

**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation**

**California Code of Regulations
Title 8, Division 1, Chapter 4.5, Subchapter 1, Article 5.5**

§ 9790.1. Definitions

(a) "Capital outlier factor" means (California fixed loss cost outlier threshold x geographic adjustment factor x large urban add-on x (capital cost-to-charge ratio to total cost-to-charge ratio)). The geographic adjustment factor is specified in the *Federal Register* of August 1, 2000 at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. The "large urban add-on" is indicated by the post-reclassification urban/rural location published in the Payment Impact File at positions 229-235. As stated in Title 42, Code of Federal Regulations, Section 412.316(b), as it is in effect on September 29, 2000, the "large urban add-on" is an additional 3% of what would otherwise be payable to the health facility.

(b) "California fixed loss cost outlier threshold" means the factor calculated by adjusting the Medicare fixed loss cost outlier threshold for California workers' compensation inpatient admissions. The California fixed loss cost outlier threshold is \$14,500.

~~(a)~~(c) "Composite factor" means the factor calculated by the administrative director for a health facility by adding the prospective operating costs and the prospective capital costs for the health facility, excluding the DRG weight and any applicable outlier payment, as determined by the federal Health Care Financing Administration for the purpose of determining reimbursement under Medicare.

(1) Prospective capital costs are determined by the following formula:

Capital standard federal payment rate x capital wage index x large urban add-on x [1 + capital disproportionate share adjustment factor + capital indirect medical education adjustment factor]

The "capital standard federal payment rate" is ~~\$371.51 as published by HCFA in the *Federal Register* of August 29, 1997, at Vol. 62, page 46052, Table 1D~~ \$382.03 as published by HCFA in the *Federal Register* of August 1, 2000, at Vol. 65, page 47127.

Table 1d, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

The "capital wage index" was published in the Payment Impact File at positions ~~200-217~~ 243-252.

The "large urban add-on" is indicated by the post-reclassification urban/rural location published in the Payment Impact File at positions ~~195-200~~ 229-235. As stated in Title 42, Code of Federal Regulations, Section 412.316(b), as it is in effect on ~~February 17, 1998~~ September 29, 2000, the "large urban add-on" is an additional 3% of what would otherwise be payable to the health facility.

The "capital disproportionate share adjustment factor" was published in the Payment Impact File at positions ~~69-77~~ 117-126.

The "capital indirect medical education adjustment factor" (capital IME adjustment) was published in Payment Impact File at positions ~~168-176~~ 202-211.

(2) Prospective operating costs are determined by the following formula:

$$[(\text{Labor-related national standardized amount} \times \text{operating wage index}) + \text{nonlabor-related national standardized amount}] \times [1 + \text{operating disproportionate share adjustment factor} + \text{operating indirect medical education adjustment}]$$

The "labor-related national standardized amount" is ~~\$2,776.21~~ \$2,864.19 for large urban areas and ~~\$2,732.26~~ \$2,818.85 for other areas, as published by the federal Health Care Financing Administration [HCFA] in the *Federal Register* of ~~August 29, 1997, at Vol. 62, page 46052, Table 1-A~~ August 1, 2000, at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. The "labor-related national standardized amount" is \$2,894.99 for large urban area sole community hospitals and \$2,849.16 for other areas sole community hospitals, as published by the federal Health Care Financing Administration [HCFA] in the *Federal Register* of August 1, 2000, at Vol. 65, page 47127, Table 1e, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

The "operating wage index" was published in the Payment Impact File at positions ~~219-227~~ 253-262.

The "nonlabor-related national standardized amount" is ~~\$1,128.44~~ \$1,164.21 for large urban areas and ~~\$1,110.58~~ \$1,145.78 for other areas, as published by HCFA in the *Federal Register* of ~~August 29, 1997, at Vol. 62, page 46052, Table 1-A~~ August 1, 2000.

at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. The "nonlabor-related national standardized amount" is \$1,176.73 for large urban area sole community hospitals and \$1,158.10 for other areas sole community hospitals as published by the federal Health Care Financing Administration [HCFA] in the *Federal Register* of August 1, 2000, at Vol. 65, page 47127, Table 1e, which document is hereby incorporated by reference and will be made available upon request to the administrative director.

The "operating disproportionate share adjustment factor" was published in the Payment Impact File at positions ~~79-87~~ 127-136.

The "operating indirect medical education adjustment" was published in the Payment Impact File at positions ~~178-186~~ 212-221.

(3) A table of composite factors for each health facility in California is contained in Appendix A to Section 9792.1.

~~(c)~~(d) "Costs" means the total billed charges for an admission, excluding non-medical charges such as television and telephone charges, multiplied by the hospital's total cost-to-charge ratio. For DRGs 496 through 500, for purposes of determining whether an admission is a cost outlier, "costs" exclude implantable hardware and/or instrumentation reimbursed under subsection (7) of Section 9792.1.

~~(d)~~(e) "Cost-to-charge ratio" means the sum of the hospital specific operating cost-to-charge ratio and the hospital specific capital cost-to-charge ratio. The operating cost-to-charge ratio for each hospital was published in the Payment Impact File at positions 161-168. The capital cost-to-charge ratio for each hospital was published in the Payment Impact File at positions 99-106. A table of hospital specific capital cost-to-charge, operating cost-to-charge and total cost-to-charge ratios for each health facility in California is contained in Appendix A to Section 9792.1.

~~(e)~~(f) "Cost outlier case" means a hospitalization for which the hospital's costs, as defined in subdivision (d) above, exceed the Inpatient Hospital Fee Schedule payment amount by the hospital's outlier factor. If costs exceed the cost outlier threshold, the case is a cost outlier case.

~~(f)~~(g) "Cost outlier threshold" means the sum of the Inpatient Hospital Fee Schedule payment amount plus the hospital specific outlier factor.

~~(b)~~(h) "DRG weight" means the weighting factor for a diagnosis-related group assigned by the Health Care Financing Administration for the purpose of determining reimbursement under Medicare. A table is contained in Appendix B to Section 9792.1.

Appendix B shows DRG weights as assigned by HCFA and, where applicable, "Revised DRG weights" in italics.

~~(e)~~(i) (1) "Revised DRG weight" means the product of the DRG weight multiplied by the ratio set forth in subsection ~~(e)~~(i)(2) for 48 specified DRGs to reflect the different resource usage between the workers' compensation population and the Medicare population.

(2) The ratios that were applied to the DRG weights are contained in ~~Appendix C~~ the column identified as "DWC Revised Ratio" in Appendix B of Section 9792.1.

~~(d)~~(j) "Health facility" means any facility as defined in Section 1250 of the Health and Safety Code.

~~(e)~~(k) "Inpatient" means a person who has been admitted to a health facility for the purpose of receiving inpatient services. A person is considered an inpatient when he or she is formally admitted as an inpatient with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or is transferred to another facility and does not actually remain overnight.

~~(k)~~(l) "Inpatient Hospital Fee Schedule payment amount" is that amount determined by multiplying the DRG weight x hospital composite factor x 1.2.

~~(l)~~(m) "Labor-related portion" is that portion of operating costs attributable to labor costs, as specified in the *Federal Register* of August 1, 2000 at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

~~(f)~~(n) "Medical services" means those goods and services provided pursuant to Article 2 (commencing with Section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code.

~~(g)~~(o) "Average length of stay" means the geometric mean length of stay for a diagnosis-related group assigned by the Health Care Financing Administration.

(p) "Operating outlier factor" means ((California fixed loss cost outlier threshold x ((labor-related portion x MSA wage index) + nonlabor-related portion)) x (operating cost-to-charge ratio to total cost-to-charge ratio)). The MSA wage index is specified at *Federal Register* of August 1, 2000 at Vol. 65, page 47149, Table 4a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director. The nonlabor-related portion is that portion of operating costs

as defined in the *Federal Register* of August 1, 2000 at Vol. 65, page 47126, Table 1a, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

(q) "Outlier factor" means the sum of the capital outlier factor and the operating outlier factor. A table of hospital specific outlier factors for each health facility in California is contained in Appendix A to Section 9792.1.

~~(h)~~(r) "Payment Impact File" means the FY ~~1998~~ 2001 Prospective Payment System Payment Impact File (~~September 1997~~ August 2000 Update) (~~IMPCTF98.EXE~~ IMPCTF01.EXE) published by the federal Health Care Financing Administration, which document is hereby incorporated by reference. The description of the file is found at <http://www.hcfa.gov/stats/impctf01.doc>. The file is accessible through <http://www.hcfa.gov/stats/pufiles.htm#ppfexmtp>. A paper copy of the Payment Impact File, with explanatory material, is available from the Administrative Director upon request. An electronic copy is available from the Administrative Director at <http://www.dir.ca.gov>.

Note: Authority cited: Sections 133, 4603.5, 5307.1 and 5307.3, Labor Code.
Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.

§9792.1 - Payment of Inpatient Services of Health Facilities.

(a) Maximum reimbursement for inpatient medical services shall be determined by multiplying 1.20 by the product of the health facility's composite factor and the applicable DRG weight or revised DRG weight if a revised weight has been adopted by the administrative director. The fee determined under this subdivision shall be a global fee, constituting the maximum reimbursement to a health facility for inpatient medical services not exempted under this section. However, preadmission services rendered by a health facility more than 24 hours before admission are separately reimbursable.

(b) Health facilities billing for fees under this section shall present with their bill the name and address of the facility, the facility's Medicare ID number, and the applicable DRG codes.

(c) The following are exempt from the maximum reimbursement formula set forth in subdivision (a):

~~(1) Inpatient services for admissions where the length of stay exceeds the day outlier threshold established by the Health Care Financing Administration for the diagnosis-related group.~~

- ~~(2)~~(1) Inpatient services for the following diagnoses: Psychiatry (DRGs 424-432), Substance Abuse (DRGs 433-437), Organ Transplants (DRGs 103, 302, 480, 481, 495), Rehabilitation (DRG 462 and inpatient rehabilitation services provided in any rehabilitation center that is authorized by the Department of Health Services in accordance with Title 22, §§ 70301 - 70603 of the California Code of Regulations to provide rehabilitation services), Tracheostomies (DRGs 482, 483), and Burns (DRGs ~~456-460, 472, 475~~ and 504-511).
- ~~(3)~~(2) Inpatient services provided by a Level I or Level II trauma center, as defined in Title 22, California Code of Regulations sections 100260, 100261, to a patient with an immediately life threatening or urgent injury.
- ~~(4)~~(3) Inpatient services provided by a health facility for which there is no composite factor.
- ~~(5)~~(4) Inpatient services provided by a health facility located outside the State of California.
- ~~(6)~~(5) The cost of durable medical equipment provided for use at home.
- ~~(7)~~(6) Inpatient services provided by a health facility transferring an inpatient to another hospital. Maximum reimbursement for inpatient medical services of a health facility transferring an inpatient to another hospital shall be a per diem rate for each day of the patient's stay in that hospital, not to exceed the amount that would have been paid under Title 8, California Code of Regulations §9792.1(a). However, the first day of the stay in the transferring hospital shall be reimbursed at twice the per diem amount. The per diem rate is determined by dividing the maximum reimbursement as determined under Title 8, California Code of Regulations §9792.1(a) by the average length of stay for that specific DRG. However, if an admission to a health facility transferring a patient is exempt from the maximum reimbursement formula set forth in subdivision (a) because it satisfies one or more of the requirements of Title 8, California Code of Regulations §9792.1(c)(1) through (c)~~(5)~~(4), subdivision (c)~~(7)~~(6) shall not apply. Inpatient services provided by the hospital receiving the patient shall be reimbursed under the provisions of Title 8, California Code of Regulations §9792.1(a).
- ~~(8)~~(7) Implantable hardware and/or instrumentation for DRGs 496 through 500, where the admission occurs on or after April 13, 2001. Implantable hardware and/or instrumentation for DRGs 496 through 500, where the admission occurs on or after April 13, 2001, shall be separately reimbursed at the provider's documented paid cost, plus an additional 10% of the provider's documented paid cost not to exceed a

maximum of \$250.00, plus any sales tax and/or shipping and handling charges actually paid.

(8) Cost Outlier cases. Inpatient services for cost outlier cases where the admission occurs on or after June 29, 2001, shall be reimbursed as follows:

Step 1: Determine the Inpatient Hospital Fee Schedule payment amount (DRG relative weight x 1.2 x hospital specific composite factor).

Step 2: Determine costs. Costs = (total billed charges x total cost-to-charge ratio).

Step 3: Determine outlier threshold. Outlier threshold = (Inpatient Hospital Fee Schedule payment amount + hospital specific outlier factor).

If costs exceed the outlier threshold, the case is a cost outlier case and the admission is reimbursed at the Inpatient Hospital Fee Schedule payment amount + (0.8 x (costs – cost outlier threshold)).

NOTE: For purposes of determining whether a case qualifies as a cost outlier case under this subsection, implantable hardware and/or instrumentation reimbursed under subsection (8) below is excluded from the calculation of costs. Once an admission for DRGs 496 through 500 qualifies as a cost outlier case, any implantable hardware and/or instrumentation shall be separately reimbursed under subsection (8) below.

(d) Any health care facility that believes its composite factor or hospital specific outlier factor was erroneously determined because of an error in tabulating data may request the Administrative Director for a re-determination of its composite factor or hospital specific outlier factor. Such requests shall be in writing, shall state the alleged error, and shall be supported by written documentation. Within 30 days after receiving a complete written request, the Administrative Director shall make a redetermination of the composite factor or hospital specific outlier factor or reaffirm the published ~~composite~~ factor.

(e) This section, except as provided in subsection ~~subsections~~ (c)(7) and (c)(8), shall apply to covered inpatient hospital stays for which the day of admittance is on or after April 1, 1999.

(f) ~~Subsection~~ Subsections (c)(7) and (c)(8) shall remain in effect only through December 31, 2001, and shall not apply to admissions occurring on or after January 1, 2002.

Authority cited: Sections 133, 4603.5, 5307.1 and 5307.3, Labor Code.

Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO-CHARGE RATIO</u>	<u>OPERATING COST-TO-CHARGE RATIO</u>	<u>TOTAL COST TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50002	ST. ROSE HOSPITAL	7626.1	0.018	0.372	0.390	\$ 19,640
50006	ST. JOSEPH HOSPITAL, EUREKA	4303.8	0.036	0.359	0.395	\$ 14,357
50007	MILLS PENINSULA MEDICAL CENTER	5732.9	0.035	0.364	0.399	\$ 18,837
50008	DAVIES MEDICAL CENTER	6366.3	0.039	0.317	0.356	\$ 18,840
50009	QUEEN OF THE VALLEY	5214.8	0.041	0.357	0.398	\$ 16,820
50013	ST. HELENA HOSPITAL	5286.9	0.024	0.430	0.454	\$ 16,828
50014	SUTTER AMADOR HOSPITAL	4303.8	0.020	0.353	0.373	\$ 14,357
50015	NORTHERN INYO HOSPITAL	4346.0	0.028	0.701	0.729	\$ 14,357
50016	ARROYO GRANDE COMMUNITY HOSPITAL	4553.8	0.108	0.394	0.502	\$ 15,187
50017	MERCY GENERAL HOSPITAL	5765.8	0.022	0.241	0.263	\$ 16,548
50018	PACIFIC ALLIANCE MEDICAL CNTR.	8999.4	0.043	0.393	0.436	\$ 16,631
50022	RIVERSIDE COMMUNITY	5171.4	0.044	0.337	0.381	\$ 15,697
50024	PARADISE VALLEY HOSPITAL	7440.0	0.024	0.360	0.384	\$ 16,363
50025	UCSD MEDICAL CENTER	8430.0	0.057	0.321	0.378	\$ 16,395
50026	GROSSMONT HOSPITAL	5834.5	0.043	0.318	0.361	\$ 16,384
50028	MAD RIVER COMMUNITY HOSPITAL	4303.8	0.026	0.418	0.444	\$ 14,357
50029	ST.LUKE MEDICAL CENTER	6514.7	0.031	0.238	0.269	\$ 16,637
50030	OROVILLE HOSPITAL	5185.6	0.048	0.495	0.543	\$ 14,416
50032	WARRACK HOSPITAL	5159.2	0.033	0.500	0.533	\$ 17,216
50033	MOUNT ZION MEDICAL CENTER OF UCSF	8623.8	0.042	0.407	0.449	\$ 18,838
50036	MEMORIAL HOSPITAL	4314.7	0.055	0.358	0.413	\$ 14,357
50038	SANTA CLARA VALLEY MEDICAL CENTER	9378.9	0.045	0.538	0.583	\$ 18,192
50039	ENLOE MEDICAL CENTER	4630.0	0.026	0.434	0.460	\$ 14,416
50040	LAC OLIVE VIEW/UCLA MEDICAL CENTER	10003.1	0.033	0.329	0.362	\$ 16,628
50042	ST. ELIZABETH COMMUNITY HOSPITAL	4346.0	0.030	0.413	0.443	\$ 14,357
50043	SUMMIT MEDICAL CENTER	7556.7	0.016	0.340	0.356	\$ 19,640
50045	EL CENTRO REGIONAL MED. CTR.	5940.4	0.021	0.357	0.378	\$ 14,381
50046	OJAI VALLEY COMMUNITY HOSPITAL	4494.1	0.059	0.675	0.734	\$ 14,992
50047	CALIFORNIA PACIFIC MEDICAL CENTER	7124.8	0.029	0.373	0.402	\$ 18,834
50051	ALTA DISTRICT HOSPITAL	4303.8	0.036	0.586	0.622	\$ 14,357
50054	SAN GORGONIO MEMORIAL HOSPITAL	4981.7	0.024	0.330	0.354	\$ 15,677
50055	ST. LUKES HOSPITAL	8503.5	0.026	0.360	0.386	\$ 18,834
50056	ANTELOPE VALLEY HOSPITAL	6281.4	0.043	0.313	0.356	\$ 16,639
50057	KAWEAH DELTA HEALTH CARE DISTRICT	5269.1	0.031	0.430	0.461	\$ 14,357
50058	GLENDALE MEMORIAL HOSPITAL & HLTH CT	7144.1	0.031	0.278	0.309	\$ 16,632
50060	FRESNO COMMUNITY HOSP & MED CENTER	5731.0	0.029	0.337	0.366	\$ 14,607
50061	ST. FRANCIS MEDICAL CENTER	4530.4	0.057	0.356	0.413	\$ 15,112

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50063	QUEEN OF ANGELS - HLLYWD PRES MC	8430.2	0.033	0.296	0.329	\$ 16,632
50065	WMC SANTA ANA	7039.7	0.057	0.314	0.371	\$ 16,015
50066	BAY HARBOR HOSPITAL	5818.7	0.016	0.302	0.318	\$ 16,614
50067	OAK VALLEY DISTRICT HOSPITAL	4468.6	0.029	0.359	0.388	\$ 14,907
50068	LINDSAY DISTRICT HOSPITAL	4494.2	0.014	0.487	0.501	\$ 14,357
50069	ST. JOSEPH HOSPITAL	5069.0	0.029	0.284	0.313	\$ 16,629
50070	KFH- SSF	5729.5	0.039	0.361	0.400	\$ 18,838
50071	KFH - SANTA CLARA	7040.9	0.039	0.361	0.400	\$ 19,643
50072	KFH - WALNUT CREEK	6149.7	0.039	0.361	0.400	\$ 19,643
50073	KFH - VALLEJO	5946.2	0.039	0.361	0.400	\$ 19,587
50075	KFH - OAKLAND	7131.2	0.039	0.361	0.400	\$ 19,643
50076	KFH - SAN FRANCISCO	7132.4	0.039	0.361	0.400	\$ 19,643
50077	MERCY HOSPITAL	6346.8	0.034	0.300	0.334	\$ 16,377
50078	SAN PEDRO PENINSULA	5498.4	0.028	0.268	0.296	\$ 16,630
50079	DOCTORS MEDICAL CENTER-SAN PABLO	7288.6	0.021	0.289	0.310	\$ 19,641
50082	ST. JOHN'S REGIONAL MEDICAL CENTER	5247.3	0.074	0.343	0.417	\$ 14,990
50084	ST. JOSEPH'S MEDICAL CENTER	5020.2	0.022	0.260	0.282	\$ 15,146
50088	SAN LUIS OBISPO GENERAL HOSPITAL	4755.3	0.025	0.735	0.760	\$ 15,193
50089	COMMUNITY HOSPITAL OF SAN BERNARDINO	7291.2	0.046	0.315	0.361	\$ 15,701
50090	SONOMA VALLEY HEALTH CARE DIST.	5159.2	0.055	0.437	0.492	\$ 17,206
50091	COMMUNITY HOSPITALS OF HUNTINGTON PK	9079.1	0.032	0.277	0.309	\$ 16,633
50092	GLENN MEDICAL CENTER	4730.9	0.050	0.747	0.797	\$ 14,357
50093	SAINT AGNES MEDICAL CENTER	4603.7	0.043	0.353	0.396	\$ 14,607
50096	DR'S HOSPITAL OF WEST COVINA	5406.7	0.039	0.304	0.343	\$ 16,636
50097	GENERAL HOSPITAL	4303.8	0.033	0.367	0.400	\$ 14,357
50099	SAN ANTONIO COMMUNITY HOSPITAL	5661.2	0.031	0.293	0.324	\$ 15,688
50100	SHARP MEMORIAL HOSPITAL	5783.9	0.041	0.359	0.400	\$ 16,377
50101	SUTTER SOLANO MEDICAL CENTER	6430.3	0.025	0.290	0.315	\$ 16,823
50102	PARKVIEW COMMUNITY HOSPITAL	5928.8	0.024	0.340	0.364	\$ 15,676
50103	WHITE MEMORIAL MEDICAL CENTER	8308.7	0.044	0.335	0.379	\$ 16,637
50104	ST. FRANCIS MEDICAL CENTER	7922.8	0.022	0.271	0.293	\$ 16,623
50107	MARIAN MEDICAL CENTER	5215.2	0.058	0.378	0.436	\$ 15,112
50108	SUTTER COMMUNITY HOSPITAL	5789.3	0.036	0.278	0.314	\$ 16,559
50110	LOMPOC DISTRICT HOSPITAL	4530.4	0.042	0.436	0.478	\$ 15,113
50111	TEMPLE COMMUNITY HOSPITAL	7509.1	0.016	0.285	0.301	\$ 16,615
50112	SANTA MONICA HOSPITAL	5570.3	0.039	0.355	0.394	\$ 16,631
50113	SAN MATEO COUNTY GENERAL HOSPITAL	6178.8	0.028	0.886	0.914	\$ 18,828

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50114	SHERMAN OAKS HOSP AND HLTH CENTER	5268.7	0.047	0.430	0.477	\$ 16,631
50115	PALOMAR MEDICAL CENTER	5573.1	0.044	0.342	0.386	\$ 16,382
50116	NORTHRIDGE HOSPITAL MEDICAL CENTER	5974.7	0.029	0.275	0.304	\$ 16,630
50117	MERCY HOSPITAL & HEALTH SYSTEM	4954.2	0.021	0.308	0.329	\$ 14,357
50118	DOCTORS HOSPITAL OF MANTECA	4540.3	0.029	0.225	0.254	\$ 15,145
50121	HANFORD COMMUNITY MEDICAL CENTER	4303.8	0.021	0.391	0.412	\$ 14,357
50122	DAMERON HOSPITAL	5554.0	0.015	0.280	0.295	\$ 15,147
50124	VERDUGO HILLS HOSPITAL	5057.3	0.053	0.310	0.363	\$ 16,648
50125	ALEXIAN BROS. HOSPITAL	7865.2	0.032	0.280	0.312	\$ 18,198
50126	VALLEY PRESBYTERIAN HOSPITAL	6606.0	0.047	0.312	0.359	\$ 16,643
50127	WOODLAND MEMORIAL HOSPITAL	4896.1	0.046	0.476	0.522	\$ 14,704
50128	TRI-CITY MEDICAL CENTER	5188.6	0.043	0.309	0.352	\$ 16,385
50129	ST. BERNARDINE MEDICAL CENTER	6071.7	0.072	0.392	0.464	\$ 15,713
50131	NOVATO COMMUNITY HOSPITAL	5729.5	0.026	0.464	0.490	\$ 18,831
50132	SAN GABRIEL VALLEY MEDICAL CENTER	5928.3	0.038	0.251	0.289	\$ 16,643
50133	RIDEOUT MEMORIAL HOSPITAL	5334.9	0.044	0.443	0.487	\$ 15,225
50135	HOLLYWOOD COMM. HOSP OF HOLLYWOOD	6497.7	0.027	0.377	0.404	\$ 16,620
50136	PETALUMA VALLEY HOSPITAL	5159.2	0.036	0.489	0.525	\$ 17,214
50137	KAISER FOUNDATION HOSPITALS-PANORAMA	5088.3	0.039	0.361	0.400	\$ 16,631
50138	KAISER FOUNDATION HOSPITALS - SUNSET	5938.5	0.039	0.361	0.400	\$ 16,631
50139	KAISER FOUND. HOSPITALS - BELLFLOWER	5118.5	0.039	0.361	0.400	\$ 16,631
50140	KAISER FOUND. HOSPITALS - FONTANA	5082.3	0.039	0.361	0.400	\$ 15,689
50144	BROTMAN MEDICAL CENTER	6207.8	0.050	0.318	0.368	\$ 16,644
50145	COMMUNITY HOSP. MONTEREY PENINSULA	5869.7	0.032	0.463	0.495	\$ 19,113
50148	PLUMAS DISTRICT HOSPITAL MCARE RPT	4346.0	0.034	0.466	0.500	\$ 14,357
50149	CALIFORNIA HOSPITAL MEDICAL CENTER	8562.6	0.035	0.353	0.388	\$ 16,628
50150	SIERRA NEVADA MEMORIAL HOSPITAL	4948.0	0.073	0.459	0.532	\$ 16,500
50152	SAINT FRANCIS MEMORIAL HOSPITAL	7135.7	0.032	0.292	0.324	\$ 18,839
50153	O'CONNOR HOSPITAL	5991.8	0.036	0.363	0.399	\$ 18,195
50155	MONROVIA COMMUNITY HOSPITAL	5408.9	0.039	0.314	0.353	\$ 16,635
50158	ENCINO-TARZANA REG MED CENTER	5071.9	0.038	0.361	0.399	\$ 16,630
50159	VENTURA COUNTY MEDICAL CENTER	7638.6	0.024	0.504	0.528	\$ 14,993
50167	SAN JOAQUIN GENERAL HOSPITAL	7581.0	0.048	0.451	0.499	\$ 15,146
50168	ST. JUDE MEDICAL CENTER	4875.0	0.022	0.282	0.304	\$ 15,983
50169	PRESBYTERIAN INTERCOMMUNITY	5662.7	0.041	0.290	0.331	\$ 16,640
50170	LONG BEACH COMMUNITY MEDICAL CENTER	5651.6	0.032	0.333	0.365	\$ 16,627
50172	REDWOOD MEMORIAL HOSPITAL	4303.8	0.036	0.428	0.464	\$ 14,357

Appendix A
Hospital Composite Factors and Cost to Charge Ratios

<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO-CHARGE RATIO</u>	<u>OPERATING COST-TO-CHARGE RATIO</u>	<u>TOTAL COST TO-CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50173	ANAHEIM GENERAL HOSPITAL	6486.4	0.013	0.275	0.288	\$ 15,972
50174	SANTA ROSA MEMORIAL HOSPITAL	5179.2	0.039	0.462	0.501	\$ 17,212
50175	WHITTIER HOSPITAL MEDICAL CENTER	6697.3	0.039	0.291	0.330	\$ 16,638
50177	SANTA PAULA MEMORIAL HOSPITAL	4693.0	0.028	0.546	0.574	\$ 14,993
50179	EMANUEL MEDICAL CENTER	5133.3	0.038	0.353	0.391	\$ 14,907
50180	JOHN MUIR MEDICAL CENTER	5985.2	0.036	0.305	0.341	\$ 19,644
50186	SCRIPPS HOSPITAL - EAST COUNTY	5747.0	0.051	0.370	0.421	\$ 16,384
50188	COMM HOSP.& REHAB- LOS GATOS	5534.0	0.045	0.253	0.298	\$ 18,209
50189	GEORGE L. MEE MEMORIAL HOSPITAL	6039.3	0.036	0.493	0.529	\$ 19,112
50191	ST MARY MEDICAL CENTER	7071.6	0.039	0.255	0.294	\$ 16,643
50192	SIERRA KINGS DISTRICT HOSPITAL	4572.4	0.038	0.520	0.558	\$ 14,607
50193	SOUTH COAST MEDICAL CENTER	4867.8	0.027	0.268	0.295	\$ 15,991
50194	WATSONVILLE COMMUNITY HOSPITAL	6816.0	0.030	0.387	0.417	\$ 18,694
50195	WASHINGTON HOSPITAL DISTRICT	6805.6	0.024	0.336	0.360	\$ 19,641
50196	CENTRAL VALLEY GENERAL HOSP	4456.1	0.021	0.382	0.403	\$ 14,357
50197	SEQUOIA HEALTH SERVICES	5739.1	0.030	0.449	0.479	\$ 18,833
50204	LANCASTER HOSPITAL	5201.4	0.022	0.251	0.273	\$ 16,625
50205	HUNTINGTON EAST VALLEY HOSPITAL	7228.2	0.044	0.419	0.463	\$ 16,630
50207	FREMONT MEDICAL CENTER	5423.3	0.030	0.494	0.524	\$ 15,226
50211	ALAMEDA HOSPITAL	6385.2	0.014	0.250	0.264	\$ 19,641
50213	UNIVERSITY MEDICAL CENTER	7604.5	0.021	0.439	0.460	\$ 14,607
50214	GRANADA HILLS COMMUNITY HOSPITAL	6473.8	0.022	0.303	0.325	\$ 16,620
50215	SAN JOSE MEDICAL CENTER	7139.9	0.130	0.425	0.555	\$ 18,227
50217	FAIRCHILD MEDICAL CENTER	4346.0	0.045	0.616	0.661	\$ 14,357
50219	COAST PLAZA DOCTORS HOSPITAL	6698.9	0.023	0.288	0.311	\$ 16,622
50222	SHARP CHULA VISTA MEDICAL CTR	6376.7	0.044	0.326	0.370	\$ 16,384
50224	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	4869.0	0.036	0.380	0.416	\$ 15,989
50225	FEATHER RIVER HOSPITAL	4510.5	0.047	0.450	0.497	\$ 14,416
50226	ANAHEIM MEMORIAL MEDICAL CENTER	5034.2	0.052	0.299	0.351	\$ 16,013
50228	SAN FRANCISCO GENERAL HOSPITAL	10776.1	0.016	0.535	0.551	\$ 18,827
50230	GARDEN GROVE MEDICAL CENTER	6972.4	0.029	0.262	0.291	\$ 15,994
50231	POMONA VALLEY HOSPITAL MED CTR	6615.4	0.024	0.264	0.288	\$ 16,626
50232	FRENCH HOSPITAL MEDICAL CENTER	4562.2	0.033	0.262	0.295	\$ 15,190
50234	SHARP CORONADO HOSPITAL	4979.7	0.035	0.464	0.499	\$ 16,365
50235	PROVIDENCE SAINT JOSEPH MED CTR	5361.5	0.046	0.403	0.449	\$ 16,632
50236	SIMI VALLEY HOSPITAL	5177.0	0.036	0.326	0.362	\$ 16,582
50238	METHODIST HOSPITAL OF SOUTHERN CA	5065.0	0.042	0.353	0.395	\$ 16,634

Appendix A
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<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO-CHARGE RATIO</u>	<u>OPERATING COST-TO-CHARGE RATIO</u>	<u>TOTAL COST TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50239	<u>GLENDALE ADVENTIST MEDICAL CENTER</u>	7355.8	0.052	0.607	0.659	\$ 16,624
50240	<u>CENTINELA HOSPITAL MEDICAL CENTER</u>	6795.9	0.049	0.298	0.347	\$ 16,646
50242	<u>DOMINICAN SANTA CRUZ HOSPITAL</u>	6176.1	0.034	0.331	0.365	\$ 18,686
50243	<u>DESERT HOSPITAL</u>	5437.4	0.044	0.260	0.304	\$ 15,708
50245	<u>ARROWHEAD REGIONAL MEDICAL CENTER</u>	8153.0	0.015	0.476	0.491	\$ 15,662
50248	<u>NATIVIDAD MEDICAL CENTER</u>	8830.3	0.016	0.393	0.409	\$ 19,124
50251	<u>LASSEN COMMUNITY HOSPITAL</u>	4730.9	0.039	0.476	0.515	\$ 14,357
50253	<u>LINCOLN LLC</u>	6066.4	0.028	0.301	0.329	\$ 15,988
50254	<u>MARSHALL HOSPITAL</u>	5033.6	0.085	0.431	0.516	\$ 16,577
50256	<u>ORTHOPAEDIC HOSPITAL</u>	6853.0	0.046	0.447	0.493	\$ 16,629
50257	<u>GOOD SAMARITAN HOSPITAL</u>	4494.2	0.080	0.320	0.400	\$ 14,358
50260	<u>MOUNTAINS COMMUNITY HOSPITAL</u>	4770.8	0.042	0.460	0.502	\$ 15,684
50261	<u>SIERRA VIEW DISTRICT HOSPITAL</u>	5092.2	0.064	0.390	0.454	\$ 14,357
50262	<u>UCLA MEDICAL CENTER</u>	7975.2	0.039	0.387	0.426	\$ 16,629
50264	<u>SAN LEANDRO HOSPITAL</u>	5974.6	0.039	0.337	0.376	\$ 19,644
50267	<u>DANIEL FREEMAN MEMORIAL HOSP</u>	6571.3	0.023	0.248	0.271	\$ 16,626
50270	<u>SMH - CHULA VISTA</u>	6795.5	0.036	0.305	0.341	\$ 16,379
50272	<u>REDLANDS COMMUNITY HOSPITAL</u>	4783.7	0.035	0.292	0.327	\$ 15,693
50276	<u>CONTRA COSTA REGIONAL MEDICAL CNTR</u>	9454.0	0.017	0.666	0.683	\$ 19,639
50277	<u>PACIFIC HOSPITAL OF LONG BEACH</u>	7263.8	0.024	0.387	0.411	\$ 16,617
50278	<u>PROVIDENCE HOLY CROSS MEDICAL CENTER</u>	5769.4	0.039	0.282	0.321	\$ 16,639
50279	<u>HI - DESERT MEDICAL CENTER</u>	4817.5	0.054	0.491	0.545	\$ 15,690
50280	<u>MERCY MEDICAL CENTER</u>	5635.0	0.029	0.296	0.325	\$ 16,206
50281	<u>ALHAMBRA HOSPITAL</u>	7401.6	0.039	0.320	0.359	\$ 16,635
50282	<u>MARTIN LUTHER HOSPITAL</u>	5945.2	0.038	0.321	0.359	\$ 15,996
50283	<u>VALLEY MEMORIAL HOSPITAL</u>	5974.6	0.035	0.269	0.304	\$ 19,644
50289	<u>SETON MEDICAL CENTER</u>	6749.3	0.036	0.357	0.393	\$ 18,837
50290	<u>SAINT JOHN'S HOSPITAL</u>	5063.8	0.027	0.307	0.334	\$ 16,625
50291	<u>SUTTER COMMUNITY HOSPITAL SANTA ROSA</u>	8312.9	0.039	0.499	0.538	\$ 17,213
50292	<u>RIVERSIDE COUNTY REGIONAL MED CENTER</u>	7310.5	0.018	0.480	0.498	\$ 15,664
50293	<u>PACIFIC COAST HOSPITAL</u>	7084.4	0.112	0.835	0.947	\$ 18,842
50295	<u>MERCY HOSPITAL</u>	4464.2	0.055	0.314	0.369	\$ 14,358
50296	<u>HAZEL HAWKINS MEM. HOSPITAL</u>	5541.7	0.036	0.442	0.478	\$ 18,491
50298	<u>BARSTOW COMMUNITY HOSPITAL</u>	4770.8	0.036	0.282	0.318	\$ 15,696
50299	<u>NHMC-SHERMAN WAY CAMPUS</u>	7150.0	0.042	0.351	0.393	\$ 16,634
50300	<u>ST. MARY REGIONAL</u>	5606.9	0.040	0.325	0.365	\$ 15,694
50301	<u>UKIAH VALLEY MEDICAL CENTER</u>	5263.3	0.034	0.486	0.520	\$ 16,961

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50305	ALTA BATES MEDICAL CENTER	7233.9	0.028	0.278	0.306	\$ 19,643
50308	EL CAMINO HOSPITAL	5542.8	0.031	0.335	0.366	\$ 18,194
50309	SUTTER ROSEVILLE MEDICAL CENTER	5237.1	0.035	0.287	0.322	\$ 16,557
50312	REDDING MEDICAL CENTER	5071.6	0.015	0.361	0.376	\$ 16,211
50313	SUTTER TRACY COMMUNITY HOSPITAL	4540.3	0.058	0.301	0.359	\$ 15,144
50315	KERN MEDICAL CENTER	7908.4	0.030	0.574	0.604	\$ 14,357
50320	ALAMEDA COUNTY MEDICAL CENTER	10196.1	0.017	0.608	0.625	\$ 19,639
50324	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	4990.5	0.034	0.280	0.314	\$ 16,380
50325	TUOLUMNE GENERAL HOSPITAL	4303.8	0.022	0.419	0.441	\$ 14,357
50327	LOMA LINDA UNIVERSITY MEDICAL CTR.	7076.6	0.036	0.289	0.325	\$ 15,695
50329	CORONA REGIONAL MEDICAL CENTER	5574.6	0.028	0.274	0.302	\$ 15,687
50331	HEALDSBURG GENERAL HOSPITAL	5159.2	0.024	0.459	0.483	\$ 17,218
50333	SENECA DISTRICT HOSPITAL	4346.0	0.021	0.532	0.553	\$ 14,357
50334	SALINAS VALLEY MEMORIAL HOSPITAL	6197.3	0.023	0.442	0.465	\$ 19,120
50335	SONORA COMMUNITY HOSPITAL	4303.8	0.039	0.460	0.499	\$ 14,357
50336	LODI MEMORIAL HOSPITAL	4748.4	0.030	0.312	0.342	\$ 15,146
50337	DESERT PALMS COMMUNITY HOSPITAL	5057.3	0.042	0.394	0.436	\$ 16,630
50342	PIONEERS MEM. HOSPITAL	4456.1	0.033	0.426	0.459	\$ 14,357
50345	HOSPITAL NAME NOT AVAILABLE	4781.9	0.051	0.497	0.548	\$ 15,687
50348	UCI MEDICAL CENTER	8187.6	0.027	0.322	0.349	\$ 15,985
50349	CORCORAN DISTRICT HOSPITAL	4456.1	0.030	0.429	0.459	\$ 14,357
50350	BEVERLY COMMUNITY HOSPITAL	6431.8	0.023	0.305	0.328	\$ 16,621
50351	TORRANCE MEMORIAL MEDICAL CENTER	5063.4	0.031	0.323	0.354	\$ 16,627
50352	BARTON MEMORIAL HOSPITAL	5083.0	0.070	0.516	0.586	\$ 16,561
50353	LITTLE COMPANY OF MARY HOSPITAL	5067.1	0.033	0.295	0.328	\$ 16,632
50355	SIERRA VALLEY DISTRICT HOSPITAL	4346.0	0.111	0.640	0.751	\$ 14,358
50357	GOLETA VALLEY COTTAGE HOSPITAL	4540.5	0.036	0.351	0.387	\$ 15,113
50359	TULARE DISTRICT HOSPITAL	5249.7	0.041	0.430	0.471	\$ 14,357
50360	MARIN GENERAL HOSPITAL	5875.4	0.050	0.425	0.475	\$ 18,840
50366	MARK TWAIN ST. JOSEPH'S HOSPITAL	4346.0	0.022	0.346	0.368	\$ 14,357
50367	NORTHBAY MEDICAL CENTER	6561.2	0.034	0.233	0.267	\$ 16,816
50369	QUEEN OF THE VALLEY HOSPITAL	6821.2	0.023	0.356	0.379	\$ 16,618
50373	LAC+USC MEDICAL CENTER	9863.6	0.016	0.347	0.363	\$ 16,612
50376	HARBOR-UCLA MEDICAL CENTER	10439.6	0.039	0.296	0.335	\$ 16,637
50377	CHOWCHILLA DISTRICT MEMORIAL HOSP	4378.7	0.032	0.642	0.674	\$ 14,607
50378	PACIFICA OF THE VALLEY	8053.4	0.059	0.476	0.535	\$ 16,635
50379	WEST SIDE DISTRICT HOSPITAL	4346.0	0.127	0.832	0.959	\$ 14,357

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50380	GOOD SAMARITAN HOSPITAL	5539.0	0.106	0.556	0.662	\$ 18,211
50382	INTER-COMMUNITY MEDICAL CENTER	6123.9	0.026	0.340	0.366	\$ 16,621
50385	PALM DRIVE HOSPITAL	5159.2	0.030	0.494	0.524	\$ 17,216
50388	SOUTHERN INYO HOSPITAL	4346.0	0.055	0.753	0.808	\$ 14,357
50390	HEMET VALLEY MEDICAL CENTER	5342.1	0.029	0.308	0.337	\$ 15,685
50391	SANTA TERESITA HOSPITAL	5281.0	0.026	0.410	0.436	\$ 16,617
50392	TRINITY HOSPITAL	4730.9	0.015	0.610	0.625	\$ 14,357
50393	DOWNEY COMMUNITY HOSPITAL	5960.7	0.087	0.716	0.803	\$ 16,635
50394	COMM MEM HOSP OF SAN BUENAVENTURA	4498.9	0.026	0.406	0.432	\$ 14,993
50396	SANTA BARBARA COTTAGE HOSPITAL	5094.9	0.022	0.245	0.267	\$ 15,113
50397	COALINGA REGIONAL MEDICAL CENTER	4421.6	0.085	0.483	0.568	\$ 14,607
50401	WASHINGTON MEDICAL CENTER	5057.3	0.042	0.290	0.332	\$ 16,641
50404	BIGGS-GRIDLEY MEMORIAL HOSP.-CARE	4321.4	0.015	0.424	0.439	\$ 14,416
50406	MAYERS MEMORIAL HOSPITAL MCARE RPT	4905.9	0.040	0.524	0.564	\$ 16,208
50407	CHINESE HOSPITAL	5983.1	0.034	0.513	0.547	\$ 18,833
50410	SANGER GENERAL HOSPITAL	4572.4	0.032	0.443	0.475	\$ 14,607
50411	KAISER FOUNDATION HOSPITALS -HARBOR	5104.8	0.039	0.361	0.400	\$ 16,631
50414	MERCY HOSPITAL OF FOLSOM	5033.6	0.072	0.326	0.398	\$ 16,583
50417	SUTTER COAST HOSPITAL	4346.0	0.068	0.439	0.507	\$ 14,357
50419	MERCY MEDICAL CENTER MT. SHASTA	4905.9	0.053	0.517	0.570	\$ 16,206
50420	ROBERT F. KENNEDY MEDICAL CENTER	7318.8	0.036	0.392	0.428	\$ 16,626
50423	PALO VERDE HOSPITAL	5030.7	0.053	0.390	0.443	\$ 15,698
50424	GREEN HOSPITAL OF SCRIPPS CLINIC	5539.0	0.042	0.408	0.450	\$ 16,374
50425	KFH - SACRAMENTO	5398.6	0.039	0.361	0.400	\$ 16,553
50426	WEST ANAHEIM MEDICAL CENTER	5079.2	0.024	0.242	0.266	\$ 15,990
50427	AVALON MUNICIPAL HOSPITAL	5106.9	0.039	0.610	0.649	\$ 16,617
50430	MODOC MEDICAL CENTER	4730.9	0.019	0.557	0.576	\$ 14,357
50432	GARFIELD MEDICAL CTR.	8463.2	0.016	0.361	0.377	\$ 16,611
50433	INDIAN VALLEY HOSPITAL	4346.0	0.020	0.563	0.583	\$ 14,357
50434	COLUSA COMMUNITY HOSPITAL	4730.9	0.039	0.596	0.635	\$ 14,357
50435	FALLBROOK DISTRICT HOSPITAL	5028.5	0.024	0.374	0.398	\$ 16,362
50438	HUNTINGTON MEMORIAL HOSPITAL	6155.8	0.028	0.332	0.360	\$ 16,624
50440	HOWARD MEMORIAL HOSPITAL	4303.8	0.049	0.433	0.482	\$ 14,357
50441	STANFORD UNIVERSITY HOSPITAL	8212.0	0.032	0.327	0.359	\$ 18,195
50443	JOHN C. FREMONT HOSPITAL	4346.0	0.027	0.518	0.545	\$ 14,357
50444	SUTTER MERCED MEDICAL CENTER	6086.4	0.033	0.340	0.373	\$ 14,357
50446	TEHACHAPI VALLEY HOSP. DIST.	4346.0	0.051	0.974	1.025	\$ 14,357

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50447	VILLA VIEW COMMUNITY HOSPITAL	7531.8	0.068	0.374	0.442	\$ 16,397
50448	RIDGECREST REGIONAL HOSPITAL	4346.0	0.045	0.442	0.487	\$ 14,357
50449	VALLEY COMMUNITY HOSPITAL	4530.4	0.059	0.240	0.299	\$ 15,110
50454	UC SAN FRANCISCO MEDICAL CENTER	9962.8	0.033	0.324	0.357	\$ 18,838
50455	SAN JOAQUIN COMMUNITY HOSPITAL	5021.5	0.022	0.352	0.374	\$ 14,357
50456	GARDENA PHYSICIANS HOSP. INC.	5057.3	0.048	0.694	0.742	\$ 16,619
50457	ST. MARY MEDICAL CENTER	6681.9	0.033	0.272	0.305	\$ 18,840
50464	DOCTORS MEDICAL CENTER OF MODESTO	5775.5	0.018	0.361	0.379	\$ 14,907
50468	MEMORIAL HOSPITAL OF GARDENA	6576.1	0.022	0.310	0.332	\$ 16,620
50469	COLORADO RIVER MEDICAL CENTER	4817.5	0.022	0.777	0.799	\$ 15,661
50470	SELMA DISTRICT HOSPITAL	4618.3	0.022	0.615	0.637	\$ 14,607
50471	GOOD SAMARITAN HOSPITAL	6314.2	0.016	0.293	0.309	\$ 16,614
50476	SUTTER LAKESIDE HOSPITAL	4346.0	0.040	0.418	0.458	\$ 14,357
50477	MIDWAY HOSPITAL MEDICAL CENTER	5687.7	0.052	0.234	0.286	\$ 16,661
50478	SANTA YNEZ VALLEY COTTAGE HOSPITAL	4574.9	0.053	0.424	0.477	\$ 15,112
50481	WEST HILLS REG MEDICAL CENTER	5065.2	0.025	0.249	0.274	\$ 16,628
50482	JEROLD PHELPS COMMUNITY HOSPITAL	4730.9	0.029	0.661	0.690	\$ 14,357
50485	LONG BEACH MEMORIAL MEDICAL CENTER	6475.2	0.038	0.401	0.439	\$ 16,627
50488	EDEN MEDICAL CENTER	6177.8	0.026	0.327	0.353	\$ 19,642
50491	SANTA ANA HOSPITAL MEDICAL CENTER	5078.2	0.129	0.371	0.500	\$ 16,056
50492	CLOVIS COMMUNITY HOSPITAL	4663.9	0.087	0.400	0.487	\$ 14,606
50494	TAHOE FOREST HOSPITAL	4996.6	0.050	0.539	0.589	\$ 16,507
50496	MT. DIABLO MEDICAL CENTER	6186.0	0.032	0.265	0.297	\$ 19,644
50497	DOS PALOS MEMORIAL HOSPITAL	4303.8	0.039	0.365	0.404	\$ 14,357
50498	SUTTER AUBURN FAITH HOSPITAL	5033.6	0.026	0.320	0.346	\$ 16,545
50502	ST. VINCENT MEDICAL CENTER	6665.5	0.031	0.297	0.328	\$ 16,630
50503	SCRIPPS MEMORIAL HOSPITAL-ENCINITAS	4979.7	0.031	0.302	0.333	\$ 16,374
50506	SIERRA VISTA REGIONAL MED CTR	4935.5	0.027	0.253	0.280	\$ 15,191
50510	KFH - SAN RAFAEL	5977.4	0.039	0.361	0.400	\$ 19,643
50512	KFH - HAYWARD	6050.0	0.039	0.361	0.400	\$ 19,643
50515	KAISER FOUND. HOSPITALS - SAN DIEGO	5093.3	0.039	0.361	0.400	\$ 16,376
50516	MERCY SAN JUAN HOSPITAL	5633.1	0.025	0.243	0.268	\$ 16,551
50517	VICTOR VALLEY COMMUNITY HOSPITAL	5987.7	0.030	0.281	0.311	\$ 15,689
50522	DOCTORS HOSPITAL OF PINOLE	5974.6	0.023	0.261	0.284	\$ 19,642
50523	SUTTER DELTA MEDICAL CENTER	7027.7	0.029	0.303	0.332	\$ 19,643
50526	HUNTINGTON BEACH MEDICAL CENTER	5932.9	0.033	0.248	0.281	\$ 16,001
50528	MEMORIAL HOSPITAL-LOS BANOS	4538.5	0.031	0.292	0.323	\$ 14,357

Appendix A
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<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO-CHARGE RATIO</u>	<u>OPERATING COST-TO-CHARGE RATIO</u>	<u>TOTAL COST TO- CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50531	BELLFLOWER MEDICAL CENTER	7475.7	0.015	0.258	0.273	\$ 16,616
50534	JOHN F. KENNEDY MEMORIAL HOSP.	6752.0	0.025	0.212	0.237	\$ 15,692
50535	COASTAL COMMUNITIES HOSPITAL	7877.0	0.038	0.320	0.358	\$ 15,996
50537	SUTTER DAVIS HOSPITAL	4407.9	0.080	0.284	0.364	\$ 14,703
50539	REDBUD COMMUNITY HOSPITAL	4346.0	0.036	0.359	0.395	\$ 14,357
50541	KFH - REDWOOD CITY	5976.1	0.039	0.361	0.400	\$ 19,643
50542	KERN VALLEY HOSPITAL DISTRICT	4346.0	0.083	0.447	0.530	\$ 14,358
50543	COLLEGE HOSPITAL COSTA MESA	7210.1	0.026	0.260	0.286	\$ 15,990
50545	LANTERMAN DEVELOPMENTAL CENTER	5281.0	0.039	0.687	0.726	\$ 16,615
50546	PORTERVILLE DEVELOPMENTAL CENTER	4303.8	0.014	0.365	0.379	\$ 14,357
50547	SONOMA DEVELOPMENTAL CENTER	5387.6	0.039	0.782	0.821	\$ 17,218
50549	LOS ROBLES MEDICAL CENTER	4977.9	0.029	0.389	0.418	\$ 16,586
50550	CHAPMAN MEDICAL CENTER	5626.9	0.040	0.315	0.355	\$ 15,999
50551	LOS ALAMITOS MEDICAL CTR.	4875.4	0.027	0.255	0.282	\$ 15,992
50552	MOTION PICTURE AND TELEVISION FUND	5057.3	0.082	0.946	1.028	\$ 16,624
50557	MEMORIAL HOSPITAL MODESTO	5018.9	0.017	0.211	0.228	\$ 14,907
50559	DANIEL FREEMAN MARINA HOSPITAL	5069.8	0.035	0.291	0.326	\$ 16,634
50561	KAISER FOUND. HOSPITAL - WEST LA	5088.7	0.039	0.361	0.400	\$ 16,631
50564	PACIFICA HOSPITAL	4863.3	0.064	0.446	0.510	\$ 16,004
50566	EASTERN PLUMAS DISTRICT HOSP	4346.0	0.032	0.387	0.419	\$ 14,357
50567	MISSION HOSP REGIONAL MEDICAL CTR	4873.4	0.035	0.274	0.309	\$ 15,999
50568	MADERA COMMUNITY HOSPITAL	5863.2	0.020	0.470	0.490	\$ 14,607
50569	MENDOCINO COAST DISTRICT HOSPITAL	5133.1	0.053	0.598	0.651	\$ 16,958
50570	FOUNTAIN VALLEY REG MEDICAL CENTER	6380.7	0.013	0.273	0.286	\$ 15,973
50571	SUBURBAN MEDICAL CENTER	8142.0	0.038	0.230	0.268	\$ 16,647
50573	EISENHOWER MEMORIAL HOSPITAL	4779.7	0.064	0.328	0.392	\$ 15,716
50575	TRI-CITY REGIONAL MEDICAL CENTER	6475.1	0.039	0.365	0.404	\$ 16,630
50577	SANTA MARTA HOSPITAL	7722.8	0.023	0.458	0.481	\$ 16,613
50578	MARTIN LUTHER KING, JR./DREW MEDICAL	10471.7	0.019	0.338	0.357	\$ 16,615
50579	CENTURY CITY HOSP	5317.2	0.055	0.235	0.290	\$ 16,664
50580	LAPALMA INTERCOMMUNITY HOSPITAL	5889.6	0.033	0.257	0.290	\$ 15,999
50581	LAKESWOOD REGIONAL MED. CTR.	5585.0	0.031	0.250	0.281	\$ 16,635
50583	ALVARADO COMMUNITY HOSPITAL	5628.4	0.035	0.245	0.280	\$ 16,386
50584	US FAMILYCARE MEDICAL CENTER	5954.8	0.043	0.239	0.282	\$ 15,712
50585	SAN CLEMENTE HOSPITAL	4863.3	0.094	0.510	0.604	\$ 16,016
50586	CHINO VALLEY MEDICAL CENTER	5966.5	0.035	0.329	0.364	\$ 15,689
50588	SAN DIMAS COMMUNITY HOSPITAL	5057.3	0.028	0.235	0.263	\$ 16,634

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<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO-CHARGE RATIO</u>	<u>OPERATING COST-TO-CHARGE RATIO</u>	<u>TOTAL COST TO-CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50589	PLACENTIA LINDA COMMUNITY HOSPITAL	4872.5	0.041	0.311	0.352	\$ 16,000
50590	METHODIST HOSPITAL OF SACRAMENTO	6464.5	0.028	0.356	0.384	\$ 16,544
50591	MONTEREY PARK HOSPITAL	7802.9	0.036	0.222	0.258	\$ 16,646
50592	BREA COMMUNITY HOSPITAL	4876.0	0.029	0.285	0.314	\$ 15,991
50594	WESTERN MEDICAL CENTER ANAHEIM	6282.6	0.062	0.302	0.364	\$ 16,022
50597	FOOTHILL PRESBYTERIAN HOSPITAL	5389.1	0.031	0.398	0.429	\$ 16,622
50598	MISSION BAY MEMORIAL HOSPITAL	4979.7	0.027	0.352	0.379	\$ 16,366
50599	UC DAVIS MEDICAL CENTER	9301.9	0.039	0.361	0.400	\$ 16,553
50601	TARZANA ENCINO REGIONAL MED CTR	5670.2	0.028	0.361	0.389	\$ 16,622
50603	SADDLEBACK MEMORIAL MEDICAL CENTER	4871.2	0.026	0.387	0.413	\$ 15,979
50604	KFH - SANTA TERESA	5536.5	0.039	0.361	0.400	\$ 18,196
50608	DELANO REGIONAL MEDICAL CNT.	6006.5	0.029	0.266	0.295	\$ 14,357
50609	KAISER FOUNDATION HOSPITALS -ANAHEIM	5468.5	0.039	0.361	0.400	\$ 16,631
50613	SETON COASTSIDE HOSPITAL	5729.5	0.039	0.365	0.404	\$ 18,838
50615	GREATER EL MONTE COMMUNITY HOSPITAL	8024.6	0.048	0.244	0.292	\$ 16,655
50616	ST. JOHN'S PLEASANT VALLEY HOSPITAL	4494.1	0.027	0.347	0.374	\$ 14,992
50618	BEAR VALLEY COMMUNITY HOSPITAL	4817.5	0.042	0.645	0.687	\$ 15,674
50623	HIGH DESERT HOSPITAL	5281.0	0.027	0.486	0.513	\$ 16,615
50624	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	5067.0	0.051	0.302	0.353	\$ 16,647
50625	CEDARS-SINAI MEDICAL CENTER	6622.9	0.025	0.275	0.300	\$ 16,626
50630	INLAND VALLEY REGIONAL MEDICAL CENTER	4770.8	0.047	0.358	0.405	\$ 15,697
50633	TWIN CITIES COMMUNITY HOSPITAL	4553.8	0.024	0.235	0.259	\$ 15,191
50636	POMERADO HOSPITAL	4979.7	0.043	0.347	0.390	\$ 16,380
50638	SOUTHERN MONO HEALTH CARE DISTRICT	4346.0	0.098	0.863	0.961	\$ 14,357
50641	EAST LA DOCTOR'S HOSPITAL	7814.3	0.041	0.389	0.430	\$ 16,630
50643	HOSPITAL NAME NOT AVAILABLE	5710.0	0.036	0.606	0.642	\$ 3,953
50644	LOS ANGELES METROPOLITAN MED CNTR	8106.8	0.039	0.234	0.273	\$ 16,647
50662	AGNEWS DEVELOPMENTAL CENTER	5778.9	0.039	0.906	0.945	\$ 18,184
50663	LOS ANGELES COMMUNITY HOSPITAL	8162.8	0.018	0.327	0.345	\$ 16,615
50667	NELSON M. HOLDERMAN	5042.8	0.024	1.182	1.206	\$ 16,833
50668	LAGUNA HONDA HOSPITAL	5729.5	0.022	0.998	1.020	\$ 18,826
50670	NORTH COAST HEALTH CARE CENTERS	5159.2	0.058	0.371	0.429	\$ 17,201
50674	KFH - SOUTH SACRAMENTO	5474.7	0.039	0.361	0.400	\$ 16,553
50676	SURPRISE VALLEY COMM HOSPITAL	4346.0	0.062	0.804	0.866	\$ 14,357
50677	KAISER FOUND. HOSP. - WOODLAND HILLS	5392.0	0.039	0.361	0.400	\$ 16,631
50678	ORANGE COAST MEMORIAL MEDICAL CENTER	4867.4	0.033	0.452	0.485	\$ 15,981
50680	VACAVALLEY HOSPITAL	5042.8	0.034	0.218	0.252	\$ 16,815

Appendix A
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<u>PROVIDER NUMBER</u>	<u>HOSPITAL NAME</u>	<u>COMPOSITE FACTOR (2001 PAYMENT IMPACT FILE DATA)</u>	<u>CAPITAL COST-TO-CHARGE RATIO</u>	<u>OPERATING COST-TO-CHARGE RATIO</u>	<u>TOTAL COST TO-CHARGE RATIO</u>	<u>HOSPITAL SPECIFIC OUTLIER FACTOR</u>
50682	KINGSBURG MEDICAL CENTER	4572.4	0.086	0.361	0.447	\$ 14,606
50684	MENIFEE VALLEY MEDICAL CENTER	4770.8	0.048	0.265	0.313	\$ 15,712
50685	SOUTH VALLEY HOSPITAL	5534.0	0.027	0.427	0.454	\$ 18,188
50686	KAISER FOUND. HOSPITALS - RIVERSIDE	5140.1	0.039	0.361	0.400	\$ 15,993
50688	SAINT LOUISE HOSPITAL	5534.0	0.089	0.417	0.506	\$ 18,214
50689	SAN RAMON REG. MEDICAL CENTER	5981.9	0.087	0.308	0.395	\$ 19,651
50690	KFH - SANTA ROSA	5161.2	0.039	0.361	0.400	\$ 17,208
50693	IRVINE MEDICAL CENTER	5021.5	0.129	0.300	0.429	\$ 16,073
50694	MORENO VALLEY COMMUNITY HOSPITAL	4981.7	0.063	0.278	0.341	\$ 15,725
50695	ST. DOMINIC'S HOSPITAL	4540.3	0.072	0.380	0.452	\$ 15,144
50696	USC UNIVERSITY HOSPITAL	6232.7	0.071	0.278	0.349	\$ 16,669
50697	PATIENT'S HOSPITAL OF REDDING	4858.2	0.076	0.486	0.562	\$ 16,202
50699	REDDING SPECIALTY HOSPITAL	4858.2	0.060	0.533	0.593	\$ 16,205
50701	SHARP HEALTHCARE MURRIETA	4979.7	0.045	0.370	0.415	\$ 16,380
50704	MISSION COMMUNITY HOSPITAL	7949.1	0.030	0.369	0.399	\$ 16,623
50707	RECOVERY INN OF MENLO PARK	5729.5	0.113	0.749	0.862	\$ 18,844
50708	FRESNO SURGERY CENTER	4378.7	0.100	0.498	0.598	\$ 14,607
50709	DESERT VALLEY HOSPITAL	4770.8	0.057	0.312	0.369	\$ 15,712
50710	KFH - FRESNO	4379.7	0.036	0.361	0.397	\$ 14,607
50713	LINCOLN HOSPITAL MEDICAL CENTER	5281.0	0.036	0.491	0.527	\$ 16,621
50714	SUTTER MATERNITY & SURGERY CENTER	5726.4	0.039	0.776	0.815	\$ 19,120
50717	RANCHO LOS AMIGOS NATL. REHAB. CTR.	7608.2	0.040	0.405	0.445	\$ 16,628
50718	VALLEY PLAZA DOCTORS HOSPITAL	4981.7	0.036	0.361	0.397	\$ 15,687
50719	THE HEART HOSPITAL	4770.8	0.039	0.365	0.404	\$ 15,689
50720	TUSTIN HOSPITAL & MEDICAL CENTER	5078.2	0.039	0.361	0.400	\$ 15,993
50721	HOSPITAL NAME NOT AVAILABLE	5057.3	0.036	0.382	0.418	\$ 16,627
50722	HOSPITAL NAME NOT AVAILABLE	4979.7	0.036	0.365	0.401	\$ 16,373
50723	HOSPITAL NAME NOT AVAILABLE	5057.3	0.036	0.365	0.401	\$ 16,628

APPENDIX B: DRG WEIGHTS AND REVISED DRG WEIGHTS 2001 Rates

(California revisions shown in italics incorporate the DWC Revised Ratios)

<u>DRG Number</u>	<u>Description</u>	<u>HCFA 2001 DRG Weights</u>	<u>DWC Revised Ratio</u>	<u>DWC Revised Weight</u>	<u>Geometric Mean LOS</u>
<u>1</u>	<u>CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA</u>	<u>3.097</u>	<u>1.000</u>	<u>3.097</u>	<u>6.3</u>
<u>2</u>	<u>CRANIOTOMY FOR TRAUMA AGE >17</u>	<u>3.1142</u>	<u>1.000</u>	<u>3.1142</u>	<u>7.3</u>
<u>3</u>	<u>CRANIOTOMY AGE 0-17</u>	<u>1.9629</u>	<u>1.000</u>	<u>1.9629</u>	<u>12.7</u>
<u>4</u>	<u><i>SPINAL PROCEDURES</i></u>	<u>2.2918</u>	<u>0.628</u>	<u>1.4399</u>	<u>4.8</u>
<u>5</u>	<u>EXTRACRANIAL VASCULAR PROCEDURES</u>	<u>1.4321</u>	<u>1.000</u>	<u>1.4321</u>	<u>2.3</u>
<u>6</u>	<u>CARPAL TUNNEL RELEASE</u>	<u>0.8246</u>	<u>1.000</u>	<u>0.8246</u>	<u>2.2</u>
<u>7</u>	<u>PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC</u>	<u>2.5919</u>	<u>1.000</u>	<u>2.5919</u>	<u>6.9</u>
<u>8</u>	<u><i>PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC</i></u>	<u>1.3948</u>	<u>0.808</u>	<u>1.1273</u>	<u>2.1</u>
<u>9</u>	<u>SPINAL DISORDERS & INJURIES</u>	<u>1.3134</u>	<u>1.000</u>	<u>1.3134</u>	<u>4.7</u>
<u>10</u>	<u>NERVOUS SYSTEM NEOPLASMS W CC</u>	<u>1.2273</u>	<u>1.000</u>	<u>1.2273</u>	<u>4.9</u>
<u>11</u>	<u>NERVOUS SYSTEM NEOPLASMS W/O CC</u>	<u>0.8345</u>	<u>1.000</u>	<u>0.8345</u>	<u>3.1</u>
<u>12</u>	<u>DEGENERATIVE NERVOUS SYSTEM DISORDERS</u>	<u>0.8925</u>	<u>1.000</u>	<u>0.8925</u>	<u>4.5</u>
<u>13</u>	<u>MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA</u>	<u>0.7644</u>	<u>1.000</u>	<u>0.7644</u>	<u>4.1</u>
<u>14</u>	<u>SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA</u>	<u>1.207</u>	<u>1.000</u>	<u>1.2070</u>	<u>4.7</u>
<u>15</u>	<u>TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS</u>	<u>0.748</u>	<u>1.000</u>	<u>0.7480</u>	<u>2.9</u>
<u>16</u>	<u>NONSPECIFIC CEREBROVASCULAR DISORDERS W CC</u>	<u>1.1652</u>	<u>1.000</u>	<u>1.1652</u>	<u>4.7</u>
<u>17</u>	<u>NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC</u>	<u>0.6539</u>	<u>1.000</u>	<u>0.6539</u>	<u>2.6</u>
<u>18</u>	<u>CRANIAL & PERIPHERAL NERVE DISORDERS W CC</u>	<u>0.96</u>	<u>1.000</u>	<u>0.9600</u>	<u>4.3</u>

<u>19</u>	<u>CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC</u>	<u>0.6963</u>	<u>1.000</u>	<u>0.6963</u>	<u>2.9</u>
<u>20</u>	<u>NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS</u>	<u>2.7744</u>	<u>1.000</u>	<u>2.7744</u>	<u>7.9</u>
<u>21</u>	<u>VIRAL MENINGITIS</u>	<u>1.4966</u>	<u>1.000</u>	<u>1.4966</u>	<u>5.2</u>
<u>22</u>	<u>HYPERTENSIVE ENCEPHALOPATHY</u>	<u>1.0082</u>	<u>1.000</u>	<u>1.0082</u>	<u>3.8</u>
<u>23</u>	<u>NONTRAUMATIC STUPOR & COMA</u>	<u>0.8027</u>	<u>1.000</u>	<u>0.8027</u>	<u>3.2</u>
<u>24</u>	<u>SEIZURE & HEADACHE AGE >17 W CC</u>	<u>0.9914</u>	<u>1.000</u>	<u>0.9914</u>	<u>3.7</u>
<u>25</u>	<u>SEIZURE & HEADACHE AGE >17 W/O CC</u>	<u>0.6043</u>	<u>0.749</u>	<u>0.4523</u>	<u>2.6</u>
<u>26</u>	<u>SEIZURE & HEADACHE AGE 0-17</u>	<u>0.6441</u>	<u>1.000</u>	<u>0.6441</u>	<u>2.4</u>
<u>27</u>	<u>TRAUMATIC STUPOR & COMA, COMA >1 HR</u>	<u>1.2912</u>	<u>1.000</u>	<u>1.2912</u>	<u>3.2</u>
<u>28</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC</u>	<u>1.3102</u>	<u>1.000</u>	<u>1.3102</u>	<u>4.5</u>
<u>29</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC</u>	<u>0.7015</u>	<u>1.003</u>	<u>0.7033</u>	<u>2.8</u>
<u>30</u>	<u>TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17</u>	<u>0.332</u>	<u>1.000</u>	<u>0.3320</u>	<u>2</u>
<u>31</u>	<u>CONCUSSION AGE >17 W CC</u>	<u>0.8715</u>	<u>1.000</u>	<u>0.8715</u>	<u>3.1</u>
<u>32</u>	<u>CONCUSSION AGE >17 W/O CC</u>	<u>0.5422</u>	<u>0.875</u>	<u>0.4744</u>	<u>2.1</u>
<u>33</u>	<u>CONCUSSION AGE 0-17</u>	<u>0.2086</u>	<u>1.000</u>	<u>0.2086</u>	<u>1.6</u>
<u>34</u>	<u>OTHER DISORDERS OF NERVOUS SYSTEM W CC</u>	<u>1.0099</u>	<u>1.000</u>	<u>1.0099</u>	<u>3.8</u>
<u>35</u>	<u>OTHER DISORDERS OF NERVOUS SYSTEM W/O CC</u>	<u>0.6027</u>	<u>1.000</u>	<u>0.6027</u>	<u>2.7</u>
<u>36</u>	<u>RETINAL PROCEDURES</u>	<u>0.6639</u>	<u>1.000</u>	<u>0.6639</u>	<u>1.2</u>
<u>37</u>	<u>ORBITAL PROCEDURES</u>	<u>1.0016</u>	<u>1.000</u>	<u>1.0016</u>	<u>2.6</u>
<u>38</u>	<u>PRIMARY IRIS PROCEDURES</u>	<u>0.4833</u>	<u>1.000</u>	<u>0.4833</u>	<u>1.8</u>
<u>39</u>	<u>LENS PROCEDURES WITH OR WITHOUT VITRECTOMY</u>	<u>0.5778</u>	<u>1.000</u>	<u>0.5778</u>	<u>1.5</u>
<u>40</u>	<u>EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17</u>	<u>0.8635</u>	<u>1.000</u>	<u>0.8635</u>	<u>2.3</u>

41	<u>EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17</u>	<u>0.338</u>	<u>1.000</u>	<u>0.3380</u>	<u>1.6</u>
42	<u>INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS</u>	<u>0.6478</u>	<u>1.066</u>	<u>0.6906</u>	<u>1.6</u>
43	<u>HYPHEMA</u>	<u>0.4977</u>	<u>1.000</u>	<u>0.4977</u>	<u>2.6</u>
44	<u>ACUTE MAJOR EYE INFECTIONS</u>	<u>0.6337</u>	<u>1.000</u>	<u>0.6337</u>	<u>4.1</u>
45	<u>NEUROLOGICAL EYE DISORDERS</u>	<u>0.7022</u>	<u>1.000</u>	<u>0.7022</u>	<u>2.7</u>
46	<u>OTHER DISORDERS OF THE EYE AGE >17 W CC</u>	<u>0.7749</u>	<u>1.000</u>	<u>0.7749</u>	<u>3.5</u>
47	<u>OTHER DISORDERS OF THE EYE AGE >17 W/O CC</u>	<u>0.5085</u>	<u>1.000</u>	<u>0.5085</u>	<u>2.5</u>
48	<u>OTHER DISORDERS OF THE EYE AGE 0-17</u>	<u>0.2977</u>	<u>1.000</u>	<u>0.2977</u>	<u>2.9</u>
49	<u>MAJOR HEAD & NECK PROCEDURES</u>	<u>1.8301</u>	<u>1.000</u>	<u>1.8301</u>	<u>3.5</u>
50	<u>SIALOADENECTOMY</u>	<u>0.8537</u>	<u>1.000</u>	<u>0.8537</u>	<u>1.6</u>
51	<u>SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY</u>	<u>0.7934</u>	<u>1.000</u>	<u>0.7934</u>	<u>1.8</u>
52	<u>CLEFT LIP & PALATE REPAIR</u>	<u>0.841</u>	<u>1.000</u>	<u>0.8410</u>	<u>1.6</u>
53	<u>SINUS & MASTOID PROCEDURES AGE >17</u>	<u>1.2118</u>	<u>1.000</u>	<u>1.2118</u>	<u>2.3</u>
54	<u>SINUS & MASTOID PROCEDURES AGE 0-17</u>	<u>0.4826</u>	<u>1.000</u>	<u>0.4826</u>	<u>3.2</u>
55	<u>MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES</u>	<u>0.9039</u>	<u>1.000</u>	<u>0.9039</u>	<u>1.9</u>
56	<u>RHINOPLASTY</u>	<u>0.9451</u>	<u>1.000</u>	<u>0.9451</u>	<u>2.1</u>
57	<u>T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17</u>	<u>1.0704</u>	<u>1.000</u>	<u>1.0704</u>	<u>2.5</u>
58	<u>T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17</u>	<u>0.274</u>	<u>1.000</u>	<u>0.2740</u>	<u>1.5</u>
59	<u>TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17</u>	<u>0.6943</u>	<u>1.000</u>	<u>0.6943</u>	<u>1.8</u>
60	<u>TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17</u>	<u>0.2087</u>	<u>1.000</u>	<u>0.2087</u>	<u>1.5</u>
61	<u>MYRINGOTOMY W TUBE INSERTION AGE >17</u>	<u>1.266</u>	<u>1.000</u>	<u>1.2660</u>	<u>2.8</u>

62	<u>MYRINGOTOMY W TUBE INSERTION AGE 0-17</u>	<u>0.2955</u>	<u>1.000</u>	<u>0.2955</u>	<u>1.3</u>
63	<u>OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES</u>	<u>1.3402</u>	<u>0.875</u>	<u>1.1731</u>	<u>3</u>
64	<u>EAR, NOSE, MOUTH & THROAT MALIGNANCY</u>	<u>1.2288</u>	<u>1.000</u>	<u>1.2288</u>	<u>4.3</u>
65	<u>DYSEQUILIBRIUM</u>	<u>0.5385</u>	<u>1.000</u>	<u>0.5385</u>	<u>2.3</u>
66	<u>EPISTAXIS</u>	<u>0.559</u>	<u>1.000</u>	<u>0.5590</u>	<u>2.5</u>
67	<u>EPIGLOTTITIS</u>	<u>0.8105</u>	<u>1.000</u>	<u>0.8105</u>	<u>2.8</u>
68	<u>OTITIS MEDIA & URI AGE >17 W CC</u>	<u>0.675</u>	<u>1.000</u>	<u>0.6750</u>	<u>3.4</u>
69	<u>OTITIS MEDIA & URI AGE >17 W/O CC</u>	<u>0.5152</u>	<u>1.000</u>	<u>0.5152</u>	<u>2.7</u>
70	<u>OTITIS MEDIA & URI AGE 0-17</u>	<u>0.4628</u>	<u>1.000</u>	<u>0.4628</u>	<u>2.4</u>
71	<u>LARYNGOTRACHEITIS</u>	<u>0.7712</u>	<u>1.000</u>	<u>0.7712</u>	<u>3</u>
72	<u>NASAL TRAUMA & DEFORMITY</u>	<u>0.6428</u>	<u>1.000</u>	<u>0.6428</u>	<u>2.6</u>
73	<u>OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17</u>	<u>0.7777</u>	<u>1.000</u>	<u>0.7777</u>	<u>3.3</u>
74	<u>OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17</u>	<u>0.3358</u>	<u>1.000</u>	<u>0.3358</u>	<u>2.1</u>
75	<u>MAJOR CHEST PROCEDURES</u>	<u>3.1331</u>	<u>1.000</u>	<u>3.1331</u>	<u>7.8</u>
76	<u>OTHER RESP SYSTEM O.R. PROCEDURES W CC</u>	<u>2.7908</u>	<u>1.000</u>	<u>2.7908</u>	<u>8.4</u>
77	<u>OTHER RESP SYSTEM O.R. PROCEDURES W/O CC</u>	<u>1.1887</u>	<u>1.000</u>	<u>1.1887</u>	<u>3.5</u>
78	<u>PULMONARY EMBOLISM</u>	<u>1.3698</u>	<u>1.000</u>	<u>1.3698</u>	<u>6</u>
79	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC</u>	<u>1.6501</u>	<u>1.000</u>	<u>1.6501</u>	<u>6.6</u>
80	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC</u>	<u>0.9373</u>	<u>1.000</u>	<u>0.9373</u>	<u>4.7</u>
81	<u>RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17</u>	<u>1.5204</u>	<u>1.000</u>	<u>1.5204</u>	<u>6.1</u>
82	<u>RESPIRATORY NEOPLASMS</u>	<u>1.3799</u>	<u>1.000</u>	<u>1.3799</u>	<u>5.2</u>
83	<u>MAJOR CHEST TRAUMA W CC</u>	<u>0.9808</u>	<u>1.000</u>	<u>0.9808</u>	<u>4.4</u>
84	<u>MAJOR CHEST TRAUMA W/O CC</u>	<u>0.5539</u>	<u>1.000</u>	<u>0.5539</u>	<u>2.8</u>

85	<u>PLEURAL EFFUSION W CC</u>	<u>1.2198</u>	<u>1.000</u>	<u>1.2198</u>	<u>4.9</u>
86	<u>PLEURAL EFFUSION W/O CC</u>	<u>0.6984</u>	<u>1.000</u>	<u>0.6984</u>	<u>2.9</u>
87	<u>PULMONARY EDEMA & RESPIRATORY FAILURE</u>	<u>1.3781</u>	<u>1.000</u>	<u>1.3781</u>	<u>4.8</u>
88	<u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</u>	<u>0.9317</u>	<u>1.000</u>	<u>0.9317</u>	<u>4.2</u>
89	<u>SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC</u>	<u>1.0647</u>	<u>1.000</u>	<u>1.0647</u>	<u>5</u>
90	<u>SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC</u>	<u>0.659</u>	<u>1.000</u>	<u>0.6590</u>	<u>3.6</u>
91	<u>SIMPLE PNEUMONIA & PLEURISY AGE 0-17</u>	<u>0.689</u>	<u>1.000</u>	<u>0.6890</u>	<u>2.8</u>
92	<u>INTERSTITIAL LUNG DISEASE W CC</u>	<u>1.1863</u>	<u>1.000</u>	<u>1.1863</u>	<u>5</u>
93	<u>INTERSTITIAL LUNG DISEASE W/O CC</u>	<u>0.7309</u>	<u>1.000</u>	<u>0.7309</u>	<u>3.3</u>
94	<u>PNEUMOTHORAX W CC</u>	<u>1.1704</u>	<u>1.000</u>	<u>1.1704</u>	<u>4.8</u>
95	<u>PNEUMOTHORAX W/O CC</u>	<u>0.6098</u>	<u>1.000</u>	<u>0.6098</u>	<u>3</u>
96	<u>BRONCHITIS & ASTHMA AGE >17 W CC</u>	<u>0.7871</u>	<u>1.000</u>	<u>0.7871</u>	<u>3.9</u>
97	<u>BRONCHITIS & ASTHMA AGE >17 W/O CC</u>	<u>0.5873</u>	<u>1.000</u>	<u>0.5873</u>	<u>3.1</u>
98	<u>BRONCHITIS & ASTHMA AGE 0-17</u>	<u>0.8768</u>	<u>1.000</u>	<u>0.8768</u>	<u>3.2</u>
99	<u>RESPIRATORY SIGNS & SYMPTOMS W CC</u>	<u>0.7117</u>	<u>1.000</u>	<u>0.7117</u>	<u>2.5</u>
100	<u>RESPIRATORY SIGNS & SYMPTOMS W/O CC</u>	<u>0.5437</u>	<u>1.000</u>	<u>0.5437</u>	<u>1.8</u>
101	<u>OTHER RESPIRATORY SYSTEM DIAGNOSES W CC</u>	<u>0.8563</u>	<u>1.000</u>	<u>0.8563</u>	<u>3.3</u>
102	<u>OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC</u>	<u>0.555</u>	<u>1.000</u>	<u>0.5550</u>	<u>2.1</u>
103	<u>HEART TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
104	<u>CARDIAC VALVE PROCEDURES W CARDIAC CATH</u>	<u>7.1843</u>	<u>1.000</u>	<u>7.1843</u>	<u>8.9</u>
105	<u>CARDIAC VALVE PROCEDURES W/O CARDIAC CATH</u>	<u>5.6567</u>	<u>1.000</u>	<u>5.6567</u>	<u>7.4</u>
106	<u>CORONARY BYPASS W CARDIAC CATH</u>	<u>7.5203</u>	<u>1.000</u>	<u>7.5203</u>	<u>9.3</u>
107	<u>CORONARY BYPASS W/O CARDIAC CATH</u>	<u>5.3762</u>	<u>1.000</u>	<u>5.3762</u>	<u>9.2</u>
108	<u>OTHER CARDIOTHORACIC PROCEDURES</u>	<u>5.6525</u>	<u>1.000</u>	<u>5.6525</u>	<u>8</u>

<u>109</u>	<u>CORONARY BYPASS W/O PTCA OR CARDIAC CATH</u>	<u>4.0198</u>	<u>1.000</u>	<u>4.0198</u>	<u>6.8</u>
<u>110</u>	<u>MAJOR CARDIOVASCULAR PROCEDURES W CC</u>	<u>4.1358</u>	<u>1.000</u>	<u>4.1358</u>	<u>7.1</u>
<u>111</u>	<u>MAJOR CARDIOVASCULAR PROCEDURES W/O CC</u>	<u>2.241</u>	<u>1.000</u>	<u>2.2410</u>	<u>4.7</u>
<u>112</u>	<u>PERCUTANEOUS CARDIOVASCULAR PROCEDURES</u>	<u>1.8677</u>	<u>0.841</u>	<u>1.5705</u>	<u>2.6</u>
<u>113</u>	<u>AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE</u>	<u>2.7806</u>	<u>1.000</u>	<u>2.7806</u>	<u>9.8</u>
<u>114</u>	<u>UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS</u>	<u>1.5656</u>	<u>1.000</u>	<u>1.5656</u>	<u>6</u>
<u>115</u>	<u>PERM PACE IMPLNT W AMI,HRT FAIL OR SHOCK OR AICD LEAD OR GEN PROC</u>	<u>3.4711</u>	<u>1.000</u>	<u>3.4711</u>	<u>6</u>
<u>116</u>	<u>OTH PERM CARDIAC PACEMAKER IMPLANT OR PTCA W CORONARY ART STENT</u>	<u>2.419</u>	<u>1.000</u>	<u>2.4190</u>	<u>2.6</u>
<u>117</u>	<u>CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT</u>	<u>1.2966</u>	<u>1.000</u>	<u>1.2966</u>	<u>2.6</u>
<u>118</u>	<u>CARDIAC PACEMAKER DEVICE REPLACEMENT</u>	<u>1.4939</u>	<u>1.000</u>	<u>1.4939</u>	<u>1.9</u>
<u>119</u>	<u>VEIN LIGATION & STRIPPING</u>	<u>1.26</u>	<u>1.000</u>	<u>1.2600</u>	<u>2.9</u>
<u>120</u>	<u>OTHER CIRCULATORY SYSTEM O.R. PROCEDURES</u>	<u>2.0352</u>	<u>1.000</u>	<u>2.0352</u>	<u>4.9</u>
<u>121</u>	<u>CIRCULATORY DISORDERS W AMI & MAJOR COMP DISCH ALIVE</u>	<u>1.6194</u>	<u>1.000</u>	<u>1.6194</u>	<u>5.5</u>
<u>122</u>	<u>CIRCULATORY DISORDERS W AMI W/O MAJOR COMP DISCH ALIVE</u>	<u>1.0884</u>	<u>1.000</u>	<u>1.0884</u>	<u>3.3</u>
<u>123</u>	<u>CIRCULATORY DISORDERS W AMI, EXPIRED</u>	<u>1.5528</u>	<u>1.000</u>	<u>1.5528</u>	<u>2.8</u>
<u>124</u>	<u>CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG</u>	<u>1.4134</u>	<u>1.000</u>	<u>1.4134</u>	<u>3.3</u>

<u>125</u>	<u>CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG</u>	<u>1.0606</u>	<u>1.000</u>	<u>1.0606</u>	<u>2.2</u>
<u>126</u>	<u>ACUTE & SUBACUTE ENDOCARDITIS</u>	<u>2.5379</u>	<u>1.000</u>	<u>2.5379</u>	<u>9.3</u>
<u>127</u>	<u>HEART FAILURE & SHOCK</u>	<u>1.013</u>	<u>1.000</u>	<u>1.0130</u>	<u>4.2</u>
<u>128</u>	<u>DEEP VEIN THROMBOPHLEBITIS</u>	<u>0.7651</u>	<u>1.000</u>	<u>0.7651</u>	<u>5</u>
<u>129</u>	<u>CARDIAC ARREST, UNEXPLAINED</u>	<u>1.0968</u>	<u>1.000</u>	<u>1.0968</u>	<u>1.8</u>
<u>130</u>	<u>PERIPHERAL VASCULAR DISORDERS W CC</u>	<u>0.9471</u>	<u>1.000</u>	<u>0.9471</u>	<u>4.7</u>
<u>131</u>	<u>PERIPHERAL VASCULAR DISORDERS W/O CC</u>	<u>0.5898</u>	<u>1.000</u>	<u>0.5898</u>	<u>3.6</u>
<u>132</u>	<u>ATHEROSCLEROSIS W CC</u>	<u>0.6707</u>	<u>1.000</u>	<u>0.6707</u>	<u>2.4</u>
<u>133</u>	<u>ATHEROSCLEROSIS W/O CC</u>	<u>0.5663</u>	<u>1.000</u>	<u>0.5663</u>	<u>1.9</u>
<u>134</u>	<u>HYPERTENSION</u>	<u>0.5917</u>	<u>1.000</u>	<u>0.5917</u>	<u>2.6</u>
<u>135</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC</u>	<u>0.9083</u>	<u>1.000</u>	<u>0.9083</u>	<u>3.3</u>
<u>136</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC</u>	<u>0.6065</u>	<u>1.000</u>	<u>0.6065</u>	<u>2.2</u>
<u>137</u>	<u>CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17</u>	<u>0.8192</u>	<u>1.000</u>	<u>0.8192</u>	<u>3.3</u>
<u>138</u>	<u>CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC</u>	<u>0.8291</u>	<u>1.000</u>	<u>0.8291</u>	<u>3.1</u>
<u>139</u>	<u>CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC</u>	<u>0.5141</u>	<u>1.000</u>	<u>0.5141</u>	<u>2</u>
<u>140</u>	<u>ANGINA PECTORIS</u>	<u>0.574</u>	<u>0.783</u>	<u>0.4497</u>	<u>2.2</u>
<u>141</u>	<u>SYNCOPE & COLLAPSE W CC</u>	<u>0.7219</u>	<u>1.000</u>	<u>0.7219</u>	<u>2.9</u>
<u>142</u>	<u>SYNCOPE & COLLAPSE W/O CC</u>	<u>0.5552</u>	<u>1.000</u>	<u>0.5552</u>	<u>2.2</u>
<u>143</u>	<u>CHEST PAIN</u>	<u>0.5402</u>	<u>0.842</u>	<u>0.4547</u>	<u>1.8</u>
<u>144</u>	<u>OTHER CIRCULATORY SYSTEM DIAGNOSES W CC</u>	<u>1.1668</u>	<u>1.000</u>	<u>1.1668</u>	<u>3.8</u>
<u>145</u>	<u>OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC</u>	<u>0.6322</u>	<u>1.000</u>	<u>0.6322</u>	<u>2.2</u>
<u>146</u>	<u>RECTAL RESECTION W CC</u>	<u>2.743</u>	<u>1.000</u>	<u>2.7430</u>	<u>8.9</u>
<u>147</u>	<u>RECTAL RESECTION W/O CC</u>	<u>1.6221</u>	<u>1.000</u>	<u>1.6221</u>	<u>6</u>

<u>148</u>	<u>MAJOR SMALL & LARGE BOWEL PROCEDURES W CC</u>	<u>3.4347</u>	<u>1.000</u>	<u>3.4347</u>	<u>10.1</u>
<u>149</u>	<u>MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC</u>	<u>1.5667</u>	<u>1.000</u>	<u>1.5667</u>	<u>6.1</u>
<u>150</u>	<u>PERITONEAL ADHESIOLYSIS W CC</u>	<u>2.8523</u>	<u>1.000</u>	<u>2.8523</u>	<u>9.1</u>
<u>151</u>	<u>PERITONEAL ADHESIOLYSIS W/O CC</u>	<u>1.3427</u>	<u>1.000</u>	<u>1.3427</u>	<u>4.8</u>
<u>152</u>	<u>MINOR SMALL & LARGE BOWEL PROCEDURES W CC</u>	<u>1.9462</u>	<u>1.000</u>	<u>1.9462</u>	<u>6.8</u>
<u>153</u>	<u>MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC</u>	<u>1.208</u>	<u>1.000</u>	<u>1.2080</u>	<u>4.9</u>
<u>154</u>	<u>STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC</u>	<u>4.1475</u>	<u>1.000</u>	<u>4.1475</u>	<u>10.1</u>
<u>155</u>	<u>STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC</u>	<u>1.3751</u>	<u>1.000</u>	<u>1.3751</u>	<u>3.3</u>
<u>156</u>	<u>STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17</u>	<u>0.8436</u>	<u>1.000</u>	<u>0.8436</u>	<u>6</u>
<u>157</u>	<u>ANAL & STOMAL PROCEDURES W CC</u>	<u>1.2388</u>	<u>1.000</u>	<u>1.2388</u>	<u>3.9</u>
<u>158</u>	<u>ANAL & STOMAL PROCEDURES W/O CC</u>	<u>0.6638</u>	<u>1.000</u>	<u>0.6638</u>	<u>2.1</u>
<u>159</u>	<u>HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC</u>	<u>1.3347</u>	<u>1.000</u>	<u>1.3347</u>	<u>3.8</u>
<u>160</u>	<u>HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC</u>	<u>0.7837</u>	<u>0.902</u>	<u>0.7066</u>	<u>2.2</u>
<u>161</u>	<u>INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC</u>	<u>1.1017</u>	<u>1.000</u>	<u>1.1017</u>	<u>2.9</u>
<u>162</u>	<u>INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC</u>	<u>0.6229</u>	<u>0.867</u>	<u>0.5402</u>	<u>1.6</u>
<u>163</u>	<u>HERNIA PROCEDURES AGE 0-17</u>	<u>0.6921</u>	<u>1.000</u>	<u>0.6921</u>	<u>2.4</u>
<u>164</u>	<u>APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC</u>	<u>2.376</u>	<u>1.000</u>	<u>2.3760</u>	<u>7.1</u>
<u>165</u>	<u>APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC</u>	<u>1.2838</u>	<u>1.000</u>	<u>1.2838</u>	<u>4.3</u>
<u>166</u>	<u>APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC</u>	<u>1.4802</u>	<u>1.000</u>	<u>1.4802</u>	<u>4</u>

<u>167</u>	<u>APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC</u>	<u>0.8937</u>	<u>1.000</u>	<u>0.8937</u>	<u>2.3</u>
<u>168</u>	<u>MOUTH PROCEDURES W CC</u>	<u>1.2141</u>	<u>1.000</u>	<u>1.2141</u>	<u>3.2</u>
<u>169</u>	<u>MOUTH PROCEDURES W/O CC</u>	<u>0.7455</u>	<u>1.000</u>	<u>0.7455</u>	<u>1.9</u>
<u>170</u>	<u>OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC</u>	<u>2.8686</u>	<u>1.000</u>	<u>2.8686</u>	<u>7.7</u>
<u>171</u>	<u>OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC</u>	<u>1.1975</u>	<u>1.000</u>	<u>1.1975</u>	<u>3.6</u>
<u>172</u>	<u>DIGESTIVE MALIGNANCY W CC</u>	<u>1.3485</u>	<u>1.000</u>	<u>1.3485</u>	<u>5.1</u>
<u>173</u>	<u>DIGESTIVE MALIGNANCY W/O CC</u>	<u>0.77</u>	<u>1.000</u>	<u>0.7700</u>	<u>2.8</u>
<u>174</u>	<u>G.I. HEMORRHAGE W CC</u>	<u>0.9985</u>	<u>1.000</u>	<u>0.9985</u>	<u>3.9</u>
<u>175</u>	<u>G.I. HEMORRHAGE W/O CC</u>	<u>0.5501</u>	<u>1.000</u>	<u>0.5501</u>	<u>2.5</u>
<u>176</u>	<u>COMPLICATED PEPTIC ULCER</u>	<u>1.1052</u>	<u>1.000</u>	<u>1.1052</u>	<u>4.1</u>
<u>177</u>	<u>UNCOMPLICATED PEPTIC ULCER W CC</u>	<u>0.8998</u>	<u>1.000</u>	<u>0.8998</u>	<u>3.7</u>
<u>178</u>	<u>UNCOMPLICATED PEPTIC ULCER W/O CC</u>	<u>0.6604</u>	<u>1.000</u>	<u>0.6604</u>	<u>2.6</u>
<u>179</u>	<u>INFLAMMATORY BOWEL DISEASE</u>	<u>1.0576</u>	<u>1.000</u>	<u>1.0576</u>	<u>4.7</u>
<u>180</u>	<u>G.I. OBSTRUCTION W CC</u>	<u>0.9423</u>	<u>1.000</u>	<u>0.9423</u>	<u>4.2</u>
<u>181</u>	<u>G.I. OBSTRUCTION W/O CC</u>	<u>0.5304</u>	<u>1.000</u>	<u>0.5304</u>	<u>2.8</u>
<u>182</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC</u>	<u>0.7922</u>	<u>1.000</u>	<u>0.7922</u>	<u>3.4</u>
<u>183</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC</u>	<u>0.5717</u>	<u>1.000</u>	<u>0.5717</u>	<u>2.4</u>
<u>184</u>	<u>ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17</u>	<u>0.5119</u>	<u>1.000</u>	<u>0.5119</u>	<u>2.5</u>
<u>185</u>	<u>DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17</u>	<u>0.8621</u>	<u>1.000</u>	<u>0.8621</u>	<u>3.3</u>
<u>186</u>	<u>DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17</u>	<u>0.3216</u>	<u>1.000</u>	<u>0.3216</u>	<u>2.9</u>
<u>187</u>	<u>DENTAL EXTRACTIONS & RESTORATIONS</u>	<u>0.7649</u>	<u>1.000</u>	<u>0.7649</u>	<u>2.9</u>
<u>188</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC</u>	<u>1.1005</u>	<u>1.000</u>	<u>1.1005</u>	<u>4.1</u>
<u>189</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC</u>	<u>0.5796</u>	<u>1.000</u>	<u>0.5796</u>	<u>2.4</u>

<u>190</u>	<u>OTHER DIGESTIVE SYSTEM DIAGNOSES</u> <u>AGE 0-17</u>	<u>0.9884</u>	<u>1.000</u>	<u>0.9884</u>	<u>4.1</u>
<u>191</u>	<u>PANCREAS, LIVER & SHUNT PROCEDURES</u> <u>W CC</u>	<u>4.3914</u>	<u>1.000</u>	<u>4.3914</u>	<u>10.5</u>
<u>192</u>	<u>PANCREAS, LIVER & SHUNT PROCEDURES</u> <u>W/O CC</u>	<u>1.7916</u>	<u>1.000</u>	<u>1.7916</u>	<u>5.3</u>
<u>193</u>	<u>BILIARY TRACT PROC EXCEPT ONLY</u> <u>CHOLECYST W OR W/O C.D.E. W CC</u>	<u>3.3861</u>	<u>1.000</u>	<u>3.3861</u>	<u>10.3</u>
<u>194</u>	<u>BILIARY TRACT PROC EXCEPT ONLY</u> <u>CHOLECYST W OR W/O C.D.E. W/O CC</u>	<u>1.6191</u>	<u>1.000</u>	<u>1.6191</u>	<u>5.6</u>
<u>195</u>	<u>CHOLECYSTECTOMY W C.D.E. W CC</u>	<u>2.9062</u>	<u>1.000</u>	<u>2.9062</u>	<u>8.3</u>
<u>196</u>	<u>CHOLECYSTECTOMY W C.D.E. W/O CC</u>	<u>1.6593</u>	<u>1.000</u>	<u>1.6593</u>	<u>4.9</u>
<u>197</u>	<u>CHOLECYSTECTOMY EXCEPT BY</u> <u>LAPAROSCOPE W/O C.D.E. W CC</u>	<u>2.4544</u>	<u>1.000</u>	<u>2.4544</u>	<u>7.2</u>
<u>198</u>	<u>CHOLECYSTECTOMY EXCEPT BY</u> <u>LAPAROSCOPE W/O C.D.E. W/O CC</u>	<u>1.2339</u>	<u>1.000</u>	<u>1.2339</u>	<u>3.9</u>
<u>199</u>	<u>HEPATOBIILIARY DIAGNOSTIC PROCEDURE</u> <u>FOR MALIGNANCY</u>	<u>2.3584</u>	<u>1.000</u>	<u>2.3584</u>	<u>7.2</u>
<u>200</u>	<u>HEPATOBIILIARY DIAGNOSTIC PROCEDURE</u> <u>FOR NON-MALIGNANCY</u>	<u>3.2262</u>	<u>1.000</u>	<u>3.2262</u>	<u>7</u>
<u>201</u>	<u>OTHER HEPATOBIILIARY OR PANCREAS O.R.</u> <u>PROCEDURES</u>	<u>3.4035</u>	<u>1.000</u>	<u>3.4035</u>	<u>10.2</u>
<u>202</u>	<u>CIRRHOSIS & ALCOHOLIC HEPATITIS</u>	<u>1.3001</u>	<u>1.000</u>	<u>1.3001</u>	<u>4.9</u>
<u>203</u>	<u>MALIGNANCY OF HEPATOBIILIARY SYSTEM</u> <u>OR PANCREAS</u>	<u>1.325</u>	<u>1.000</u>	<u>1.3250</u>	<u>5</u>
<u>204</u>	<u>DISORDERS OF PANCREAS EXCEPT</u> <u>MALIGNANCY</u>	<u>1.2018</u>	<u>1.000</u>	<u>1.2018</u>	<u>4.5</u>
<u>205</u>	<u>DISORDERS OF LIVER EXCEPT</u> <u>MALIG,CIRR,ALC HEPA W CC</u>	<u>1.2048</u>	<u>1.000</u>	<u>1.2048</u>	<u>4.7</u>
<u>206</u>	<u>DISORDERS OF LIVER EXCEPT</u> <u>MALIG,CIRR,ALC HEPA W/O CC</u>	<u>0.6751</u>	<u>1.000</u>	<u>0.6751</u>	<u>3</u>
<u>207</u>	<u>DISORDERS OF THE BILIARY TRACT W CC</u>	<u>1.1032</u>	<u>1.000</u>	<u>1.1032</u>	<u>4</u>

<u>208</u>	DISORDERS OF THE BILIARY TRACT W/O CC	<u>0.6538</u>	<u>1.000</u>	<u>0.6538</u>	<u>2.3</u>
<u>209</u>	<i>MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY</i>	<u>2.0912</u>	<u>0.950</u>	<i><u>1.9866</u></i>	<u>4.6</u>
<u>210</u>	<i>HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC</i>	<u>1.8152</u>	<u>1.180</u>	<i><u>2.1419</u></i>	<u>6</u>
<u>211</u>	<i>HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC</i>	<u>1.2647</u>	<u>0.973</u>	<i><u>1.2300</u></i>	<u>4.5</u>
<u>212</u>	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	<u>0.8472</u>	<u>1.000</u>	<u>0.8472</u>	<u>11.1</u>
<u>213</u>	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS	<u>1.7726</u>	<u>1.000</u>	<u>1.7726</u>	<u>6.4</u>
<u>214</u>	<i>NO LONGER VALID</i>	<u>0</u>	<u>0.967</u>	<i><u>0.0000</u></i>	<u>0</u>
<u>215</u>	<i>NO LONGER VALID</i>	<u>0</u>	<u>0.956</u>	<i><u>0.0000</u></i>	<u>0</u>
<u>216</u>	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	<u>2.2042</u>	<u>1.000</u>	<u>2.2042</u>	<u>7.1</u>
<u>217</u>	<i>WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS</i>	<u>2.923</u>	<u>0.572</u>	<i><u>1.6711</u></i>	<u>8.9</u>
<u>218</u>	<i>LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC</i>	<u>1.5337</u>	<u>1.030</u>	<i><u>1.5794</u></i>	<u>4.2</u>
<u>219</u>	<i>LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC</i>	<u>1.0255</u>	<u>0.968</u>	<i><u>0.9928</u></i>	<u>2.7</u>
<u>220</u>	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17	<u>0.5844</u>	<u>1.000</u>	<u>0.5844</u>	<u>5.3</u>
<u>221</u>	<i>NO LONGER VALID</i>	<u>0</u>	<u>0.818</u>	<i><u>0.0000</u></i>	<u>0</u>
<u>222</u>	<i>NO LONGER VALID</i>	<u>0</u>	<u>1.038</u>	<i><u>0.0000</u></i>	<u>0</u>
<u>223</u>	<i>MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC</i>	<u>0.9585</u>	<u>0.885</u>	<i><u>0.8483</u></i>	<u>2</u>
<u>224</u>	<i>SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC</i>	<u>0.7997</u>	<u>1.012</u>	<i><u>0.8095</u></i>	<u>1.7</u>
<u>225</u>	<i>FOOT PROCEDURES</i>	<u>1.0851</u>	<u>1.001</u>	<i><u>1.0860</u></i>	<u>3.3</u>
<u>226</u>	SOFT TISSUE PROCEDURES W CC	<u>1.477</u>	<u>1.000</u>	<u>1.4770</u>	<u>4.3</u>
<u>227</u>	<i>SOFT TISSUE PROCEDURES W/O CC</i>	<u>0.8036</u>	<u>0.944</u>	<i><u>0.7588</u></i>	<u>2.1</u>

<u>228</u>	<u>MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC</u>	<u>1.0664</u>	<u>0.906</u>	<u>0.9665</u>	<u>2.4</u>
<u>229</u>	<u>HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC</u>	<u>0.7169</u>	<u>1.037</u>	<u>0.7432</u>	<u>1.8</u>
<u>230</u>	<u>LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR</u>	<u>1.249</u>	<u>1.000</u>	<u>1.2490</u>	<u>3.4</u>
<u>231</u>	<u>LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR</u>	<u>1.3825</u>	<u>0.734</u>	<u>1.0149</u>	<u>3.2</u>
<u>232</u>	<u>ARTHROSCOPY</u>	<u>1.0828</u>	<u>0.817</u>	<u>0.8842</u>	<u>2.3</u>
<u>233</u>	<u>OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC</u>	<u>2.089</u>	<u>1.000</u>	<u>2.0890</u>	<u>5.3</u>
<u>234</u>	<u>OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC</u>	<u>1.2661</u>	<u>0.813</u>	<u>1.0297</u>	<u>2.7</u>
<u>235</u>	<u>FRACTURES OF FEMUR</u>	<u>0.7582</u>	<u>1.000</u>	<u>0.7582</u>	<u>3.8</u>
<u>236</u>	<u>FRACTURES OF HIP & PELVIS</u>	<u>0.7218</u>	<u>0.979</u>	<u>0.7066</u>	<u>4</u>
<u>237</u>	<u>SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH</u>	<u>0.5681</u>	<u>1.000</u>	<u>0.5681</u>	<u>3</u>
<u>238</u>	<u>OSTEOMYELITIS</u>	<u>1.3496</u>	<u>1.000</u>	<u>1.3496</u>	<u>6.4</u>
<u>239</u>	<u>PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY</u>	<u>0.9745</u>	<u>1.000</u>	<u>0.9745</u>	<u>4.9</u>
<u>240</u>	<u>CONNECTIVE TISSUE DISORDERS W CC</u>	<u>1.2712</u>	<u>1.000</u>	<u>1.2712</u>	<u>4.9</u>
<u>241</u>	<u>CONNECTIVE TISSUE DISORDERS W/O CC</u>	<u>0.6177</u>	<u>1.000</u>	<u>0.6177</u>	<u>3.1</u>
<u>242</u>	<u>SEPTIC ARTHRITIS</u>	<u>1.0724</u>	<u>1.000</u>	<u>1.0724</u>	<u>5.1</u>
<u>243</u>	<u>MEDICAL BACK PROBLEMS</u>	<u>0.7262</u>	<u>0.761</u>	<u>0.5526</u>	<u>3.7</u>
<u>244</u>	<u>BONE DISEASES & SPECIFIC ARTHROPATHIES W CC</u>	<u>0.7155</u>	<u>1.000</u>	<u>0.7155</u>	<u>3.7</u>
<u>245</u>	<u>BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC</u>	<u>0.4832</u>	<u>1.000</u>	<u>0.4832</u>	<u>2.8</u>
<u>246</u>	<u>NON-SPECIFIC ARTHROPATHIES</u>	<u>0.557</u>	<u>1.000</u>	<u>0.5570</u>	<u>2.9</u>
<u>247</u>	<u>SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE</u>	<u>0.5696</u>	<u>1.000</u>	<u>0.5696</u>	<u>2.6</u>

248	TENDONITIS, MYOSITIS & BURSITIS	0.7864	1.000	0.7864	3.7
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	0.6913	1.000	0.6913	2.6
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC	0.6929	1.000	0.6929	3.3
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC	0.4995	0.901	0.4501	2.4
252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17	0.2538	1.000	0.2538	1.8
253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W CC	0.7253	1.000	0.7253	3.7
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W/O CC	0.4413	1.003	0.4427	2.6
255	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE 0-17	0.2956	1.000	0.2956	2.9
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	0.7959	1.000	0.7959	3.8
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	0.9107	1.000	0.9107	2.3
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	0.7232	1.000	0.7232	1.8
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	0.9068	1.000	0.9068	1.8
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	0.6532	1.000	0.6532	1.3
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION	0.9362	1.000	0.9362	1.7
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	0.8754	1.000	0.8754	2.7
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	2.1219	1.000	2.1219	8.9
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC	1.1479	1.000	1.1479	5.4

<u>265</u>	<u>SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC</u>	<u>1.5309</u>	<u>1.000</u>	<u>1.5309</u>	<u>4.3</u>
<u>266</u>	<i>SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC</i>	<u>0.8707</u>	<u>1.131</u>	<u>0.9844</u>	<u>2.4</u>
<u>267</u>	<u>PERIANAL & PILONIDAL PROCEDURES</u>	<u>1.0792</u>	<u>1.000</u>	<u>1.0792</u>	<u>3.1</u>
<u>268</u>	<u>SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES</u>	<u>1.1405</u>	<u>1.000</u>	<u>1.1405</u>	<u>2.4</u>
<u>269</u>	<u>OTHER SKIN, SUBCUT TISS & BREAST PROC W CC</u>	<u>1.7004</u>	<u>1.000</u>	<u>1.7004</u>	<u>5.8</u>
<u>270</u>	<u>OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC</u>	<u>0.767</u>	<u>1.000</u>	<u>0.7670</u>	<u>2.3</u>
<u>271</u>	<u>SKIN ULCERS</u>	<u>1.0104</u>	<u>1.000</u>	<u>1.0104</u>	<u>5.5</u>
<u>272</u>	<u>MAJOR SKIN DISORDERS W CC</u>	<u>0.9994</u>	<u>1.000</u>	<u>0.9994</u>	<u>4.8</u>
<u>273</u>	<u>MAJOR SKIN DISORDERS W/O CC</u>	<u>0.6179</u>	<u>1.000</u>	<u>0.6179</u>	<u>3.2</u>
<u>274</u>	<u>MALIGNANT BREAST DISORDERS W CC</u>	<u>1.2061</u>	<u>1.000</u>	<u>1.2061</u>	<u>4.9</u>
<u>275</u>	<u>MALIGNANT BREAST DISORDERS W/O CC</u>	<u>0.5301</u>	<u>1.000</u>	<u>0.5301</u>	<u>2.4</u>
<u>276</u>	<u>NON-MALIGANT BREAST DISORDERS</u>	<u>0.6899</u>	<u>1.000</u>	<u>0.6899</u>	<u>3.6</u>
<u>277</u>	<i>CELLULITIS AGE >17 W CC</i>	<u>0.8396</u>	<u>0.791</u>	<u>0.6641</u>	<u>4.7</u>
<u>278</u>	<i>CELLULITIS AGE >17 W/O CC</i>	<u>0.5522</u>	<u>0.865</u>	<u>0.4779</u>	<u>3.6</u>
<u>279</u>	<u>CELLULITIS AGE 0-17</u>	<u>0.6644</u>	<u>1.000</u>	<u>0.6644</u>	<u>4.2</u>
<u>280</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC</u>	<u>0.6788</u>	<u>1.000</u>	<u>0.6788</u>	<u>3.2</u>
<u>281</u>	<i>TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC</i>	<u>0.4729</u>	<u>0.971</u>	<u>0.4591</u>	<u>2.4</u>
<u>282</u>	<u>TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17</u>	<u>0.257</u>	<u>1.000</u>	<u>0.2570</u>	<u>2.2</u>
<u>283</u>	<u>MINOR SKIN DISORDERS W CC</u>	<u>0.6917</u>	<u>1.000</u>	<u>0.6917</u>	<u>3.5</u>
<u>284</u>	<u>MINOR SKIN DISORDERS W/O CC</u>	<u>0.4336</u>	<u>1.000</u>	<u>0.4336</u>	<u>2.5</u>
<u>285</u>	<u>AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS</u>	<u>1.9961</u>	<u>1.000</u>	<u>1.9961</u>	<u>7.7</u>
<u>286</u>	<u>ADRENAL & PITUITARY PROCEDURES</u>	<u>2.1299</u>	<u>1.000</u>	<u>2.1299</u>	<u>4.9</u>

<u>287</u>	<u>SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS</u>	<u>1.8283</u>	<u>1.000</u>	<u>1.8283</u>	<u>7.8</u>
<u>288</u>	<u>O.R. PROCEDURES FOR OBESITY</u>	<u>2.1607</u>	<u>1.000</u>	<u>2.1607</u>	<u>4.5</u>
<u>289</u>	<u>PARATHYROID PROCEDURES</u>	<u>0.9914</u>	<u>1.000</u>	<u>0.9914</u>	<u>2</u>
<u>290</u>	<u>THYROID PROCEDURES</u>	<u>0.9193</u>	<u>1.000</u>	<u>0.9193</u>	<u>1.8</u>
<u>291</u>	<u>THYROGLOSSAL PROCEDURES</u>	<u>0.5487</u>	<u>1.000</u>	<u>0.5487</u>	<u>1.4</u>
<u>292</u>	<u>OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC</u>	<u>2.4538</u>	<u>1.000</u>	<u>2.4538</u>	<u>6.9</u>
<u>293</u>	<u>OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC</u>	<u>1.2289</u>	<u>1.000</u>	<u>1.2289</u>	<u>3.6</u>
<u>294</u>	<u>DIABETES AGE >35</u>	<u>0.7589</u>	<u>1.000</u>	<u>0.7589</u>	<u>3.6</u>
<u>295</u>	<u>DIABETES AGE 0-35</u>	<u>0.7587</u>	<u>1.000</u>	<u>0.7587</u>	<u>2.9</u>
<u>296</u>	<u>NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC</u>	<u>0.8594</u>	<u>1.000</u>	<u>0.8594</u>	<u>4</u>
<u>297</u>	<u>NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC</u>	<u>0.5179</u>	<u>1.000</u>	<u>0.5179</u>	<u>2.8</u>
<u>298</u>	<u>NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17</u>	<u>0.5269</u>	<u>1.000</u>	<u>0.5269</u>	<u>2.5</u>
<u>299</u>	<u>INBORN ERRORS OF METABOLISM</u>	<u>0.9632</u>	<u>1.000</u>	<u>0.9632</u>	<u>4</u>
<u>300</u>	<u>ENDOCRINE DISORDERS W CC</u>	<u>1.0829</u>	<u>1.000</u>	<u>1.0829</u>	<u>4.7</u>
<u>301</u>	<u>ENDOCRINE DISORDERS W/O CC</u>	<u>0.6133</u>	<u>1.000</u>	<u>0.6133</u>	<u>2.9</u>
<u>302</u>	<u>KIDNEY TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>303</u>	<u>KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM</u>	<u>2.4602</u>	<u>1.000</u>	<u>2.4602</u>	<u>7</u>
<u>304</u>	<u>KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC</u>	<u>2.3407</u>	<u>1.000</u>	<u>2.3407</u>	<u>6.4</u>
<u>305</u>	<u>KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC</u>	<u>1.1825</u>	<u>1.000</u>	<u>1.1825</u>	<u>3.1</u>
<u>306</u>	<u>PROSTATECTOMY W CC</u>	<u>1.2489</u>	<u>1.000</u>	<u>1.2489</u>	<u>3.7</u>
<u>307</u>	<u>PROSTATECTOMY W/O CC</u>	<u>0.646</u>	<u>1.000</u>	<u>0.6460</u>	<u>1.9</u>
<u>308</u>	<u>MINOR BLADDER PROCEDURES W CC</u>	<u>1.6449</u>	<u>1.000</u>	<u>1.6449</u>	<u>4.2</u>
<u>309</u>	<u>MINOR BLADDER PROCEDURES W/O CC</u>	<u>0.9339</u>	<u>1.000</u>	<u>0.9339</u>	<u>2</u>
<u>310</u>	<u>TRANSURETHRAL PROCEDURES W CC</u>	<u>1.1172</u>	<u>1.000</u>	<u>1.1172</u>	<u>3</u>

311	<u>TRANSURETHRAL PROCEDURES W/O CC</u>	<u>0.6174</u>	<u>1.000</u>	<u>0.6174</u>	<u>1.6</u>
312	<u>URETHRAL PROCEDURES, AGE >17 W CC</u>	<u>1.0173</u>	<u>1.000</u>	<u>1.0173</u>	<u>3</u>
313	<u>URETHRAL PROCEDURES, AGE >17 W/O CC</u>	<u>0.6444</u>	<u>1.000</u>	<u>0.6444</u>	<u>1.7</u>
314	<u>URETHRAL PROCEDURES, AGE 0-17</u>	<u>0.4953</u>	<u>1.000</u>	<u>0.4953</u>	<u>2.3</u>
315	<u>OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES</u>	<u>2.0474</u>	<u>1.000</u>	<u>2.0474</u>	<u>4.2</u>
316	<u>RENAL FAILURE</u>	<u>1.3424</u>	<u>1.000</u>	<u>1.3424</u>	<u>4.9</u>
317	<u>ADMIT FOR RENAL DIALYSIS</u>	<u>0.7395</u>	<u>1.000</u>	<u>0.7395</u>	<u>2.1</u>
318	<u>KIDNEY & URINARY TRACT NEOPLASMS W CC</u>	<u>1.1313</u>	<u>1.000</u>	<u>1.1313</u>	<u>4.3</u>
319	<u>KIDNEY & URINARY TRACT NEOPLASMS W/O CC</u>	<u>0.604</u>	<u>1.000</u>	<u>0.6040</u>	<u>2.2</u>
320	<u>KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC</u>	<u>0.8621</u>	<u>1.000</u>	<u>0.8621</u>	<u>4.3</u>
321	<u>KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC</u>	<u>0.5686</u>	<u>1.000</u>	<u>0.5686</u>	<u>3.2</u>
322	<u>KIDNEY & URINARY TRACT INFECTIONS AGE 0-17</u>	<u>0.4939</u>	<u>1.000</u>	<u>0.4939</u>	<u>3.3</u>
323	<u>URINARY STONES W CC, &/OR ESW LITHOTRIPSY</u>	<u>0.7996</u>	<u>1.000</u>	<u>0.7996</u>	<u>2.4</u>
324	<u>URINARY STONES W/O CC</u>	<u>0.4509</u>	<u>1.000</u>	<u>0.4509</u>	<u>1.6</u>
325	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC</u>	<u>0.646</u>	<u>1.000</u>	<u>0.6460</u>	<u>3</u>
326	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC</u>	<u>0.4297</u>	<u>1.000</u>	<u>0.4297</u>	<u>2.1</u>
327	<u>KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17</u>	<u>0.3543</u>	<u>1.000</u>	<u>0.3543</u>	<u>3.1</u>
328	<u>URETHRAL STRICTURE AGE >17 W CC</u>	<u>0.7455</u>	<u>1.000</u>	<u>0.7455</u>	<u>2.8</u>
329	<u>URETHRAL STRICTURE AGE >17 W/O CC</u>	<u>0.5253</u>	<u>1.000</u>	<u>0.5253</u>	<u>1.7</u>
330	<u>URETHRAL STRICTURE AGE 0-17</u>	<u>0.3191</u>	<u>1.000</u>	<u>0.3191</u>	<u>1.6</u>
331	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC</u>	<u>1.0221</u>	<u>1.000</u>	<u>1.0221</u>	<u>4.1</u>

332	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC</u>	<u>0.5997</u>	<u>1.000</u>	<u>0.5997</u>	<u>2.5</u>
333	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17</u>	<u>0.8247</u>	<u>1.000</u>	<u>0.8247</u>	<u>3.5</u>
334	<u>MAJOR MALE PELVIC PROCEDURES W CC</u>	<u>1.5591</u>	<u>1.000</u>	<u>1.5591</u>	<u>4.2</u>
335	<u>MAJOR MALE PELVIC PROCEDURES W/O CC</u>	<u>1.1697</u>	<u>1.000</u>	<u>1.1697</u>	<u>3.2</u>
336	<u>TRANSURETHRAL PROSTATECTOMY W CC</u>	<u>0.888</u>	<u>1.000</u>	<u>0.8880</u>	<u>2.7</u>
337	<u>TRANSURETHRAL PROSTATECTOMY W/O CC</u>	<u>0.6152</u>	<u>1.000</u>	<u>0.6152</u>	<u>1.9</u>
338	<u>TESTES PROCEDURES, FOR MALIGNANCY</u>	<u>1.19</u>	<u>1.000</u>	<u>1.1900</u>	<u>3.5</u>
339	<u>TESTES PROCEDURES, NON-MALIGNANCY AGE >17</u>	<u>1.0769</u>	<u>1.000</u>	<u>1.0769</u>	<u>3</u>
340	<u>TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17</u>	<u>0.2835</u>	<u>1.000</u>	<u>0.2835</u>	<u>2.4</u>
341	<u>PENIS PROCEDURES</u>	<u>1.1709</u>	<u>1.000</u>	<u>1.1709</u>	<u>2.1</u>
342	<u>CIRCUMCISION AGE >17</u>	<u>0.824</u>	<u>1.000</u>	<u>0.8240</u>	<u>2.5</u>
343	<u>CIRCUMCISION AGE 0-17</u>	<u>0.1541</u>	<u>1.000</u>	<u>0.1541</u>	<u>1.7</u>
344	<u>OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY</u>	<u>1.1519</u>	<u>1.000</u>	<u>1.1519</u>	<u>1.6</u>
345	<u>OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY</u>	<u>0.88</u>	<u>1.000</u>	<u>0.8800</u>	<u>2.6</u>
346	<u>MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC</u>	<u>0.9756</u>	<u>1.000</u>	<u>0.9756</u>	<u>4.3</u>
347	<u>MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC</u>	<u>0.5922</u>	<u>1.000</u>	<u>0.5922</u>	<u>2.4</u>
348	<u>BENIGN PROSTATIC HYPERTROPHY W CC</u>	<u>0.7142</u>	<u>1.000</u>	<u>0.7142</u>	<u>3.2</u>
349	<u>BENIGN PROSTATIC HYPERTROPHY W/O CC</u>	<u>0.438</u>	<u>1.000</u>	<u>0.4380</u>	<u>2</u>
350	<u>INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM</u>	<u>0.6992</u>	<u>1.000</u>	<u>0.6992</u>	<u>3.6</u>
351	<u>STERILIZATION, MALE</u>	<u>0.2364</u>	<u>1.000</u>	<u>0.2364</u>	<u>1.3</u>

<u>352</u>	<u>OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES</u>	<u>0.6858</u>	<u>1.000</u>	<u>0.6858</u>	<u>2.8</u>
<u>353</u>	<u>PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY</u>	<u>1.9292</u>	<u>1.000</u>	<u>1.9292</u>	<u>5.3</u>
<u>354</u>	<u>UTERINE,ADNEXA PROC FOR NON- OVARIAN/ADNEXAL MALIG W CC</u>	<u>1.5284</u>	<u>1.000</u>	<u>1.5284</u>	<u>4.9</u>
<u>355</u>	<u>UTERINE,ADNEXA PROC FOR NON- OVARIAN/ADNEXAL MALIG W/O CC</u>	<u>0.9278</u>	<u>1.000</u>	<u>0.9278</u>	<u>3.1</u>
<u>356</u>	<u>FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES</u>	<u>0.7846</u>	<u>1.000</u>	<u>0.7846</u>	<u>2.1</u>
<u>357</u>	<u>UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY</u>	<u>2.3628</u>	<u>1.000</u>	<u>2.3628</u>	<u>6.9</u>
<u>358</u>	<u>UTERINE & ADNEXA PROC FOR NON- MALIGNANCY W CC</u>	<u>1.2263</u>	<u>1.000</u>	<u>1.2263</u>	<u>3.7</u>
<u>359</u>	<u>UTERINE & ADNEXA PROC FOR NON- MALIGNANCY W/O CC</u>	<u>0.8593</u>	<u>1.000</u>	<u>0.8593</u>	<u>2.6</u>
<u>360</u>	<u>VAGINA, CERVIX & VULVA PROCEDURES</u>	<u>0.886</u>	<u>1.000</u>	<u>0.8860</u>	<u>2.4</u>
<u>361</u>	<u>LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION</u>	<u>1.2318</u>	<u>1.000</u>	<u>1.2318</u>	<u>2.2</u>
<u>362</u>	<u>ENDOSCOPIC TUBAL INTERRUPTION</u>	<u>0.3022</u>	<u>1.000</u>	<u>0.3022</u>	<u>1.4</u>
<u>363</u>	<u>D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY</u>	<u>0.8136</u>	<u>1.000</u>	<u>0.8136</u>	<u>2.5</u>
<u>364</u>	<u>D&C, CONIZATION EXCEPT FOR MALIGNANCY</u>	<u>0.753</u>	<u>1.000</u>	<u>0.7530</u>	<u>2.6</u>
<u>365</u>	<u>OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES</u>	<u>1.8425</u>	<u>1.000</u>	<u>1.8425</u>	<u>4.9</u>
<u>366</u>	<u>MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC</u>	<u>1.2467</u>	<u>1.000</u>	<u>1.2467</u>	<u>4.8</u>
<u>367</u>	<u>MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC</u>	<u>0.5676</u>	<u>1.000</u>	<u>0.5676</u>	<u>2.4</u>
<u>368</u>	<u>INFECTIONS, FEMALE REPRODUCTIVE SYSTEM</u>	<u>1.1205</u>	<u>1.000</u>	<u>1.1205</u>	<u>5</u>

<u>369</u>	<u>MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS</u>	<u>0.5704</u>	<u>1.000</u>	<u>0.5704</u>	<u>2.4</u>
<u>370</u>	<u>CESAREAN SECTION W CC</u>	<u>1.0631</u>	<u>1.000</u>	<u>1.0631</u>	<u>4.4</u>
<u>371</u>	<u>CESAREAN SECTION W/O CC</u>	<u>0.7157</u>	<u>1.000</u>	<u>0.7157</u>	<u>3.3</u>
<u>372</u>	<u>VAGINAL DELIVERY W COMPLICATING DIAGNOSES</u>	<u>0.6077</u>	<u>1.000</u>	<u>0.6077</u>	<u>2.7</u>
<u>373</u>	<u>VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES</u>	<u>0.4169</u>	<u>1.000</u>	<u>0.4169</u>	<u>2</u>
<u>374</u>	<u>VAGINAL DELIVERY W STERILIZATION &/OR D&C</u>	<u>0.7565</u>	<u>1.000</u>	<u>0.7565</u>	<u>2.6</u>
<u>375</u>	<u>VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C</u>	<u>0.686</u>	<u>1.000</u>	<u>0.6860</u>	<u>4.4</u>
<u>376</u>	<u>POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE</u>	<u>0.5224</u>	<u>1.000</u>	<u>0.5224</u>	<u>2.6</u>
<u>377</u>	<u>POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE</u>	<u>0.8899</u>	<u>1.000</u>	<u>0.8899</u>	<u>2.6</u>
<u>378</u>	<u>ECTOPIC PREGNANCY</u>	<u>0.7664</u>	<u>1.000</u>	<u>0.7664</u>	<u>2</u>
<u>379</u>	<u>THREATENED ABORTION</u>	<u>0.3959</u>	<u>1.000</u>	<u>0.3959</u>	<u>2</u>
<u>380</u>	<u>ABORTION W/O D&C</u>	<u>0.4843</u>	<u>1.000</u>	<u>0.4843</u>	<u>1.8</u>
<u>381</u>	<u>ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY</u>	<u>0.5331</u>	<u>1.000</u>	<u>0.5331</u>	<u>1.5</u>
<u>382</u>	<u>FALSE LABOR</u>	<u>0.2127</u>	<u>1.000</u>	<u>0.2127</u>	<u>1.3</u>
<u>383</u>	<u>OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS</u>	<u>0.5137</u>	<u>1.000</u>	<u>0.5137</u>	<u>2.7</u>
<u>384</u>	<u>OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS</u>	<u>0.3161</u>	<u>1.000</u>	<u>0.3161</u>	<u>1.6</u>
<u>385</u>	<u>NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY</u>	<u>1.3767</u>	<u>1.000</u>	<u>1.3767</u>	<u>1.8</u>
<u>386</u>	<u>EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE</u>	<u>4.54</u>	<u>1.000</u>	<u>4.5400</u>	<u>17.9</u>
<u>387</u>	<u>PREMATURITY W MAJOR PROBLEMS</u>	<u>3.1007</u>	<u>1.000</u>	<u>3.1007</u>	<u>13.3</u>
<u>388</u>	<u>PREMATURITY W/O MAJOR PROBLEMS</u>	<u>1.8709</u>	<u>1.000</u>	<u>1.8709</u>	<u>8.6</u>

<u>389</u>	<u>FULL TERM NEONATE W MAJOR PROBLEMS</u>	<u>1.8408</u>	<u>1.000</u>	<u>1.8408</u>	<u>4.7</u>
<u>390</u>	<u>NEONATE W OTHER SIGNIFICANT PROBLEMS</u>	<u>0.9471</u>	<u>1.000</u>	<u>0.9471</u>	<u>3</u>
<u>391</u>	<u>NORMAL NEWBORN</u>	<u>0.1527</u>	<u>1.000</u>	<u>0.1527</u>	<u>3.1</u>
<u>392</u>	<u>SPLENECTOMY AGE >17</u>	<u>3.1739</u>	<u>1.000</u>	<u>3.1739</u>	<u>7.1</u>
<u>393</u>	<u>SPLENECTOMY AGE 0-17</u>	<u>1.3486</u>	<u>1.000</u>	<u>1.3486</u>	<u>9.1</u>
<u>394</u>	<u>OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS</u>	<u>1.5969</u>	<u>1.000</u>	<u>1.5969</u>	<u>4.1</u>
<u>395</u>	<u>RED BLOOD CELL DISORDERS AGE >17</u>	<u>0.8257</u>	<u>1.000</u>	<u>0.8257</u>	<u>3.3</u>
<u>396</u>	<u>RED BLOOD CELL DISORDERS AGE 0-17</u>	<u>1.1573</u>	<u>1.000</u>	<u>1.1573</u>	<u>2.5</u>
<u>397</u>	<u>COAGULATION DISORDERS</u>	<u>1.2278</u>	<u>1.000</u>	<u>1.2278</u>	<u>3.8</u>
<u>398</u>	<u>RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC</u>	<u>1.275</u>	<u>1.000</u>	<u>1.2750</u>	<u>4.7</u>
<u>399</u>	<u>RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC</u>	<u>0.6881</u>	<u>1.000</u>	<u>0.6881</u>	<u>2.8</u>
<u>400</u>	<u>LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE</u>	<u>2.6309</u>	<u>1.000</u>	<u>2.6309</u>	<u>5.8</u>
<u>401</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC</u>	<u>2.7198</u>	<u>1.000</u>	<u>2.7198</u>	<u>7.8</u>
<u>402</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC</u>	<u>1.0985</u>	<u>1.000</u>	<u>1.0985</u>	<u>2.8</u>
<u>403</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W CC</u>	<u>1.7594</u>	<u>1.000</u>	<u>1.7594</u>	<u>5.7</u>
<u>404</u>	<u>LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC</u>	<u>0.848</u>	<u>1.000</u>	<u>0.8480</u>	<u>3.1</u>
<u>405</u>	<u>ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17</u>	<u>1.912</u>	<u>1.000</u>	<u>1.9120</u>	<u>4.9</u>
<u>406</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC</u>	<u>2.8275</u>	<u>1.000</u>	<u>2.8275</u>	<u>7.6</u>
<u>407</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC</u>	<u>1.3179</u>	<u>1.000</u>	<u>1.3179</u>	<u>3.6</u>

<u>408</u>	<u>MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC</u>	<u>2.0008</u>	<u>1.000</u>	<u>2.0008</u>	<u>4.8</u>
<u>409</u>	<u>RADIOTHERAPY</u>	<u>1.1215</u>	<u>1.000</u>	<u>1.1215</u>	<u>4.4</u>
<u>410</u>	<u>CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS</u>	<u>0.9468</u>	<u>1.000</u>	<u>0.9468</u>	<u>2.9</u>
<u>411</u>	<u>HISTORY OF MALIGNANCY W/O ENDOSCOPY</u>	<u>0.3305</u>	<u>1.000</u>	<u>0.3305</u>	<u>2</u>
<u>412</u>	<u>HISTORY OF MALIGNANCY W ENDOSCOPY</u>	<u>0.4841</u>	<u>1.000</u>	<u>0.4841</u>	<u>2</u>
<u>413</u>	<u>OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC</u>	<u>1.3645</u>	<u>1.000</u>	<u>1.3645</u>	<u>5.3</u>
<u>414</u>	<u>OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC</u>	<u>0.7548</u>	<u>1.000</u>	<u>0.7548</u>	<u>3</u>
<u>415</u>	<u><i>O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES</i></u>	<u>3.5925</u>	<u>0.491</u>	<u>1.7628</u>	<u>10.4</u>
<u>416</u>	<u>SEPTICEMIA AGE >17</u>	<u>1.5278</u>	<u>1.000</u>	<u>1.5278</u>	<u>5.5</u>
<u>417</u>	<u>SEPTICEMIA AGE 0-17</u>	<u>1.1717</u>	<u>1.000</u>	<u>1.1717</u>	<u>3.7</u>
<u>418</u>	<u><i>POSTOPERATIVE & POST-TRAUMATIC INFECTIONS</i></u>	<u>1.0074</u>	<u>0.680</u>	<u>0.6851</u>	<u>4.8</u>
<u>419</u>	<u>FEVER OF UNKNOWN ORIGIN AGE >17 W CC</u>	<u>0.8709</u>	<u>1.000</u>	<u>0.8709</u>	<u>3.7</u>
<u>420</u>	<u>FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC</u>	<u>0.6057</u>	<u>1.000</u>	<u>0.6057</u>	<u>3</u>
<u>421</u>	<u>VIRAL ILLNESS AGE >17</u>	<u>0.6796</u>	<u>1.000</u>	<u>0.6796</u>	<u>3.1</u>
<u>422</u>	<u>VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17</u>	<u>0.7854</u>	<u>1.000</u>	<u>0.7854</u>	<u>2.8</u>
<u>423</u>	<u>OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES</u>	<u>1.725</u>	<u>1.000</u>	<u>1.7250</u>	<u>5.9</u>
<u>424</u>	<u>O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>425</u>	<u>ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>426</u>	<u>DEPRESSIVE NEUROSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>427</u>	<u>NEUROSES EXCEPT DEPRESSIVE</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

<u>428</u>	<u>DISORDERS OF PERSONALITY & IMPULSE CONTROL</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>429</u>	<u>ORGANIC DISTURBANCES & MENTAL RETARDATION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>430</u>	<u>PSYCHOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>431</u>	<u>CHILDHOOD MENTAL DISORDERS</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>432</u>	<u>OTHER MENTAL DISORDER DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>433</u>	<u>ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>434</u>	<u>ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>435</u>	<u>ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O CC</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>436</u>	<u>ALC/DRUG DEPENDENCE W REHABILITATION THERAPY</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>437</u>	<u>ALC/DRUG DEPENDENCE, COMBINED REHAB & DETOX THERAPY</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>438</u>	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
<u>439</u>	<u>SKIN GRAFTS FOR INJURIES</u>	<u>1.7092</u>	<u>1.000</u>	<u>1.7092</u>	<u>5.3</u>
<u>440</u>	<u>WOUND DEBRIDEMENTS FOR INJURIES</u>	<u>1.9096</u>	<u>0.774</u>	<u>1.4776</u>	<u>5.8</u>
<u>441</u>	<u>HAND PROCEDURES FOR INJURIES</u>	<u>0.9463</u>	<u>0.991</u>	<u>0.9382</u>	<u>2.2</u>
<u>442</u>	<u>OTHER O.R. PROCEDURES FOR INJURIES W CC</u>	<u>2.3403</u>	<u>1.000</u>	<u>2.3403</u>	<u>5.4</u>
<u>443</u>	<u>OTHER O.R. PROCEDURES FOR INJURIES W/O CC</u>	<u>0.9978</u>	<u>1.002</u>	<u>1.0002</u>	<u>2.5</u>
<u>444</u>	<u>TRAUMATIC INJURY AGE >17 W CC</u>	<u>0.7243</u>	<u>1.000</u>	<u>0.7243</u>	<u>3.2</u>
<u>445</u>	<u>TRAUMATIC INJURY AGE >17 W/O CC</u>	<u>0.5076</u>	<u>0.811</u>	<u>0.4118</u>	<u>2.4</u>
<u>446</u>	<u>TRAUMATIC INJURY AGE 0-17</u>	<u>0.2964</u>	<u>1.000</u>	<u>0.2964</u>	<u>2.4</u>
<u>447</u>	<u>ALLERGIC REACTIONS AGE >17</u>	<u>0.5166</u>	<u>1.000</u>	<u>0.5166</u>	<u>1.9</u>
<u>448</u>	<u>ALLERGIC REACTIONS AGE 0-17</u>	<u>0.0975</u>	<u>1.000</u>	<u>0.0975</u>	<u>2.9</u>
<u>449</u>	<u>POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC</u>	<u>0.8076</u>	<u>1.000</u>	<u>0.8076</u>	<u>2.6</u>

450	<i>POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC</i>	<u>0.4406</u>	<u>0.666</u>	<u>0.2933</u>	<u>1.6</u>
451	<u>POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17</u>	<u>0.2632</u>	<u>1.000</u>	<u>0.2632</u>	<u>2.1</u>
452	<u>COMPLICATIONS OF TREATMENT W CC</u>	<u>1.0152</u>	<u>1.000</u>	<u>1.0152</u>	<u>3.5</u>
453	<u>COMPLICATIONS OF TREATMENT W/O CC</u>	<u>0.4987</u>	<u>1.000</u>	<u>0.4987</u>	<u>2.2</u>
454	<u>OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC</u>	<u>0.8593</u>	<u>1.000</u>	<u>0.8593</u>	<u>3.2</u>
455	<i>OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC</i>	<u>0.4672</u>	<u>0.748</u>	<u>0.3496</u>	<u>2</u>
456	<u>NO LONGER VALID BURNS, TRANSFERRED- TO ANOTHER ACUTE CARE FACILITY</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
457	<u>NO LONGER VALID EXTENSIVE BURNS W/O O.R. PROCEDURE</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
458	<u>NO LONGER VALID NON-EXTENSIVE- BURNS W SKIN GRAFT</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
459	<u>NO LONGER VALID NON-EXTENSIVE- BURNS W WOUND DEBRIDEMENT OR OTHER O.R. PROC</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
460	<u>NO LONGER VALID NON-EXTENSIVE- BURNS W/O O.R. PROCEDURE</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
461	<i>O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES</i>	<u>1.2101</u>	<u>0.921</u>	<u>1.1141</u>	<u>2.4</u>
462	<u>REHABILITATION</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
463	<u>SIGNS & SYMPTOMS W CC</u>	<u>0.6936</u>	<u>1.000</u>	<u>0.6936</u>	<u>3.3</u>
464	<u>SIGNS & SYMPTOMS W/O CC</u>	<u>0.4775</u>	<u>1.000</u>	<u>0.4775</u>	<u>2.4</u>
465	<u>AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS</u>	<u>0.5756</u>	<u>1.000</u>	<u>0.5756</u>	<u>2.1</u>
466	<u>AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS</u>	<u>0.684</u>	<u>1.000</u>	<u>0.6840</u>	<u>2.3</u>
467	<u>OTHER FACTORS INFLUENCING HEALTH STATUS</u>	<u>0.5112</u>	<u>1.000</u>	<u>0.5112</u>	<u>2.3</u>

468	<u>EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>3.6399</u>	<u>1.000</u>	<u>3.6399</u>	<u>9.2</u>
469	<u>PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
470	<u>UNGROUPABLE</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
471	<u>BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY</u>	<u>3.1957</u>	<u>1.000</u>	<u>3.1957</u>	<u>5</u>
472	<u>NO LONGER VALID EXTENSIVE BURNS W/ O.R. PROCEDURE</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>	<u>0 excluded</u>
473	<u>ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17</u>	<u>3.5822</u>	<u>1.000</u>	<u>3.5822</u>	<u>7.6</u>
474	<u>NO LONGER VALID</u>	<u>0</u>	<u>1.000</u>	<u>0.0000</u>	<u>0</u>
475	<u>RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
476	<u>PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>2.2547</u>	<u>1.000</u>	<u>2.2547</u>	<u>8.4</u>
477	<u>NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS</u>	<u>1.8204</u>	<u>1.000</u>	<u>1.8204</u>	<u>5.4</u>
478	<u>OTHER VASCULAR PROCEDURES W CC</u>	<u>2.3333</u>	<u>1.000</u>	<u>2.3333</u>	<u>4.9</u>
479	<u>OTHER VASCULAR PROCEDURES W/O CC</u>	<u>1.4326</u>	<u>1.000</u>	<u>1.4326</u>	<u>2.8</u>
480	<u>LIVER TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
481	<u>BONE MARROW TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
482	<u>TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
483	<u>TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
484	<u>CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA</u>	<u>5.5606</u>	<u>1.000</u>	<u>5.5606</u>	<u>8.8</u>
485	<u>LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TR</u>	<u>3.0998</u>	<u>1.000</u>	<u>3.0998</u>	<u>7.7</u>
486	<u>OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA</u>	<u>4.9048</u>	<u>1.000</u>	<u>4.9048</u>	<u>8.1</u>
487	<u>OTHER MULTIPLE SIGNIFICANT TRAUMA</u>	<u>2.0604</u>	<u>1.000</u>	<u>2.0604</u>	<u>5.6</u>

<u>488</u>	<u>HIV W EXTENSIVE O.R. PROCEDURE</u>	<u>4.5574</u>	<u>1.000</u>	<u>4.5574</u>	<u>11.5</u>
<u>489</u>	<u>HIV W MAJOR RELATED CONDITION</u>	<u>1.7414</u>	<u>1.000</u>	<u>1.7414</u>	<u>6</u>
<u>490</u>	<u>HIV W OR W/O OTHER RELATED CONDITION</u>	<u>0.968</u>	<u>1.000</u>	<u>0.9680</u>	<u>3.7</u>
<u>491</u>	<u>MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY</u>	<u>1.6685</u>	<u>1.000</u>	<u>1.6685</u>	<u>2.9</u>
<u>492</u>	<u>CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS</u>	<u>4.2467</u>	<u>1.000</u>	<u>4.2467</u>	<u>10.9</u>
<u>493</u>	<u>LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC</u>	<u>1.818</u>	<u>1.000</u>	<u>1.8180</u>	<u>4.3</u>
<u>494</u>	<u>LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC</u>	<u>1.0388</u>	<u>1.000</u>	<u>1.0388</u>	<u>2</u>
<u>495</u>	<u>LUNG TRANSPLANT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
<u>496</u>	<u>COMBINED ANTERIOR/POSTERIOR SPINAL FUSION Note – For admissions on or after * , 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).</u>	<u>5.5532</u>	<u>1.000</u>	<u>5.5532</u>	<u>7.8</u>
<u>497</u>	<u>SPINAL FUSION W CC Note – For admissions on or after * , 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).</u>	<u>2.9441</u>	<u>1.000</u>	<u>2.9441</u>	<u>4.9</u>
<u>498</u>	<u>SPINAL FUSION W/O CC Note – For admissions on or after * , 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).</u>	<u>1.9057</u>	<u>1.000</u>	<u>1.9057</u>	<u>2.8</u>

499	<u>BACK & NECK PROCS EXCEPT SPINAL FUSION W CC Note – For admissions on or after * , 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).</u>	<u>1.4572</u>	<u>1.000</u>	<u>1.4572</u>	<u>3.6</u>
500	<u>BACK & NECK PROCS EXCEPT SPINAL FUSION W/O CC Note – For admissions on or after * , 2000, the cost of implantable hardware and instrumentation for this DRG is excluded from the DRG computed fee and reimbursed separately pursuant to § 9792.1(c)(9).</u>	<u>0.9805</u>	<u>1.000</u>	<u>0.9805</u>	<u>2.2</u>
501	<u>KNEE PROC W PDX OF INFECTION W CC</u>	<u>2.6283</u>	<u>1.000</u>	<u>2.6283</u>	<u>8.4</u>
502	<u>KNEE PROC W PDX OF INFECTION W/O CC</u>	<u>1.4434</u>	<u>1.000</u>	<u>1.4434</u>	<u>4.9</u>
503	<u>KNEE PROCEDURES W/O PDX OF INFECTION</u>	<u>1.2156</u>	<u>1.000</u>	<u>1.2156</u>	<u>3.1</u>
504	<u>EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
505	<u>EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
506	<u>FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
507	<u>FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
508	<u>FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
509	<u>FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ W/O CC OR SIG TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
510	<u>NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>

<u>511</u>	<u>NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA.</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>	<u>excluded</u>
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**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation**

FINAL STATEMENT OF REASONS

TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.1

Subject Matter of Regulations: Workers' Compensation – Payments for Inpatient Hospital Services

The Administrative Director of the Division of Workers' Compensation has adopted amendments to Title 8 of the California Code of Regulations, Section 9792.1. Section 9792.1 concerns fees for inpatient hospital services in workers' compensation cases.

The amendments adopted establish a reimbursement methodology for cost outlier cases; update the DRG weights to fiscal year 2001 levels established by the Health Care Financing Administration (HCFA); and update the individual "composite factors" based on HCFA's Hospital Inpatient Prospective Payment System fiscal year 2001 data elements.

AN IMPORTANT PROCEDURAL NOTE ABOUT THIS RULEMAKING:

The Inpatient Hospital Fee Schedule ("IHFS") component of the Official Medical Fee Schedule "establish(es) or fix(es) rates, prices, or tariffs" within the meaning of Government Code Section 11343(a)(1) and is therefore not subject to Article 5 of the Administrative Procedure Act (commencing at Government Code Section 11346.)

This rulemaking proceeding to amend the IHFS has been conducted under the Administrative Director's rulemaking power under Labor Code Sections 5307.1 and 5307.3. This regulatory proceeding is subject to the procedural requirements of Labor Code Sections 5307.1 and 5307.4.

This Final Statement of Reasons has been prepared to comply with the procedural requirements of Labor Code Section 5307.4 and for the convenience of the regulated public to assist the regulated public in analyzing and implementing this non-APA rulemaking proceeding.

PROBLEM ADDRESSED BY THE REGULATORY ACTION

Labor Code Section 5307.1 requires the Administrative Director (AD) of the Division of Workers' Compensation (Division) to "adopt and revise, no less frequently than biennially, an official medical fee schedule which shall establish reasonable maximum fees paid for medical services provided pursuant to (Division 4 of the Labor Code)." One portion of the OMFS applies just to hospital inpatient services. The Inpatient Hospital Fee Schedule (IHFS) was revised effective April 1, 1999. That schedule was again revised, effective for admissions on or after April 13, 2001, to adopt a provision providing for

separate payment for the cost of implantable hardware for spinal surgeries under DRGs 496-500. This provision is scheduled to sunset on December 31, 2001.

The Inpatient Hospital Fee Schedule component of the OMFS establishes a maximum "global fee" for services made in connection with particular "diagnosis related groups" (DRGs). DRGs are codes used under the Medicare payment system to group related types of procedures for reimbursement purposes.

The maximum global fee for a specific procedure at a specific facility is determined by multiplying 1.20 by the product of the health facility's composite factor (a factor that is based on the unique cost and service differentials applicable to specific individual facilities), and the applicable DRG weight (or revised DRG weight if a revised weight has been adopted by the Administrative Director).

In the schedule adopted April 1, 1999, admissions where the length of stay exceeds a set threshold are excluded from the application of the fee setting methodology described above. Such admissions are referred to as "outliers."

In 1997, Medicare dropped its use of length of stay outliers and shifted to a cost outlier methodology. Cost outliers are those cases where the total adjusted billed charges for covered services for a hospital discharge exceed the hospital's DRG determined payment rate plus a specific dollar amount (adjusted for geographic variance in costs) determined annually by the Secretary of Health and Human Services (HHS) and published in the Federal Register.

The Administrative Director has learned from both the payor and provider communities that the continued use of length of stay outliers under California's Inpatient Hospital Fee Schedule has caused significant shortfalls in reimbursement for some sophisticated inpatient surgical procedures where the total costs of the admission greatly exceed the fee schedule's maximum allowable reimbursement without exceeding the length of stay outlier threshold. This situation has resulted in a threat to access to health care for seriously injured workers.

The IHFS effective April 1, 1999 used 1997 FY data from HCFA to establish the composite factors and the DRG weights. There is a need to update the composite factors and the DRG weights to current HCFA levels so that the schedule is based on current data.

SPECIFIC PURPOSE OF REGULATORY ACTION

The Division has adopted a version of Medicare's cost outlier methodology, slightly modified for California's workers' compensation system.

The cost outlier methodology adopted essentially involves a three-step process.

Step 1: Determine the Inpatient Hospital Fee Schedule payment amount (DRG relative weight x 1.2 x hospital specific composite factor).

Step 2: Determine admission costs. Admission costs = (total billed charges x total cost-to-charge ratio).

Step 3: Determine the outlier threshold: $\text{Outlier threshold} = (\text{Inpatient Hospital Fee Schedule payment amount} + \text{hospital specific outlier factor})$.

If costs exceed the outlier threshold, the case is an outlier case and the admission is reimbursed at the Inpatient Hospital Fee Schedule payment amount + $(0.8 \times (\text{costs} - \text{cost outlier threshold}))$.

In addition, for purposes of determining whether a case qualifies as a cost outlier case under this subsection, implantable hardware and/or instrumentation reimbursed under subsection (9) below will be excluded from the calculation of costs.

The adoption of a cost outlier methodology will allow the provider to be reimbursed an additional amount above the fee schedule computed fee for outlier cases. This will reduce the potential for severe underpayments where an admission proves to be exceptionally costly although not exceptionally lengthy.

Updating the data elements used in the formulae for determining "composite factors" from fiscal year 1997 to fiscal year 2001 Federal Register and Health Care Financing Administration (HCFA) Hospital Inpatient Prospective Payment System levels will compensate providers more accurately based on more current data.

STATE REIMBURSABLE MANDATE

The Administrative Director of the Division of Workers' Compensation has determined that the regulations as adopted will not impose any new mandated programs or increased service levels on any local agency or school district.

Additionally, the California Supreme Court has determined that an increase in workers' compensation benefit levels does not constitute a new State mandate for the purpose of local mandate claims because the increase does not impose unique requirements on local governments. (County of Los Angeles v. State of California, 43 Cal.3d 46 (1987)). The potential costs imposed on all public agency employers and payors by these regulations, although not a benefit level increase, are similarly not a new State mandate because the regulations apply to all employers and payors, both public and private, and not uniquely to local governments.

Finally, to the extent that local governments administer hospitals seeking reimbursement under the revised inpatient fee schedule, there would be a beneficial effect - an increase in the amounts of reimbursement in certain specified cases where additional reimbursement would be allowed for exceptionally high cost cases.

COST OR SAVINGS TO LOCAL AGENCIES, SCHOOL DISTRICTS AND STATE AGENCIES

The regulations as adopted would have no effect on state government as an employer, payor, or hospital administrator that would not also be felt by all other private and public sector employers, payors or hospital administrators.

The regulations as adopted will impose no direct or indirect costs on any local agency or school district that will require reimbursement under Part 7 (Commencing with Section 17500) of Division 4 of the Government Code.

The regulations as adopted will impose no nondiscretionary direct or indirect costs or savings on any local agency or school district.

To the extent that local agencies and school districts are employers who must reimburse physicians and hospitals for medical treatment of industrially injured employees, they will be subject to the same cost impacts as all other medical payors in the state. These impacts are discussed in more detail in the Economic and Fiscal Impact Statement in the rulemaking file.

COST OR SAVINGS IN FEDERAL FUNDING TO STATE

None. The regulations do not affect any federal funding.

POTENTIAL ECONOMIC IMPACT ON BUSINESS

The Administrative Director finds that adoption of these regulations may have a significant economic impact on businesses, both adverse and beneficial. These impacts are discussed in more detail in the Economic and Fiscal Impact Statement in the rulemaking file.

The Administrative Director finds that adoption of these regulations will not have a significant impact on the ability of California businesses to compete with businesses in other states.

COST IMPACT ON PRIVATE PERSONS AND BUSINESSES:

To the extent that private persons and entities are self-insured employers, who must themselves directly reimburse medical providers, the cost impact is the same as on self-insured governmental agencies, as discussed in the section entitled "Costs or Savings to Local Agencies, School Districts and State Agencies."

Workers' compensation insurers will also be subject to the costs and savings discussed above.

Hospitals receiving payment for services under the IHFS will, in aggregate, enjoy a beneficial economic impact to the same extent that payors will suffer an adverse impact.

A detailed economic analysis dated March 21, 2001, of the economic impact on hospitals and payors of the regulations as adopted has been prepared by the Administrative Director and is included in the rulemaking file. The Department of Finance has concurred in that analysis.

ASSESSMENT OF EFFECTS ON JOB AND/OR BUSINESS CREATION, ELIMINATION OR EXPANSION

The Administrative Director has determined that the regulations do not affect the creation or elimination of jobs within the State of California, the creation of new businesses or the elimination of existing jobs within the State of California, or the expansion of existing businesses within the State of California.

UPDATED INFORMATIVE DIGEST

Labor Code Section 5307.1 requires the Administrative Director of the Division of Workers' Compensation] to "adopt and revise, no less frequently than biennially, an official medical fee schedule which shall establish reasonable maximum fees paid for medical services provided pursuant to (Division 4 of the Labor Code)." One portion of the OMFS applies just to hospital inpatient services. The IHFS was revised effective April 1, 1999. It was revised again for admissions on or after April 13, 2001, to allow for a separate payment above the DRG payment for the cost of implantable hardware and instrumentation for spinal surgery codes 496-500.

The Inpatient Hospital Fee Schedule component of the OMFS establishes a maximum "global fee" for services made in connection with particular "diagnosis related groups" (DRGs). DRGs are codes used to group related types of procedures for reimbursement purposes. This approach is based generally on the Medicare inpatient hospital fee setting methodology using the prospective payment system.

The maximum global fee for a specific procedure at a specific facility is determined by multiplying 1.20 by the product of the health facility's composite factor, (a factor that is based on the unique cost and service differentials applicable to specific individual facilities), and the applicable DRG weight (or revised DRG weight if a revised weight has been adopted by the Administrative Director).

The Division has adopted a slightly revised version of Medicare's cost outlier methodology, adjusted to California's workers' compensation system. This cost outlier methodology replaces the current length of stay outlier.

The cost outlier methodology adopted essentially involves a three-step process.

Step 1: Determine the Inpatient Hospital Fee Schedule payment amount (DRG relative weight x 1.2 x hospital specific composite factor).

Step 2: Determine admission costs. Admission costs = (total billed charges x total cost-to-charge ratio).

Step 3: Determine the outlier threshold: Outlier threshold = (Inpatient Hospital Fee Schedule payment amount + hospital specific outlier factor).

If costs exceed the outlier threshold, the case is an outlier case and the admission is reimbursed at the Inpatient Hospital Fee Schedule payment amount + (0.8 x (costs - cost outlier threshold)).

In addition, for purposes of determining whether a case qualifies as a cost outlier case under this subsection, implantable hardware and/or instrumentation reimbursed under Section 9792.1(c)(7) are to be excluded from the calculation of costs.

The adoption of a cost outlier methodology will allow the provider to be reimbursed an additional amount above the fee schedule computed fee for outlier cases. This will reduce the potential for severe underpayments where an admission proves to be exceptionally costly although not exceptionally lengthy.

In order to give the regulated public time to train their staff and implement the regulations, the Division will be asking the Office of Administrative Law for the regulations to have an effective date of thirty (30) days after filing with the Secretary of State. The Office of Administrative Law will fill in the effective date as thirty (30) days after the date on which the adopted regulations are filed with the Secretary of State.

For clarity, Section 9792.1(e) which sets forth the effective date of Section 9792.1 has been amended to state that the newly adopted cost outlier methodology is not effective retroactively.

Additionally, since this is intended to be an interim solution to the fee issues in relation to cost outlier cases, the Administrative Director has adopted a sunset date of December 31, 2001, for the cost outlier provisions.

The data elements used in the formulae for determining "composite factors" are being updated to fiscal year 2001 levels established under HCFA's Hospital Inpatient Prospective Payment System.

Finally, the DRG weights and geometric length of stay values used in the fee schedule are being updated to HCFA's fiscal year 2001 values.

**IDENTIFICATION OF ADDITIONAL DOCUMENTS AND INFORMATION
RELIED UPON THAT WERE ADDED TO THE RULEMAKING FILE DURING
THE RULEMAKING PROCEEDING**

During the rulemaking process, the following documents were added to the rulemaking file:

- An updated memo to the rulemaking file dated August 28, 2000, from Linda Rudolph, Medical Director of the Division of Workers' Compensation. The memo concerns the Division's analysis of various cost outlier thresholds applied to two data samples of inpatient workers' compensation admissions.
- A revised Economic and Fiscal Impact Statement, (Standard Form 399), dated August 28, 2000.
- An interim progress report dated December 11, 2000, concerning the progress of the Commission on Health and Safety and Workers' Compensation's study of the Inpatient Hospital Fee Schedule. The letter addresses the progress of the Commission's study to date.
- A memorandum to the rulemaking file dated February 15, 2001, from Glenn Shor, Ph.D., Research Program Specialist II. The memorandum concerns the Division's data analysis and rationale for the cost outlier methodology proposed.
- A revised Economic and Fiscal Impact Statement, (Standard Form 399), dated March 21, 2001.

FACTUAL BASIS FOR REGULATORY ACTION

AMENDMENTS TO SECTION 9790.1

Section Amended: Section 9790.1(c)(h)(i)(I) and (r)

Specific purpose of Amendments to Sections 9790.1(c)(h)(i) and (r):

The Federal Register and Health Care Financing Administration (HCFA) Hospital Inpatient Prospective Payment System data elements used in the formulae for determining "composite factors" have been updated to fiscal year 2001 levels.

Factual Basis that Adoption is Necessary

Medicare, upon which the fee schedule is modeled, updates its values annually. Labor Code Section 5703.1 requires not less than biennial updates to the California fee schedule. The California fee schedule was adopted with an effective date of April 1, 1999, so the first biennial update is now due and updating the values used to determine "composite factors" to match current Medicare values is appropriate.

Section Adopted: Section 9790.1(a)

Specific purpose of Adoption of Section 9790.1(a)

Section 9790.1(a) has been adopted to specifically define the term "capital outlier factor" used in newly adopted Section 9792.1(c)(8). The term "Capital outlier factor" is defined as (California fixed loss cost outlier threshold x geographic adjustment factor x large urban add-on x (capital cost-to-charge ratio to total cost-to-charge ratio)).

Factual Basis that Adoption is Necessary

Definitions of terms used in the cost outlier methodology are provided in order to provide notice to the regulated public of how the cost outlier methodology works and to allow the regulated public to calculate the formulae used in the regulations.

Section Adopted: Section 9790.1(b)

Specific purpose of Adoption of Section 9790.1(b)

Section 9790.1(b) has been adopted to specifically define the term "California fixed loss outlier threshold" used in newly adopted Section 9792.1(c)(8). The term "California fixed loss cost outlier threshold" is defined as the factor calculated by adjusting the Medicare fixed loss cost outlier threshold for California workers' compensation inpatient admissions. The California fixed loss cost outlier threshold is \$14,500.

Factual Basis that Adoption is Necessary

Definitions of terms used in the cost outlier methodology are provided in order to provide notice to the regulated public of how the cost outlier methodology works and to allow the regulated public to calculate the formulae used in the regulations.

Section Adopted: Section 9790.1(d)

Specific purpose of Adoption of Section 9790.1(d)

Section 9790.1(d) has been adopted to specifically define the term “costs” used in newly adopted Section 9792.1(c)(8). The term “Costs” is defined as the total billed as charges for an admission, excluding non-medical charges such as television and telephone charges, multiplied by the hospital’s total cost-to-charge ratio. Additionally, for DRGs 496 through 500, for purposes of determining whether an admission is a cost outlier, the term “costs” excludes implantable hardware and/or instrumentation reimbursed under subsection (7) of Section 9792.1.

Factual Basis that Adoption is Necessary

Definitions of terms used in the cost outlier methodology are provided in order to provide notice to the regulated public of how the cost outlier methodology works and to allow the regulated public to calculate the formulae used in the regulations.

Section Adopted: Section 9790.1(e)

Specific purpose of Adoption of Section 9790.1(e)

Section 9790.1(e) has been adopted to specifically define the term “cost-to charge ratio” used in newly adopted Section 9792.1(c)(8) and inform the regulated public of the source of the data used to compute the ratio. The term “cost-to-charge ratio” is defined as the sum of the hospital specific operating cost-to-charge ratio and the hospital specific capital cost-to-charge ratio.

Additionally, this section informs the regulated public that a table of hospital specific capital cost-to-charge, operating cost-to-charge and total cost-to-charge ratios for each health facility in California is contained in Appendix A to Section 9792.1.

Factual Basis that Adoption is Necessary

Definitions of terms used in the cost outlier methodology are provided in order to provide notice to the regulated public of how the cost outlier methodology works and to allow the regulated public to calculate the formulae used in the regulations.

Section Adopted: Section 9790.1(f)

Specific purpose of Adoption of Section 9790.1(f)

Section 9790.1(f) has been adopted to specifically define the term “cost outlier case” used in newly adopted Section 9792.1(c)(8). The term “cost outlier case” is defined as a hospitalization for which the hospital’s costs, as defined in subdivision (d) above, exceed the Inpatient Hospital Fee Schedule payment amount by the hospital’s outlier factor. If costs exceed the cost outlier threshold, the case is a cost outlier case.

Factual Basis that Adoption is Necessary

Definitions of terms used in the cost outlier methodology are provided in order to provide notice to the regulated public of how the cost outlier methodology works and to allow the regulated public to calculate the formulae used in the regulations.

Section Adopted: Section 9790.1(g)

Specific purpose of Adoption of Section 9790.1(g)

Section 9790.1(g) has been adopted to specifically define the term “cost outlier threshold” used in newly adopted Section 9792.1(c)(8). The term “cost outlier threshold” is defined as the sum of the Inpatient Hospital Fee Schedule payment amount plus the hospital specific outlier factor.

Factual Basis that Adoption is Necessary

Definitions of terms used in the cost outlier methodology are provided in order to provide notice to the regulated public of how the cost outlier methodology works and to allow the regulated public to calculate the formulae used in the regulations.

Section Amended: Section 9790.1(i)(2)

Specific purpose of Amendment of Section 9790.1(i)(2)

Subsection 9790.1(c)(2) (renumbered (i)(2)) has been amended to inform the regulated public that the California revised DRG weights formerly published in Appendix C to Section 9792.1 have been incorporated into Appendix B of Section 9792.1 in a new column identified as “DWC Revised Ratio.”

Factual Basis that Amendment is Necessary

For clarity, the ratios that were applied to generate the California revised DRG weights have been incorporated into Appendix B of Section 9792.1 in a new column identified as “DWC Revised Ratio” and Appendix C to Section 9792.1 has been repealed. The Division learned that some providers erroneously believed that the listing of California revised DRG weighting ratios in Appendix C constituted a separate data element used in calculating fees. Appendix C has been repealed to avoid this confusion in the regulated community.

Section Adopted: Section 9790.1(l)

Specific purpose of Adoption of Section 9790.1(l)

Section 9790.1(l) has been adopted to specifically define the term “Inpatient Hospital Fee Schedule payment amount” used in newly adopted Section 9792.1(c)(8). The term “Inpatient Hospital Fee Schedule payment amount” is defined as that amount determined by multiplying the DRG weight x hospital composite factor x 1.2.

Factual Basis that Adoption is Necessary

Definitions of terms used in the cost outlier methodology are provided in order to provide notice to the regulated public of how the cost outlier methodology works and to allow the regulated public to calculate the formulae used in the regulations.

Section Adopted: Section 9790.1(m)

Specific purpose of Adoption of Section 9790.1(m)

Section 9790.1(m) has been adopted to specifically define the term “labor-related portion” used in newly adopted Section 9792.1(c)(8) and inform the regulated public of the source of the data used to establish the “labor related portion. The term “labor-related portion” is defined as that portion of operating costs attributable to labor costs.

Factual Basis that Adoption is Necessary

Definitions of terms used in the cost outlier methodology are provided in order to provide notice to the regulated public of how the cost outlier methodology works and to allow the regulated public to calculate the formulae used in the regulations.

Section Adopted: Section 9790.1(p)

Specific purpose of Adoption of Section 9790.1(p)

Section 9790.1(p) has been adopted to specifically define the term “operating outlier factor” used in newly adopted Section 9792.1(c)(8) and to inform the regulated public as to the source of the data used to calculate the “operating outlier factor.” The term “operating outlier factor” is defined as ((California fixed loss cost outlier threshold x ((labor-related portion x MSA wage index) + nonlabor-related portion)) x (operating cost-to-charge ratio to total cost-to-charge ratio)).

Factual Basis that Adoption is Necessary

Definitions of terms used in the cost outlier methodology are provided in order to provide notice to the regulated public of how the cost outlier methodology works and to allow the regulated public to calculate the formulae used in the regulations.

Section Adopted: Section 9790.1(q)

Specific purpose of Adoption of Section 9790.1(q)

Section 9790.1(q) has been adopted to specifically define the term “outlier factor” used in newly adopted Section 9792.1(c)(8). The term “outlier factor” is defined as the sum of the capital outlier factor and the operating outlier factor.

This section also informs the regulated public that a table of hospital specific outlier factors for each health facility in California is contained in Appendix A to Section 9792.1.

Factual Basis that Adoption is Necessary

Definitions of terms used in the cost outlier methodology are provided in order to provide notice to the regulated public of how the cost outlier methodology works and to allow the regulated public to calculate the formulae used in the regulations.

Non-Substantive Amendments to Remaining Subsections of Section 9790.1

The remaining existing subsections have been renumbered to accommodate the new definitions.

AMENDMENTS TO SECTION 9792.1

Section Repealed: Section 9792.1(c)(1)

Specific Purpose of Repeal of Section

As the length of stay outlier methodology in the fee schedule has been replaced with a cost outlier methodology, existing subsection (c)(1) has been repealed and the remaining subsections and cross-references have been renumbered to accommodate this change.

Factual Basis that Repeal is Necessary

The Administrative Director has learned from both the payor and provider communities that the continued use of length of stay outliers under California’s Inpatient Hospital Fee Schedule is causing significant shortfalls in reimbursement for some sophisticated inpatient surgical procedures where the total costs of the admission greatly exceed the fee schedule’s maximum allowable reimbursement without exceeding the length of stay outlier threshold. This situation may result in a threat to access to health care for seriously injured workers.

Section Amended: Section 9792.1(c)(2) (renumbered (c)(1))

Specific Purpose of Amendments to Section

Health Care Finance Agency (HCFA) has listed burn related DRGs 456-460 and 472 as “no longer valid”. References to burn related DRGs 456-460 and 472 have been deleted.

The following new DRGs, which have been added to the Medicare fee schedule by HCFA and identified as exempt have been added and listed as exempt from the Inpatient Hospital fee schedule:

- 504 - extensive 3rd degree burns with skin graft.
- 505 - extensive 3rd degree burns without skin graft.
- 506 - full thickness burn w skin graft or inhalation injury with complicating condition or significant trauma.
- 507 - full thickness burn w skin graft or inhalation injury without complicating condition or significant trauma.
- 508 - full thickness burn without skin graft or inhalation injury with complicating condition or significant trauma.
- 509 - full thickness burn without skin graft or inhalation injury without complicating condition or significant trauma.
- 510 - non-extensive burns with complicating condition or significant trauma.
- 511 - non-extensive burns without complicating condition or significant trauma.

Factual Basis that Adoption is Necessary

As the Health Care Finance Agency (HCFA) has listed burn related DRGs 456-460 and 472 as “no longer valid,” references in this subsection to DRGs 456-460 and 472 have been deleted.

A reference to the new burn-related DRGs 504-511 has been added to this subsection in order to inform the regulated public that in accordance with the existing fee schedule, new burn related DRGs added by HCFA are also exempt from the fee schedule.

Section Adopted: Section 9792.1(c)(8)

Specific Purpose of Adoption of Section

Section 9792.1(c)(8) adds a cost outlier methodology to replace the existing length of stay outlier methodology. The cost outlier threshold, effective where the admission occurs on or after the effective date of the regulations, is a modified version of Medicare’s cost outlier methodology.

The cost outlier methodology proposed essentially involves a three-step process.

Step 1: Determine the Inpatient Hospital Fee Schedule payment amount (DRG relative weight x 1.2 x hospital specific composite factor).

Step 2: Determine admission costs. Admission costs = (total billed charges x total cost-to-charge ratio).

Step 3: Determine outlier threshold: Outlier threshold = (Inpatient Hospital Fee Schedule payment amount + hospital specific outlier factor).

If costs exceed the outlier threshold, the case is an outlier case and the admission is reimbursed at the Inpatient Hospital Fee Schedule payment amount + (0.8 x (costs – cost outlier threshold)).

In addition, for purposes of determining whether a case qualifies as a cost outlier case under this subsection, the Division is excluding implantable hardware and/or instrumentation reimbursed under subsection (7) from the calculation of costs.

The effect of adopting a cost outlier methodology will be to allow the provider to receive additional reimbursement for outlier cases. This will reduce the potential for severe underpayments where an admission proves to be exceptionally costly although not exceptionally lengthy.

Factual Basis That Adoption is Necessary

The current inpatient hospital fee schedule relies on a length of stay or “day outlier” methodology for exempting exceedingly high cost cases from the fee schedule. The Division selected the “day outlier” method because it was in use by Medicare at the time the fee schedule was originally developed. However, Medicare has subsequently moved to a cost outlier methodology. The cost outlier methodology addresses a key problem with the day outlier approach: some cases require very intensive and costly care, the costs of which far exceed the DRG reimbursement amount, even if the length of stay is not significantly different than the average length of stay for that particular DRG.

As indicated in the documents relied upon, as identified and summarized in the Initial Statement of Reasons, many hospitals and even some payors have indicated to the Division that there are a significant number of workers’ compensation hospitalizations in which the costs to hospitals far exceed the fee schedule reimbursement, even when the length of stay is not very long. DWC has received evidence that some hospitals may be refusing to admit some complex workers’ compensation cases because of concerns about losses on these very costly outlier cases.

Section Amended: Section 9792.1(d)

Specific Purpose of Amendment to Section 9792.1(d)

This section was amended to allow a hospital to request redetermination of its hospital specific outlier factor if it believes that an error was made resulting in an erroneous determination of that factor.

Factual Basis that Amendment is Necessary

Without a regulatory provision allowing a hospital to obtain a correction of its hospital specific factor when there has been an error in its calculation, there would be no clear method for obtaining correction of an error in calculation.

Section Amended: Section 9792.1(e)

Specific Purpose of Amendment to Section 9792.1(e)

The amendment to Section 9792.1 makes it clear that the newly adopted subsection (c)(8) is not retroactive to April 1, 1999.

Factual Basis that Amendment is Necessary

Some providers who submitted comments on the regulations asked that the regulations be made retroactive to the initial April 1, 1999, effective date of the fee schedule in order to reimburse them for the economic losses they claimed to have under the fee schedule. The Administrative Director determined that it is necessary to clarify in Section 9792.1(e) that the newly adopted cost outlier provisions are not retroactive in order to forestall any attempt by a provider to seek increased reimbursement by claiming retroactive application of this provision. (It should be noted that providers may be paid fees in excess of the fee schedule pursuant to Labor Code § 5307.1(b) if the fee is reasonable, and accompanied by an itemization and justification.)

Section Adopted: Section 9792.1(f)

Specific Purpose of Adoption of Section

The adoption of Section 9792.1(f) provides a sunset date for the newly adopted provision concerning reimbursement for cost outlier cases.

Factual Basis that Adoption is Necessary

Since this is intended to be an interim solution to the fee issues in relation to cost outlier cases, the Administrative Director determined it is necessary to adopt a sunset date of December 31, 2001, for the cost outlier provisions.

Section Amended: Appendix A to Section 9792.1

Specific Purpose of Amendments to Appendix A to Section 9792.1

Each individual hospital's composite factor has been updated to reflect fiscal year 2001 HCFA Medicare Payment Impact File data.

Each hospital's individual hospital specific outlier factor, capital cost-to-charge ratio, operating cost-to-charge ratio and total cost-to-charge ratio have been added.

Factual Basis that Amendment is Necessary

Medicare, upon which the fee schedule is modeled, updates its values annually. Labor Code Section 5703.1 requires not less than biennial updates to the California fee schedule. The California fee schedule was adopted with an effective date of April 1, 1999, so the first biennial update is now due and updating the values used to determine "composite factors" to match current Medicare values is appropriate.

Each hospital's hospital specific outlier factor has been added for the convenience of the regulated public so that they will not have to calculate the threshold themselves.

Each hospital's specific capital cost-to-charge ratios, operating cost-to-charge ratios and total cost-to-charge ratios have been added to allow the regulated public to check the accuracy of the Division's calculation of each hospital's individual cost outlier threshold.

Non-Substantive Changes Without Regulatory Effect Have Also Been Made to Appendix A as Follows:

Hospital names and provider numbers have been added and deleted to reflect the most recent HCFA listing of California hospitals and their Medicare provider numbers.

The following hospitals have been added:

- Buena Vista Medical Center
- Tri-City Regional Medical Center
- Provider number 50643 (hospital name unavailable)
- Orange Coast Memorial Medical Center
- Rancho Los Amigos National Rehabilitation Center
- Valley Plaza Doctors Hospital
- The Heart Hospital
- Tustin Hospital & Medical Center
- Provider number 50721 (hospital name unavailable)
- Provider number 50722 (hospital name unavailable)
- Provider number 50723 (hospital name unavailable)

The following hospitals have been deleted:

- Woodruff Community Hospital
- Kaiser Foundation Hospital - Richmond
- Thompson Memorial Medical Center
- Sierra Community Hospital
- Sutter Memorial Hospital
- Doctor's Hospital of Lakewood
- Stanislaus Medical Center
- CPMC California
- Sharp Cabrillo Hospital
- Medical Center North Hollywood
- Del Puerto Hospital Medicare Report
- Exeter Memorial Hospital
- Chico Community Hospital
- Pioneer Hospital
- Westside Hospital
- Long Beach Doctor's Hospital
- Visalia Community Hospital
- South Bay Hospital
- Covina Valley Community
- Bellwood General Hospital
- Tustin Hospital Medical Center
- Friendly Hills Medical Center
- Westlake Medical Center
- Harbor View Medical Center
- Kaiser Foundation Hospital Martinez

- East Bay Hospital
- Camarillo D.C.
- San Diego Hospice Acute Care
- Valleycare Medical Center
- THC Orange County
- Specialty Hospital of Southern California
- Provider number 50715 (hospital name unavailable)

The following hospital names have been changed to conform to HCFA's provider list:

- "Peninsula Hospital" to "Mills Peninsula Hospital"
- "Arroyo Grande Hospital" to "Arroyo Grande Community Hospital"
- "Grossmont Hospital" to "Sharp Grossmont Hospital"
- "Mad River Community Hospital Care" to "Mad River Community Hospital"
- "Mount Zion Medical Center" to "Mount Zion Medical Center of UCSF"
- "Mount Enloe Memorial Hospital" to "Enloe Medical Center"
- "Brookside Hospital" to "Doctors Medical Center-San Pablo"
- "Sutter General Hospital" to "Sutter Community Hospital"
- "Santa Monica Medical Center" to "Santa Monica Hospital"
- "Mercy Hospital & Health Service" to "Mercy Hospital & Health System"
- "Tri-City Hospital District" to "Tri-City Medical Center"
- "Sierra Kings Health Care District" to "Sierra Kings District Hospital"
- "Washington Township District" to "Washington Hospital District"
- "Sequoia Hospital" to "Sequoia Health Services"
- "Siskiyou General Hospital" to "Fairchild Medical Center"
- "Anaheim Memorial Hospital" to "Anaheim Memorial Medical Center"
- "Garden Grove Hospital" to "Garden Grove Medical Center"
- "St. Joseph Medical Center" to "Providence St. Joseph Medical Center"
- "Methodist Hospital" to "Methodist Hospital of Southern California"
- "San Bernardino County Medical Center" to "Arrowhead Regional Medical Center"
- "Orange County Comm Hospital of Buena Park/Orange" to "Lincoln LLC"
- "Merrithew Memorial Hosp." to "Contra Costa Regional Medical Center"
- "Holy Cross Medical Center" to "Providence Holy Cross Medical Center"
- "Martin Luther Medical Center" to "Martin Luther Hospital"
- "Community Hospital of Sonoma" to "Sutter Community Hospital – Santa Rosa"
- "Riverside General Hospital" to "Riverside County Regional Medical Center"
- "Mercy Healthcare Bakersfield" to "Mercy Hospital"
- "Ukiah Valley Hospital" to "Ukiah Valley Medical Center"
- "Sutter Roseville Hospital" to "Sutter Roseville Medical Center"
- "Tracy Community Memorial Hospital" to "Sutter Tracy Community Hospital"
- "Torrance Memorial Hospital" to "Torrance Memorial Medical Center"
- "Goleta Valley Community Hospital" to "Goleta Valley Cottage Hospital"
- "Southern Inyo County LHD" to "Southern Inyo Hospital"
- "Biggs-Gridley Memorial Hospital Medicare Report" to "Biggs-Gridley Memorial Hospital Care"
- "Mercy Medical Center" to "Mercy Medical Center Mt. Shasta"
- "Indian Valley Hospital Medicare Report" to "Indian Valley Hospital"
- "Fallbrook Hospital District" to "Fallbrook District Hospital"

- “Frank Howard Hospital” to “Howard Memorial Hospital
- “Stanford Health Services” to “Stanford University Hospital”
- “Merced Community Medical Center” to “Sutter Merced Medical Center”
- “Ridgecrest Community Hospital” to “Ridgecrest Regional Hospital”
- “Community Hospital of Gardena” to “Gardena Physician’s Hospital, Inc.”
- “Needles Desert Community” to “Colorado River Medical Center”
- “Southern Humbolt Community Hospital” to “Jerold Phillips Community Hospital”
- “Eden Hospital” to “Eden Medical Center”
- “Delta Memorial Hospital” to “Sutter Delta Medical Center”
- “Los Banos Community Hospital” to “Memorial Hospital – Los Banos”
- “Memorial Medical Center” to “Memorial Hospital - Modesto”
- “Samaritan Medical Center – San Clemente” to “San Clemente Hospital”
- “Veteran's Home of Calif.” to “Nelson M. Holderman Veterans Home”
- “North Coast Rehabilitation Center” to “North Coast Healthcare Center”
- “Surprise Valley Community Hospital Medicare Report” to “Surprise Valley Community Hospital”
- “Kingsburg District Hospital” to “Kingsburg Medical Center”
- “Redding Specialty Hospital” to “Guardian Rehabilitation Hospital”
- “Sharp Murietta Hospital” to “Sharp Healthcare Murietta”
- “Recovery Inn of Menlo Park Medicare Report” to “Recovery Inn of Menlo Park”

Typographical errors have also been corrected for the following hospitals:

- “Trinity” has been corrected to “Trinity Hospital.”
- “Sierra Vista Reginal Medical Center” has been corrected to “Sierra Vista Regional Medical Center”

Section Amended: Appendix B to Section 9792.1

Specific Purpose of Amendment to Appendix B to Section 9792.1

Appendix B has been updated to reflect HCFA’s fiscal year 2001 DRG weights and Geometric Mean Length of Stay data.

The column for length of stay outlier threshold has been deleted.

References to burn related DRGs 456-460 and 472 have been deleted.

The following new burn related DRGs have been added and listed as exempt from the fee schedule:

- 504 - extensive 3rd degree burns with skin graft.
- 505 - extensive 3rd degree burns without skin graft.
- 506 - full thickness burn w skin graft or inhalation injury with complicating condition or significant trauma.
- 507 - full thickness burn w skin graft or inhalation injury without complicating condition or significant trauma.
- 508 - full thickness burn without skin graft or inhalation injury with complicating condition or significant trauma.

- 509 - full thickness burn without skin graft or inhalation injury without complicating condition or significant trauma.
- 510 - non-extensive burns with complicating condition or significant trauma.
- 511 - non-extensive burns without complicating condition or significant trauma.

The information previously contained in Appendix C concerning the ratios used to calculate the 48 California revised DRG weights has been incorporated into a new column in Appendix B.

Factual Basis that Adoption is Necessary

Medicare, upon which the fee schedule is modeled, updates its DRG values annually. Labor Code Section 5703.1 requires not less than biennial updates to the California fee schedule. The California fee schedule was adopted with an effective date of April 1, 1999, so the first biennial update is now due and updating the DRG values in the California fee schedule to match current Medicare values is appropriate.

Medicare dropped its use of length of stay outliers in favor of cost outliers, and this data is therefore no longer available, therefore, the column for length of stay outlier threshold has been deleted.

The Health Care Finance Agency (HCFA) has listed burn related DRGs 456-460 and 472 as “no longer valid.”

New burn related DRGs 504 – 511 have been added by HCFA. However, in conformity with the exemption of existing burn related DRGs from the fee schedule, these new DRGs are also listed as exempt from the fee schedule.

The Division learned that some providers erroneously believed that the listing of California revised DRG weighting ratios in Appendix C constituted a separate data element used in calculating fees. Appendix C has been repealed to avoid this confusion in the regulated community. However, the Division feels that it is important to provide the regulated public with this information.

The reference to Appendix C in the heading has also been deleted as appendix C has been repealed.

Section Repealed: Appendix C to Section 9792.1

Specific Purpose of repeal of Appendix A to Section 9792.1

Appendix C to Section 9792.1 has been repealed as unnecessary and to improve the clarity of the fee determination process.

Factual Basis that Repeal is Necessary

Existing Appendix C contain a listing of ratios, developed for the OMFS by the Institute of Health Policy Studies of the University of California, San Francisco, to be applied to the DRG weights for the 48 most common inpatient medical procedures in workers’ compensation cases. These ratios are applied to the DRG weights in order to adjust them to more accurately reflect the difference in resource usage of the workers’ compensation patient population compared to the Medicare patient population for which the DRG weights were calculated

Appendix B has been amended to incorporate the information previously contained in Appendix C. In addition, the Division learned that some providers erroneously believed that Appendix C constituted a separate data element used in calculating their fees. Repealing Appendix C will avoid this confusion in the regulated community.

CONSIDERATION OF ALTERNATIVES

The Administrative Director has considered all comments submitted during the three public comment periods, and has made modifications to the regulations as initially proposed based on those comments. The Administrative Director has now determined that no alternatives considered by the Division of Workers' Compensation would be more effective in carrying out the purpose for which these regulations were proposed, nor would they be as effective and less burdensome to affected private persons and businesses than the regulations that were adopted.

SUMMARY OF COMMENTS RECEIVED AND RESPONSES THERETO CONCERNING THE REGULATIONS THAT HAVE BEEN SEVERED AND ADOPTED

The comments of each organization or individual are addressed in the following charts as they relate to each section of the regulations as proposed and finally adopted.

The three public comment periods were as follows:

Initial 45-day comment period on proposed regulations:

August 11 through September 28, 2000.

Note: On September 7, 2000, during the initial 45 day public comment period, the Division completed mailing out a Notice of Errata in and Addition of Data to Inpatient Hospital Fee Schedule Initial Statement of Reasons, a Notice of Addition to the Rulemaking File of Documents and Information and a revised page four for the Initial Statement of Reasons. Mailing of the Notices and the Revised ISOR page four was completed on September 7, 2000, more than 15 days prior to the public hearings, which were noticed for September 26, and 28, 2000. This materially exceeds the notice period (15 days prior to adoption of the proposed regulation) required by Section 45(a)(2) of Title 1 of the California Code of Regulations.

First 15-day comment period on modifications to proposed text:

December 4 through December 20, 2000.

Second 15-day comment period on addition of documents and information to the rulemaking file:

December 29, 2000 through January 16, 2001.

Third 15-day comment period on modifications to proposed text and addition of documents and information to the rulemaking file:

February 15, 2001 through March 5, 2001.

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