2.8860	0.8382	27.0074	0.8253		$13,449	$3,906	$125,854	$3,846
A05Z	HEART TRANSPLANT		Yes	14	126	100%		3.3498	0.8656	31.7286	0.9538		$15,610	$4,034	$147,855	$4,445
A06A	TRACHEOSTOMY W VENT>95 +CCC		Yes	16	151	100%		1.3679	1.2316	45.8297	0.6404		$6,374	$5,739	$213,566	$2,984
A06B	TRCH&VNT-CCC OR TRCH/VNT+CCC		Yes	8	80	124%		0.7908	1.2234	19.9844	0.4885		$3,685	$5,701	$93,127	$2,276
A06C	VENTILATION>95 - CCC		Yes	4	44	110%		0.4235	1.0706	11.1530	0.4992		$1,974	$4,989	$51,973	$2,326

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
A06D	TRACHEOSTOMY -CCC			4	43	100%		0.7966	0.7776	8.0535	0.3773		$3,712	$3,624	$37,529	$1,758
A07Z	ALLOG BONE MARROW TRANSPLANT			10	96	182%		0.0557	1.0920	17.5071	0.5128		$260	$5,089	$81,583	$2,390
A08A	AUTO BONE MARROW TRANSPLNT+CCC			7	66	176%		0.0842	0.4368	8.3175	0.3667		$392	$2,035	$38,760	$1,709
A08B	AUTO BONE MARROW TRANSPLNT-CCC			3	29	80%		0.0129	0.5533	4.7492	0.3103		$60	$2,578	$22,131	$1,446
A09A	RENAL TRANSPLANT+PANCREAS/+CCC			4	40	100%		1.6938	0.9135	9.6175	0.4426		$7,893	$4,257	$44,818	$2,063
A09B	RENAL TRANSPLANT -PANCREAS-CCC			2	24	100%		1.7232	0.8494	7.5000	0.6698		$8,030	$3,958	$34,950	$3,121
A10Z	INSERTION OF VAD		Yes	15	136	100%		5.1878	1.5085	62.4645	0.8906		$24,175	$7,030	$291,085	$4,150
A11A	INS IMPLNT SP INFUS DEV+CCC			15	136	100%		0.8523	0.2114	8.6675	0.1590		$3,972	$985	$40,391	$741
A11B	INS IMPLNT SP INFUS DEV-CCC			1	15	100%				4.3660	0.6195				$20,346	$2,887
A12Z	INS NEUROSTIMULATOR DEV			1	8	100%				3.9016	0.6079				$18,181	$2,833
A40Z	ECMO		Yes	10	98	100%		2.4227	1.7012	42.0513	0.9743		$11,290	$7,928	$195,959	$4,540

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
B01A	VENTRICULAR SHUNT REV+CSCC			2	27	92%		0.9077	0.3936	3.5481	0.3455		$4,230	$1,834	$16,534	$1,610
B01B	VENTRICULAR SHUNT REV-CSCC			1	14	92%				2.5572	0.3724				$11,917	$1,735
B02A	CRANIAL PROCEDURES + CCC			5	50	137%		1.3967	0.8322	8.0511	0.3210		$6,509	$3,878	$37,518	$1,496
B02B	CRANIAL PROCEDURES + SCC			3	31	114%		1.0679	0.8117	5.3063	0.3067		$4,976	$3,783	$24,727	$1,429
B02C	CRANIAL PROCEDURES - CSCC			2	20	95%		0.9091	1.1000	4.0918	0.2822		$4,236	$5,126	$19,068	$1,315
B03A	SPINAL PROCEDURES + CSCC			4	45	100%		1.7281	0.4281	7.0569	0.2949		$8,053	$1,995	$32,885	$1,374
B03B	SPINAL PROCEDURES - CSCC			1	12	100%				3.0264	0.2702				$14,103	$1,259
B04A	EXTRACRANIAL VASCULAR PR +CCC			3	35	100%		1.0663	0.8944	4.9612	0.2219		$4,969	$4,168	$23,119	$1,034
B04B	EXTRACRANIAL VASCULAR PR - CCC			1	12	100%				2.4127	0.2617				$11,243	$1,220
B05Z	CARPAL TUNNEL RELEASE			1	3	100%				0.4493	0.1276				$2,094	$595
B06A	CBL PSY,MUS DYSY,NPTHY PR +CC			4	42	109%		0.6311	0.4319	5.5954	0.2397		$2,941	$2,013	$26,075	$1,117
B06B	CBL PSY,MUS DYSY,NPTHY PR -CC	Yes		1	8	155%	0.6329			1.4437	0.2753	$2,949			$6,728	$1,283
B07A	PRPHL & CRANL NERV & OTH			3	29	100%		0.7295	0.3542	3.8131	0.2352		$3,399	$1,651	$17,769	$1,096

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	PR+CC															
B07B	PRPHL & CRANL NERV & OTH PR-CC	Yes		1	6	109%	0.6458			1.3702	0.2506	$3,009			$6,385	$1,168
B40Z	PLASMAPHERESIS + NEURO DIS SD			1	1	100%				0.1611					$751	
B41Z	TELEMETRIC EEG MONITORING			1	14	80%				1.6909	0.2704				$7,880	$1,260
B42A	NERV SYS DX W VENT SUPPORT+CCC		Yes	4	38	100%		0.1671	1.2597	8.0413	0.3150		$779	$5,870	$37,472	$1,468
B42B	NERV SYS DX W VENT SUPPORT-CCC		Yes	2	20	114%		0.2281	1.5063	4.7587	0.3749		$1,063	$7,019	$22,176	$1,747
B60A	ACUTE PARA/QUAD+/-OR PR +CCC			9	89	100%		0.3373	0.3266	11.1441	0.3177		$1,572	$1,522	$51,932	$1,480
B60B	ACUTE PARA/QUAD+/-OR PR -CCC			3	32	100%		0.1726	0.2882	4.6563	0.2925		$804	$1,343	$21,698	$1,363
B61A	SPINAL CORD COND+/-OR PR +CSCC			5	51	100%		0.6124	0.4885	6.7729	0.3094		$2,854	$2,276	$31,562	$1,442
B61B	SPINAL CORD COND+/-OR PR -CSCC			1	14	100%				2.0039	0.3239				$9,338	$1,509
B62Z	APHERESIS			1	3	80%				0.2453	0.1938				$1,143	$903

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
B63Z	DMNTIA&CHRNIC DISTURB CRBRL FN			4	43	100%			0.2573	3.2066	0.1985			$1,199	$14,943	$925
B64A	DELIRIUM+CCC			4	39	100%			0.2862	3.1420	0.1994			$1,334	$14,642	$929
B64B	DELIRIUM-CCC			2	19	100%			0.2196	1.6188	0.1969			$1,023	$7,544	$918
B65Z	CEREBRAL PALSY			1	4	115%				0.4232	0.2664				$1,972	$1,241
B66A	NERVOUS SYSTEM NEOPLASM+CSCC			2	26	124%			0.3346	2.5098	0.2308			$1,559	$11,696	$1,076
B66B	NERVOUS SYSTEM NEOPLASM-CSCC	Yes		1	15	100%	0.3428			1.3216	0.2288	$1,597			$6,159	$1,066
B67A	DEGNRTV NERV SYS DIS+CSCC			4	38	126%			0.3811	3.4937	0.2263			$1,776	$16,281	$1,055
B67B	DEGNRTV NERV SYS DIS+MCC			2	23	125%			0.2755	1.9607	0.2110			$1,284	$9,137	$983
B67C	DEGNRTV NERV SYS DIS-CC	Yes		1	16	131%	0.1548			1.1686	0.2058	$721			$5,446	$959
B68A	MLT SCLROSIS&CEREBEL ATAXIA+CC			3	29	100%			0.2885	2.7490	0.2551			$1,344	$12,810	$1,189
B68B	MLT SCLROSIS&CEREBEL ATAXIA-CC	Yes		1	13	150%	0.2845			0.9414	0.2190	$1,326			$4,387	$1,021

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
B69A	TIA & PRECEREBRAL OCCLUSN+CSCC			1	17	100%				1.2831	0.1858				$5,979	$866
B69B	TIA & PRECEREBRAL OCCLUSN-CSCC			1	8	100%				0.5994	0.1842				$2,793	$858
B70A	STROKE & OTH CEREB DIS +CCC			5	46	100%			0.3230	3.9468	0.2421			$1,505	$18,392	$1,128
B70B	STROKE & OTH CEREB DIS +SCC			2	25	100%			0.4094	2.0514	0.2236			$1,908	$9,560	$1,042
B70C	STROKE & OTH CEREB DIS -CSCC	Yes		1	17	200%	0.3148			1.3365	0.2118	$1,467			$6,228	$987
B70D	STRKE&OTH CEREB DIS DIE/TRN<5D			1	4	100%				0.5299					$2,469	
B71A	CRANIAL & PERIPHL NERV DSRD+CC			2	23	100%			0.3221	2.5169	0.2410			$1,501	$11,729	$1,123
B71B	CRANIAL & PERIPHL NERV DSRD-CC	Yes		1	12	167%	0.1526			0.9933	0.2361	$711			$4,629	$1,100
B72A	NRVS SYS INF EX VRL MNGTS+CSCC			4	43	115%			0.4275	4.4540	0.2457			$1,992	$20,756	$1,145
B72B	NRVS SYS INF EX VRL MNGTS-CSCC			1	16	143%				1.2891	0.2395				$6,007	$1,116

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
B73Z	VIRAL MENINGITIS			1	10	123%				0.7790	0.2219				$3,630	$1,034
B74A	NONTRAUMATIC STUPOR & COMA +CC			1	14	100%				1.0367	0.1994				$4,831	$929
B74B	NONTRAUMATIC STUPOR & COMA -CC			1	5	100%				0.3473	0.2089				$1,618	$973
B75Z	FEBRILE CONVULSIONS			1	4	100%				0.3758	0.2611				$1,751	$1,217
B76A	SEIZURE + CSCC			2	19	134%			0.3471	1.7780	0.2375			$1,617	$8,285	$1,107
B76B	SEIZURE - CSCC	Yes		1	7	156%	0.1615			0.6010	0.2179	$753			$2,801	$1,015
B77Z	HEADACHE	Yes		1	7	140%	0.1290			0.5121	0.2145	$601			$2,386	$1,000
B78A	INTRACRANIAL INJURY+CSCC			3	30	100%			0.3671	2.8203	0.2328			$1,711	$13,143	$1,085
B78B	INTRACRANIAL INJURY-CSCC			1	11	122%				0.9440	0.2270				$4,399	$1,058
B79A	SKULL FRACTURES+CSCC			1	17	100%				1.4285	0.2248				$6,657	$1,048
B79B	SKULL FRACTURES-CSCC			1	6	116%				0.5498	0.2693				$2,562	$1,255
B80Z	OTHER HEAD INJURY	Yes		1	5	80%	0.1210			0.3912	0.2299	$564			$1,823	$1,071
B81A	OTHER DSRD OF NERVOUS			3	28	131%			0.3201	2.4035	0.2045			$1,492	$11,200	$953

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	SYS+CSCC															
B81B	OTHER DSRD OF NERVOUS SYS-CSCC	Yes		1	13	112%	0.3642			0.9864	0.2003	$1,697			$4,597	$933
B82A	CHR UNSP PARA/QUAD+/-OR PR+CCC			8	73	100%			0.3765	8.3246	0.2771			$1,754	$38,793	$1,291
B82B	CHR UNSP PARA/QUAD+/-PR+SCC			3	34	100%			0.4074	3.1694	0.2397			$1,898	$14,769	$1,117
B82C	CHR UNSP PARA/QUAD+/- PR -CSCC			1	18	127%				1.4562	0.2424				$6,786	$1,130
C01Z	PROC FOR PENETRATNG EYE INJURY			1	9	141%				1.6034	0.3753				$7,472	$1,749
C02Z	ENUCLEATIONS & ORBITAL PROCS	Yes		1	12	133%	0.6257			1.9534	0.2914	$2,916			$9,103	$1,358
C03Z	RETINAL PROCEDURES			1	4	122%				0.7923	0.2399				$3,692	$1,118
C04Z	MAJOR CORN, SCLERAL&CONJNCT PR			1	7	100%				1.2837	0.2849				$5,982	$1,328
C05Z	DACRYOCYSTORHINOSTOMY			1	3	87%				0.9503	0.3119				$4,428	$1,453
C10Z	STRABISMUS PROCEDURES			1	3	95%				0.7485	0.2555				$3,488	$1,191
C11Z	EYELID PROCEDURES	Yes		1	6	100%	0.5827			1.0815	0.2713	$2,715			$5,040	$1,264

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
C12Z	OTHER CORN, SCLERAL&CONJNCT PR			1	4	85%				0.6839	0.2138				$3,187	$996
C13Z	LACRIMAL PROCEDURES			1	3	80%				0.4464	0.1668				$2,080	$777
C14Z	OTHER EYE PROCEDURES			1	5	110%				0.4863	0.2103				$2,266	$980
C15A	GLAUCOMA/CX CATARACT PROCS			1	7	144%				1.0681	0.2461				$4,977	$1,147
C15B	GLAUCOMA/CX CATARACT PROCS, SD			1	1	112%				0.6369					$2,968	
C16Z	LENS PROCEDURES	Yes		1	4	132%	0.5471			0.8467	0.3415	$2,549			$3,946	$1,591
C60A	AC & MJR EYE INFECTN +CC			2	24	100%			0.3052	2.5922	0.2642			$1,422	$12,080	$1,231
C60B	AC & MJR EYE INFECTN -CC			1	13	100%				1.3524	0.2976				$6,302	$1,387
C61A	NEUROLOGICAL&VASCLR EYE DIS+CC			1	15	100%				1.1995	0.2499				$5,590	$1,165
C61B	NEUROLOGICAL&VASCLR EYE DIS-CC	Yes		1	10	129%	0.2357			0.8251	0.2341	$1,098			$3,845	$1,091
C62Z	HYPHEMA &MED MANAGD EYE TRAUMA	Yes		1	8	161%	0.1288			0.6001	0.1978	$600			$2,796	$922

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
C63Z	OTHER DISORDERS OF THE EYE	Yes		1	10	141%	0.2123			0.8480	0.2299	$989			$3,952	$1,071
D01Z	COCHLEAR IMPLANT			1	3	100%				6.9950	0.5059				$32,597	$2,357
D02A	HEAD & NECK PR +CSCC			4	37	100%		1.0659	0.5364	6.0890	0.3459		$4,967	$2,500	$28,375	$1,612
D02B	HEAD & NECK PR+MALIGNANCY/MCC			1	13	100%				2.8078	0.5028				$13,084	$2,343
D02C	HEAD & NECK PR -MALIGNANCY - CC			1	6	95%				1.5809	0.3546				$7,367	$1,652
D03Z	SURGCL RPR CLEFT LIP/PALATE DX			1	7	100%				1.7134	0.4602				$7,984	$2,145
D04A	MAXILLO SURGERY + CC			1	10	100%				2.3434	0.3339				$10,920	$1,556
D04B	MAXILLO SURGERY - CC	Yes		1	6	92%	0.8705			1.8161	0.3604	$4,057			$8,463	$1,679
D05Z	PAROTID GLAND PROCEDURES			1	7	100%				2.1636	0.4083				$10,082	$1,903
D06Z	SINUS &CMPLX MDDL EAR PR			1	4	100%				1.2196	0.4288				$5,683	$1,998
D10Z	NASAL PROCEDURES			1	3	80%				0.9042	0.3484				$4,214	$1,624
D11Z	TONSILLECTOMY, ADENOIDECTOMY			1	3	89%				0.6701	0.3252				$3,123	$1,515

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
D12Z	OTH EAR,NOSE,MOUTH & THROAT PR	Yes		1	6	95%	0.6026			1.3437	0.2780	$2,808			$6,262	$1,295
D13Z	MYRINGOTOMY +TUBE INSERTION			1	3	100%				0.3831	0.1305				$1,785	$608
D14Z	MOUTH & SALIVARY GLAND PROCS			1	5	83%				0.8289	0.2673				$3,863	$1,246
D15Z	MASTOID PROCEDURES			1	6	91%				2.1552	0.2539				$10,043	$1,183
D40Z	DENTAL EXTRACT & RESTORATIONS			1	3	110%				0.5892	0.1907				$2,746	$889
D60A	EAR NOSE MOUTH&THROAT MAL+CSCC			3	29	100%			0.5446	3.7111	0.2960			$2,538	$17,294	$1,379
D60B	EAR NOSE MOUTH&THROAT MAL-CSCC	Yes		1	9	115%	0.3442			1.0026	0.2375	$1,604			$4,672	$1,107
D61Z	DYSEQUILIBRIUM	Yes		1	8	130%	0.1127			0.5718	0.1869	$525			$2,665	$871
D62Z	EPISTAXIS	Yes		1	7	132%	0.1615			0.5014	0.2161	$753			$2,337	$1,007
D63Z	OTITIS MEDIA AND URI	Yes		1	7	118%	0.1350			0.5368	0.2486	$629			$2,501	$1,158
D64Z	LARYNGOTRACHEITIS&EPIGLOTTI			1	4	80%				0.2911	0.2103				$1,357	$980

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	TIS															
D65Z	NASAL TRAUMA & DEFORMITY			1	4	84%				0.3537	0.1401				$1,648	$653
D66A	OTH EAR,NOSE,MOUTH&THRT DX +CC			1	14	118%				1.0401	0.2303				$4,847	$1,073
D66B	OTH EAR,NOSE,MOUTH&THRT DX -CC	Yes		1	6	100%	0.2337			0.5504	0.2147	$1,089			$2,565	$1,001
D67A	ORAL&DNTAL DIS-EXTRCT&RESTN			1	8	122%				0.7075	0.2439				$3,297	$1,137
D67B	ORAL&DNTAL DIS-EXTRCT&RESTN,SD			1	1	109%				0.2159					$1,006	
E01A	MAJOR CHEST PROCEDURE + CCC			4	43	116%		0.7269	0.5787	5.7801	0.2871		$3,387	$2,697	$26,935	$1,338
E01B	MAJOR CHEST PROCEDURE - CCC			2	22	109%		0.3994	0.5139	3.4093	0.2718		$1,861	$2,395	$15,887	$1,267
E02A	OTHER RESPIRATRY SYS OR PR+CCC			4	42	144%		0.4609	0.4959	5.1198	0.2504		$2,148	$2,311	$23,858	$1,167
E02B	OTH RESPIRATRY SYS OR PR+SMCC	Yes		1	18	83%	0.5796			2.3937	0.3072	$2,701			$11,155	$1,432
E02C	OTHER RESPIRATY SYS OR PR -CC			1	4	85%				0.8567	0.3163				$3,992	$1,474
E40A	RESP DX W VENTILATOR		Yes	3	35	100%		0.0619	1.3214	7.3893	0.3907		$288	$6,158	$34,434	$1,821

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	SUPPT+CCC															
E40B	RESP DX W VENTILATOR SUPPT-CCC		Yes	2	23	92%		0.1900	1.1692	5.4916	0.4268		$885	$5,448	$25,591	$1,989
E41Z	RESP SYS DX +NON-INVAS VENTILN			3	34	111%		0.0947	0.7808	4.2540	0.2889		$441	$3,639	$19,824	$1,346
E42A	BRONCHOSCOPY +CCC			5	49	100%		0.3081	0.4466	5.1762	0.2515		$1,436	$2,081	$24,121	$1,172
E42B	BRONCHOSCOPY -CCC			2	21	142%		0.3998	0.4484	2.4938	0.2312		$1,863	$2,090	$11,621	$1,077
E42C	BRONCHOSCOPY SAMEDAY			1	1	162%				0.3631					$1,692	
E60A	CYSTIC FIBROSIS +CSCC			4	38	115%			0.5299	4.4458	0.2718			$2,469	$20,717	$1,267
E60B	CYSTIC FIBROSIS -CSCC			3	29	126%			0.4054	3.6372	0.2784			$1,889	$16,949	$1,297
E61A	PULMONARY EMBOLISM + CCC			3	31	100%			0.3898	2.8437	0.2159			$1,816	$13,252	$1,006
E61B	PULMONARY EMBOLISM - CCC	Yes		2	18	100%	0.1998		0.3765	1.4294	0.1802	$931		$1,754	$6,661	$840
E62A	RESPIRATRY INFECTN/INFLAMM+CCC			3	28	155%			0.3366	2.3946	0.2241			$1,569	$11,159	$1,044
E62B	RESPIRATRY INFECTN/INFLAM+SMCC			1	16	123%				1.2494	0.2192				$5,822	$1,021

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
E62C	RESPIRATORY INFECTN/INFLAMM-CC	Yes		1	10	100%	0.1279			0.7915	0.2138	$596			$3,688	$996
E63Z	SLEEP APNOEA			1	4	100%				0.3259	0.1829				$1,519	$852
E64A	PULMONRY OEDEMA &RESP FAIL+CCC			2	21	100%			0.5981	2.3267	0.2502			$2,787	$10,842	$1,166
E64B	PULMONRY OEDEMA &RESP FAIL-CCC			1	12	100%				1.0588	0.2230				$4,934	$1,039
E65A	CHRNIC OBSTRCT AIRWAY DIS +CCC			2	26	100%			0.3326	2.0699	0.2081			$1,550	$9,646	$970
E65B	CHRNIC OBSTRCT AIRWAY DIS -CCC			1	14	171%				1.0331	0.2052				$4,814	$956
E66A	MAJOR CHEST TRAUMA +CCC			3	35	100%			0.3172	2.5802	0.1934			$1,478	$12,024	$901
E66B	MJR CHEST TRMA +SMCC			1	15	100%				1.2915	0.2118				$6,018	$987
E66C	MAJOR CHEST TRAUMA -CC			1	8	100%				0.5883	0.1951				$2,741	$909
E67A	RESPIRATRY SIGNS & SYMPTM+CSCC			1	12	118%				0.9908	0.2196				$4,617	$1,023
E67B	RESPIRTRY SIGNS & SYMPTM -	Yes		1	6	100%	0.2174			0.4820	0.2199	$1,013			$2,246	$1,025

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	CSCC															
E68A	PNEUMOTHORAX +CC			1	18	100%				1.6163	0.2437				$7,532	$1,136
E68B	PNEUMOTHORAX -CC			1	8	113%				0.7090	0.2274				$3,304	$1,060
E69A	BRONCHITIS & ASTHMA +CC			1	11	90%				0.9244	0.2210				$4,308	$1,030
E69B	BRNCHTS&ASTHMA -CC	Yes		1	6	83%	0.1252			0.4932	0.2339	$583			$2,298	$1,090
E70A	WHOOPNG CGH &ACTE BRNCHIO+CC			1	14	100%				1.3840	0.3388				$6,449	$1,579
E70B	WHOOPNG CGH &ACTE BRNCHIO-CC			1	7	100%				0.7088	0.3199				$3,303	$1,491
E71A	RESPIRATORY NEOPLASMS +CCC			3	29	100%			0.3475	2.9076	0.2435			$1,619	$13,549	$1,135
E71B	RESPIRATORY NEOPLASMS -CCC	Yes		1	16	109%	0.2858			1.3341	0.2179	$1,332			$6,217	$1,015
E72Z	RESP PROBS FROM NEONATL PERIOD			1	11	100%				0.7150	0.2281				$3,332	$1,063
E73A	PLEURAL EFFUSION + CCC			3	30	100%			0.3181	2.7829	0.2348			$1,482	$12,968	$1,094
E73B	PLEURAL EFFUSN + SMCC	Yes		2	19	100%	0.1909		0.3800	1.6096	0.2152	$890		$1,771	$7,501	$1,003
E73C	PLEURAL EFFUSION - CC	Yes		1	12	100%	0.2038			0.9024	0.1954	$950			$4,205	$911

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
E74A	INTERSTITAL LUNG DIS +CCC			3	31	100%			0.2956	2.5290	0.1965			$1,377	$11,785	$916
E74B	INTERSTITIAL LUNG DIS +SMCC			2	19	100%			0.3070	1.7045	0.2156			$1,431	$7,943	$1,005
E74C	INTERSTITIAL LUNG DIS -CC	Yes		1	15	80%	0.2731			1.1715	0.1840	$1,273			$5,459	$857
E75A	OTHER RESP SYS DX +CCC			2	23	188%			0.3277	1.8830	0.2085			$1,527	$8,775	$972
E75B	OT RESP SYS DX +SMCC	Yes		1	15	149%	0.1662			1.1692	0.2163	$774			$5,448	$1,008
E75C	OTHER RESP SYS DX - CC	Yes		1	8	100%	0.1461			0.5992	0.2043	$681			$2,792	$952
E76Z	RESPIRATORY TUBERCULOSIS			4	42	100%			0.2869	4.1649	0.2297			$1,337	$19,408	$1,070
F01A	IMPLNTN/REPLCMNT AICD TTL+CCC			3	34	100%		5.2326	0.7476	10.2782	0.2731		$24,384	$3,484	$47,896	$1,273
F01B	IMPLNTN/REPLCMNT AICD TTL-CCC	Yes		1	11	100%	3.9813			5.7415	0.2898	$18,553			$26,755	$1,350
F02Z	OTHER AICD PROCEDURES			1	13	100%				2.1901	0.3194				$10,206	$1,488
F03A	CRDC VALV PR+PMP+INV INVES+CCC		Yes	7	66	100%		3.1462	0.6799	14.4863	0.3337		$14,661	$3,168	$67,506	$1,555
F03B	CRDC VALV PR+PMP+INV INVES-CCC		Yes	3	33	100%		1.2541	0.5970	8.0727	0.4589		$5,844	$2,782	$37,619	$2,138

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
F04A	CRD VLV PR+PMP-INV INVES+CCC		Yes	4	39	95%		3.7755	0.8933	10.2684	0.4010		$17,594	$4,163	$47,851	$1,869
F04B	CRD VLV PR+PMP-INV INVES-CCC		Yes	2	24	100%		2.5927	0.6952	7.4933	0.4676		$12,082	$3,240	$34,919	$2,179
F05A	CRNRY BYPSS+INV INVES+REOP/CCC		Yes	6	55	100%		3.1687	0.7449	10.6919	0.3208		$14,766	$3,471	$49,824	$1,495
F05B	CRNRY BYPSS+INV INVES-REOP-CCC		Yes	4	39	100%		2.1997	0.5734	8.2264	0.2802		$10,251	$2,672	$38,335	$1,306
F06A	CRNRY BYPSS-INV INVS+REOP/CSCC		Yes	3	31	100%		2.2158	0.7117	7.2423	0.3638		$10,326	$3,317	$33,749	$1,695
F06B	CRNRY BYPSS-INV INVS-REOP-CSCC		Yes	2	22	100%		2.0126	0.6326	5.6830	0.3718		$9,379	$2,948	$26,483	$1,733
F07A	OTHER CARDTHOR/VASC PR+PMP+CCC		Yes	4	37	115%		2.6040	0.9109	9.9944	0.4925		$12,135	$4,245	$46,574	$2,295
F07B	OTH CARDTHOR/VASC PR+PMP+SMCC		Yes	2	22	95%		2.2866	0.8478	7.7758	0.5074		$10,656	$3,951	$36,235	$2,364
F07C	OTHER CARDTHOR/VASC PR+PMP-CC		Yes	2	19	100%		1.5807	0.9158	5.8694	0.5957		$7,366	$4,268	$27,351	$2,776
F08A	MJR RECONSTRC VASC PR-PUMP+CCC			5	45	100%		2.1821	0.6233	7.8428	0.2695		$10,169	$2,905	$36,547	$1,256

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
F08B	MJR RECONSTRC VASC PR-PUMP-CCC			2	19	100%		1.2911	0.5404	4.3424	0.2441		$6,017	$2,518	$20,236	$1,138
F09A	OTH CARDIOTHOR PR-PMP+CCC			3	28	133%		0.9044	0.8986	4.8171	0.3448		$4,215	$4,187	$22,448	$1,607
F09B	OTH CARDIOTHOR PR-PMP +SMCC			1	14	100%				2.8740	0.3780				$13,393	$1,761
F09C	OTH CARDIOTHOR PR-PMP -CC			1	10	133%				2.1402	0.3615				$9,973	$1,685
F10A	INTERVENTN CORONARY PR+AMI+CCC			2	25	100%		0.6034	0.8467	3.9417	0.2751		$2,812	$3,946	$18,368	$1,282
F10B	INTERVENTN CORONARY PR+AMI-CCC			1	10	100%				2.1616	0.2613				$10,073	$1,218
F11A	AMPUTN CIRC SYS-UP LMB&TOE+CCC			8	81	100%		0.9982	0.3673	9.9436	0.2738		$4,652	$1,712	$46,337	$1,276
F11B	AMPUTN CIRC SYS-UP LMB&TOE-CCC			5	46	100%		0.7772	0.3357	5.2978	0.2617		$3,622	$1,564	$24,688	$1,220
F12A	IMPLANT/REPLACE PM,TOT SYS+CCC			3	31	100%		1.2813	0.4883	4.9603	0.2816		$5,971	$2,275	$23,115	$1,312
F12B	IMPLANT/REPLACE PM,TOT SYS-CCC	Yes		1	11	182%	1.5477			2.5613	0.2595	$7,212			$11,936	$1,209

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
F13A	UP LIMB&TOE AMP CIRC DIS +CSCC			5	52	100%		0.4266	0.3524	5.7995	0.2909		$1,988	$1,642	$27,026	$1,356
F13B	UP LIMB&TOE AMP CIRC DIS - CSCC			2	21	100%		0.3517	0.2735	2.4076	0.2250		$1,639	$1,275	$11,219	$1,049
F14A	VASC PR-MJR RECONSTRC-PUMP+CCC			3	32	100%		0.5571	0.6235	4.8590	0.2862		$2,596	$2,906	$22,643	$1,334
F14B	VASC PR-MJR RECONSTR-PUMP+SMCC	Yes		1	14	100%	0.7509			2.1964	0.2568	$3,499			$10,235	$1,197
F14C	VASC PR-MJR RECONSTR-PUMP-CC	Yes		1	7	100%	0.7727			1.5691	0.2620	$3,601			$7,312	$1,221
F15A	INTER CORONARY PR-AMI+STN+CSCC			1	11	100%				2.2960	0.2854				$10,699	$1,330
F15B	INTER CORONRY PR-AMI+STNT-CSCC			1	6	100%				1.7137	0.2212				$7,986	$1,031
F16A	INTERVN CORONARY PR-AMI-STN+CC			1	11	100%				2.1877	0.2435				$10,195	$1,135
F16B	INTERV CORONARY PR-AMI-STNT-CC			1	5	100%				1.4410	0.1918				$6,715	$894

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
F17A	INSERT/REPLACE PM GENERTR+CSCC			1	18	100%				2.6960	0.2236				$12,563	$1,042
F17B	INSERT/REPLACE PM GENERTR-CSCC			1	4	100%				1.4493	0.2461				$6,754	$1,147
F18A	OTHER PACEMAKER PROCEDURES+CC			3	27	100%		0.6589	0.5157	3.8744	0.2718		$3,070	$2,403	$18,055	$1,267
F18B	OTHER PACEMAKER PROCEDURES-CC			1	7	100%				1.1530	0.2820				$5,373	$1,314
F19Z	TRNS-VSCLR PERC CRDC INTRV			1	10	80%				2.8468	0.3072				$13,266	$1,432
F20Z	VEIN LIGATION & STRIPPING			1	4	80%				0.9596	0.3373				$4,472	$1,572
F21A	OTH CIRC SYS OR PR+CCC			5	48	100%		0.6164	0.4259	5.7937	0.2535		$2,872	$1,985	$26,999	$1,181
F21B	OTH CIRC SYS OR PR -CCC	Yes		2	19	100%	0.7188	0.7075	0.4731	2.5697	0.2027	$3,350	$3,297	$2,205	$11,975	$945
F40A	CIRC SYS DX+VENTILTR SUPPT+CCC		Yes	3	30	100%		0.0613	1.3475	7.4862	0.3638		$286	$6,279	$34,886	$1,695
F40B	CIRC SYS DX+VENTILTR SUPPT-CCC		Yes	1	17	100%				4.6362	0.5088				$21,605	$2,371
F41A	CRC DSRD+AMI+INVA INVE PR+CSCC			2	23	100%		0.2778	0.4567	2.7488	0.2419		$1,295	$2,128	$12,809	$1,127

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
F41B	CRC DSRD+AMI+INVA INVE PR-CSCC	Yes		1	13	100%	0.5578			1.6575	0.2546	$2,599			$7,724	$1,186
F42A	CRC DSRD-AMI+IC IN PR +CSCC			2	22	100%		0.4199	0.5921	2.6401	0.2312		$1,957	$2,759	$12,303	$1,077
F42B	CRC DSRD-AMI+IC IN PR -CSCC			1	9	123%				1.2697	0.1951				$5,917	$909
F42C	CRC DSRD-AMI+IC IN PR SD			1	1	182%				0.6032					$2,811	
F43Z	CIRC SYS DIAG W NIV			3	34	100%		0.0412	0.7155	3.9731	0.2566		$192	$3,334	$18,515	$1,196
F60A	CRC DSRD+AMI-INVA INVE PR+CCC			2	26	100%			0.4152	2.3750	0.2228			$1,935	$11,068	$1,038
F60B	CRC DSRD+AMI-INVA INVE PR-CCC	Yes		1	11	100%	0.2524			1.0715	0.2210	$1,176			$4,993	$1,030
F61A	INFECTIVE ENDOCARDITIS +CCC			8	72	100%			0.4604	7.3969	0.2105			$2,145	$34,470	$981
F61B	INFECTIVE ENDOCARDITIS -CCC			4	37	100%			0.3232	4.1800	0.2092			$1,506	$19,479	$975
F62A	HEART FAILURE & SHOCK + CCC			3	30	100%			0.3373	2.5644	0.2196			$1,572	$11,950	$1,023
F62B	HEART FAILURE & SHOCK - CCC			1	14	148%				1.0561	0.2043				$4,921	$952
F63A	VENOUS THROMBOSIS + CSCC			2	24	100%			0.3473	2.0012	0.1976			$1,618	$9,326	$921
F63B	VENOUS THROMBOSIS - CSCC	Yes		1	18	100%	0.1499			0.8730	0.1078	$699			$4,068	$502

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
F64A	SKN ULCERS CIRC DISORD +CSCC			4	39	100%			0.3128	3.2783	0.2165			$1,458	$15,277	$1,009
F64B	SKN ULCERS CIRC DISORD -CSCC	Yes		2	25	100%	0.2306		0.4391	1.8268	0.1887	$1,075		$2,046	$8,513	$879
F65A	PERIPHERAL VASCULAR DSRD +CSCC			2	23	100%			0.4190	2.1650	0.2130			$1,953	$10,089	$993
F65B	PERIPHERAL VASCULAR DSRD - CSCC	Yes		1	10	83%	0.3281			0.9376	0.1849	$1,529			$4,369	$862
F66A	CORONARY ATHEROSCLEROSIS +CSCC			1	14	100%				1.1376	0.2219				$5,301	$1,034
F66B	CORONARY ATHEROSCLEROSIS - CSCC	Yes		1	6	100%	0.1671			0.4932	0.2065	$779			$2,298	$962
F67A	HYPERTENSION + CSCC			1	17	100%				1.4450	0.2228				$6,734	$1,038
F67B	HYPERTENSION - CSCC	Yes		1	9	142%	0.1677			0.6384	0.1969	$781			$2,975	$918
F68A	CONGENITAL HEART DISEASE +CC			1	10	113%				0.8418	0.2831				$3,923	$1,319
F68B	CONGENITAL HEART DISEASE -CC			1	4	92%				0.3865	0.2330				$1,801	$1,086
F69A	VALVULAR DISORDERS + CSCC			2	23	100%			0.3172	2.0471	0.2297			$1,478	$9,539	$1,070
F69B	VALVULAR DISORDERS - CSCC	Yes		1	7	185%	0.2112			0.5108	0.2089	$984			$2,380	$973

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
F72A	UNSTABLE ANGINA + CSCC			1	14	100%				1.2483	0.2294				$5,817	$1,069
F72B	UNSTABLE ANGINA - CSCC	Yes		1	7	100%	0.1448			0.6284	0.2194	$675			$2,928	$1,022
F73A	SYNCOPE & COLLAPSE + CSCC			1	16	100%				1.2093	0.2018				$5,635	$940
F73B	SYNCOPE & COLLAPSE - CSCC	Yes		1	7	127%	0.1631			0.5248	0.1934	$760			$2,446	$901
F74Z	CHEST PAIN			1	4	149%				0.2693	0.1889				$1,255	$880
F75A	OTHER CIRCULATRY SYSTEM DX+CCC			3	30	185%			0.4172	2.9889	0.2515			$1,944	$13,928	$1,172
F75B	OTH CIRCULATRY SYSTEM DX+SMCC			1	13	194%				1.1755	0.2357				$5,478	$1,098
F75C	OTHER CIRCULATY SYSTEM DX-CC	Yes		1	8	172%	0.2851			0.6919	0.2087	$1,329			$3,224	$973
F76A	ARRHY, CARD & COND DISDR +CSCC	Yes		2	18	100%	0.2147		0.3847	1.6961	0.2132	$1,001		$1,793	$7,904	$994
F76B	ARRHY, CARD & COND DISDR - CSCC	Yes		1	8	158%	0.2016			0.6308	0.1746	$939			$2,940	$814
G01A	RECTAL RESECTION +CCC			5	53	100%		1.9141	0.6816	7.4675	0.2749		$8,920	$3,176	$34,799	$1,281
G01B	RECTAL RESECTION -CCC			2	27	100%		1.5379	0.6734	4.4386	0.2506		$7,167	$3,138	$20,684	$1,168

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
G02A	MJR SMALL & LARGE BOWEL PR+CCC			5	51	138%		1.3071	0.5589	6.7974	0.2943		$6,091	$2,604	$31,676	$1,371
G02B	MJR SMALL & LARGE BOWEL PR-CCC			2	22	100%		0.6484	0.3720	3.5051	0.2992		$3,022	$1,734	$16,334	$1,394
G03A	STOMCH,OESPH&DUODNL PR+MAL/CCC			5	47	100%		1.3234	0.5204	7.1696	0.3156		$6,167	$2,425	$33,410	$1,471
G03B	STMCH,OESPHGL&DDNL PR-MAL+SMCC			2	21	125%		0.8467	0.5634	3.2050	0.2856		$3,946	$2,625	$14,935	$1,331
G03C	STMCH,OESPHGL&DDNL PR-MAL-CC			1	11	114%				2.0652	0.2805				$9,624	$1,307
G04A	PERITONEAL ADHESOLYSIS +CCC			5	46	100%		0.9895	0.4598	5.8119	0.2686		$4,611	$2,143	$27,083	$1,252
G04B	PRTNL ADHLY +SMCC			2	24	106%		0.7563	0.4979	3.2718	0.2805		$3,524	$2,320	$15,247	$1,307
G04C	PERITONEAL ADHESOLYSIS -CC			1	12	118%				1.8529	0.2678				$8,635	$1,248
G05A	MNR SMALL&LARGE BOWEL PR +CCC			4	43	100%		0.7774	0.3288	4.2382	0.2450		$3,623	$1,532	$19,750	$1,142
G05B	MNR SMALL&LARGE BOWEL PR +SMCC			2	21	100%		0.6489	0.2974	2.7620	0.2419		$3,024	$1,386	$12,871	$1,127

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
G05C	MNR SMALL & LARGE BOWEL PR -CC			1	12	80%				1.8030	0.3090				$8,402	$1,440
G06Z	PYLOROMYOTOMY PROCEDURE			1	11	100%				1.6950	0.3290				$7,899	$1,533
G07A	APPENDCTMY +MALIG/PERITON/CSCC			1	15	122%				1.8758	0.2891				$8,741	$1,347
G07B	APPENDCTMY -MALIG-PERITON-CSCC			1	7	118%				1.2129	0.2448				$5,652	$1,141
G10A	HERNIA PROCEDURES +CC			1	15	80%				2.1739	0.2617				$10,130	$1,220
G10B	HERNIA PROCEDURES -CC			1	4	80%				0.9839	0.2805				$4,585	$1,307
G11Z	ANAL & STOMAL PROCEDURES	Yes		1	8	125%	0.4542			0.9088	0.1978	$2,117			$4,235	$922
G12A	OTH DIGEST SYS OR PR+CCC			4	44	100%		0.4874	0.5337	5.6903	0.2735		$2,271	$2,487	$26,517	$1,275
G12B	OTH DIGEST SYS OR PR+SMCC			2	20	105%		0.4631	0.4239	2.7366	0.2586		$2,158	$1,975	$12,753	$1,205
G12C	OTH DIGEST SYS OR PR-CC	Yes		1	13	131%	0.6277			1.6143	0.1902	$2,925			$7,523	$886
G46A	COMPLEX GASTROSCOPY+CCC			4	39	100%		0.3192	0.4223	4.0960	0.2508		$1,487	$1,968	$19,087	$1,169
G46B	COMPLEX GASTROSCOPY-CCC			1	14	139%				1.4308	0.2225				$6,668	$1,037

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
G46C	COMPLEX GASTROSCOPY,SD			1	1	138%				0.3693					$1,721	
G47A	OTH GASTROSCOPY +CCC			3	32	100%		0.1570	0.4279	3.2121	0.2381		$732	$1,994	$14,968	$1,110
G47B	OTH GASTROSCOPY -CCC			1	12	100%				1.0523	0.2194				$4,904	$1,022
G47C	OTH GASTROSCOPY, SD			1	1	128%				0.2691					$1,254	
G48A	COLONSCOPY +CSCC			3	28	100%		0.1824	0.3433	2.8569	0.2435		$850	$1,600	$13,313	$1,135
G48B	COLONSCOPY - CSCC			1	11	152%				1.0438	0.1947				$4,864	$907
G48C	COLONSCOPY, SD			1	1	140%				0.3185					$1,484	
G60A	DIGESTIVE MALIGNANCY + CCC			3	28	100%			0.3223	2.6989	0.2299			$1,502	$12,577	$1,071
G60B	DIGESTIVE MALIGNANCY - CCC	Yes		1	14	185%	0.2557			0.9645	0.1989	$1,192			$4,495	$927
G61A	GI HAEMORRHAGE +CSCC			1	15	100%				1.2719	0.2234				$5,927	$1,041
G61B	GI HAEMORRHAGE - CSCC	Yes		1	8	100%	0.1566			0.5685	0.1965	$730			$2,649	$916
G62Z	COMPLICATED PEPTIC ULCER			1	15	100%				1.2171	0.2076				$5,672	$967
G63Z	UNCOMPLICATED PEPTIC ULCER			1	5	100%				0.2818	0.1582				$1,313	$737
G64A	INFLAMMATORY BOWEL DISEASE +CC	Yes		2	19	150%	0.3067		0.5137	1.6321	0.2346	$1,429		$2,394	$7,606	$1,093

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
G64B	INFLAMMATORY BOWEL DISEASE-CC	Yes		1	11	132%	0.5226			0.9131	0.2292	$2,435			$4,255	$1,068
G65A	GI OBSTRUCTION + CSCC			2	19	100%			0.3188	1.6765	0.2263			$1,486	$7,812	$1,055
G65B	GI OBSTRUCTION - CSCC			1	9	93%				0.6803	0.2092				$3,170	$975
G66Z	ABDMNL PAIN/MESENTRC ADENTS	Yes		1	6	107%	0.1272			0.4667	0.2101	$593			$2,175	$979
G67A	OESPHS, GASTR +CSCC			1	16	110%				1.2403	0.2223				$5,780	$1,036
G67B	OESPHS, GASTR -CSCC	Yes		1	6	110%	0.1027			0.4934	0.2025	$479			$2,299	$944
G70A	OTHER DIGESTIVE SYS DIAG +CSCC	Yes		2	18	136%	0.1760		0.3192	1.6230	0.2372	$820		$1,487	$7,563	$1,105
G70B	OTHER DIGESTIVE SYS DIAG -CSCC	Yes		1	8	125%	0.1504			0.5928	0.2056	$701			$2,762	$958
H01A	PANCREAS, LIVER & SHUNT PR+CCC			5	49	100%		0.9095	0.6424	8.2081	0.3459		$4,238	$2,994	$38,250	$1,612
H01B	PANCREAS, LIVER &SHUNT PR-CCC			2	19	100%		0.4384	0.5471	4.1085	0.3847		$2,043	$2,549	$19,146	$1,793
H02A	MJR BILIARY TRACT PR +CCC			5	53	100%		0.6785	0.4375	6.4459	0.2642		$3,162	$2,039	$30,038	$1,231
H02B	MJR BILIARY TRACT PR +SCC			2	27	100%		0.6226	0.3827	4.0408	0.2383		$2,901	$1,783	$18,830	$1,110

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
H02C	MJR BILIARY TRACT PR -CSCC			1	16	100%				2.1173	0.2811				$9,867	$1,310
H05A	HEPATOBILIARY DIAGNTIC PR +CCC			4	42	100%		0.9349	0.4546	5.5968	0.2533		$4,357	$2,118	$26,081	$1,180
H05B	HEPATOBILIARY DIAGNTIC PR -CCC			1	11	100%				1.3773	0.3005				$6,418	$1,400
H06A	OTH HEPTOBILRY & PANCRS PR+CCC			5	47	100%		0.2381	0.7113	6.0550	0.2664		$1,110	$3,315	$28,216	$1,241
H06B	OTH HEPTOBILRY &PANCRS PR-CCC			1	15	100%				1.5009	0.2049				$6,994	$955
H07A	OPEN CHOLECYSTECTOMY+CDE/+CCC			4	39	100%		1.1122	0.5244	5.3689	0.2755		$5,183	$2,444	$25,019	$1,284
H07B	OPEN CHOLECYSTECTOMY-CDE-CCC			1	17	100%				2.6553	0.2363				$12,374	$1,101
H08A	LAP CHOLECYSTECTMY+CDE/+CSCC			2	18	100%		0.8685	0.5259	2.8528	0.2473		$4,047	$2,451	$13,294	$1,152
H08B	LAP CHOLECYSTECTMY-CDE-CSCC			1	6	116%				1.4288	0.2245				$6,658	$1,046
H40A	ENDO PR BLEED OES VARICES +CCC			3	30	100%		0.3448	0.8035	4.0036	0.3295		$1,607	$3,744	$18,657	$1,535

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
H40B	ENDO PR BLEED OES VARICES -CCC			1	14	100%				1.6867	0.3210				$7,860	$1,496
H43A	ERCP PROCEDURE +CSCC			3	30	100%		0.3029	0.3762	3.1716	0.2517		$1,412	$1,753	$14,780	$1,173
H43B	ERCP PROCEDURE -CSCC	Yes		1	13	100%	0.4424			1.2341	0.2027	$2,062			$5,751	$945
H60A	CIRRHOSIS & ALC HEPATITIS +CCC			3	34	100%			0.4638	3.3037	0.2566			$2,161	$15,395	$1,196
H60B	CIRRHOSIS & ALC HEPATITIS+SMCC	Yes		1	17	100%	0.3038			1.3967	0.2103	$1,416			$6,509	$980
H60C	CIRRHOSIS & ALC HEPATITIS -CC			1	5	100%				0.3662	0.2551				$1,706	$1,189
H61A	MALG HEPATOBILIARY SYS PAN+CCC			3	28	100%			0.3130	2.6555	0.2346			$1,459	$12,375	$1,093
H61B	MALG HEPATOBILIAY SYS PANC-CCC	Yes		1	15	124%	0.3332			1.2301	0.2063	$1,553			$5,732	$961
H62A	DISORDERS PANCREAS-MALIG+CSCC			2	22	100%			0.5141	2.1329	0.2664			$2,396	$9,939	$1,241
H62B	DISORDERS PANCREAS-MALIG-CSCC	Yes		1	11	171%	0.2265			0.8226	0.2156	$1,055			$3,833	$1,005
H63A	DSRD LVR-MAL,CIRR,ALC			2	22	140%			0.4526	2.2483	0.2412			$2,109	$10,477	$1,124

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	HEP+CSCC															
H63B	DSRD LVR-MAL,CIRR,ALC HEP-CSCC	Yes		1	12	112%	0.2914			0.9964	0.2087	$1,358			$4,643	$973
H64A	DISORDERS OF BILIARY TRACT +CC			1	17	140%				1.4488	0.2308				$6,751	$1,076
H64B	DISORDERS OF BILIARY TRACT -CC	Yes		1	8	168%	0.1348			0.6502	0.2003	$628			$3,030	$933
I01A	BL/MLT MJ JT PR LWR EXT+RV/CCC			9	86	100%		3.9642	0.3807	13.2874	0.2608		$18,473	$1,774	$61,919	$1,215
I01B	BL/MLT MJ JT PR LWR EXT-RV-CCC			2	23	100%		3.7113	0.4945	5.7055	0.1918		$17,295	$2,304	$26,588	$894
I02A	MCRVAS TT/SKIN GRAFT+CSCC-HAND			9	88	100%		1.9957	0.4121	12.6249	0.3134		$9,300	$1,920	$58,832	$1,460
I02B	SKIN GRAFT -CSCC -HAND			2	25	90%		0.6952	0.4112	4.6226	0.3116		$3,240	$1,916	$21,541	$1,452
I03A	HIP REPLACEMENT + CCC			4	42	100%		1.9333	0.4720	5.5377	0.2424		$9,009	$2,200	$25,806	$1,130
I03B	HIP REPLACEMENT - CCC			2	21	100%		2.4980	0.7135	4.1742	0.1802		$11,641	$3,325	$19,452	$840
I04A	KNEE REPLACEMT +CSCC			3	27	100%		2.5648	0.4939	4.9857	0.2439		$11,952	$2,302	$23,233	$1,137
I04B	KNEE REPLACEMT -CSCC			1	18	100%				3.9305	0.1842				$18,316	$858
I05A	OTH JNT REPLACEMENT +CSCC			3	34	100%		2.6905	0.4878	6.1107	0.2254		$12,538	$2,273	$28,476	$1,050

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
I05B	OTH JNT REPLACEMENT -CSCC			1	12	100%				3.6895	0.2515				$17,193	$1,172
I06Z	SPINAL FUSION + DEFORMITY			2	26	100%		3.4420	0.5564	10.6117	0.5571		$16,040	$2,593	$49,451	$2,596
I07Z	AMPUTATION			8	73	100%		0.9561	0.3388	7.9863	0.2744		$4,455	$1,579	$37,216	$1,279
I08A	OTHER HIP & FEMUR PROC +CCC			5	49	120%		1.0412	0.3638	5.3297	0.2486		$4,852	$1,695	$24,836	$1,158
I08B	OTHER HIP & FEMUR PR -CCC			2	25	100%		0.7117	0.5553	3.2543	0.2150		$3,317	$2,588	$15,165	$1,002
I09A	SPINAL FUSION +CCC			5	51	100%		3.8996	0.5749	10.2430	0.3076		$18,172	$2,679	$47,732	$1,433
I09B	SPINAL FUSION -CCC			2	20	105%		2.2853	0.6068	5.8447	0.3502		$10,649	$2,828	$27,236	$1,632
I10A	OTHER BACK & NECK PROCS + CSCC			3	32	100%		1.0541	0.4215	4.3556	0.2544		$4,912	$1,964	$20,297	$1,186
I10B	OTHER BACK & NECK PROCS - CSCC			1	12	100%				2.0788	0.2437				$9,687	$1,136
I11Z	LIMB LENGTHENING PROCEDURES			1	14	140%				2.5196	0.4881				$11,741	$2,275
I12A	INFC/INFM BONE/JNT+MISC PR+CCC			8	74	100%		0.6500	0.3183	7.3519	0.2089		$3,029	$1,483	$34,260	$973
I12B	INFC/INFM BNE/JNT+MISC PR+SMCC			4	42	142%		0.6168	0.3310	4.3805	0.1882		$2,874	$1,542	$20,413	$877

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
I12C	INFC/INFM BNE/JNT+MISC PR-CC			2	19	123%		0.5446	0.2898	2.6394	0.1867		$2,538	$1,350	$12,300	$870
I13A	HUMER,TIBIA,FIBUL,ANKL PR+CC			3	33	100%		1.1018	0.4152	4.4126	0.2461		$5,134	$1,935	$20,563	$1,147
I13B	HUMER,TIBIA,FIBUL,ANKL PR-CC			1	11	80%				1.9449	0.2782				$9,063	$1,296
I15Z	CRANIO-FACIAL SURGERY			1	17	142%				3.0382	0.3177				$14,158	$1,480
I16Z	OTHER SHOULDER PROCEDURES			1	4	100%				1.4697	0.4052				$6,849	$1,888
I17A	MAXILLO-FACIAL SURGERY +CC			1	13	100%				2.2737	0.3537				$10,595	$1,648
I17B	MAXILLO-FACIAL SURGERY -CC			1	5	123%				1.5724	0.4110				$7,327	$1,915
I18Z	OTHER KNEE PROCEDURES	Yes		1	8	109%	0.6333			1.3013	0.2252	$2,951			$6,064	$1,049
I19A	OTHER ELBOW, FOREARM PROCS +CC			2	18	100%		0.9699	0.4633	2.8791	0.2350		$4,520	$2,159	$13,417	$1,095
I19B	OTHER ELBOW, FOREARM PROCS -CC			1	6	86%				1.5159	0.2691				$7,064	$1,254
I20Z	OTHER FOOT PROCEDURES	Yes		1	8	105%	0.6785			1.4441	0.2557	$3,162			$6,730	$1,192
I21Z	LOC EX, REM INT FIX DEV HP&FMR			1	7	88%				1.0779	0.2871				$5,023	$1,338

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
I23Z	LOC EX,REM INT FIX-HP&FMR	Yes		1	6	100%	0.5008			1.1889	0.2475	$2,334			$5,540	$1,153
I24Z	ARTHROSCOPY			1	5	112%				0.7719	0.2341				$3,597	$1,091
I25A	BNE,JNT DXTIC PR INC BIOPSY+CC			4	39	100%		0.1753	0.3972	5.6453	0.2274		$817	$1,851	$26,307	$1,060
I25B	BNE,JNT DXTIC PR INC BIOPSY-CC	Yes		1	16	109%	0.5865			1.6337	0.1753	$2,733			$7,613	$817
I27A	SOFT TISSUE PROCEDURES +CC			3	30	82%		0.5453	0.4575	3.9760	0.2488		$2,541	$2,132	$18,528	$1,159
I27B	SOFT TISSUE PROCEDURES -CC	Yes		1	8	105%	0.5602			1.2597	0.2386	$2,611			$5,870	$1,112
I28A	OTH MUSCULOSKELETAL PR+CC			3	31	100%		0.5856	0.3495	3.9426	0.2321		$2,729	$1,629	$18,373	$1,082
I28B	OTH MUSCULOSKELETAL PR-CC	Yes		1	7	105%	0.6186			1.4265	0.2196	$2,883			$6,647	$1,023
I29Z	KNEE RECONSTRUCTION/REVISION			1	4	100%				1.6379	0.4277				$7,633	$1,993
I30Z	HAND PROCEDURES	Yes		1	6	91%	0.6493			1.1496	0.2945	$3,026			$5,357	$1,372
I31A	HIP REVISION +CCC			7	71	100%		3.2387	0.4295	10.2011	0.2475		$15,092	$2,001	$47,537	$1,153
I31B	HIP REVISION -CCC			3	31	100%		2.2483	0.4437	5.5863	0.1965		$10,477	$2,068	$26,032	$916
I32A	KNEE REVISION +CCC			7	70	100%		4.0248	0.3415	9.5527	0.1813		$18,756	$1,591	$44,516	$845
I32B	KNEE REVISION +SCC			3	35	100%		3.6975	0.3673	6.4221	0.1858		$17,230	$1,712	$29,927	$866

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
I32C	KNEE REVISION -CSCC			2	27	100%		2.3690	0.3976	4.9363	0.1827		$11,040	$1,853	$23,003	$851
I60Z	FEMORAL SHAFT FRACTURES			2	21	115%			0.3738	2.6622	0.2635			$1,742	$12,406	$1,228
I61A	DISTAL FEMORAL FRACTURES +CC			4	41	100%			0.3404	3.2545	0.1940			$1,586	$15,166	$904
I61B	DISTAL FEMORAL FRACTURES -CC			1	11	130%				0.7104	0.1764				$3,310	$822
I63A	SPR,STR&DSLC HIP,PELV&THIGH+CC			1	17	100%				1.3172	0.2110				$6,138	$983
I63B	SPR,STR&DSLC HIP,PELV&THIGH-CC			1	6	100%				0.4413	0.2419				$2,056	$1,127
I64A	OSTEOMYELITIS +CSCC			5	45	100%			0.2635	4.3484	0.1802			$1,228	$20,264	$840
I64B	OSTEOMYELITIS -CSCC			2	24	100%			0.2303	2.1053	0.1368			$1,073	$9,811	$637
I65A	MUSCSKEL MALIG NEO+CCC			3	35	100%			0.4328	3.6505	0.2252			$2,017	$17,011	$1,049
I65B	MUSCSKEL MALIG NEO -CCC	Yes		2	18	94%	0.3192		0.5564	1.9894	0.2263	$1,487		$2,593	$9,271	$1,055
I66A	INFLM MUSCL DSR +CSCC			3	29	100%			0.3655	3.1830	0.2515			$1,703	$14,833	$1,172
I66B	INFLM MUSCULSKTL DSR -CSCC	Yes		1	14	89%	0.3090			1.3176	0.2397	$1,440			$6,140	$1,117
I67A	SEPTIC ARTHRITIS + CSCC			4	42	100%			0.3707	3.9178	0.2185			$1,727	$18,257	$1,018

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
I67B	SEPTIC ARTHRITIS - CSCC			2	19	112%			0.2212	1.6321	0.1305			$1,031	$7,606	$608
I68A	NON-SURG SPINAL DISORDERS +CC			2	26	143%			0.3415	2.1427	0.2194			$1,591	$9,985	$1,022
I68B	NON-SURG SPINAL DISORDERS - CC			1	11	136%				0.7442	0.2000				$3,468	$932
I68C	NON-SURG SPINAL DISORDERS, SD			1	1	124%				0.2025					$944	
I69A	BONE DISEASES AND ARTHRO +CSCC			2	26	100%			0.2760	1.9959	0.1985			$1,286	$9,301	$925
I69B	BONE DISEASES AND ARTHROP-CSCC	Yes		1	13	146%	0.1882			0.8979	0.1831	$877			$4,184	$853
I71A	OTH MUSCTENDIN DISRD +CSCC			2	21	100%			0.2390	1.9095	0.2083			$1,114	$8,898	$971
I71B	OTH MUSCTENDIN DISRD -CSCC	Yes		1	9	151%	0.1713			0.6210	0.1905	$798			$2,894	$888
I72A	SPEC MUSCTEND DISRD +CSCC			3	27	100%			0.3335	2.5270	0.2092			$1,554	$11,776	$975
I72B	SPEC MUSCTEND DISRD -CSCC	Yes		1	12	119%	0.1958			0.7447	0.1602	$912			$3,470	$747
I73A	AFTCARE MUSCSK IMPL +CSCC			4	39	100%			0.3036	3.1351	0.1887			$1,415	$14,610	$879

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
I73B	AFTCARE MUSCSK IMPL -CSCC	Yes		2	21	100%	0.2617		0.3782	1.3867	0.1165	$1,220		$1,762	$6,462	$543
I74Z	INJ FOREARM, WRIST, HAND, FOOT	Yes		1	6	112%	0.2023			0.5502	0.1715	$943			$2,564	$799
I75A	INJ SH,ARM,ELB,KN,LEG,ANKL +CC			2	25	100%			0.2800	2.0531	0.1936			$1,305	$9,567	$902
I75B	INJ SH,ARM,ELB,KN,LEG,ANKL -CC	Yes		1	8	116%	0.1332			0.5892	0.1773	$621			$2,746	$826
I76A	OTH MUSCULOSKELETL DSRD +CSCC			2	25	91%			0.3270	2.2748	0.2161			$1,524	$10,601	$1,007
I76B	OTH MUSCULOSKELETAL DSRD -CSCC	Yes		1	9	136%	0.2292			0.6761	0.1758	$1,068			$3,151	$819
I77A	FRACTURE OF PELVIS+CSCC			3	35	100%			0.3270	2.7150	0.2078			$1,524	$12,652	$968
I77B	FRACTURE OF PELVIS -CSCC			1	16	100%				1.1116	0.1871				$5,180	$872
I78A	FRACTURE NECK FEMUR+CSCC			2	25	100%			0.3571	2.0721	0.2058			$1,664	$9,656	$959
I78B	FRACTURE OF NECK FEMUR-CSCC	Yes		1	12	100%	0.1379			0.7471	0.1715	$643			$3,481	$799
I79A	PATHOLOGICAL FRACTURE +CCC			5	49	100%			0.3537	3.7880	0.2063			$1,648	$17,652	$961
I79B	PATHOLOGICAL FRACTURE -CCC			2	20	115%			0.2268	1.9126	0.2074			$1,057	$8,913	$966

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
J01A	MICRVS TSS TRNSF SKN/BRST+CSCC			5	53	100%		3.0366	0.3892	8.4901	0.3257		$14,151	$1,814	$39,564	$1,518
J01B	MICRVS TSS TRNSF SKN/BRST-CSCC			2	26	100%		2.3634	0.3533	6.1521	0.4223		$11,013	$1,646	$28,669	$1,968
J06A	MAJOR PR MALIG BREAST CONDTNS			1	9	100%				1.7446	0.2085				$8,130	$972
J06B	MAJOR PR NON-MALIG BREAST CNDS			1	6	100%				1.4936	0.3038				$6,960	$1,416
J07A	MINOR PR MALIG BREAST CONDNS			1	4	100%				0.7747	0.3116				$3,610	$1,452
J07B	MINOR PR NON-MALIG BREAST CNDS			1	3	100%				0.6509	0.2350				$3,033	$1,095
J08A	OTH SKN GRF&/DBRDMNT PR +CC			3	32	114%		0.4887	0.3346	3.9259	0.2580		$2,277	$1,559	$18,295	$1,202
J08B	OTH SKN GRF&/DBRDMNT PR -CC	Yes		1	10	95%	0.6366			1.4060	0.2125	$2,967			$6,552	$990
J09Z	PERIANAL & PILONIDAL PR			1	7	121%				0.7926	0.1036				$3,694	$483
J10Z	SKN,SUBC TIS & BRST PLASTIC PR	Yes		1	7	82%	0.5950			1.3835	0.2404	$2,773			$6,447	$1,120
J11Z	OTHER SKIN, SUBC TIS & BRST PR	Yes		1	10	91%	0.4186			1.1294	0.2072	$1,951			$5,263	$966

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
J12A	L LMB PR +ULCR/CELS+CCC			8	75	100%		0.3564	0.2992	6.7293	0.2499		$1,661	$1,394	$31,359	$1,165
J12B	L LMB PR+ULCR/CELS-CCC+GRAFT			4	38	100%		0.4125	0.3078	4.1163	0.2125		$1,922	$1,434	$19,182	$990
J12C	L LMB PR+ULCR/CELS-CCC-GRAFT			2	26	100%		0.2831	0.2889	2.4717	0.2009		$1,319	$1,346	$11,518	$936
J13A	L LMB PR-ULC/CEL+CCC/(GFT+SCC)			3	34	100%		0.6273	0.3484	3.7766	0.2399		$2,923	$1,624	$17,599	$1,118
J13B	L LMB PR-ULC/CEL-CCC-(GFT+SCC)	Yes		1	15	100%	0.5816			1.6693	0.2067	$2,710			$7,779	$963
J14Z	MAJOR BREAST RECONSTRUCTIONS			2	23	100%		0.8289	0.3716	5.0483	0.3535		$3,863	$1,732	$23,525	$1,647
J60A	SKIN ULCERS +CCC			5	49	100%			0.2773	3.7227	0.2138			$1,292	$17,348	$996
J60B	SKIN ULCERS -CCC			2	25	100%			0.2575	1.5798	0.1666			$1,200	$7,362	$776
J60C	SKIN ULCERS, SAMEDAY			1	1	100%				0.1945					$906	
J62A	MALIGNANT BREAST DISORDERS +CC			2	18	100%			0.3963	2.0097	0.2210			$1,847	$9,365	$1,030
J62B	MALIGNANT BREAST DISORDERS - CC	Yes		1	12	100%	0.4052			1.0786	0.1653	$1,888			$5,026	$770
J63A	NON-MALIGNANT BREAST			1	13	100%				1.0730	0.1960				$5,000	$913

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	DISORD+CC															
J63B	NON-MALIGNANT BREAST DISORD-CC			1	5	156%				0.3956	0.2009				$1,843	$936
J64A	CELLULITIS +CSCC			2	25	100%			0.3107	2.0681	0.2147			$1,448	$9,637	$1,001
J64B	CELLULITIS -CSCC	Yes		1	12	113%	0.1548			0.7763	0.1419	$721			$3,618	$661
J65A	TRAUMA TO SKN,SUB TIS&BST+CSCC			2	19	100%			0.2412	1.7475	0.1978			$1,124	$8,143	$922
J65B	TRAUMA TO SKN,SUB TIS&BST-CSCC	Yes		1	7	85%	0.1604			0.4847	0.1838	$747			$2,259	$857
J67A	MINOR SKIN DISORDERS			1	10	118%				0.7917	0.2259				$3,689	$1,053
J67B	MINOR SKIN DISORDERS, SAMEDAY			1	1	86%				0.2270					$1,058	
J68A	MAJOR SKIN DISORDERS +CSCC			2	26	100%			0.3794	2.2334	0.2470			$1,768	$10,408	$1,151
J68B	MAJOR SKIN DISORDERS -CSCC			1	12	116%				1.0191	0.2228				$4,749	$1,038
J68C	MAJOR SKIN DISORDERS, SAMEDAY			1	1	80%				0.2348					$1,094	
J69A	SKIN MALIGNANCY +CCC			4	38	100%			0.3139	3.4641	0.2199			$1,463	$16,143	$1,025

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
J69B	SKIN MALIGNANCY -CCC			2	20	100%			0.4959	1.9538	0.1851			$2,311	$9,105	$863
J69C	SKIN MALIGNANCY, SAMEDAY			1	1	100%				0.1862					$868	
K01A	OR PR DIABETIC COMPLICATNS+CCC			8	78	100%		0.4393	0.3074	8.4594	0.2691		$2,047	$1,432	$39,421	$1,254
K01B	OR PR DIABETIC COMPLICATNS-CCC			4	39	100%		0.3148	0.2992	3.9343	0.2205		$1,467	$1,394	$18,334	$1,028
K02A	PITUITARY PROCEDURES +CC			3	31	100%		1.4114	0.5504	4.8995	0.3139		$6,577	$2,565	$22,832	$1,463
K02B	PITUITARY PROCEDURES -CC			1	16	100%				3.3407	0.2742				$15,568	$1,278
K03Z	ADRENAL PROCEDURES			2	20	100%		1.1476	0.4382	3.8392	0.4261		$5,348	$2,042	$17,891	$1,986
K04A	MAJOR PROCS FOR OBESITY +CC			2	20	100%		1.3194	0.5391	3.6129	0.3081		$6,148	$2,512	$16,836	$1,436
K04B	MAJOR PROCS FOR OBESITY -CC			1	4	100%				1.7800	0.3212				$8,295	$1,497
K05A	PARATHYROID PROCEDURES +CSCC			2	21	100%		0.8135	0.4620	3.5115	0.2791		$3,791	$2,153	$16,364	$1,301
K05B	PARATHYROID PROCEDURES -CSCC			1	5	100%				1.3225	0.3375				$6,163	$1,573
K06A	THYROID PROCEDURES +CSCC			1	15	100%				2.8453	0.3292				$13,259	$1,534

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
K06B	THYROID PROCEDURES -CSCC			1	6	100%				1.6624	0.3789				$7,747	$1,766
K07Z	OBESITY PROCEDURES			1	12	100%				1.6232	0.2713				$7,564	$1,264
K08Z	THYROGLOSSAL PROCEDURES			1	4	80%				1.1100	0.3872				$5,173	$1,804
K09A	OTH ENDCRN, NUTR& META PR +CCC			5	49	100%		0.3983	0.5651	6.0242	0.2943		$1,856	$2,633	$28,073	$1,371
K09B	OTH ENDCRN, NUTR& META PR+SMCC			2	22	100%		0.3114	0.6770	3.2632	0.2375		$1,451	$3,155	$15,207	$1,107
K09C	OTH ENDCRN, NUTR & META PR - CC			1	9	136%				1.3822	0.3515				$6,441	$1,638
K40A	ENDO/INVEST PR METAB DIS +CCC			7	64	100%		0.1254	0.3301	6.1118	0.2433		$584	$1,538	$28,481	$1,134
K40B	ENDO/INVEST PR METAB DIS -CCC			2	20	108%		0.2265	0.4489	2.1287	0.2301		$1,055	$2,092	$9,920	$1,072
K40C	ENDO/INVEST PR METAB DIS, SD			1	1	118%				0.3464					$1,614	
K60A	DIABETES + CSCC			2	24	100%			0.3787	2.2639	0.2323			$1,765	$10,550	$1,083
K60B	DIABETES - CSCC	Yes		1	12	175%	0.1882			0.9543	0.1974	$877			$4,447	$920
K61Z	SEVERE NUTRITIONAL			4	36	100%			0.3243	3.4786	0.2497			$1,511	$16,210	$1,164

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	DISTURBANCE															
K62A	MISC METABOLIC DISORDERS +CSCC			2	21	162%			0.2905	1.8101	0.2154			$1,354	$8,435	$1,004
K62B	MISC METABOLIC DISORDERS - CSCC	Yes		1	10	155%	0.1873			0.7957	0.2383	$873			$3,708	$1,110
K63A	INBORN ERRORS OF METABOLISM+CC			1	12	146%				1.2002	0.3021				$5,593	$1,408
K63B	INBORN ERRORS OF METABOLISM-CC			1	4	176%				0.2495	0.1664				$1,163	$775
K64A	ENDOCRINE DISORDERS + CSCC			2	23	129%			0.4246	2.2463	0.2196			$1,979	$10,468	$1,023
K64B	ENDOCRINE DISORDERS - CSCC	Yes		1	9	100%	0.2724			1.0392	0.2167	$1,269			$4,843	$1,010
L02A	OP INS PERI CATH DIALYSIS+CSCC			3	36	100%		0.7592	0.4544	5.5072	0.2827		$3,538	$2,118	$25,664	$1,317
L02B	OP INS PERI CATH DIALYSIS-CSCC			1	6	100%				1.1893	0.2900				$5,542	$1,351
L03A	KDNY,URT&MJR BLDR PR NPSM +CCC			5	46	100%		1.6431	0.5253	7.1783	0.3025		$7,657	$2,448	$33,451	$1,410
L03B	KDNY,URT&MJR BLDR PR NPSM +SCC			2	26	100%		1.4858	0.4854	4.7712	0.3237		$6,924	$2,262	$22,234	$1,508

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
L03C	KDNY,URT&MJR BLDR PR NPSM-CSCC			1	15	126%				3.2010	0.4014				$14,917	$1,871
L04A	KDY,URT&MJR BLDR PR N-NPM+CCC			4	42	100%		0.6222	0.4640	5.3303	0.2887		$2,899	$2,162	$24,839	$1,345
L04B	KDY,URT&MJR BLDR PR N-NPM+SCC			2	20	100%		0.6075	0.5613	3.2006	0.2686		$2,831	$2,616	$14,915	$1,252
L04C	KDY,URT&MJR BLDR PR N-NPM-CSCC	Yes		1	9	116%	0.7952			1.8420	0.2987	$3,706			$8,584	$1,392
L05A	TRANURETH PROSTATECTOMY +CSCC			3	33	100%		0.5968	0.3524	3.6067	0.2370		$2,781	$1,642	$16,807	$1,104
L05B	TRANURETH PROSTATECTOMY -CSCC			1	9	100%				1.3114	0.2261				$6,111	$1,054
L06A	MINOR BLADDER PROCEDURES+CSCC			2	26	100%		0.3898	0.3865	3.2701	0.2617		$1,816	$1,801	$15,239	$1,220
L06B	MINOR BLADDER PROCEDURES -CSCC	Yes		1	8	131%	0.5259			1.1984	0.2704	$2,451			$5,585	$1,260
L07A	TRANSURETHRAL PROCS +CC			1	14	100%				1.6393	0.2486				$7,639	$1,158
L07B	TRANSURETHRAL PROCS -CC			1	4	100%				0.7696	0.2477				$3,586	$1,154

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
L08A	URETHRAL PROCEDURES + CC	Yes		1	13	100%	0.5065			1.4907	0.2087	$2,360			$6,947	$973
L08B	URETHRAL PROCEDURES - CC	Yes		1	6	93%	0.4642			1.0249	0.2261	$2,163			$4,776	$1,054
L09A	OTH KIDNY & URNRY TRACT PR+CCC			5	53	100%		0.7409	0.4424	6.1951	0.2880		$3,453	$2,062	$28,869	$1,342
L09B	OTH KIDNY & URNRY TRACT PR+SCC			1	14	100%				2.0536	0.2807				$9,570	$1,308
L09C	OTH KIDNY & URNRY TRCT PR-CSCC	Yes		1	7	80%	0.7558			1.4210	0.2531	$3,522			$6,622	$1,179
L40Z	URETEROSCOPY			1	6	100%				0.8262	0.2580				$3,850	$1,202
L41Z	CYSTOURETHROSCOPY, SAMEDAY			1	1	150%				0.2513					$1,171	
L42Z	ESW LITHOTRIPSY+URINARY STONES			1	3	100%				0.6607	0.1595				$3,079	$743
L60A	RENAL FAILURE +CCC			3	34	100%			0.4656	3.4342	0.2571			$2,170	$16,003	$1,198
L60B	RENAL FAILURE +SCC			1	18	100%				1.6145	0.2444				$7,524	$1,139
L60C	RENAL FAILURE -CSCC	Yes		1	12	116%	0.2406			1.0721	0.2181	$1,121			$4,996	$1,016
L61Z	HAEMODIALYSIS			1	3	163%				0.1196	0.0956				$557	$445

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
L62A	KDNY&UNRY TRCT NEOPLASMS +CSCC			2	22	115%			0.3482	2.4425	0.2441			$1,623	$11,382	$1,138
L62B	KDNY&UNRY TRCT NEOPLASMS -CSCC			1	7	143%				0.5841	0.2268				$2,722	$1,057
L63A	KDNY & UNRY TRCT INF +CSCC			2	23	100%			0.2749	1.8438	0.2112			$1,281	$8,592	$984
L63B	KDNY & UNRY TRCT INF -CSCC	Yes		1	10	107%	0.1183			0.7335	0.2000	$551			$3,418	$932
L64Z	URINARY STONES & OBSTRUCTION	Yes		1	6	192%	0.1428			0.5943	0.2444	$665			$2,769	$1,139
L65A	KDNY & UNRY TR SGNS&SYMPS+CSCC			1	18	100%				1.4196	0.2123				$6,615	$989
L65B	KDNY & UNRY TR SGNS&SYMPS-CSCC	Yes		1	8	151%	0.1568			0.6063	0.1831	$731			$2,825	$853
L66Z	URETHRAL STRICTURE			1	5	80%				0.5270	0.2297				$2,456	$1,070
L67A	OTH KIDNY & URNRY TRCT DX+CSCC			2	19	136%			0.3442	2.0128	0.2519			$1,604	$9,380	$1,174
L67B	OTH KIDNY & URNRY TRCT DX-CSCC	Yes		1	10	157%	0.1775			0.7883	0.2063	$827			$3,673	$961

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
L68Z	PERITONEAL DIALYSIS			1	3	124%				0.2201	0.1735				$1,026	$809
M01A	MAJOR MALE PELVIC PROCS +CSCC			2	24	100%		1.8642	0.8010	4.3994	0.2784		$8,687	$3,733	$20,501	$1,297
M01B	MAJOR MALE PELVIC PROCS - CSCC			1	11	100%				3.2480	0.1784				$15,136	$831
M02A	TRANSURETHRAL PROSTECTOMY+CSCC			2	20	100%		0.4898	0.4261	2.4588	0.2265		$2,282	$1,986	$11,458	$1,055
M02B	TRANSURETHRAL PROSTECTOMY-CSCC			1	8	100%				1.3720	0.2259				$6,394	$1,053
M03Z	PENIS PROCEDURES			1	5	100%				0.8607	0.2684				$4,011	$1,251
M04Z	TESTES PROCEDURES			1	4	80%				0.8021	0.2640				$3,738	$1,230
M05Z	CIRCUMCISION			1	3	80%				0.5616	0.1998				$2,617	$931
M06A	OTH MALE REPROD SYS OR PR +CC			1	17	100%				2.6902	0.2190				$12,536	$1,021
M06B	OTH MALE REPROD SYS OR PR -CC	Yes		1	6	100%	0.5629			1.8308	0.2127	$2,623			$8,532	$991
M40Z	CYSTOURETHROSCOPY, SAMEDAY			1	1	100%				0.2506					$1,168	

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
M60A	MALIGNANCY, MALE REPR SYS+CSCC			2	23	100%			0.3909	2.4069	0.2410			$1,822	$11,216	$1,123
M60B	MALIGNANCY, MALE REPR SYS-CSCC	Yes		1	12	145%	0.3315			1.1320	0.2025	$1,545			$5,275	$944
M61Z	BENIGN PROSTATIC HYPERTROPHY			1	6	100%				0.4524	0.1896				$2,108	$884
M62Z	INFLAMMATION MALE REPRD SYSTEM	Yes		1	10	89%	0.1715			0.7527	0.1962	$799			$3,508	$914
M63Z	STERILISATION, MALE			1	3	100%				0.3787	0.1535				$1,765	$715
M64Z	OTHER MALE REPRODUCTIVE SYS DX			1	4	100%				0.3439	0.1787				$1,603	$833
N01Z	PELVIC EVSCRTN & RADCL VLVCTMY			2	25	100%		1.1831	0.6616	3.6726	0.2522		$5,513	$3,083	$17,114	$1,175
N04A	HYSTERECTOMY FOR NON-MALG+CSCC			1	16	100%				2.6791	0.2733				$12,485	$1,274
N04B	HYSTERECTOMY FOR NON-MALG-CSCC			1	10	100%				1.9360	0.2412				$9,022	$1,124
N05A	OOPH&COM FAL TUBE PR			1	17	100%				2.9119	0.3288				$13,569	$1,532

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	NMAL+CSCC															
N05B	OOPH&COM FAL TUBE PR NMAL-CSCC			1	7	100%				1.5742	0.2858				$7,336	$1,332
N06A	FEM REP SYS RECONSTRCT PR+CSCC			1	12	100%				1.9640	0.2907				$9,152	$1,355
N06B	FEM REP SYS RECONSTRCT PR-CSCC			1	7	100%				1.3628	0.3061				$6,351	$1,426
N07Z	OTH UTERN & ADNEXA PR FOR NMAL	Yes		1	6	100%	0.6302			1.3927	0.2553	$2,937			$6,490	$1,190
N08Z	ENDOS & LAPAR PR, FEM REPR SYS	Yes		1	6	117%	0.6975			1.2387	0.2490	$3,250			$5,772	$1,160
N09Z	CONISTN,VAGINA,CERVIX&VULVA PR			1	3	122%				0.4901	0.1693				$2,284	$789
N10Z	DXC CURETTGE, DXC HYSTEROSCOPY			1	3	100%				0.4669	0.1461				$2,176	$681
N11Z	OTH FEMALE REPRODUCTIVE SYS PR	Yes		2	20	100%	0.3063	0.4836	0.5094	2.9255	0.2591	$1,427	$2,254	$2,374	$13,633	$1,207
N12A	UTRN & ADNX PR FOR MAL+CCC			2	27	100%		1.3060	0.5068	4.4908	0.3455		$6,086	$2,362	$20,927	$1,610

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
N12B	UTRN & ADNX PR FOR MAL-CCC			1	13	100%				2.4278	0.3317				$11,314	$1,546
N60A	MALIGNANCY FEM REPROD SYS +CCC			2	27	100%			0.3339	3.0961	0.2729			$1,556	$14,428	$1,272
N60B	MALIGNANCY FEM REPROD SYS -CCC			1	9	139%				0.9011	0.2404				$4,199	$1,120
N61Z	INFECTIONS, FEMALE REPROD SYST			1	7	121%				0.5335	0.2366				$2,486	$1,103
N62Z	MNSTRL & OTH FEM REPR SYS DIS			1	4	134%				0.3027	0.1717				$1,411	$800
O01A	CAESAREAN DELIVERY +CCC			3	28	100%		0.5660	0.5981	3.7488	0.2727		$2,638	$2,787	$17,469	$1,271
O01B	CAESAREAN DELIVERY +SCC			1	17	100%				2.5136	0.2874				$11,713	$1,339
O01C	CAESAREAN DELIVERY -CSCC			1	12	100%				1.9591	0.3119				$9,129	$1,453
O02A	VAGINAL DELIVERY +OR PR +CSCC			1	13	100%				2.3180	0.3722				$10,802	$1,734
O02B	VAGINAL DELIVERY +OR PR -CSCC			1	10	100%				1.5544	0.3288				$7,244	$1,532
O03A	ECTOPIC PREGNANCY +CC			1	8	100%				1.5938	0.3462				$7,427	$1,613
O03B	ECTOPIC PREGNANCY -CC			1	5	100%				1.0229	0.3061				$4,767	$1,426

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
O04A	POSTPARTUM&POST ABORTN+PR+CSCC			1	16	100%				2.1948	0.3234				$10,228	$1,507
O04B	POSTPARTUM&POST ABORTN+PR-CSCC	Yes		1	8	100%	0.4468			1.1231	0.1778	$2,082			$5,234	$829
O05Z	ABORTION+ OR PROC			1	3	100%				0.4428	0.1735				$2,063	$809
O60A	VAGINAL DELIVERY +CSCC			1	13	100%				1.6627	0.3027				$7,748	$1,411
O60B	VAGINAL DELIVERY -CSCC			1	8	113%				1.0525	0.3301				$4,905	$1,538
O60C	VAGINAL DEL SINGLE UNCOMPL			1	6	100%				0.7941	0.3299				$3,701	$1,537
O61Z	POSTPARTUM & POST ABORTN-OR PR	Yes		1	9	100%	0.1292			0.6890	0.2025	$602			$3,211	$944
O63Z	ABORTION-OR PROC			1	4	100%				0.3214	0.2245				$1,498	$1,046
O64A	FALSE LABOUR <37 WK/+CCC			1	6	100%				0.4607	0.2074				$2,147	$966
O64B	FALSE LABOUR >=37 WK -CCC			1	3	100%				0.1911	0.1410				$891	$657
O66A	ANTENATAL&OTH OBSTETRIC ADM			1	7	100%				0.5625	0.1974				$2,621	$920
O66B	ANTENATAL&OTH OBSTETRIC			1	1	100%				0.1225					$571	

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	ADM,SD															
P01Z	NEONATE,D/T<5DAY ADM+SIG OR PR		Yes	1	4	100%				1.0926					$5,092	
P02Z	NEO,CARDIOTHORACIC/VASCULAR PR		Yes	10	95	100%		1.9081	0.7211	25.7687	0.7396		$8,892	$3,360	$120,082	$3,447
P03Z	NEO,ADMWT 1000-1499G+SIG OR PR		Yes	15	143	100%		0.1517	0.4195	19.7262	0.3713		$707	$1,955	$91,924	$1,730
P04Z	NEO,ADMWT 1500-1999G+SIG OR PR		Yes	10	96	100%		0.0597	0.4297	12.9170	0.3528		$278	$2,002	$60,193	$1,644
P05Z	NEO,ADMWT 2000-2499G+SIG OR PR		Yes	10	92	100%		0.2936	0.4339	12.2440	0.3896		$1,368	$2,022	$57,057	$1,816
P06A	NEO,ADMWT >2499G+SIG OR PR+MMP		Yes	9	90	100%		0.3691	0.5916	14.5389	0.4702		$1,720	$2,757	$67,751	$2,191
P06B	NEO,ADMWT >2499G+SIG OR PR-MMP		Yes	4	38	100%		0.4103	0.4382	6.4270	0.4279		$1,912	$2,042	$29,950	$1,994
P60A	NEO,D/TR<5D ADM-SIG PR+NEWBORN		Yes	1	4	100%				0.7113					$3,315	
P60B	NEO,D/TR<5D ADM-SIG PR-NEWBORN	Yes	Yes	1	4	100%	0.1738			0.7113		$810			$3,315	

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
P61Z	NEONATE, ADMISSION WT <750 G		Yes	27	244	100%			0.7095	46.6635	0.3918			$3,306	$217,452	$1,826
P62Z	NEONATE, ADMISSION WT 750-999G		Yes	22	198	100%			0.4444	32.1476	0.3863			$2,071	$149,808	$1,800
P63Z	NEO,ADMWT 1000-1249G-SIG OR PR		Yes	8	77	100%			0.3647	10.8122	0.2949			$1,700	$50,385	$1,374
P64Z	NEO,ADMWT 1250-1499G-SIG OR PR		Yes	8	80	100%			0.3388	8.5229	0.2751			$1,579	$39,717	$1,282
P65A	NEO,ADMWT 1500-1999G-SG OR+MMP		Yes	8	78	100%			0.3693	7.2594	0.2522			$1,721	$33,829	$1,175
P65B	NEO,ADMWT 1500-1999G-SG OR+MJP		Yes	7	64	100%			0.3119	6.3904	0.2644			$1,453	$29,779	$1,232
P65C	NEO,ADMWT 1500-1999G-SG OR+OTP		Yes	6	56	100%			0.2865	4.9147	0.2321			$1,335	$22,903	$1,082
P65D	NEO,ADMWT 1500-1999G-SG OR-PRB		Yes	5	48	100%			0.3406	4.5171	0.2370			$1,587	$21,050	$1,104
P66A	NEO,ADMWT 2000-2499G-SG OR+MMP		Yes	5	51	100%			0.3577	5.2466	0.2412			$1,667	$24,449	$1,124
P66B	NEO,ADMWT 2000-2499G-SG		Yes	4	42	100%			0.3502	3.9254	0.2461			$1,632	$18,292	$1,147

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	OR+MJP															
P66C	NEO,ADMWT 2000-2499G-SG OR+OTP		Yes	3	33	100%			0.3785	2.9339	0.2395			$1,764	$13,672	$1,116
P66D	NEO,ADMWT 2000-2499G-SG OR-PRB		Yes	1	17	100%				1.2559	0.1978				$5,852	$922
P67A	NEO,ADMWT >2499G-SIG OR PR+MMP		Yes	3	32	100%			0.4359	3.7142	0.3050			$2,031	$17,308	$1,421
P67B	NEO,ADMWT >2499G-SIG OR PR+MJP		Yes	2	22	100%			0.3491	2.0901	0.2827			$1,627	$9,740	$1,317
P67C	NEO,ADMWT >2499G-SIG OR PR+OTP		Yes	1	13	100%				1.1882	0.2359				$5,537	$1,099
P67D	NEO,ADMWT >2499G-SIG OR PR-PRB		Yes	1	8	100%				0.6643	0.2194				$3,096	$1,022
Q01Z	SPLENECTOMY			2	23	100%		1.1775	0.4230	3.6966	0.3170		$5,487	$1,971	$17,226	$1,477
Q02A	OTH OR PR BLD&BLD FRM ORG+CSCC			4	38	140%		0.4943	0.5402	5.0824	0.2896		$2,303	$2,517	$23,684	$1,350
Q02B	OTH OR PR BLD&BLD FRM ORG-CSCC	Yes		1	10	100%	0.5965			1.5684	0.2350	$2,780			$7,309	$1,095

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
Q60A	RETICLENDO&IMNTY DIS+CSCC			2	22	123%			0.3297	2.4539	0.3179			$1,536	$11,435	$1,481
Q60B	RETICLENDO&IMNTY DIS-CSCC+MAL	Yes		1	14	157%	0.1717			1.2813	0.2622	$800			$5,971	$1,222
Q60C	RETICLENDO&IMNTY DIS-CSCC-MAL	Yes		1	11	123%	0.1913			0.9282	0.2210	$891			$4,325	$1,030
Q61A	RED BLOOD CELL DISDERS + CSCC	Yes		2	19	168%	0.2851		0.3967	1.7146	0.2185	$1,329		$1,849	$7,990	$1,018
Q61B	RED BLOOD CELL DISDERS - CSCC	Yes		1	8	157%	0.2065			0.6357	0.2190	$962			$2,962	$1,021
Q62Z	COAGULATION DISORDERS	Yes		1	13	100%	0.2346			1.0432	0.2176	$1,093			$4,861	$1,014
R01A	LYMPHMA&LEUKMA+MJR OR PR +CSCC			7	68	100%		1.1200	0.4642	10.5593	0.3355		$5,219	$2,163	$49,206	$1,563
R01B	LYMPHMA&LEUKMA+MJR OR PR - CSCC			1	18	100%				2.7524	0.2965				$12,826	$1,382
R02A	OTH NPLSTC DSRD+MJR OR PR+CCC			5	53	100%		1.2169	0.4203	6.5368	0.2838		$5,671	$1,959	$30,461	$1,323
R02B	OTH NPLSTC DSRD+MJR OR PR+SMCC			2	25	100%		0.7206	0.4101	3.9243	0.2067		$3,358	$1,911	$18,287	$963
R02C	OTH NPLSTC DSRD+MJR OR PR-CC			1	14	100%				2.2839	0.2052				$10,643	$956

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
R03A	LYMPHMA LEUKMA+OTH OR PR +CSCC			7	63	165%		0.7801	0.5028	8.4639	0.3172		$3,635	$2,343	$39,442	$1,478
R03B	LYMPHMA LEUKMA+OTH OR PR - CSCC	Yes		1	17	143%	0.6482			2.1062	0.2522	$3,021			$9,815	$1,175
R04A	OTH NPLSTC DSRD+OTH OR PR +CC			2	21	100%		0.3205	0.3092	3.4124	0.2470		$1,494	$1,441	$15,902	$1,151
R04B	OTH NPLSTC DSRD+OTH OR PR - CC	Yes		1	11	100%	0.6950			1.7914	0.2718	$3,239			$8,348	$1,267
R60A	ACUTE LEUKAEMIA + CCC			7	69	105%			0.4988	10.6308	0.3874			$2,324	$49,540	$1,805
R60B	ACUTE LEUKAEMIA - CCC	Yes		2	19	100%	0.3090	0.1214	0.5542	2.5160	0.3375	$1,440	$566	$2,583	$11,725	$1,573
R61A	LYMPHMA &N-ACUTE LEUKAEMIA+CCC			5	51	146%			0.4751	6.4207	0.3308			$2,214	$29,920	$1,542
R61B	LYMPHMA &N-ACUTE LEUKAEMIA-CCC			1	15	115%				1.7849	0.2602				$8,318	$1,213
R61C	LYMPHOMA/N-A LEUKAEMIA,SAMEDAY			1	1	138%				0.2580					$1,202	
R62A	OTHER NEOPLASTIC DISORDERS +CC			1	18	100%				1.5762	0.2535				$7,345	$1,181

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
R62B	OTHER NEOPLASTIC DISORDERS - CC			1	7	100%				0.6006	0.2303				$2,799	$1,073
R63Z	CHEMOTHERAPY			1	3	80%				0.3116	0.2361				$1,452	$1,100
R64Z	RADIOTHERAPY			1	3	80%				0.3557	0.1267				$1,658	$590
S60Z	HIV, SAMEDAY			1	1	100%				0.3593					$1,674	
S65A	HIV-RELATED DISEASES +CCC			5	54	100%			0.6092	7.9756	0.3165			$2,839	$37,166	$1,475
S65B	HIV-RELATED DISEASES +SCC			3	30	100%			0.3863	4.3665	0.4150			$1,800	$20,348	$1,934
S65C	HIV-RELATED DISEASES -CSCC			1	17	100%				2.2287	0.2838				$10,386	$1,323
T01A	OR PROC INFECT& PARAS DIS+CCC			8	74	144%		0.5647	0.3970	9.1531	0.2900		$2,632	$1,850	$42,653	$1,351
T01B	OR PROC INFECT& PARAS DIS+SMCC			3	36	114%		0.3829	0.3477	3.8038	0.2343		$1,784	$1,620	$17,726	$1,092
T01C	OR PROC INFECT & PARAS DIS-CC			2	22	125%		0.3749	0.2820	2.1877	0.2074		$1,747	$1,314	$10,195	$966
T40Z	INFECT&PARAS DIS+VENT SUPPORT		Yes	3	35	100%		0.1423	1.4849	8.0288	0.3929		$663	$6,920	$37,414	$1,831
T60A	SEPTICAEMIA + CCC			3	31	134%			0.4553	3.1992	0.2493			$2,122	$14,908	$1,162

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
T60B	SEPTICAEMIA - CCC			1	17	141%				1.4363	0.2145				$6,693	$1,000
T61A	POSTOP & POSTTRAUM INFECT+CSCC			2	24	100%			0.3328	2.0681	0.2052			$1,551	$9,637	$956
T61B	POSTOP & POSTTRAUM INFECT-CSCC			1	13	116%				0.7899	0.1495				$3,681	$697
T62A	FEVER OF UNKNOWN ORIGIN + CC			1	14	107%				1.2269	0.2488				$5,717	$1,159
T62B	FEVER OF UNKNOWN ORIGIN - CC			1	7	100%				0.5567	0.2484				$2,594	$1,158
T63Z	VIRAL ILLNESS	Yes		1	7	100%	0.1103			0.5760	0.2686	$514			$2,684	$1,252
T64A	OTH INFECTOUS&PARSTIC DIS +CCC			4	42	100%			0.4952	4.6772	0.2657			$2,308	$21,796	$1,238
T64B	OTH INFECTOUS&PARSTIC DIS+SMCC			2	22	117%			0.3330	2.0035	0.1974			$1,552	$9,336	$920
T64C	OTH INFECTOUS & PARSTIC DIS-CC	Yes		1	14	91%	0.1673			1.0173	0.2027	$780			$4,741	$945
U40Z	MENTAL HEALTH TREAT,SAMEDY+ECT			1	1	100%				0.3107					$1,448	
U60Z	MENTAL HEALTH TREAT,SAMEDY-			1	1	200%				0.0889					$414	

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	ECT															
U61A	SCHIZOPHRENIA DISORDERS+MHLS			20	46	100%			0.2052	6.3864	0.1746			$956	$29,761	$814
U61B	SCHIZOPHRENIA DISORDERS-MHLS			11	27	100%			0.2134	3.7468	0.1675			$994	$17,460	$781
U62A	PAR&ACUTE PSYCH DSRD+CSCC/MHLS			11	26	100%			0.2268	4.0377	0.1974			$1,057	$18,816	$920
U62B	PAR&ACUTE PSYCH DSRD-CSCC-MHLS			6	15	200%			0.2401	2.2574	0.1713			$1,119	$10,519	$798
U63A	MJR AFFECT DSRD A>69/+CSCC			19	44	100%			0.2310	6.8319	0.1920			$1,076	$31,837	$895
U63B	MAJOR AFFECTIVE DSRD A<70-CSCC			10	23	190%			0.2341	3.6646	0.1800			$1,091	$17,077	$839
U64Z	OTH AFFECT & SOMATOFORM DSRD			5	12	184%			0.2473	1.9629	0.1804			$1,152	$9,147	$841
U65Z	ANXIETY DISORDERS			3	7	199%			0.2680	1.3343	0.1965			$1,249	$6,218	$916
U66Z	EATING & OBSESSV-COMPULSV DSRD			13	30	129%			0.2664	6.3851	0.2446			$1,241	$29,755	$1,140
U67Z	PERSONLTY DSRD&ACUTE			3	9	200%			0.2408	1.3508	0.1907			$1,122	$6,295	$889

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	REACTIONS															
U68Z	CHILDHOOD MENTAL DISORDERS			7	16	148%			0.4357	4.3326	0.2660			$2,030	$20,190	$1,240
V60A	ALCOHOL INTOXICATN&WITHDRWL+CC	Yes		3	7	100%	0.1697		0.2807	1.3477	0.2007	$791		$1,308	$6,280	$935
V60B	ALCOHOL INTOXICATN&WITHDRWL-CC	Yes		1	4	88%	0.1323			0.4682	0.2597	$617			$2,182	$1,210
V61Z	DRUG INTOXICTN & WITHDRAWAL			4	10	100%			0.2415	1.6642	0.2018			$1,125	$7,755	$940
V62A	ALCOHOL USE DSRD & DEPENDENCE			3	9	100%			0.2662	1.1808	0.1820			$1,240	$5,503	$848
V62B	ALCOHOL USE DSRD & DEPENDNC+SD			1	1	100%				0.1261					$588	
V63Z	OPIOID USE DSRD & DEPENDENCE			3	8	100%			0.1775	0.8576	0.1107			$827	$3,996	$516
V64Z	OTHER DRUG USE DISORD & DEPEND			3	8	100%			0.2074	0.9596	0.1490			$966	$4,472	$694
W01Z	VENTILN/CRANIA MULT SIG TRAUMA		Yes	7	64	100%		0.9129	0.6353	12.9105	0.4520		$4,254	$2,960	$60,163	$2,106
W02A	HIP,FEMR&LIMB PR MLT			6	61	100%		1.8489	0.4094	9.5625	0.3359		$8,616	$1,908	$44,561	$1,565

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
	TRMA+CSCC															
W02B	HIP,FEMR&LIMB PR MLT TRMA-CSCC			3	35	100%		1.5742	0.3658	6.2365	0.3921		$7,336	$1,705	$29,062	$1,827
W03Z	ABDOMINAL PR MULT SIG TRAUMA			3	35	100%		1.0351	0.4460	5.7086	0.4065		$4,824	$2,078	$26,602	$1,894
W04A	OTH OR PR MULT SIG TRAUMA+CSCC			6	62	100%		1.6823	0.5703	9.2981	0.3076		$7,840	$2,658	$43,329	$1,433
W04B	OTH OR PR MULT SIG TRAUMA-CSCC			3	33	100%		1.2009	0.4119	4.8594	0.3401		$5,596	$1,919	$22,645	$1,585
W60Z	MULTIPLE TRAUMA, DIED/TRANSF<5			1	4	100%				1.4622					$6,814	
W61A	MULTIPLE TRAUMA-SIGNIF PR+CSCC			4	44	100%			0.4239	4.1072	0.2379			$1,975	$19,140	$1,109
W61B	MULTIPLE TRAUMA-SIGNIF PR-CSCC			2	20	129%			0.3359	2.0257	0.2230			$1,565	$9,440	$1,039
X02A	MVTT/SKIN GFT+CSCC INJUR HAND			1	14	145%				2.2728	0.4081				$10,591	$1,902
X02B	SKIN GRAFT INJURIES HAND -CSCC			1	5	100%				0.7685	0.4112				$3,581	$1,916

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
X04A	OTHER PR INJ LWR LMB +CSCC			3	30	100%		0.4121	0.3252	3.7702	0.2513		$1,920	$1,515	$17,569	$1,171
X04B	OTHER PR INJ LOWR LIMB -CSCC	Yes		1	7	89%	0.4627			1.0822	0.2787	$2,156			$5,043	$1,299
X05A	OTH PR FOR INJURIES TO HAND+CC			1	13	100%				1.5116	0.2624				$7,044	$1,223
X05B	OTH PR FOR INJURIES TO HAND-CC			1	4	80%				0.7291	0.3121				$3,398	$1,454
X06A	OTHER PR OTHER INJURIES + CSCC			2	26	88%		0.4092	0.4346	2.9553	0.2424		$1,907	$2,025	$13,772	$1,130
X06B	OTHER PR OTHER INJURIES - CSCC			1	7	87%				0.9492	0.2664				$4,423	$1,241
X07A	SK GRAFT INJ-HAND+MIC TT/+CSCC			5	48	100%		0.8004	0.3114	5.5611	0.2551		$3,730	$1,451	$25,915	$1,189
X07B	SK GRAFT INJ-HAND-MIC TT-CSCC			2	20	100%		0.4520	0.2727	2.5976	0.2448		$2,106	$1,271	$12,105	$1,141
X40Z	INJ,POIS,TOX EFF DRUG W VENT		Yes	2	23	100%			1.5876	4.3266	0.3566			$7,398	$20,162	$1,662
X60A	INJURIES + CSCC			2	19	100%			0.2508	1.6087	0.1922			$1,169	$7,497	$896
X60B	INJURIES - CSCC	Yes		1	7	114%	0.1535			0.4861	0.1691	$715			$2,265	$788
X61Z	ALLERGIC REACTIONS			1	4	80%				0.2272	0.1521				$1,059	$709

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
X62A	POISNG/TOXC EFF DRUGS +CSCC			1	15	120%				1.1958	0.2116				$5,572	$986
X62B	POISNG/TOXC EFF DRUGS -CSCC	Yes		1	7	100%	0.1261			0.5108	0.1782	$588			$2,380	$830
X63A	SEQUELAE OF TREATMNT+CSCC	Yes		2	21	159%	0.2314		0.4170	1.7907	0.2301	$1,078		$1,943	$8,345	$1,072
X63B	SEQUELAE OF TREATMNT-CSCC	Yes		1	9	107%	0.1918			0.6411	0.1717	$894			$2,988	$800
X64A	OTH INJ, POIS & TOX EF DX+CSCC			2	19	100%			0.3620	1.8611	0.1991			$1,687	$8,673	$928
X64B	OTH INJ, POIS &TOX EFF DX-CSCC	Yes		1	5	108%	0.1639			0.3996	0.1731	$764			$1,862	$807
Y01Z	VENT BURN&SEV FULL THICK BURN		Yes	18	164	100%		1.7709	0.8144	39.2319	0.7941		$8,252	$3,795	$182,821	$3,701
Y02A	OTHER BURNS + SKIN GRAFT +CC			5	50	126%		0.4742	0.3609	7.8063	0.4186		$2,210	$1,682	$36,377	$1,951
Y02B	OTHER BURNS + SKIN GRAFT -CC			1	15	80%				2.1950	0.3889				$10,229	$1,812
Y03Z	OTHER OR PROCS FOR OTHER BURNS			1	14	91%				1.6787	0.3415				$7,823	$1,591
Y60Z	BURNS,TRANS OTH ACUT CARE <5 D			1	4	100%				0.3038					$1,416	
Y61Z	SEVERE BURNS			1	10	87%				0.7003	0.2299				$3,263	$1,071

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
Y62A	OTHER BURNS +CC			1	16	136%				1.3557	0.2555				$6,318	$1,191
Y62B	OTHER BURNS -CC			1	6	100%				0.4070	0.2735				$1,897	$1,275
Z01A	OR PR+DX OTH CNT HLTH SRV+CSCC	Yes		3	32	138%	0.5498	0.5979	0.4121	4.0878	0.2352	$2,562	$2,786	$1,920	$19,049	$1,096
Z01B	OR PR+DX OTH CNT HLTH SRV-CSCC	Yes		1	7	100%	0.4769			1.2225	0.2430	$2,222			$5,697	$1,132
Z40Z	ENDO+DX OTH CNT HLTH SRV SD			1	1	127%				0.2466					$1,149	
Z60A	REHABILITATION + CCC			5	52	100%			0.1831	2.7992	0.1303			$853	$13,044	$607
Z60B	REHABILITATION - CCC			6	54	100%			0.1831	2.7992	0.1303			$853	$13,044	$607
Z60C	REHABILITATION, SAMEDAY			1	1	100%				0.1822					$849	
Z61A	SIGNS AND SYMPTOMS			1	13	94%				0.9679	0.2056				$4,510	$958
Z61B	SIGNS AND SYMPTOMS, SAMEDAY			1	1	88%				0.2114					$985	
Z63A	OTH SURG FU & MED CARE + CCC			4	39	100%			0.2974	3.3217	0.2110			$1,386	$15,479	$983
Z63B	OTH SURG FU & MED CARE - CCC			1	16	118%				0.8750	0.1746				$4,078	$814

DRG v6.x	Description	Same Day	ICU	LB	UB	Paed Adj	Same Day PW	Short Base PW	Short Diem PW	Inlier PW	Long Diem PW	Same Day $	Short Base $	Short Diem $	Inlier $	Long Diem $
Z64A	OTH FACTOR INFL HEALTH STATUS			1	13	100%				0.8737	0.1807				$4,071	$842
Z64B	OTH FCTR INFL HEALTH STATUS,SD			1	1	81%				0.2285					$1,065	
Z65Z	CNGNTL & PRB ARISING FRM NNT			1	12	100%				0.8400	0.3074				$3,914	$1,432

Appendix 3: Subacute and non-acute admitted AN-SNAP v3.0

AN SNAP v3.0	Episode Type	Description	Lower Bound	Upper Bound	Episode price wgt	Inlier Per Diem wgt	Outlier Per Diem wgt	Episode $	Inlier Per Diem $	Outlier Per Diem $
3-101	Overnight Palliative Care	Palliative care, admit for assessment only	1	3	0.3277	0.1265	0.0599	$1,527	$589	$279
3-102	Overnight Palliative Care	Stable phase, RUG-ADL 4	1	15	0.3384	0.1265	0.1606	$1,577	$589	$748
3-103	Overnight Palliative Care	Stable phase, RUG-ADL 5-17	3	17	0.6729	0.1265	0.1858	$3,136	$589	$866
3-104	Overnight Palliative Care	Stable phase, RUG-ADL 18	1	15	0.9162	0.1265	0.219	$4,269	$589	$1,021
3-105	Overnight Palliative Care	Unstable phase, RUG-ADL 4-17	1	14	0.5747	0.1265	0.1922	$2,678	$589	$896
3-106	Overnight Palliative Care	Unstable phase, RUG-ADL 18	1	10	0.6166	0.1265	0.2671	$2,873	$589	$1,245
3-107	Overnight Palliative Care	Deteriorating phase, RUG-ADL 4-14	1	14	0.5582	0.1265	0.194	$2,601	$589	$904
3-108	Overnight Palliative Care	Deteriorating phase, RUG-ADL 15-18, age <=52	1	13	0.7972	0.1265	0.2348	$3,715	$589	$1,094
3-109	Overnight Palliative Care	Deteriorating phase, RUG-ADL 15-18, age >=53	1	11	0.6353	0.1265	0.2735	$2,960	$589	$1,275
3-110	Overnight Palliative Care	Terminal phase, RUG-ADL 4-16	1	9	0.5161	0.1265	0.2847	$2,405	$589	$1,327
3-111	Overnight Palliative Care	Terminal phase, RUG-ADL 17-18	1	8	0.4297	0.1265	0.3638	$2,002	$589	$1,695
3-112	Overnight Palliative Care	Bereavement phase					0.1922			$896
3-151	All ambulatory Palliative Care	Medical only			0.1922			$896		
3-152	All ambulatory Palliative Care	Therapies only			0.1922			$896		
3-153	All ambulatory Palliative Care	Stable phase, multidisciplinary			0.1922			$896		
3-154	All ambulatory Palliative Care	Stable phase, nursing only, Palliative Care Problem Severity Score (PCPSS) <=6, RUG-ADL 4, age>=67			0.1922			$896		
3-155	All ambulatory Palliative Care	Stable phase, nursing only, PCPSS <=6, RUG-ADL 4, age<=66			0.1922			$896		
3-156	All ambulatory Palliative	Stable phase, nursing only, PCPSS			0.1922			$896		

AN SNAP v3.0	Episode Type	Description	Lower Bound	Upper Bound	Episode price wgt	Inlier Per Diem wgt	Outlier Per Diem wgt	Episode $	Inlier Per Diem $	Outlier Per Diem $
	Care	<=6, RUG-ADL 5-18								
3-157	All ambulatory Palliative Care	Stable phase, nursing only, PCPSS >=7			0.1922			$896		
3-158	All ambulatory Palliative Care	Unstable phase, multidisciplinary, RUG-ADL 4, PCPSS <=7			0.1922			$896		
3-159	All ambulatory Palliative Care	Unstable phase, multidisciplinary, RUG-ADL 4, PCPSS >=8			0.1922			$896		
3-160	All ambulatory Palliative Care	Unstable phase, multidisciplinary, RUG-ADL 5-18			0.1922			$896		
3-161	All ambulatory Palliative Care	Unstable phase, nursing only, RUG-ADL <=14, age>=60			0.1922			$896		
3-162	All ambulatory Palliative Care	Unstable phase, nursing only, RUG-ADL <=14, age<=59			0.1922			$896		
3-163	All ambulatory Palliative Care	Unstable phase, nursing only, RUG-ADL >=15			0.1922			$896		
3-164	All ambulatory Palliative Care	Deteriorating phase, multidisciplinary, PCPSS <=6			0.1922			$896		
3-165	All ambulatory Palliative Care	Deteriorating phase, multidisciplinary, PCPSS >=7, RUG<=10			0.1922			$896		
3-166	All ambulatory Palliative Care	Deteriorating phase, multidisciplinary, PCPSS >=7, RUG>=11			0.1922			$896		
3-167	All ambulatory Palliative Care	Deteriorating phase, nursing only, RUG-ADL 4			0.1922			$896		
3-168	All ambulatory Palliative Care	Deteriorating phase, nursing only, RUG-ADL 5-18			0.1922			$896		
3-169	All ambulatory Palliative Care	Terminal phase, multidisciplinary			0.1922			$896		
3-170	All ambulatory Palliative Care	Terminal phase, nursing only			0.1922			$896		
3-171	All ambulatory Palliative Care	Bereavement phase, age >=45			0.1922			$896		

AN SNAP v3.0	Episode Type	Description	Lower Bound	Upper Bound	Episode price wgt	Inlier Per Diem wgt	Outlier Per Diem wgt	Episode $	Inlier Per Diem $	Outlier Per Diem $
3-172	All ambulatory Palliative Care	Bereavement phase, age <=44			0.1922			$896		
3-201	Overnight Rehabilitation	Rehabilitation, admit for assessment only	1	3	0.3277	0.1265	0.0599	$1,527	$589	$279
3-202	Overnight Rehabilitation	Brain, Neurological, Spinal & Major Multiple Trauma, FIM motor 13	44	69	9.7844	0.1265	0.2992	$45,595	$589	$1,394
3-203	Overnight Rehabilitation	All other impairments, FIM motor 13	12	37	2.6715	0.1265	0.2332	$12,449	$589	$1,087
3-204	Overnight Rehabilitation	Stroke, FIM motor 63-91, FIM cognition 20-35	6	29	0.9565	0.1265	0.1824	$4,457	$589	$850
3-205	Overnight Rehabilitation	Stroke, FIM motor 63-91, FIM cognition 5-19	8	33	1.6571	0.1265	0.206	$7,722	$589	$960
3-206	Overnight Rehabilitation	Stroke, FIM motor 47-62, FIM cognition 16-35	13	38	1.2122	0.1265	0.1722	$5,649	$589	$802
3-207	Overnight Rehabilitation	Stroke, FIM motor 47-62, FIM cognition 5-15	13	38	1.6794	0.1265	0.1889	$7,826	$589	$880
3-208	Overnight Rehabilitation	Stroke, FIM motor 14-46, age>=75	16	41	1.8627	0.1265	0.1907	$8,680	$589	$889
3-209	Overnight Rehabilitation	Stroke, FIM motor 14-46, age<=74	28	53	2.8132	0.1265	0.1947	$13,110	$589	$907
3-210	Overnight Rehabilitation	Brain Dysfunction, FIM motor 56-91, FIM cognition 32-35	6	26	0.9879	0.1265	0.2	$4,604	$589	$932
3-211	Overnight Rehabilitation	Brain Dysfunction, FIM motor 56-91, FIM cognition 24-31	6	29	1.3982	0.1265	0.213	$6,516	$589	$993
3-212	Overnight Rehabilitation	Brain Dysfunction, FIM motor 56-91, FIM cognition 20-23	6	31	1.5669	0.1265	0.2054	$7,302	$589	$957
3-213	Overnight Rehabilitation	Brain Dysfunction, FIM motor 56-91, FIM cognition 5-19	12	37	1.3176	0.1265	0.178	$6,140	$589	$829
3-214	Overnight Rehabilitation	Brain Dysfunction, FIM motor 24-55	19	44	2.3982	0.1265	0.1994	$11,176	$589	$929
3-215	Overnight Rehabilitation	Brain Dysfunction, FIM motor 14-23	48	73	5.427	0.1265	0.2152	$25,290	$589	$1,003
3-216	Overnight Rehabilitation	Neurological, FIM motor 63-91	6	28	0.5377	0.1265	0.1597	$2,506	$589	$744
3-217	Overnight Rehabilitation	Neurological, FIM motor 49-62	7	32	1.1931	0.1265	0.186	$5,560	$589	$867

AN SNAP v3.0	Episode Type	Description	Lower Bound	Upper Bound	Episode price wgt	Inlier Per Diem wgt	Outlier Per Diem wgt	Episode $	Inlier Per Diem $	Outlier Per Diem $
3-218	Overnight Rehabilitation	Neurological, FIM motor 18-48	12	37	1.8057	0.1265	0.1971	$8,415	$589	$918
3-219	Overnight Rehabilitation	Neurological, FIM motor 14-17	9	34	3.0865	0.1265	0.2669	$14,383	$589	$1,244
3-220	Overnight Rehabilitation	Spinal Cord Dysfunction, FIM motor 81-91	6	24	0.4244	0.1265	0.1606	$1,978	$589	$748
3-221	Overnight Rehabilitation	Spinal Cord Dysfunction, FIM motor 47-80	13	38	1.6517	0.1265	0.1905	$7,697	$589	$888
3-222	Overnight Rehabilitation	Spinal Cord Dysfunction, FIM motor 14-46, age>=33	31	56	4.898	0.1265	0.2361	$22,825	$589	$1,100
3-223	Overnight Rehabilitation	Spinal Cord Dysfunction, FIM motor 14-46, age<=32	39	64	5.6658	0.1265	0.2357	$26,403	$589	$1,098
3-224	Overnight Rehabilitation	Amputation of limb, FIM motor 72-91	10	35	0.4244	0.1265	0.145	$1,978	$589	$676
3-225	Overnight Rehabilitation	Amputation of limb, FIM motor 14-71	17	42	1.5517	0.1265	0.1773	$7,231	$589	$826
3-226	Overnight Rehabilitation	Pain Syndromes	6	27	0.4714	0.1265	0.159	$2,197	$589	$741
3-227	Overnight Rehabilitation	Orthopaedic conditions, fractures, FIM motor 58-91	6	29	0.4727	0.1265	0.1537	$2,203	$589	$716
3-228	Overnight Rehabilitation	Orthopaedic conditions, fractures, FIM motor 48-57	10	35	1.0309	0.1265	0.1702	$4,804	$589	$793
3-229	Overnight Rehabilitation	Orthopaedic conditions, fractures, FIM motor 14-47, FIM cognition 19-35	14	39	1.4105	0.1265	0.1782	$6,573	$589	$830
3-230	Overnight Rehabilitation	Orthopaedic conditions, fractures, FIM motor 14-47, FIM cognition 5-18	8	33	1.2178	0.1265	0.1827	$5,675	$589	$851
3-231	Overnight Rehabilitation	Orthopaedic conditions, replacement, FIM motor 72-91	6	25	0.3096	0.1265	0.1506	$1,443	$589	$702
3-232	Overnight Rehabilitation	Orthopaedic conditions, replacement, FIM motor 49-71	6	30	0.7113	0.1265	0.166	$3,315	$589	$774
3-233	Overnight Rehabilitation	Orthopaedic conditions, replacement, FIM motor 14-48	10	35	1.3965	0.1265	0.1851	$6,508	$589	$863
3-234	Overnight Rehabilitation	Orthopaedic conditions, all other, FIM motor 68-91	6	27	0.3368	0.1265	0.149	$1,569	$589	$694

AN SNAP v3.0	Episode Type	Description	Lower Bound	Upper Bound	Episode price wgt	Inlier Per Diem wgt	Outlier Per Diem wgt	Episode $	Inlier Per Diem $	Outlier Per Diem $
3-235	Overnight Rehabilitation	Orthopaedic conditions, all other, FIM motor 53-67	7	32	0.5371	0.1265	0.1533	$2,503	$589	$714
3-236	Overnight Rehabilitation	Orthopaedic conditions, all other, FIM motor 14-52	13	38	1.3412	0.1265	0.1773	$6,250	$589	$826
3-237	Overnight Rehabilitation	Cardiac	6	31	0.8271	0.1265	0.1713	$3,854	$589	$798
3-238	Overnight Rehabilitation	Major Multiple Trauma, FIM total 101-126	6	25	1.3677	0.1265	0.2319	$6,373	$589	$1,081
3-239	Overnight Rehabilitation	Major Multiple Trauma, FIM total 74-100 or Burns	9	34	1.9447	0.1265	0.2132	$9,062	$589	$994
3-240	Overnight Rehabilitation	Major Multiple Trauma, FIM total 44-73	12	37	1.7175	0.1265	0.1945	$8,004	$589	$906
3-241	Overnight Rehabilitation	Major Multiple Trauma, FIM total 19-43	52	77	5.946	0.1265	0.2174	$27,708	$589	$1,013
3-242	Overnight Rehabilitation	All other impairments, FIM motor 67-91	6	27	0.4152	0.1265	0.1541	$1,935	$589	$718
3-243	Overnight Rehabilitation	All other impairments, FIM motor 53-66	6	29	0.8055	0.1265	0.1729	$3,754	$589	$806
3-244	Overnight Rehabilitation	All other impairments, FIM motor 25-52	7	32	1.1648	0.1265	0.1842	$5,428	$589	$858
3-245	Overnight Rehabilitation	All other impairments, FIM motor 14-24	14	39	1.4876	0.1265	0.1809	$6,932	$589	$843
3-251	Same Day Rehabilitation	Brain, Major Multiple Trauma & Pulmonary			0.1822			$849		
3-252	Same Day Rehabilitation	Burns, Cardiac, Pain, Spine, & Neurological			0.1822			$849		
3-253	Same Day Rehabilitation	All other impairments			0.1822			$849		
3-254	Outpatient & Community Rehabilitation	Outpatient and community rehabilitation, medical assessment only								
3-255	Outpatient & Community Rehabilitation	Outpatient and community rehabilitation, multidisciplinary assessment								
3-256	Outpatient & Community	Outpatient and community								

AN SNAP v3.0	Episode Type	Description	Lower Bound	Upper Bound	Episode price wgt	Inlier Per Diem wgt	Outlier Per Diem wgt	Episode $	Inlier Per Diem $	Outlier Per Diem $
	Rehabilitation	rehabilitation, medical treatment only								
3-257	Outpatient & Community Rehabilitation	Amputation								
3-258	Outpatient & Community Rehabilitation	Brain Injury and Major Multiple Trauma								
3-259	Outpatient & Community Rehabilitation	Spinal Injury								
3-260	Outpatient & Community Rehabilitation	Stroke and Development Disability, sole practitioner								
3-261	Outpatient & Community Rehabilitation	Stroke and Development Disability, multidisciplinary, FIM motor <=80								
3-262	Outpatient & Community Rehabilitation	Stroke and Development Disability, multidisciplinary, FIM motor >=81								
3-263	Outpatient & Community Rehabilitation	All other impairments, sole practitioner								
3-264	Outpatient & Community Rehabilitation	All other impairments, multidisciplinary, FIM motor <=80								
3-265	Outpatient & Community Rehabilitation	All other impairments, multidisciplinary, FIM motor >=81								
3-301	Overnight Psychogeriatric	Psychogeriatric, admit for assessment only	1	3	0.3277	0.1265	0.0599	$1,527	$589	$279
3-302	Overnight Psychogeriatric	HoNOS 65+ Overactive behaviour 3,4					0.2381			$1,110
3-303	Overnight Psychogeriatric	HoNOS 65+ Overactive behaviour 1,2 HoNOS 65+ ADL 4					0.2457			$1,145
3-304	Overnight Psychogeriatric	HoNOS 65+ Overactive behaviour 1,2 HoNOS 65+ ADL 0-3					0.2069			$964
3-305	Overnight Psychogeriatric	HoNOS 65+ Overactive behaviour 0 HoNOS 65+ total>=18					0.1994			$929
3-306	Overnight Psychogeriatric	HoNOS 65+ Overactive behaviour					0.1994			$929

AN SNAP v3.0	Episode Type	Description	Lower Bound	Upper Bound	Episode price wgt	Inlier Per Diem wgt	Outlier Per Diem wgt	Episode $	Inlier Per Diem $	Outlier Per Diem $
		0 HoNOS 65+ total<=17								
3-307	Overnight Psychogeriatric	Long term care					0.1158			$540
3-351	Outpatient Psychogeriatric	Outpatient psychogeriatric assessment only								
3-352	Community Psychogeriatric	Assessment Only								
3-353	All ambulatory Psychogeriatric	Treatment, Focus of Care=acute			0.2069			$964		
3-354	All ambulatory Psychogeriatric	Treatment, Focus of Care=not acute, HoNOS 65+ total <=8			0.2069			$964		
3-355	All ambulatory Psychogeriatric	Treatment, Focus of Care=not acute, HoNOS 65+ total 9-13			0.2069			$964		
3-356	All ambulatory Psychogeriatric	Treatment, Focus of Care=not acute, HoNOS 65+ total >=14, HoNOS 65+ Overactive 0,1			0.2069			$964		
3-357	All ambulatory Psychogeriatric	Treatment, Focus of Care=not acute, HoNOS 65+ total >=14, HoNOS 65+ Overactive 2,3,4			0.2069			$964		
3-401	Overnight GEM	GEM admit for assessment only	1	3	0.3277	0.1265	0.0599	$1,527	$589	$279
3-402	Overnight GEM	FIM cognition <=15, FIM motor 13-43					0.1994			$929
3-403	Overnight GEM	FIM cognition <=15, FIM motor 44-91, age>=84					0.1682			$784
3-404	Overnight GEM	FIM cognition <=15, FIM motor 44-91, age<=83					0.1619			$754
3-405	Overnight GEM	FIM cognition 16-35, FIM motor 13-50					0.1876			$874
3-406	Overnight GEM	FIM cognition 16-35, FIM motor 51-77					0.1602			$747
3-407	Overnight GEM	FIM cognition 16-35, FIM motor 78-91					0.1443			$672
3-451	Same Day GEM	Same day GEM, assessment Only			0.1771			$825		
3-452	Outpatients & Community	Outpatient and community GEM,								

AN SNAP v3.0	Episode Type	Description	Lower Bound	Upper Bound	Episode price wgt	Inlier Per Diem wgt	Outlier Per Diem wgt	Episode $	Inlier Per Diem $	Outlier Per Diem $
	GEM	medical assessment only								
3-453	Outpatients & Community GEM	Outpatient and community GEM, multidisciplinary assessment								
3-454	Same Day GEM	All same day admitted GEM			0.1771			$825		
3-455	Outpatients & Community GEM	FIM motor <=40								
3-456	Outpatients & Community GEM	FIM motor 41-56								
3-457	Outpatients & Community GEM	FIM motor>=57, sole practitioner								
3-458	Outpatients & Community GEM	FIM motor>=57, multidisciplinary								
3-501	Overnight Maintenance	Respite, RUG-ADL 15-18					0.1876			$874
3-502	Overnight Maintenance	Respite, RUG-ADL 5-14					0.1613			$752
3-503	Overnight Maintenance	Respite, RUG-ADL 4					0.1288			$600
3-504	Overnight Maintenance	Nursing Home Type, RUG-ADL 11-18					0.1693			$789
3-505	Overnight Maintenance	Nursing Home Type, RUG-ADL 4-10					0.1497			$698
3-506	Overnight Maintenance	Convalescent care					0.1615			$753
3-507	Overnight Maintenance	Other maintenance, RUG-ADL 14-18					0.1802			$840
3-508	Overnight Maintenance	Other maintenance, RUG-ADL 4-13					0.172			$802
3-509	Overnight Maintenance	Long term care, RUG-ADL 17-18					0.1098			$512
3-510	Overnight Maintenance	Long term care, RUG-ADL 10-16					0.1002			$467
3-511	Overnight Maintenance	Long term care, RUG-ADL 4-9					0.0733			$342
3-551	All ambulatory Maintenance	Medical only			0.1497			$698		
3-552	All ambulatory Maintenance	Ambulatory maintenance, nursing assessment only			0.1497			$698		
3-553	All ambulatory	Ambulatory maintenance,			0.1497			$698		

AN SNAP v3.0	Episode Type	Description	Lower Bound	Upper Bound	Episode price wgt	Inlier Per Diem wgt	Outlier Per Diem wgt	Episode $	Inlier Per Diem $	Outlier Per Diem $
	Maintenance	psychosocial assessment								
3-554	All ambulatory Maintenance	Ambulatory maintenance, physical therapy assessment			0.1497			$698		
3-555	Same Day & Community Maintenance	Same day and community maintenance, multidisciplinary			0.1497			$698		
3-556	Outpatient Maintenance	Outpatient maintenance, multidisciplinary assessment								
3-557	All ambulatory Maintenance	Maintenance and support, nursing, age>=37, RUG-ADL>=5			0.1497			$698		
3-558	All ambulatory Maintenance	Maintenance and support, nursing, age>=37, RUG-ADL 4			0.1497			$698		
3-559	All ambulatory Maintenance	Maintenance and support, nursing, age<=36, RUG-ADL>=5			0.1497			$698		
3-560	All ambulatory Maintenance	Maintenance and support, nursing, age<=36, RUG-ADL 4			0.1497			$698		
3-561	All ambulatory Maintenance	Maintenance and support, physical therapy, RUG-ADL>=6			0.1497			$698		
3-562	All ambulatory Maintenance	Maintenance and support, physical therapy, RUG-ADL 4,5			0.1497			$698		
3-563	Community Maintenance	Community maintenance and support, multidisciplinary, age>=27, RUG-ADL 4-11								
3-564	All ambulatory Maintenance	Maintenance and support, multidisciplinary, age>=27, RUG-ADL>=12			0.1497			$698		
3-565	Outpatient Maintenance	Outpatient maintenance and support, multidisciplinary, age>=27, RUG-ADL 4-11								
3-566	All ambulatory Maintenance	Maintenance and support, multidisciplinary, <=26 yrs			0.1497			$698		

Appendix 4: Subacute and non-acute admitted care type per diem

Care Type	Per diem	Qld Price
Palliative Care	0.1922	$896
Rehabilitation	0.1822	$849
Psychogeriatric	0.2069	$964
Geriatric Evaluation Management	0.1771	$825
Maintenance	0.1497	$698

Appendix 5: Tier 2 non-admitted services v2.0

Tier 2 Clinic	Description	QWAU New	QWAU Review	Qld New Price	Qld Review Price
10.01	Hyperbaric Medicine	0.0978	0.1212	$456	$565
10.02	Interventional Imaging	0.3119	0.3119	$1,453	$1,453
10.03	Minor Surgical	0.0531	0.0385	$247	$179
10.04	Dental	0.0873	0.0873	$407	$407
10.05	Angioplasty/Angiography	0.6537	0.5255	$3,046	$2,449
10.06	Endoscopy – Gastrointestinal	0.1599	0.3482	$745	$1,623
10.07	Endoscopy- Urological/Gynaecological	0.4242	0.4048	$1,977	$1,886
10.08	Endoscopy- Orthopaedic	0.5778	0.5778	$2,693	$2,693
10.09	Endoscopy – Respiratory/ENT	0.3563	0.3558	$1,660	$1,658
10.10	Renal Dialysis – Hospital Delivered	0.1099	0.1167	$512	$544
10.11	Medical Oncology (Treatment)	0.2461	0.2385	$1,147	$1,111
10.12	Radiation Oncology (Treatment)	0.0630	0.0630	$294	$294
10.13	Minor Medical Procedures	0.0888	0.0711	$414	$332
10.14	Pain Management Interventions	0.0928	0.0495	$432	$231
10.15	Renal Dialysis – Haemodialysis – Home Delivered per Month	1.6770	1.6770	$7,815	$7,815
10.16	Renal Dialysis – Peritoneal Dialysis – Home Delivered per Month	3.3540	3.3540	$15,630	$15,630
10.17	Total Parenteral Nutrition – Home Delivered	0.0633	0.0633	$295	$295
10.18	Enteral Nutrition – Home Delivered	0.0633	0.0633	$295	$295
20.01	Transplants	0.1581	0.2397	$737	$1,117
20.02	Anaesthetics	0.0556	0.0553	$259	$258
20.03	Pain Management	0.0928	0.0752	$432	$350
20.04	Developmental Disabilities	0.0853	0.0853	$397	$397
20.05	General Medicine	0.0570	0.0446	$266	$208
20.06	General Practice and Primary Care				
20.07	General Surgery	0.0584	0.0465	$272	$217
20.08	Genetics	0.0427	0.0496	$199	$231
20.09	Geriatric Medicine	0.0817	0.0472	$381	$220
20.10	Haematology	0.1087	0.0784	$506	$366
20.11	Paediatric Medicine	0.0689	0.0522	$321	$243
20.12	Paediatric Surgery	0.0550	0.0475	$256	$221

Tier 2 Clinic	Description	QWAU New	QWAU Review	Qld New Price	Qld Review Price
20.13	Palliative Care	0.0528	0.0347	$246	$162
20.14	Epilepsy	0.0767	0.0392	$357	$183
20.15	Neurology	0.0873	0.0659	$407	$307
20.16	Neurosurgery	0.0785	0.0780	$366	$364
20.17	Ophthalmology	0.0453	0.0442	$211	$206
20.18	Ear, Nose and Throat (ENT)	0.0576	0.0465	$268	$217
20.19	Respiratory	0.0581	0.0571	$271	$266
20.20	Respiratory – Cystic Fibrosis	0.1400	0.1405	$652	$655
20.21	Anti-coagulant Screening and Management	0.0610	0.0610	$284	$284
20.22	Cardiology	0.0689	0.0439	$321	$204
20.23	Cardiothoracic	0.0595	0.0487	$277	$227
20.24	Vascular Surgery	0.0704	0.0621	$328	$290
20.25	Gastroenterology	0.1000	0.0978	$466	$456
20.26	Hepatobiliary	0.1114	0.1057	$519	$493
20.27	Craniofacial	0.1290	0.0945	$601	$441
20.28	Metabolic Bone	0.0408	0.0235	$190	$110
20.29	Orthopaedics	0.0499	0.0367	$232	$171
20.30	Rheumatology	0.0906	0.0404	$422	$188
20.31	Spinal	0.1558	0.1437	$726	$670
20.32	Breast	0.0522	0.0398	$243	$186
20.33	Dermatology	0.0608	0.0438	$283	$204
20.34	Endocrinology	0.0770	0.0561	$359	$262
20.35	Nephrology	0.1012	0.0945	$471	$441
20.36	Urology	0.0571	0.0463	$266	$216
20.37	Assisted Reproductive Technology	0.0617	0.0617	$288	$288
20.38	Gynaecology	0.0719	0.0427	$335	$199
20.39	Gynaecology Oncology	0.0688	0.0438	$320	$204
20.40	Obstetrics	0.0455	0.0415	$212	$193
20.41	Immunology	0.1152	0.1536	$537	$716
20.42	Medical Oncology (Consultation)	0.0589	0.0438	$275	$204
20.43	Radiation Oncology (Consultation)	0.0807	0.0463	$376	$216
20.44	Infectious Diseases	0.0978	0.0519	$456	$242

Tier 2 Clinic	Description	QWAU New	QWAU Review	Qld New Price	Qld Review Price
20.45	Psychiatry	0.0878	0.0878	$409	$409
20.46	Plastic and Reconstructive Surgery	0.0494	0.0397	$230	$185
20.47	Rehabilitation	0.0687	0.0687	$320	$320
20.48	Multidisciplinary Burns Clinic	0.1841	0.1349	$858	$629
20.49	Geriatric Evaluation and Management (GEM)	0.0820	0.0507	$382	$236
20.50	Psychogeriatric	0.0648	0.0347	$302	$162
20.51	Sleep Disorders	0.1544	0.1533	$719	$715
30.01	General Imaging				
30.02	Medical Resonance Imaging (MRI)				
30.03	Computerised Tomography (CT)				
30.04	Nuclear Medicine				
30.05	Pathology (Microbiology, Haematology, Biochemistry)				
30.06	Positron Emission Tomography (PET)				
30.07	Mammography Screening				
30.08	Clinical Measurement	0.0581	0.0581	$271	$271
40.01	Aboriginal and Torres Strait Islander Health Clinic	0.0506	0.0506	$236	$236
40.02	Aged Care Assessment				
40.03	Aids and Appliances	0.0343	0.0343	$160	$160
40.04	Clinical Pharmacy	0.0762	0.0762	$355	$355
40.05	Hydrotherapy	0.0731	0.0731	$341	$341
40.06	Occupational Therapy	0.0368	0.0358	$171	$167
40.07	Pre-Admission and Pre-Anaesthesia	0.0444	0.0465	$207	$217
40.08	Primary Health Care				
40.09	Physiotherapy	0.0370	0.0378	$172	$176
40.10	Sexual Health	0.0506	0.0506	$236	$236
40.11	Social Work	0.0432	0.0449	$201	$209
40.12	Rehabilitation	0.0376	0.0376	$175	$175
40.13	Wound Management	0.0340	0.0219	$158	$102
40.14	Neuropsychology	0.1071	0.1071	$499	$499
40.15	Optometry	0.0228	0.0198	$106	$92
40.16	Orthoptics	0.0254	0.0320	$118	$149
40.17	Audiology	0.0860	0.0769	$401	$358

Tier 2 Clinic	Description	QWAU New	QWAU Review	Qld New Price	Qld Review Price
40.18	Speech Pathology	0.0414	0.0420	$193	$196
40.21	Cardiac Rehabilitation	0.0473	0.0326	$221	$152
40.22	Stomal Therapy	0.0369	0.0283	$172	$132
40.23	Nutrition/Dietetics	0.0244	0.0241	$114	$113
40.24	Orthotics	0.0516	0.0516	$240	$241
40.25	Podiatry	0.0709	0.0728	$330	$339
40.27	Family Planning				
40.28	Midwifery and Maternity	0.0501	0.0455	$234	$212
40.29	Psychology	0.0515	0.0512	$240	$238
40.30	Alcohol and Other Drugs	0.0316	0.0316	$147	$147
40.31	Burns	0.0433	0.0317	$202	$148
40.32	Continence	0.0704	0.0704	$328	$328
40.33	General Counselling	0.0203	0.0203	$95	$95
40.34	Specialist Mental Health				
40.35	Palliative Care	0.0506	0.0506	$236	$236
40.36	Geriatric Evaluation and Management (GEM)	0.0506	0.0506	$236	$236
40.37	Psychogeriatric	0.0506	0.0506	$236	$236
40.38	Infectious Diseases	0.0506	0.0506	$236	$236
40.39	Neurology	0.0506	0.0506	$236	$236
40.40	Respiratory	0.0506	0.0506	$236	$236
40.41	Gastroenterology	0.0506	0.0506	$236	$236
40.42	Circulatory	0.0506	0.0506	$236	$236
40.43	Hepatobiliary	0.0506	0.0506	$236	$236
40.44	Orthopaedics	0.0506	0.0506	$236	$236
40.45	Dermatology	0.0506	0.0506	$236	$236
40.46	Endocrinology	0.0506	0.0506	$236	$236
40.47	Nephrology	0.0506	0.0506	$236	$236
40.48	Haematology and Immunology	0.0506	0.0506	$236	$236
40.49	Gynaecology	0.0506	0.0506	$236	$236
40.50	Urology	0.0506	0.0506	$236	$236
40.51	Breast	0.0506	0.0506	$236	$236
40.52	Oncology	0.0506	0.0506	$236	$236

Tier 2 Clinic	Description	QWAU New	QWAU Review	Qld New Price	Qld Review Price
40.53	General Medicine	0.0506	0.0506	$236	$236
40.54	General Surgery	0.0506	0.0506	$236	$236
40.55	Paediatrics	0.0506	0.0506	$236	$236
40.56	Falls Prevention	0.0506	0.0506	$236	$236
40.57	Memory and Cognition	0.0506	0.0506	$236	$236
40.58	Hospital Avoidance Programs	0.0506	0.0506	$236	$236
40.59	Post Acute Care	0.0506	0.0506	$236	$236

Appendix 6: Emergency departments URG v1.3

URG	Description	Price Weights	Qld Price
3	Admitted Triage 1 - Injury	0.3978	$1,854
4	Admitted Triage 1 - Poisoning	0.2871	$1,338
5	Admitted Triage 1 - Respiratory system illness	0.2965	$1,382
6	Admitted Triage 1 - Circulatory system illness	0.2528	$1,178
7	Admitted Triage 1 - All other MDB groups	0.3036	$1,415
9	Admitted Triage 2 - Poisoning	0.2130	$993
10	Admitted Triage 2 - Injury	0.2319	$1,081
11	Admitted Triage 2 - Gastrointestinal system illness	0.2283	$1,064
12	Admitted Triage 2 - Respiratory system illness	0.2038	$950
14	Admitted Triage 2 - Neurological illness	0.2288	$1,066
15	Admitted Triage 2 - Toxic effects of drugs	0.2020	$941
16	Admitted Triage 2 - Circulatory system illness	0.1936	$902
17	Admitted Triage 2 - All other MDB groups	0.2003	$933
19	Admitted Triage 3 - Blood / Immune system illness	0.1798	$838
20	Admitted Triage 3 - Injury	0.1686	$786
21	Admitted Triage 3 - Neurological illness	0.1896	$884
22	Admitted Triage 3 - Obstetric/Gynaecological illness	0.1143	$533
23	Admitted Triage 3 - Gastrointestinal system illness	0.1876	$874
24	Admitted Triage 3 - Circulatory system illness	0.1766	$823
25	Admitted Triage 3 - Poisoning/Toxic effects of drugs	0.1760	$820
26	Admitted Triage 3 - Urological illness	0.1860	$867
27	Admitted Triage 3 - Respiratory system illness	0.1755	$818
29	Admitted Triage 3 - All other MDB groups	0.1798	$838
30	Admitted Triage 4 - Poisoning/Toxic effects of drugs	0.1432	$667
31	Admitted Triage 4 - Respiratory system illness	0.1504	$701
32	Admitted Triage 4 - Gastrointestinal system illness	0.1588	$740
33	Admitted Triage 4 - All other MDB groups	0.1470	$685
34	Admitted Triage 4 - Injury	0.1316	$613
35	Admitted Triage 4 - Psychiatric/Social problem/Other presentation	0.1666	$776
36	Admitted Triage 5 - Psychiatric/Social problem/Other presentation	0.1201	$560
37	Admitted Triage 5 - All other MDB groups	0.1250	$583
38	Dead on Arrival w any Triage w any MDB	0.0316	$147
39	Non-Admitted Triage 1 - All MDB groups	0.3123	$1,455
40	Non-Admitted Triage 2 - Alcohol/drug abuse	0.1893	$882
42	Non-Admitted Triage 2 - Musculoskeletal/connective tissue illness	0.1486	$692
43	Non-Admitted Triage 2 - Circulatory system / Respiratory system illness	0.1824	$850
44	Non-Admitted Triage 2 - Injury	0.1733	$808
45	Non-Admitted Triage 2 - Poisoning	0.1851	$863
46	Non-Admitted Triage 2 - All other MDB groups	0.1702	$793
48	Non-Admitted Triage 3 - Circulatory system illness	0.1412	$658
50	Non-Admitted Triage 3 - Injury	0.1154	$538
51	Non-Admitted Triage 3 - Genitourinary illness	0.1325	$617
52	Non-Admitted Triage 3 - Gastrointestinal system illness	0.1337	$623
53	Non-Admitted Triage 3 - Neurological illness	0.1368	$637

URG	Description	Price Weights	Qld Price
55	Non-Admitted Triage 3 - Respiratory system illness	0.1143	$533
56	Non-Admitted Triage 3 - Musculoskeletal/connective tissue illness	0.1163	$542
57	Non-Admitted Triage 3 - All other MDB groups	0.1098	$512
58	Non-Admitted Triage 4 - Injury	0.0708	$330
60	Non-Admitted Triage 4 - Genitourinary illness	0.0880	$410
61	Non-Admitted Triage 4 - Circulatory system / Respiratory system illness	0.0815	$380
62	Non-Admitted Triage 4 - Gastrointestinal system illness	0.0922	$430
63	Non-Admitted Triage 4 - Musculoskeletal/connective tissue illness	0.0800	$373
65	Non-Admitted Triage 4 - Illness of the ENT	0.0604	$281
66	Non-Admitted Triage 4 - Illness of the eyes	0.0510	$238
67	Non-Admitted Triage 4 - Other presentation block	0.0744	$347
68	Non-Admitted Triage 4 - All other MDB groups	0.0813	$379
69	Non-Admitted Triage 5 - Poisoning/Toxic effects of drugs	0.0561	$261
70	Non-Admitted Triage 5 - Injury	0.0481	$224
71	Non-Admitted Triage 5 - Other presentation block	0.0446	$208
72	Non-Admitted Triage 5 - All other MDB groups	0.0508	$237
73	Did Not Wait	0.0000	$0
74	Transfer Presentation	0.1960	$913
75	Died in ED	0.2686	$1,252
76	Admitted Return Visit, Planned - Any Triage	0.0893	$416
77	Non-Admitted Return Visit, Planned - Triage 1, 2, 3	0.0949	$442
78	Non-Admitted Return Visit, Planned - Triage 4, 5	0.0401	$187

Appendix 7: Emergency departments UDG v 1.3

UDG	Description	Price Weights	Qld Price
1	Admitted Triage 1	0.3136	$1,461
2	Admitted Triage 2	0.2054	$957
3	Admitted Triage 3	0.1782	$830
4	Admitted Triage 4	0.1490	$694
5	Admitted Triage 5	0.1241	$578
6	Non-Admitted Triage 1	0.3123	$1,455
7	Non-Admitted Triage 2	0.1764	$822
8	Non-Admitted Triage 3	0.1227	$572
9	Non-Admitted Triage 4	0.0773	$360
10	Non-Admitted Triage 5	0.0488	$227
11	Did Not Wait	0.0000	$0
12	Dead on Arrival w any Triage w any MDB	0.0316	$147
13	Transfer Presentation	0.1960	$913
14	Died in ED	0.2686	$1,252
15	Admitted Return Visit, Planned - Any Triage	0.0893	$416
16	Non-Admitted Return Visit, Planned - Triage 1, 2, 3	0.0949	$442
17	Non-Admitted Return Visit, Planned - Triage 4, 5	0.0401	$187

Appendix 8: Mental Health per diem rates for designated wards

Designated Ward	Price Weights	Qld Price
Acquired Brain Injury	0.2091	$975
Adult Acute	0.2883	$1,344
Extended Treatment and Rehabilitation	0.1895	$883
Child Acute Inpatient	0.5201	$2,423
Community Care Unit	0.0907	$423
Dual Diagnosis (MH and Intellectual Disability)	0.1547	$721
Older Persons Extended Treatment	0.2295	$1,069
Non Mental Health Intellectual Disability	0.1410	$657
Assessment	0.1531	$713
Day Program	0.0907	$423
Older Persons Acute	0.2209	$1,029
High Security Inpatient Service	0.2813	$1,311
Secure Mental Health Rehabilitation Unit	0.2813	$1,311
Adolescent Acute Inpatient	0.4012	$1,869
Adolescent Extended Treatment Service	0.2295	$1,069