

Costs of Care Standards 2009/10

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Summary The 2009/10 NSW Costs of Care Standards are a guide to estimating the costs of health services. The services covered by the Standards are acute admitted care, mental health care, sub- and non-acute care, intensive care, emergency department care and outpatient services. The guidelines assist various initiatives such as Episode Funding, the contractual arrangement between NSW Health and the Department of Veterans' Affairs, planning health services, and cost benchmarking.

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Author Branch Inter-Government and Funding Strategies

Branch contact Chee Cheong 9391 9296

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NSW COSTS OF CARE STANDARDS 2009-2010

PURPOSE

The NSW Costs of Care Standards are a guide to estimating the costs of outputs of health services using data from the most up-to-date sources available. The service areas currently covered by the *Standards* are acute care, emergency department care, outpatient care, sub- and non-acute care and mental health.

KEY PRINCIPLES

The 2009/10 Standards uses the Australian Refined Diagnosis Related Group Version 5.0 for the acute admitted care cost weights. There have been other changes from the 2006/07 Standards. These are:

Acute Admitted Care

- Average costs with data from the 2006/07 NSW Hospital Cost Data Collection, escalated to 2009/10 prices.

Emergency Department Care

- Updating of average costs to reflect 2009/10 prices.

Intensive Care

- Updating of intensive care costs to reflect 2009/10 prices.

Outpatient Care

- Updating of outpatient average costs to reflect 2009/10 prices.

Sub- and Non-Acute Care

- Updating of average sub- and non-acute costs to reflect 2009/10 prices.

Mental Health Care

- Average costs uses data from the 2006-07 data for the Mental Health Establishments NMDS, escalated to reflect 2009/10 prices.

USE OF THE GUIDELINE

The Standards have several applications:

- Weighting activity in output-based funding models;
- Contracting between purchasers and providers of health care, for example, between NSW Health and the Department of Veterans' Affairs;
- Determining population health needs using age/sex weighted utilisation of health services by geographic region;
- Planning health services to meet the future health needs of populations;
- Quantifying the costs for the treatment of specific diseases (e.g. cancer) or for specific services (e.g. pharmacy costs); and
- Cost comparisons.

REVISION HISTORY

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ATTACHMENTS

1. NSW COSTS OF CARE STANDARDS 2009-2010

NSW Costs of Care Standards

2009/10

INTER-GOVERNMENT & FUNDING STRATEGIES BRANCH

Standards Version

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For further information contact:

Casemix Policy Unit

Inter-Government & Funding Strategies Branch

NSW Health Department

Phone (02) 9391 9296

Fax (02) 9391 9994

Email Chee Cheong

ccheo@doh.health.nsw.gov.au

The report is available on the NSW Internet site at <http://www.health.nsw.gov.au/>

Summary of the 2009/10 Standards

SUMMARY OF THE 2009/10 STANDARDS

The NSW Costs of Care Standards are a guide to estimating the costs of outputs of health services using data from the most up-to-date sources available.

The Standards have several applications:

- Weighting activity in output-based funding models;
- Contracting between purchasers and providers of health care, for example, between NSW Health and the Department of Veterans' Affairs;
- Determining population health needs using age/sex weighted utilisation of health services by geographic region;
- Planning health services to meet the future health needs of populations;
- Quantifying the costs for the treatment of specific diseases (eg cancer) or for specific services (eg pharmacy costs); and
- Cost comparisons.

The Standards are published annually, and include guidelines for estimating the costs of a range of admitted and non-admitted services. The service areas currently covered by the Standards are acute care, emergency department care, outpatient care, sub- and non-acute care and mental health. The 2009/10 Standards uses the Australian Refined Diagnosis Related Group Version 5.0 for the acute admitted care cost weights. There have been other changes from the 2006/07 Standards (last published version).

These are:

Acute Admitted Care

- Average costs data from the 2006/07 NSW Hospital Cost Data Collection, escalated to 2009/10 prices.

Emergency Department Care

- Updating of average costs to reflect 2009/10 prices.

Intensive Care

- Updating of intensive care costs to reflect 2009/10 prices.

Outpatient Care

- Updating of outpatient average costs to reflect 2009/10 prices.

Sub- and Non-Acute Care

- Updating of average sub- and non-acute costs to reflect 2009/10 prices.

Mental Health Care

- Average costs data from the 2006-07 Mental Health Establishments NMDS, escalated to reflect 2009/10 prices.

Table of Contents

INTRODUCTION	6	INTENSIVE CARE	16
Purpose	6	Scope of Intensive Care	16
Background	6	Classification of Intensive Care	16
Scope of the Costs of Care Standards	6	Source of Data for Intensive Care Standards	16
Using Cost Weights	6	Intensive Care Standards	16
NSW Funding Guidelines	7	Average Costs	16
Escalation factors	7		
ACUTE ADMITTED CARE	8	OUTPATIENT CARE	17
Scope of Acute Admitted Care	8	Scope of Outpatient Care	17
Classification of Acute admitted Care	8	Classification of Outpatient Care	17
Source of Data for Acute Care Standards	8	Source of Data for Outpatient Care Standards	17
Features of the Acute Care Standards	8	Outpatient Care Standards	17
Acute Admitted Care Cost Weights	8		
Acute Costs of Care Standards	9	SUB- AND NON-ACUTE CARE	21
Same day episodes	9	Scope of Sub- and Non-Acute Care	21
Transfer episodes	10	Source of Data for SNAP Care Standards	21
Long stay outlier episodes	10	SNAP Care Standards	21
Indigenous Episodes	11	Admitted SNAP Care in Designated Units (excluding same day care)	21
Neonates	11	Cost Weights	21
Private episodes	12	Outlier Episodes / Phases	21
Error DRGs	12	Non-Admitted and Same Day SNAP Care	21
Deaths	12	Average Cost	21
Average Costs	13		
EMERGENCY DEPARTMENT CARE	14	MENTAL HEALTH CARE	22
Scope of Emergency Department Care	14	Scope of Mental Health Care	22
Classification of Emergency Department Care	14	Classification of Mental Health Care	22
Source of Data for Emergency Department Standards	14	Cost Estimates	23
Emergency Department Care Standards	14		
Average Costs	15	REFERENCES	24

Table of Appendices

APPENDIX 1:

ACUTE CARE COST WEIGHTS

Part 1: General cost Weights	26
Part 2: Same day Cost Weights for Selected DRGs	50

APPENDIX 1A:

ACUTE CARE COST WEIGHTS (REBASED)

Part 1: General cost Weights (Rebased)	57
Part 2: Same day Cost Weights for Selected DRGs (Rebased)	80

APPENDIX 2:

AVERAGE ACUTE COST BY COST GROUP AND DRG, NSW 2006/07 HCDC

Part 1: General Acute Cost Averages	86
Part 2: Same Day Acute Averages for Selected AR-DRGs	109

APPENDIX 3:

SUB- AND NON-ACUTE CARE CLASSIFICATION AND WEIGHTS

114

APPENDIX 4:

COST GROUP INCLUSIONS AND EXCLUSIONS

Clinical Department Cost Group	117
Invasive Procedure Cost Groups	118
Pathology Cost Group	119
Imaging Cost Group	120
Ward Cost Group	121
Emergency Department Cost Group	121
Intensive Care Cost Group	122
Allied Health Cost Group	122
Pharmacy/Drugs Cost Group	123
Prostheses Cost Group	124
Depreciation Cost Group	124
Employee Related On costs Cost Group	124

APPENDIX 5:

METHODOLOGY TO DETERMINE TRANSFER COST WEIGHTS

126

APPENDIX 6:

METHODOLOGY TO DETERMINE AR-DRGS TO HAVE SEPARATE SAME DAY COST WEIGHTS

129

Introduction

PURPOSE

The Cost of Care Standards 2009/10 provides details of the approaches to estimating standard costs of admitted and selected non-admitted services in acute public hospitals. It contains relativities of costs (or cost weights) as well as average costs of the major types of health service product classifications available.

Some specific applications of the Standards are:

- Weighting activity in output-based funding models;
- Contracting between purchasers and providers of health care, for example, between NSW Health and the Department of Veterans' Affairs;
- Determining population health need using age/sex weighted utilisation of health services by geographic region;
- Planning health services to meet the future health needs of populations;
- Quantifying the costs for the treatment of specific diseases (eg cancer) or for specific services (eg pharmacy costs); and
- Cost comparisons.

BACKGROUND

The Standards were previously known as the Casemix Standards for NSW. The first publication was produced in 1996 and related to acute care costs only, derived from data from a national study. A process of annual costing of acute care services also began in that year in NSW. The results of these annual studies are used to determine the acute care standard costs and guidelines for their application. The scope of the Standards was expanded in 1997/98 to include estimates of costs of mental health services, sub- and non-acute care and emergency department services. In 1999/00 guidelines for outpatient services were included and the 2000/01 Standards introduced guidelines for intensive care. Revised sub- and non-acute care standards were introduced in 2004/05. It is intended that the scope be further expanded as output measures become available for other types of services.

SCOPE OF THE COSTS OF CARE STANDARDS

The Standards relate to acute public hospitals of district level and above, including specialist hospitals. As defined by the NSW Peer Hospital Group 2009/10 classification (NSW Health Department, 2009), these are hospitals of peer group C2 and larger. Note, from 2008/09 only facilities up to C1 were included in Episode Funding. The data have not been validated for other hospital peer groups.

The services for which costs and guidelines are provided are:

- Acute admitted care (including mental health care in non-designated mental health units);
- Emergency department care;
- Intensive care;
- Outpatient care;
- Sub- and non-acute care; and
- Mental health care delivered in designated mental health units.

USING COST WEIGHTS

Cost weights represent the relative value of classes within a classification. Within any classification, a base or reference value is selected, which has a value of 1. The usual base value selected is the average cost of care across all classes. Each value within the class is then expressed relative to the base value. For example, a cost weight of 1.89 means that the particular class of patients is 89% more costly on average than the base cost. Similarly, a cost weight of 0.34 indicates that the class is 66% less costly on average than the base cost.

Cost weights cannot be compared across different classifications if the reference value for the cost weight is different. For example, a cost weight of 1.48 represents a different value when the reference is \$2,525 versus when the reference is \$3,375. This also applies to the same classification if more than one set of cost weights is produced with a different base.

The actual values of each class within the classification are the average cost of treatment of all cases grouped to the particular class. The averages are derived from the NSW Hospital Cost Data Collection or cost studies that either cost individual patients or produce a total cost for the class, which is then divided by the number of patients grouped to the class to obtain an average. The source of the averages is described in each of the sections covering the different types of care in this report.

Introduction

NSW FUNDING GUIDELINES

The NSW Episode Funding Policy 2009/10 (NSW Health Department 2009a) sets out guidelines for the implementation of an output-based funding model for acute inpatient, emergency department and intensive care services. The model for rehabilitation and extended care services came into operation from 1 July 2007 (see NSW Funding Guidelines Addendum: Rehabilitation and Extended Care Services 2007/08 (NSW Health Department 2007b)).

The Standards complement the policy and guidelines, specifically providing details on how the activity components of the allocations are determined. Consistent with the design of the funding models, the acute care standards set out in this document include sets of cost weights excluding the costs of emergency department and intensive care services that are in-scope of the ED and ICU funding models. There are also cost weights for emergency care and rehabilitation and extended care services, and cost data for intensive care.

ESCALATION FACTORS

In several sections of the Standards costs have been escalated to reflect 2009/10 prices.

The annual escalation factors are shown in Table 1 below.

Table 1 Annual escalation by year

Year	% Rate
2003/04	4.61%
2004/05	2.90%
2005/06	3.20%
2006/07	3.64%
2007/08	3.41%
2008/09	3.55%
2009/10	3.38%

The escalations provided by NSW Health Finance & Business Management Division in March 2009 have been adopted for escalations of baseline costs in these Standards.

Acute Admitted Care

SCOPE OF ACUTE ADMITTED CARE

Acute admitted care covers admitted inpatient episodes that meet the following criteria:

- Service category is acute care or newborn care; and
- Zero days in a designated psychiatric unit; and
- Episode is not grouped to the rehabilitation AR-DRGs Z60A Rehabilitation W Catastrophic or Severe CC, Z60B Rehabilitation W/O Catastrophic or Severe CC or Z60C Rehabilitation, Sameday.

The costs of patients admitted and discharged from the emergency department (i.e. not transferred to a ward) are excluded altogether (for all EDs). Also excluded are the portion of costs relating to the ED part of a patient's stay when they are admitted through ED and then transferred to a ward (for EDs in-scope of the ED funding model). These costs are dealt with under the 'Emergency Department' standards provided in this report.

CLASSIFICATION OF ACUTE ADMITTED CARE

The classification used to describe acute hospital activity and report costs in this publication is the Australian Refined Diagnosis Related Groups (AR-DRG) classification, Version 5.0. This classification was implemented in NSW on 1 July 2006. Further details of this classification can be found in the Australian Refined Diagnosis Related Groups Version 5.0 (Commonwealth Department of Health and Ageing, 2002).

SOURCE OF DATA FOR ACUTE CARE STANDARDS

The results of the 2006/07 NSW Hospital Cost Data Collection (HCDC) were used to develop cost weights and average costs for acute care for these Standards. The number of hospitals contributing to the NSW HCDC in 2006/07 was 83 with a total of 1,230,651 episodes.

FEATURES OF THE ACUTE CARE STANDARDS

Analysis of cost data shows that DRGs are not uniform with respect to cost. Even though the classification accounts for the major part of the variability, there are other factors that have been identified that lead to cost differences within DRGs.

These are:

- Same day care (for selected AR-DRGs);
- Transfer out (on the day of admission or the subsequent day);
- Aboriginal and Torres Strait Islander status;
- Long stay; and
- Private financial status.

The Standards aim to further account for this variability.

ACUTE ADMITTED CARE COST WEIGHTS

Four cost weight sets have been produced to cater for the different needs of users of the cost weights. These are based on whether or not ED and/or ICU costs are estimated separately from all other costs. For all cost weights the costs of patients treated and discharged from the ED are excluded. The cost weight sets are:

- (1) Cost weights with the emergency department and intensive care unit cost groups both excluded;
- (2) Cost weights with the emergency department cost group excluded only;
- (3) Cost weights with the intensive care unit cost group excluded only; and
- (4) Cost weights with all cost groups included.

The cost weights are contained in Appendix 1.

Acute Admitted Care

ACUTE COSTS OF CARE STANDARDS

All acute care episodes in scope are initially allocated an 'inlier' cost weight. This inlier weight is dependent upon whether the emergency department and intensive care component are included as part of the cost estimation. That is, one of the four cost weight sets described above is selected. Once selected, the inlier weight is modified according to the standards below. The logic of allocating the appropriate cost weight to each episode is shown in Figure 1.

SAME DAY EPISODES

Standard

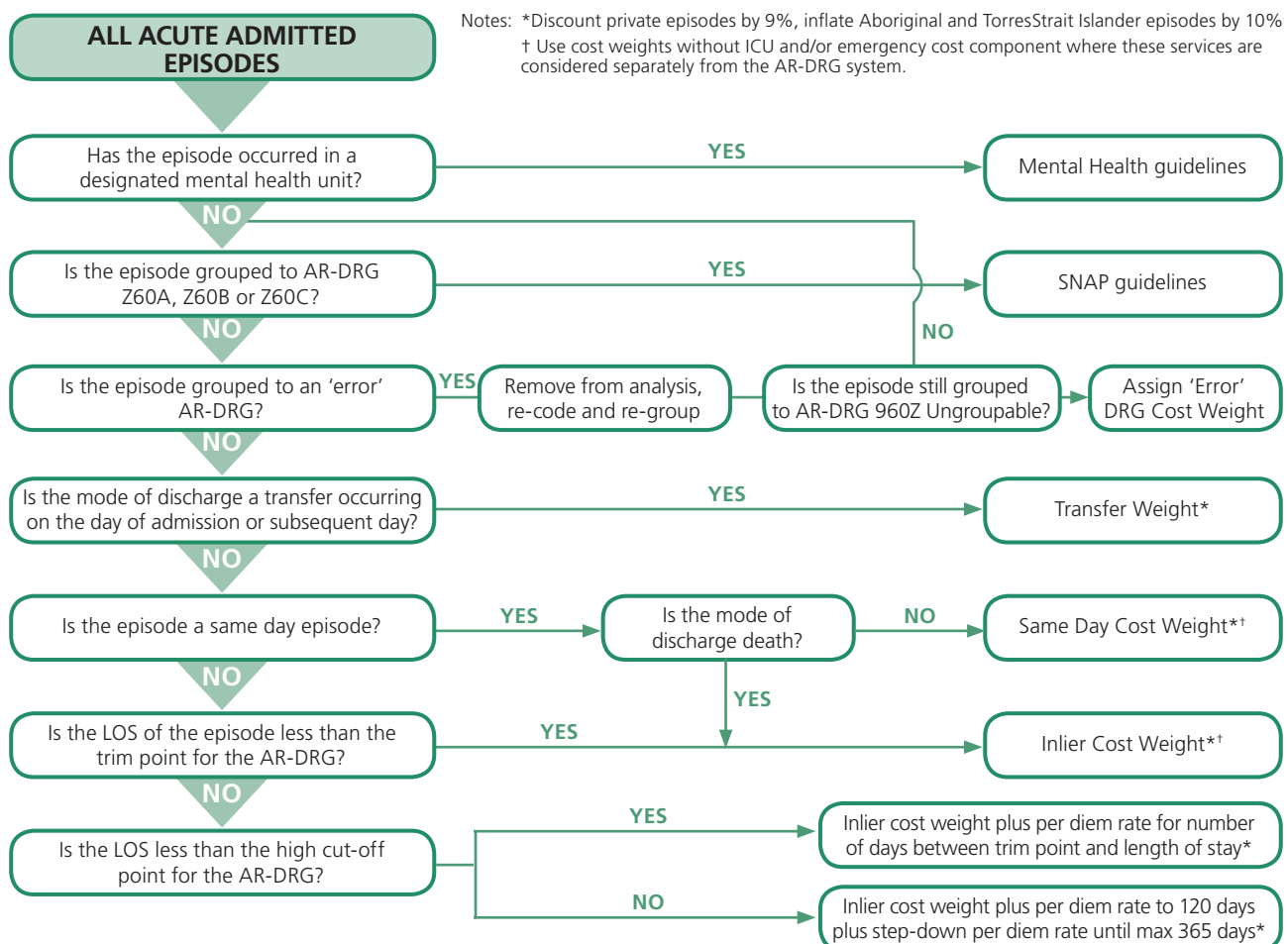
There are separate, discounted, cost weights for some AR-DRGs when occurring on a same day basis. This does not include patients transferred out, or patients who die on the day of admission. There are provisions for these patients elsewhere in the Standards. The same day cost weights are shown in Part 2 of Appendix 1 in this report.

Rationale

The AR-DRG system groups patients admitted and separated on the same calendar day together with longer stay patients. This is not an issue where the AR-DRG predominantly includes patients of one type because the majority of the patients within the AR-DRG will have similar costs. However, problems arise when there are substantial proportions of patients of both types in the same AR-DRG because the average cost of the AR-DRG will not reflect the costs of either type of patient. If cases of one type or the other are concentrated in particular hospitals, funding inequities can emerge.

The AR-DRGs selected to have separate same day weights are those where there is evidence of a different type of service being delivered when the episode is a same day episode. The indicators are AR-DRGs with a bi-modal length of stay pattern and substantial cost differences between the same day and longer stay cases. The ARDRGs are mostly medical in nature. See Appendix 6 for the methodology for determining which AR-DRGs have separate same day weights.

FIGURE 1 ALLOCATION LOGIC FOR ACUTE ADMITTED CARE STANDARDS



Acute Admitted Care

TRANSFER EPISODES

Standard

A discounted cost weight applies to episodes transferred to another acute care facility on the day of admission or the following day. The discounts are based on the same day weight (where one exists), the cost of surgical procedures (for surgical DRGs), the per diem rates and the weights for any adjacent DRGs. The methodology is shown in Appendix 5.

Rationale

An analysis of costs showed that patients transferred on the day of admission or the following day are generally less costly than non-transferred patients or patients transferred after a longer length of stay. This is because the transferring hospital has usually not provided full treatment for the patient.

For surgical DRGs the current method ensures that the costs of the theatre and prostheses are covered.

Analysis showed that two thirds of the transfers on the day of admission or following day were same day separations. Thus the current method uses the same day weight as a base for the transfer weight while adding some per diem costs to allow for the transfers on the day after the admission.

Separate transfer weights do not apply where the DRG has a defined maximum length of stay (e.g. G46C Complex Gastroscopy, Sameday; and Y60Z Burns, Transferred to Another Acute Care Facility < 5 Days) as these DRGs are dominated by same day separations.

LONG STAY OUTLIER EPISODES

Standard

An outlier component is added to the inlier component to meet the cost of the additional length of stay for long stay patients. The outlier component is AR-DRG-based, and is dependent on the number of days of stay above the 'trim point' for the AR-DRG. The trim point is a set value calculated by NSW Health. The trim points, and the values for each AR-DRG can be found at Appendix 1, Part 1 of this report.

The outlier amount is only added to AR-DRGs that are not defined by a maximum length of stay. For example, AR-DRGs such as G46C Complex Gastroscopy, Sameday; and Y60Z Burns, Transferred to Another Acute Care Facility < 5 Days will not have outlier amounts added. There are twenty three such AR-DRGs in Version 5.0

For any one episode, the maximum length of stay is considered to be 365 days. For patients staying in an acute care hospital longer than this period an alternative method of estimating their costs is required, as well as an assessment of whether the patient is still acute.

For patients staying longer than 120 days, other than those grouped to selected tracheostomy, neonates and burns AR-DRGs, the outlier component should cease at 120 days of stay. For days between 120 days and 365 days, a flat-rate per diem amount of \$200 is applied. For patients in the selected AR-DRGs, the outlier per diem amounts should continue to be added until discharge or 365 days. The selected AR-DRGs are:

Tracheostomies

A06Z Tracheostomy or Ventilation >95 hours

Neonates

P02Z Cardiothoracic/Vascular Procedures for Neonates

P03Z Neonate, AdmWt 1000-1499 g W Significant O.R. Procedure

P04Z Neonate, AdmWt 1500-1999 g W Significant O.R. Procedure

P05Z Neonate, AdmWt 2000-2499 g W Significant O.R. Procedure

P06A Neonate, AdmWt > 2499 g W Significant O.R. Procedure W Multi Major Problems

P06B Neonate, Adm Wt > 2499 g W Significant O.R. Proc W/O Multi Major Problems

P61Z Neonate, AdmWt < 750 g

P62Z Neonate, AdmWt 750-999 g

P63Z Neonate, AdmWt 1000-1249 g W/O Significant O.R. Procedure

P64Z Neonate, AdmWt 1250-1499 g W/O Significant O.R. Procedure

P65A Neonate, AdmWt 1500-1999 g W/O Significant O.R. Proc W Multi Major Problems

P65B Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W Major Problem

P66A Neonate, AdmWt 2000-2499 g W/O Significant O.R. Proc W Multi Major Problems

Acute Admitted Care

Burns

- Y01Z Severe Full Thickness Burns
- Y02A Other Burns W Skin Graft Age>64 or W Cat/Sev CC or W Complicating Proc
- Y03Z Other O.R. Procedures for Other Burns
- Y02B Other Burns W Skin Grft Age<65 W/O Cat or Sev CC W/O ComplicatingProc
- Y61Z Severe Burns

Rationale

There is clear evidence in the literature, and in the analysis of the NSW data that stays in hospital significantly beyond the average is costly to hospitals. The decision to apply an additional amount for funding purposes needs to be balanced with the goal of discouraging excessive length of stay.

NSW uses a non-parametric approach to determining the trim point for long stay outlier episodes. This is because AR-DRGs generally do not have a normal distribution. The method used relies on the quartiles of the length of stay distribution, that is:

3rd quartile of LOS distribution for AR-DRG + (1.5 x interquartile range for the AR-DRG)

INDIGENOUS EPISODES

Standard

The cost weights of indigenous episodes are to be given an additional weighting of 10%.

Rationale

There is evidence in the literature that there are increased costs associated with indigenous patients. An analysis of the clinical costing data from NSW hospitals showed costs to be approximately 10% higher for indigenous people, after taking into account other casemix factors.

NEONATES

Standard

Intensive care costs are to be retained in cost weight sets excluding ICU costs for hospitals with specialist Neonatal ICUs (NICUs), for all neonatal AR-DRGs.

The cost weight is reduced by 30% for the following AR-DRGs when they do not occur in a designated NICU:

- P02Z Cardiothoracic/Vascular Procedures for Neonates
- P03Z Neonate, AdmWt 1000-1499 g W Significant O.R. Procedure
- P04Z Neonate, AdmWt 1500-1999 g W Significant O.R. Procedure
- P05Z Neonate, AdmWt 2000-2499 g W Significant O.R. Procedure
- P06A Neonate, AdmWt > 2499 g W Significant O.R. Procedure W Multi Major Problems
- P06B Neonate, AdmWt > 2499 g W Significant O.R. Proc W/O Multi Major Problems
- P61Z Neonate, AdmWt < 750 g
- P62Z Neonate, AdmWt 750-999 g
- P63Z Neonate, AdmWt 1000-1249 g W/O Significant O.R. Procedure
- P64Z Neonate, AdmWt 1250-1499 g W/O Significant O.R. Procedure
- P65A Neonate, AdmWt 1500-1999 g W/O Significant O.R. Proc W Multi Major Problems
- P65B Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W Major Problem
- P66A Neonate, AdmWt 2000-2499 g W/O Significant O.R. Proc W Multi Major Problems

The cost weight excluding ICU costs is applied to all AR-DRGs other than the above when the episode does not occur in a designated NICU.

Rationale

NICUs are within the scope of the Acute Inpatient funding model, and not the Intensive Care funding model. Therefore, ICU costs should be retained for all neonatal DRGs for these hospitals.

The 30% discount recognises that hospitals without dedicated NICUs do not incur the same costs as hospitals with NICUs when they encounter specialist neonatal DRGs. The costs of these specialist DRGs are partially covered by the Intensive Care funding model as neonates are likely to be treated in general ICUs when no specialist unit is available (unless transferred for higher level care).

Acute Admitted Care

PRIVATE EPISODES

Standard

Private patient episodes are to be discounted by 9%.

Rationale

The cost of providing care to private patients in public hospitals is different from that of public patients, even after accounting for casemix. Clinical costing data were used to test this assumption.

Previous analyses have shown that for most AR-DRGs, a private patient staying a given number of days will cost between 90 and 92% as much as a public patient in the same AR-DRG staying the same number of days, in the same hospital, with the same mode of discharge etc. This is because the medical costs of private patients are funded from other sources.

ERROR DRGS

Standard

The following AR-DRGs are considered 'Error' DRGs and are assigned a zero cost weight:

- 901Z Extensive O.R. Procedure Unrelated to Principal Diagnosis;
- 902Z Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis;
- 903Z Prostatic O.R. Procedure Unrelated to Principal Diagnosis;
- 961Z Unacceptable Principal Diagnosis;
- 963Z Neonatal Diagnosis Not Consistent W Age/Weight; and
- 960Z Ungroupable.

It is recognised that AR-DRG 960Z may contain genuine cases that fall through the AR-DRG logic despite valid coding of the record. These cases should generally be reviewed with the intention of selecting the closest possible AR-DRG (clinically and resource-wise), and applying the cost weight of that AR-DRG to the episode.

Rationale

The AR-DRG system includes classes that do not describe clinically and/or resource homogenous groups (referred to as error DRGs). These are of three types:

Group 1

When all the operating room procedures are unrelated to the MDC of the patient's principal diagnosis (AR-DRGs 901Z Extensive O.R. Procedure Unrelated to Principal Diagnosis, 902Z Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis and 903Z Prostatic O.R. Procedure Unrelated to Principal Diagnosis);

Group 2

When the principal diagnosis will not allow the episode to be assigned to a clinically coherent DRG (for example, an ICD-10-AM code may be given as a principal diagnosis, when Australian Coding Standards state that the code is unacceptable as a principal diagnosis) (AR-DRGs 961Z Unacceptable Principal Diagnosis and 963Z Neonatal Diagnosis Not Consistent W Age/Weight)

Group 3

When the principal diagnosis is invalid, or when other essential information is missing or incorrect (AR-DRG 960Z Ungroupable).

AR-DRGs in groups 2 and 3 are considered as containing cases that can be re-coded and re-grouped to a non-error AR-DRG.

DEATHS

Standard

The cost weight for patients dying in hospital should not be discounted when the death occurs on the day of admission, if a discounted same day cost weight would normally apply to the episode.

Rationale

This standard recognises that there are additional costs associated with hospital deaths that are above those associated with regular same day care.

Acute Admitted Care

AVERAGE COSTS

The average cost for each cost weight set for 2009/10 is set out below in Table 2. These were calculated using the 2006/07 NSW Hospital Cost Data Collection and have been escalated to 2009/10.

Table 2 Cost Weight sets and average costs

Cost Weight Set	Average Cost 2009/10* (\$)
Excluding emergency department and intensive care cost groups	3,840
Including all cost groups	4,280
Excluding emergency department cost group only	4,092
Excluding intensive care cost group only	4,028

Source: NSW Hospital Cost Data Collection 2006/07. * See note on indexation applied under 'Escalation factors' on page 7.

Appendix 2 contains more detailed information on average costs.

To calculate the current set of cost weights, the base is set to \$3,375. This reflects the average cost per separation (excluding emergency department and intensive care costs). The base costs have been kept constant from 2006/07 (using 2004/05 data) to allow for comparability of cost weights over time.

Cost weights cannot be compared across time if the reference values for the cost weights are different. Consequently, the cost weights set out in Appendix 1 are relative to the base cost of \$3,375. From Table 2, the average cost of an acute episode is equivalent to \$3,840 in 2009/10 prices.

The 2009/10 costs in this document are not comparable with the 2005/06 costs (using 2003/04 data) due to use of a later version of the Australian Refined Diagnosis Related Groups (DRG) classification and the use of a different base for the cost weights. As directed by the Commonwealth Department of Health & Ageing, the 2006/07 HCDC used the DRG Version 5.0 (compared with DRG Version 4.2 in the previous year's HCDC).

To enable comparison with 2005/06 costs or to use the cost weights within funding arrangements such as purchaser provider arrangements, the weights within the 2009/10 NSW Cost of Care Standards must be rebased by a factor of 7.8%. The rebased weights are set out in Appendix 1A.

Emergency Department Care

SCOPE OF EMERGENCY DEPARTMENT CARE

Emergency department care includes all care provided within designated emergency departments.

The costs of emergency department patients that are subsequently admitted to a ward can be represented in two ways: as part of AR-DRG costs, or separately. The AR-DRG cost weights included in the 'Acute Admitted Care' section cater for the inclusion or exclusion of these costs.

CLASSIFICATION OF EMERGENCY DEPARTMENT CARE

The classification adopted to describe emergency department care in NSW is a modification of the Urgency and Disposition Groups (UDG) classification developed in Western Australia (Jelinek, 1992).

The initial split in UDGs is disposition, and then triage. The original classification developed by Western Australia involved splitting into four disposition groups (admitted, discharged, DOA and did not wait), and five urgency (triage) categories, yielding a total of 12 UDGs. The classification was modified for the introduction of the Emergency Department Funding Model in 2001/02. The modified version contains 11 categories made up of three disposition splits (subsequently admitted, ED only, and did not wait), and the five triage categories applied to the subsequently admitted and ED only disposition categories. The classes and their cost weights are shown in Table 3.

Service weights to cost emergency department services were created jointly by the Department of Human Services South Australia and the Commonwealth for the 2004-05 National Hospital Cost Data Collection.

SOURCE OF DATA FOR EMERGENCY DEPARTMENT STANDARDS

The cost weights were based on the Round 11 (2006-07) NHCDC National Cost Weights.

EMERGENCY DEPARTMENT CARE STANDARDS

Standard

The emergency department cost weights provided below are to be used to weight emergency department activity for hospitals within scope of the ED funding model. For patients that are admitted and transferred to a ward/inpatient unit, the emergency department component should be excluded from the AR-DRG cost weights so as not to double count the costs of this service.

ED attendances are allocated to classes using the following algorithm:

1. If the mode of separation = 8 or visit type is 10 (dead on arrival), the episode is assigned a cost weight equivalent to 'Subsequently Admitted, Triage Category 5'.
2. If the disposition status is 'Did Not Wait', the episode is classified as 'Did Not Wait'.
3. If a record has missing data, the episode is classified as 'ED Only, Triage Category 5'.
4. If the visit_type is '02' (return visit – planned ED), '04' Outpatient Clinic, '06', '07', '08' (various types of pre-arranged admissions) then the episode is reclassified as 'ED Only, Triage Category 5'.
5. If the visit type is '01' (Emergency Presentation), '03' (Unplanned Return Visit for continuing condition), '05' (Referred, non-admitted person) or '09' (Person in transit) the episode is classified according to the triage score and the disposition class recorded for the visit. In this case:
 - The disposition is Subsequently Admitted if the mode of separation is '01', '03', '10', '11' or '12' (admitted to another part of the hospital or died in ED);
 - Otherwise the disposition is ED Only.

It should be noted that the above algorithm is only for the purpose of assigning ED attendances to a UDG class and may not reflect the actual admission status of the individual patient.

Emergency Department Care

Table 3 Emergency department cost weights by disposition and triage

Urgency and Disposition Group (UDG)	Cost Weight
Subsequently Admitted Triage 1	2.96
Subsequently Admitted Triage 2	1.78
Subsequently Admitted Triage 3	1.53
Subsequently Admitted Triage 4	1.33
Subsequently Admitted Triage 5	0.91
ED Only Triage 1	1.62
ED Only Triage 2	1.24
ED Only Triage 3	1.08
ED Only Triage 4	0.81
ED Only Triage 5	0.50
Did not wait	0.18

Rationale

The modified UDG classification has been adopted for these Standards for two reasons:

- Currently, there is no consistency across NSW in whether patients treated solely within the ED are admitted or not. Thus a split based on subsequent admission / ED only is preferable to one based on admitted / not admitted; and
- Service weights for costing emergency department services are only available at the level of UDGs at this stage. The service weights for the 2004-05 NHCDC were developed jointly by the Commonwealth and the Department of Human Services, South Australia.

AVERAGE COSTS

The average cost of an emergency department presentation applicable in 2009/10 is \$396 (escalation of 2006-07 cost from the Round 11 NHCDC to 2009/10).

Intensive Care

SCOPE OF INTENSIVE CARE

Intensive care costs of patients can be represented in two ways: as part of AR-DRG costs, or separately. The AR-DRG cost weights included in the 'Acute Admitted Care' section cater for the inclusion or exclusion of these costs. Intensive care services are accounted for separately from AR-DRGs for funding purposes in NSW.

CLASSIFICATION OF INTENSIVE CARE

There are two types of patients that are covered by the NSW Funding Guidelines. Firstly, there are 'Intensive Care Patients' who are treated in an intensive care unit of role delineation 5 or 6 (including specialist ICUs and paediatric ICUs but excluding neonatal ICUs) or ICUs with a role delineation of 4 meeting the following criteria:

- Be staffed to provide a minimum nursing ratio of 1:2 for a minimum of 6 beds, and
- Have a minimum throughput of 150 ventilated patients or 600 IC bed-days per year.

Secondly, there are patients receiving mechanical ventilation in hospitals with a level 3 or 4 ICU not in the scope of the ICU funding model. These patients receive a co-payment for each hour of their ventilation in addition to their acute inpatient episode funding.

SOURCE OF DATA FOR INTENSIVE CARE STANDARDS

Cost estimates for the intensive care standards are based on 2000/01 information provided by Area Health Services and hospitals in a special ICU cost data collection undertaken in the first half of 2002, escalated to 2009/10 prices.

INTENSIVE CARE STANDARDS

Standard

The intensive care costs provided in Table 4 below are to be used for intensive care activity for hospitals with intensive care units within scope of the ICU funding model. For patients that are treated as an intensive care patient in an intensive care unit that is in the scope of the intensive care funding model, the intensive care component should be excluded from the AR-DRG cost weights so as not to double count the costs of this service.

Rationale

There is no nationally accepted classification system for costing intensive care patients. Consequently they are to be costed on a bed day basis. The ICU costing is expected to be progressively refined as data quality improves and further analysis is undertaken.

AVERAGE COSTS

The average cost for intensive care patient days for use in the ICU funding model are set out below:

Table 4

Patient Type	Average Cost per IC patient day*(\$ 2009/10)
Chargeable patients	4,028
Non chargeable patients	4,427

Source: 2004/05 NSW ICU cost data collection. * See note on indexation applied under 'Escalation factors' on page 7.

The average cost for mechanical ventilation in a hospital with a level 3 or 4 intensive care unit not in scope of the ICU funding model has been set at \$95 for each hour of ventilation.

Outpatient Care

SCOPE OF OUTPATIENT CARE

Outpatient care refers to hospital-based outpatient care, i.e. excluding community-based services. These standards do not include non-admitted care provided in designated mental health units, which are included in a separate section in this report.

CLASSIFICATION OF OUTPATIENT CARE

The National Health Data Dictionary (NHDD) Version 13 (AIHW, 2006) includes a classification of non-admitted patient service types based on the clinic attended by the patient during the service event. The classification is in two tiers: Tier 1, providing a lower level of detail of non-admitted patient service types, and Tier 2, providing a greater level of detail. Either classification can be used, depending on the level at which data are available locally. The NHDD includes a total of 11 classes at the Tier 1 level, and does not provide a definitive number of classes at the Tier 2 level, just examples of the types of clinics that may be included under each of the Tier 1 categories.

The Tier 1 and Tier 2 patient service type categories are shown in tables 5 and 6 below.

The service weights used to cost the Tier 1 and Tier 2 services were developed jointly by the Commonwealth and Department of Human Services South Australia for the 2004-05 National Hospital Cost Data Collection.

SOURCE OF DATA FOR OUTPATIENT CARE STANDARDS

Cost estimates for the outpatient care standards are based on the 2006-07 NHCDC (Commonwealth Department of Health and Aged Care, 2008), escalated to reflect 2009/10 prices. The data for the outpatient costs were obtained from 170 sites contributing data to the 2006-07 NHCDC. Whilst some NSW sites are represented, the quality and comparability of these data are questionable. Therefore, these estimates which are based on sample data should be used with caution. In particular, they should not be used to estimate costs for resource allocation.

Further work is being conducted to determine more specific NSW costs and these will be reported in a future version of the Standards.

OUTPATIENT CARE STANDARDS

Standard

The relative costs in Tables 5 and 6 are applied to estimate outpatient clinic costs for planning and comparison purposes (see note under 'Sources of data for Outpatient Care Standards' above). Wherever possible Tier 2 should be used. Note: costs from the Round 11 NHCDC are escalated to 2009/10 costs only, other items such as occasions of service or cost weights are not altered.

Table 5 Non-admitted care cost and relative weights, Tier 1 classification

Tier 1 Clinics	Occasions of Service	Average Cost per Occasion of Service	Cost Weight
Allied Health	1,327,894	126	0.5
Dental	15,719	229	0.92
Medical	1,841,634	349	1.39
Obstetrics & Gynaecology	718,055	250	1
Paediatric	179,148	266	1.06
Psychiatric	78,058	271	1.08
Surgical	1,041,200	229	0.92

Source: Commonwealth Department of Health and Aged Care, National Hospital Cost Data Collection Round 11 (2006-07). See note on indexation applied under 'Escalation factors' on page 7. Psychiatric costs are dealt with under Mental Health Care.

Outpatient Care

Table 6 Non-admitted care cost and relative weights, Tier 2 classification

Tier 2 Clinics	Occasions of Service	Average Cost per Occasion of Service	Cost Weight
Allied Health &/or Clinical Nurse Spec			
Audiology	22,205	313	1.20
Diabetes Education	52,895	179	0.69
Nutrition / dietetics	61,514	220	0.84
Occupational therapy	114,199	110	0.42
Optometry	1,290	61	0.23
Orthoptics	10,884	186	0.71
Orthotics	12,928	276	1.06
Physiotherapy	474,650	118	0.45
Podiatry	72,028	141	0.54
Prosthetics	3,517	365	1.40
Psychology	7,133	91	0.35
Social Work	74,349	173	0.66
Speech pathology	48,695	252	0.97
Stomal therapy	10,896	463	1.77
Wound management	58,370	108	0.42
Medical			
Aged Care	13,677	415	1.59
Alcohol and other drug	85,013	292	1.12
Anti-Coagulant	535	95	0.36
Asthma	6,313	387	1.48
Cardiology	122,600	248	0.95
Clinical Measurement	254,487	180	0.69
Dermatology	53,927	278	1.06
Developmental Disabilities	9,307	217	0.83
Diabetes	67,604	228	0.87
Endocrine	36,332	396	1.52
Epilepsy	91	91	0.35
Falls	964	418	1.60
Gastroenterology	53,764	518	1.98
General Medicine	127,102	192	0.73
Genetic	7,232	696	2.67
^Geriatric	0	-	-
Haematology	68,493	530	2.03
Hepatobiliary	9,134	337	1.29
Hypertension	8,849	262	1.00
Immunology	38,997	224	0.86
Infectious diseases	75,786	590	2.26
Medical Oncology	134,250	446	1.71
Metabolic bone	3,098	469	1.80

Outpatient Care

Tier 2 Clinics	Occasions of Service	Average Cost per Occasion of Service	Cost Weight
Medical (cont)			
Nephrology	115,838	637	2.44
Neurology	40,188	327	1.25
Occupational medicine	10,216	285	1.09
Pain management	28,858	356	1.36
Palliative care	8,276	594	2.28
Radiation oncology	174,421	356	1.36
Rehabilitation	20,272	256	0.98
Respiratory	69,131	401	1.53
Rheumatology	29,472	380	1.45
Spinal	3,049	568	2.17
Transplants	17,197	598	2.29
Obstetrics and Gynaecology			
Family Planning	10,057	123	0.47
Gynaecology	77,759	245	0.94
Gynaecology oncology	7,112	441	1.69
Obstetrics	558,655	247	0.94
Paediatric			
Adolescent Health	3,622	369	1.41
Neonatal	47,365	169	0.65
Paediatric Medicine	55,267	272	1.04
Paediatric Surgery	12,813	314	1.20
Surgical			
Breast	29,536	449	1.73
Burns	11,766	209	0.80
Cardiac surgery	7,312	360	1.38
Colorectal	14,975	319	1.22
Craniofacial	5,967	231	0.89
Ear, nose and throat	46,374	216	0.83
Fracture	91,125	252	0.97
General surgery	103,449	189	0.72
Neurosurgery	19,250	375	1.44
Ophthalmology	160,117	180	0.69
Orthopaedics	160,112	207	0.79
Plastic surgery	58,937	176	0.67
Pre-admission	119,566	242	0.93
Pre-anaesthesia	56,152	223	0.85
Thoracic surgery	3,286	445	1.70
Urology	46,053	270	1.03
Vascular surgery	25,496	239	0.92
Total¹	4,585,989	261	1

Source: Commonwealth Department of Health and Aged Care, National Hospital Cost Data Collection Round 11 (2006-07).
See note on indexation applied under 'Escalation factors' on page 7. Psychiatric costs are dealt with under Mental Health Care.

Outpatient Care

Rationale

The NHDD classification of non-admitted patient care clinics is the first attempt at a national classification that is reasonable for States/Territories to adopt. Further work is being conducted to determine more specific NSW costs and these will be reported in a future version of the Standards.

Even though the costs from the NHCDC presented in the tables above are not representative of all States/Territories, the data are the most recent cost data on non-admitted care available. The use of these data will assist NSW to move forward in implementing classification and costing of non-admitted patient service events.

¹ Note, this total is from the Round 11, NHCDC 2006-07 which includes several clinics which are not included in table 6

Sub- and Non-Acute Care

SCOPE OF SUB- AND NON-ACUTE CARE

Sub- and non-acute (SNAP) care includes Rehabilitation, Palliative Care, Psycho-Geriatric Care, Geriatric Evaluation & Management and Maintenance Care provided on both an admitted and non-admitted patient basis. It also includes residential aged care nursing home and hostel residents, Home and Community Care (HACC) and Community Aged Care (CACAP) services.

Admitted episodes coded as acute but grouped to the rehabilitation AR-DRGs are also considered as sub- and non-acute care. The rehabilitation AR-DRGs are:

- Z60A Rehabilitation W Catastrophic or Severe CC;
- Z60B Rehabilitation W/O Catastrophic or Severe CC; and
- Z60C Rehabilitation, Sameday.

SOURCE OF DATA FOR SNAP CARE STANDARDS

The cost weights were derived from the Australian National Sub-acute and Non acute Patient (AN-SNAP) Classification study conducted by the Centre for Health Service Development in 1996.

Average costs have been based on 2005/06 SNAP costing data and the 2005/06 NSW Unaudited Annual Return (UAR) (revised where appropriate), together with activity collected by relevant sites using SNAPShot.

SNAP CARE STANDARDS

Admitted SNAP Care in Designated Units (excluding same day care)

The different SNAP case types are subject to different units of counting. The funding model payment structure also varies by case type. The following table summarises these differences:

Case Type	Class	Description	Per Diem Weight	Per Diem Rate (\$)
Palliative Care	2105	Unstable, RUG-ADL 4-17	0.0708	820
Rehabilitation	2244	Other Impairments, FIM motor 25-52	0.0616	713
Psychogeriatric	2305	HoNOS Overactive behaviour 0, HoNOS total ≥ 18	0.0658	762
GEM	2405	Cognition 16-35, motor 13-50	0.0565	654
Maintenance	2506	Nursing Home Type, RUG 4-10	0.0541	627

Source: Weights from Australian National Sub-acute and Non acute Patient (AN-SNAP) Classification study, prices from the 2008/09 NSW EF Policy. See note on indexation under 'Escalation factors' on page 7.

Cost Weights

Appendix 3 contains the cost weights required for the above funding model implementation.

Outlier Episodes / Phases

'Trim points' are required for the palliative care and rehabilitation case types. They are not required for the other case types as these are funded on a bed day basis. The trim points used are as follows:

- **Rehabilitation** – the short stay outlier threshold is 7 days or the average length of stay minus 13, whichever is the larger value and average length of stay plus 13 days defines the high outlier threshold.
- **Palliative care** – the short stay outlier threshold is the average length of stay minus 7 days and the average length of stay plus 7 days defines the high outlier threshold. Only 1 day of a Bereavement episode (Class 111) is included in the blended payment model. Any days beyond one are excluded for funding purposes.

- **Assessment only episodes** - only 3 days of an Assessment Only episode (Classes 100, 201, 300 and 400) are included in the blended payment model. Any days beyond three are treated as outlier days.

Non-Admitted and Same Day SNAP Care

For non-admitted and same day SNAP patients refer to the section on Outpatient care.

Rationale

From 1 July 2005 a new SNAP funding model was introduced. Further detail may be found in the NSW Episode Funding Policy 2008/09 (NSW Health 2008a).

AVERAGE COST

The average cost per weighted SNAP activity unit for 2009/10 is \$11,582.

Mental Health Care

SCOPE OF MENTAL HEALTH CARE

Mental health care is care provided in designated mental health units. Other admitted mental health (i.e. care provided in general wards) should be treated as acute admitted care and the cost weights for acute care should be used to estimate these costs.

CLASSIFICATION OF MENTAL HEALTH CARE

The National Survey of Mental Health Services (NSMHS) is used to classify and cost mental health services in NSW. The classification is two-dimensional. One dimension describes the type of unit/service and the other the type of treatment. The definitions are as follows:

Type of Unit/Service

The NSMHS categorises the service and this can be applied to inpatient or noninpatient facilities or to an individual staff person employed or acting in this context. The following categories are service/staff related and are not derived from the age of the client:

- **Child and adolescent.** A specialist psychiatric/mental health unit/staff person that principally targets children and young people up to the age of 18 years. Classification of services into this category requires recognition by the regional or central funding authority of the special focus of the service on children and adolescents.
- **General/Adult.** A specialist psychiatric/mental health unit/staff person that provides general psychiatry services to the general adult population but may provide services to children, adolescents or the aged in special circumstances when more appropriate service provision is unavailable. They are psychiatric/mental health services/staff, which cannot be described as specialist child, and adolescent, geriatric or forensic services.
- **Older people (psychogeriatric).** A specialist psychiatric/mental health unit/staff person that principally targets people in the age group 65 years and over. Classification of services into this category requires recognition by the regional or central funding authority of the special focus of the service on aged persons. This service category does not include the treatment of older people by general psychiatry services.
- **Forensic.** A specialist psychiatric/mental health unit/staff person that assesses, treats or cares for mentally disordered individuals whose condition has led them to commit criminal offences or makes it likely that they will offend in the future if not adequately treated or contained.

These services will mainly be associated with Corrections Health Service or the secure units at Cumberland and James Fletcher Hospitals. Forensic legal status of a patient does not determine the forensic specialty of the service.

Type of Treatment

The NSMHS uses standard definitions that distinguish acute and non-acute beds. These are based on the expectation of significant clinical change, in the short term, of patients in acute beds. The type of care provided is defined by the designation of the bed that the patient occupies rather than the classification of the actual patient.

The definitions for each bed type are as follows:

- **Acute.** Care is provided for people who present with acute episodes of mental illness. These episodes are characterised by recent onset of severe clinical symptoms of mental illness, which have potential for prolonged dysfunction or risk to self and/or others. The key characteristic of acute services is that the treatment effort is focused on symptom reduction with a reasonable expectation of substantial improvement. In general, acute psychiatric services provide short-term treatment. Some acute care patients may have an acute exacerbation of symptoms due to a continuing psychiatric disorder, while other acute care patients may have had no prior contact with a psychiatric service nor a history of psychiatric illness.
- **Rehabilitation.** A specialist inpatient psychiatric unit, which has a primary focus on intervention to reduce functional impairments resulting from psychiatric disorders that limit the independence of patients. Psychiatric rehabilitation services are focused on disability and the promotion of personal recovery. They are characterised by an expectation of substantial improvement over the short to mid term. Patients treated by psychiatric rehabilitation services usually have a relatively stable pattern of clinical symptoms. Treatment is focused on preventing any relapse of the illness and reducing disability.
- **Extended Care.** A specialist inpatient psychiatric unit which provides care over an indefinite period for patients who have a stable but severe level of functional impairment and an inability to function independently, thus requiring extensive care and support. Patients of extended care services present a stable pattern of clinical symptoms, which may include high levels of severe unremitting symptoms of mental illness. Treatment is focused on preventing deterioration and reducing impairment; improvement is expected to occur slowly.

Mental Health Care

COST ESTIMATES

Cost estimates for Mental Health Bed Days and ambulatory care are derived from data published in the National Mental Health Report. The costs presented are from the NSW submission to the Australian Department of Health and Aging and AIHW for the 2007/08 Mental Health Establishments NMDS.

These are the average costs for these service units²:

Admitted patient service setting

- Inpatient services

Ambulatory service setting

- Mobile Acute Assessment & Treatment:
- Mobile Intensive Treatment or Assertive Case Management
- Outpatient Services – Hospital Based
- Outpatient Services – Community Based
- Day or Partial Day Programs
- Rural Outreach Service

Residential service setting

- Respite
- Acute
- Rehabilitation
- Extended Care
- Crisis Accommodation

	Average cost per patient (\$)	Average cost per bed day (\$)
Admitted Patients	–	745
Ambulatory Patients	1,727	–
Residential Patients	–	224

Source: Establishments National Minimum Data Set 2006/07 and escalated to 2009/10

² Service units relate to the minimum reporting that is required for National Minimum Data Sets (NMDS)

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Appendix 1: Acute Care Cost Weights

Part 1: General Cost Weights Overnight

Appendix 1: Acute Care Cost Weights

Part 1: General Cost Weights

Descriptions of the abbreviations shown in tables are as follows:

AR-DRG No.

AR-DRG V5.0 number

AR-DRG Title

AR-DRG V5.0 description

Seps (No.)

Total separations

Seps w/o same day ED cases (No)

Separations excluding same day cases treated in ED

Standard error

Standard error of the cost weight

Cost Weight w/o ED & ICU

Cost weight excluding ED and ICU cost groups

Cost Weight w all cost groups

Cost weight including all cost groups

Cost Weight w/o ED

Cost weight excluding ED cost group

Cost Weight w/o ICU

Cost weight excluding ICU cost group

Transfer cost weight

Same day and one day overnight transfer cost weight, based on base cost of cost weights with ED and ICU cost groups excluded

Outlier per diem weight

Long stay outlier per diem weight, based on base cost of cost weights with ED and ICU cost groups excluded

Outlier per diem amount (\$)

Long stay outlier per diem payment (\$)

High trim point (days)

AR-DRG trim point in days

In the following tables:

* = Recommended cost weight

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
901Z	Extensive O.R. Procedure Unrelated to Principal Diagnosis	893	0.19	4.83	5.13	4.92	5.22	2.24	0.40	1,350	47
902Z	Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis	268	0.17	2.42	2.56	2.49	2.62	0.25	0.16	550	35
903Z	Prostatic O.R. Procedure Unrelated to Principal Diagnosis	15	1.25	6.87	7.36	7.07	7.57	0.64	0.43	1,450	60
A01Z	Liver Transplant	57	0.33	29.43	33.35	29.49	33.41	0.92	0.44	1,500	60
A03Z	Lung or Heart/Lung Transplant	36	1.72	19.33	25.70	19.45	25.82	0.78	0.44	1,500	60
A05Z	Heart Transplant	18	0.71	19.30	32.60	19.42	32.72	0.56	0.37	1,250	60
A06Z	Tracheostomy Any Age, Any Condition	2,814	2.01	14.74	30.86	14.85	30.97	0.13	0.09	300	60
A07Z	Allogeneic Bone Marrow Transplant	119	1.62	25.14	27.50	25.14	27.50	1.28	0.44	1,500	60
A08A	Autologous Bone Marrow Transplant W Catastrophic CC	139	1.08	13.75	14.42	13.78	14.45	1.07	0.44	1,500	45
A08B	Autologous Bone Marrow Transplant W/O Catastrophic CC	122	0.43	6.61	6.61	6.61	6.61	0.26	0.18	600	44
A09A	Renal Transplant W Pancreas Transplant or Catastrophic CC	78	0.51	16.85	17.77	16.88	17.79	0.36	0.24	800	41
A09B	Renal Transplant W/O Pancreas Transplant W/O Catastrophic CC	109	0.64	10.42	10.53	10.44	10.56	1.33	0.44	1,500	18
A40Z	ECMO W/O Cardiac Surgery	22	1.48	17.70	29.34	17.72	29.36	0.15	0.10	350	60
A41A	Intubation Age<16 W CC	145	0.43	4.84	6.19	5.02	6.37	1.06	0.44	1,500	34
A41B	Intubation Age<16 W/O CC	154	0.12	1.23	2.20	1.49	2.46	1.00	0.44	1,500	17
B01Z	Ventricular Shunt Revision	93	0.06	2.61	2.70	2.70	2.79	0.60	0.40	1,350	17
B02A	Craniotomy W Catastrophic CC	577	0.54	8.22	9.78	8.30	9.85	0.78	0.44	1,500	55
B02B	Craniotomy W Severe or Moderate CC	716	0.23	4.84	5.50	4.89	5.55	0.58	0.39	1,300	30
B02C	Craniotomy W/O CC	1,029	0.35	3.48	3.91	3.53	3.95	0.61	0.40	1,350	19
B03A	Spinal Procedures W Catastrophic or Severe CC	81	0.31	6.67	6.89	6.74	6.95	0.70	0.44	1,500	45
B03B	Spinal Procedures W/O Catastrophic or Severe CC	325	0.19	2.74	2.81	2.76	2.83	1.91	0.44	1,500	13
B04A	Extracranial Vascular Procedures W Catastrophic or Severe CC	228	0.14	3.58	3.99	3.61	4.02	0.11	0.07	250	24
B04B	Extracranial Vascular Procedures W/O Catastrophic or Severe C	424	0.05	1.80	1.96	1.82	1.97	0.36	0.24	800	7
B05Z	Carpal Tunnel Release	2,859	0.06	0.54	0.54	0.54	0.54	0.36	0.24	800	3
B06A	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W C	74	0.31	6.11	6.31	6.19	6.39	0.61	0.40	1,350	60
B06B	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O	292	0.11	2.26	2.28	2.27	2.29	1.19	0.30	1000	10
B07A	Peripheral and Cranial Nerve & Other Nervous System Procedure	153	0.08	2.32	2.50	2.47	2.65	0.34	0.24	800	27
B07B	Peripheral and Cranial Nerve & Other Nervous System Procedure	956	0.15	1.10	1.10	1.18	1.19	0.23	0.15	500	4
B40Z	Plasmapheresis W Neurological Disease	88	0.24	1.17	1.31	1.21	1.35	0.88	0.44	1,500	35
B41Z	Telemetric EEG Monitoring	252	0.11	1.99	2.01	2.02	2.04	0.29	0.19	650	15
B60A	Established Paraplegia/Quadriplegia W or W/O O.R. Procs W Cat	374	0.32	6.75	7.45	6.96	7.67	0.37	0.25	850	48
B60B	Established Paraplegia/Quadriplegia W or W/O O.R. Procs W/O C	1,008	0.19	2.34	2.40	2.44	2.51	0.87	0.31	1,050	20

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
B61A	Spinal Cord Conditions W or W/O O.R. Procedures W Catastrophic	116	0.40	6.64	7.11	6.81	7.28	1.72	0.44	1,500	51
B61B	Spinal Cord Conditions W or W/O O.R. Procedures W/O Catastrophic	257	0.21	1.93	1.97	2.03	2.07	0.75	0.44	1,500	18
B62Z	Admit for Apheresis	471	0.01	0.20	0.20	0.20	0.20	0.20	0.19	650	3
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	1,942	0.11	2.30	2.31	2.45	2.45	0.38	0.25	850	36
B64A	Delirium W Catastrophic CC	456	0.08	2.67	2.71	2.81	2.85	0.35	0.24	800	33
B64B	Delirium W/O Catastrophic CC	1,490	0.14	1.19	1.20	1.37	1.38	0.47	0.31	1,050	21
B65Z	Cerebral Palsy	93	0.07	1.78	1.80	1.80	1.82	0.89	0.13	450	7
B66A	Nervous System Neoplasm W Catastrophic or Severe CC	771	0.11	2.33	2.35	2.43	2.45	0.42	0.28	950	27
B66B	Nervous System Neoplasm W/O Catastrophic or Severe CC	648	0.04	1.17	1.19	1.29	1.31	0.62	0.19	650	14
B67A	Degenerative Nervous System Disorders W Catastrophic or Severe	622	0.15	3.29	3.42	3.41	3.55	0.23	0.15	500	37
B67B	Degenerative Nervous System Disorders Age >59 W/O Catastrophic or	644	0.08	1.44	1.45	1.55	1.56	0.47	0.16	550	24
B67C	Degenerative Nervous System Disorders Age <60 W/O Catastrophic or	434	0.09	1.15	1.17	1.24	1.25	0.25	0.10	350	15
B68A	Multiple Sclerosis and Cerebellar Ataxia W CC	185	0.12	2.23	2.30	2.34	2.41	0.46	0.31	1,050	25
B68B	Multiple Sclerosis and Cerebellar Ataxia W/O CC	338	0.03	0.91	0.91	0.98	0.98	0.37	0.21	700	14
B69A	TIA and Precerebral Occlusion W Catastrophic or Severe CC	1,042	0.06	1.40	1.41	1.54	1.55	0.30	0.19	650	18
B69B	TIA and Precerebral Occlusion W/O Catastrophic or Severe CC	2,555	0.02	0.72	0.72	0.84	0.84	0.28	0.18	600	11
B70A	Stroke W Catastrophic CC	2,223	0.15	4.90	5.01	5.03	5.14	0.33	0.22	750	42
B70B	Stroke W Severe CC	2,649	0.07	2.49	2.54	2.61	2.66	0.30	0.21	700	23
B70C	Stroke W/O Catastrophic or Severe CC	2,458	0.06	1.51	1.55	1.62	1.65	0.38	0.25	850	17
B70D	Stroke, Died or Transferred < 5 days	1,934	0.02	0.45	0.49	0.68	0.72	0.35	0.24	800	5
B71A	Cranial and Peripheral Nerve Disorders W CC	559	0.10	2.18	2.22	2.33	2.37	0.18	0.12	400	24
B71B	Cranial and Peripheral Nerve Disorders W/O CC	746	0.06	0.85	0.86	0.95	0.96	0.37	0.25	850	14
B72A	Nervous System Infection Except Viral Meningitis W Cat or Sev	172	0.17	3.50	3.70	3.62	3.83	0.70	0.44	1,500	38
B72B	Nervous System Infection Except Viral Meningitis W/O Cat or S	539	0.05	1.66	1.76	1.79	1.89	0.73	0.44	1,500	19
B73Z	Viral Meningitis	526	0.05	0.82	0.83	0.97	0.98	0.44	0.30	1,000	10
B74Z	Nontraumatic Stupor and Coma	282	0.03	0.82	0.87	0.97	1.01	0.27	0.18	600	15
B75Z	Febrile Convulsions	1,097	0.01	0.39	0.40	0.49	0.50	0.39	0.44	1,500	4
B76A	Seizure or W Catastrophic or Severe CC	1,273	0.07	1.49	1.63	1.66	1.79	0.36	0.24	800	17
B76B	Seizure W/O Catastrophic or Severe CC	4,537	0.02	0.53	0.55	0.63	0.66	0.54	0.44	1,500	7
B77Z	Headache	2521	0.02	0.47	0.48	0.59	0.60	0.39	0.33	1,100	7
B78A	Intracranial Injury W Catastrophic or Severe CC	430	0.14	2.97	3.30	3.16	3.50	0.54	0.36	1,200	34
B78B	Intracranial Injury W/O Catastrophic or Severe CC	1,028	0.05	1.12	1.21	1.37	1.47	0.44	0.30	1,000	15

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B79Z	Skull Fractures	728	0.04	0.90	0.98	1.09	1.17	0.42	0.28	950	11
B80Z	Other Head Injury	1,854	0.01	0.35	0.39	0.45	0.49	0.26	0.10	350	4
B81A	Other Disorders of the Nervous System W Catastrophic or Sever	1,057	0.07	2.02	2.05	2.17	2.20	0.22	0.15	500	28
B81B	Other Disorders of the Nervous System W/O Catastrophic or Sev	1,779	0.09	0.90	0.90	1.03	1.04	0.56	0.18	600	14
C01Z	Procedures for Penetrating Eye Injury	170	0.28	2.25	2.25	2.30	2.31	0.12	0.07	250	11
C02Z	Enucleations and Orbital Procedures	144	0.11	1.46	1.49	1.48	1.51	1.10	0.34	1,150	11
C03Z	Retinal Procedures	1,758	0.04	0.92	0.92	0.92	0.92	0.19	0.13	450	4
C04Z	Major Corneal, Scleral and Conjunctival Procedures	274	0.11	1.45	1.45	1.46	1.46	0.16	0.10	350	13
C05Z	Dacryocystorhinostomy	105	0.08	0.82	0.82	0.83	0.83	0.96	0.30	1,000	3
C10Z	Strabismus Procedures	496	0.03	0.75	0.76	0.76	0.76	0.14	0.09	300	3
C11Z	Eyelid Procedures	1,144	0.06	0.82	0.82	0.84	0.84	0.25	0.16	550	4
C12Z	Other Corneal, Scleral and Conjunctival Procedures	95	0.10	1.13	1.13	1.14	1.15	1.04	0.40	1,350	13
C13Z	Lacrimal Procedures	200	0.03	0.53	0.53	0.54	0.54	0.14	0.09	300	9
C14Z	Other Eye Procedures	719	0.04	0.58	0.58	0.58	0.58	0.11	0.07	250	5
C15A	Glaucoma And Complex Cataract Procedures	273	0.09	1.51	1.51	1.51	1.52	0.22	0.15	500	9
C15B	Glaucoma And Complex Cataract Procedures, Sameday	405	0.04	0.77	0.77	0.77	0.77	0.28	0.19	650	3
C16A	Lens Procedures	578	0.05	1.01	1.01	1.01	1.01	0.37	0.25	850	3
C16B	Lens Procedures, Sameday	17,546	0.06	0.79	0.79	0.79	0.79	0.27	0.18	600	3
C60A	Acute and Major Eye Infections Age >54 or W Catastrophic or S	186	0.15	2.78	2.79	2.90	2.92	0.55	0.37	1,250	18
C60B	Acute and Major Eye Infections Age <55 W/O Catastrophic or Se	198	0.08	1.27	1.27	1.35	1.35	0.64	0.43	1,450	12
C61Z	Neurological & Vascular Disorders of the Eye	293	0.04	0.91	0.92	1.01	1.01	0.46	0.36	1,200	11
C62Z	HypHEMA and Medically Managed Trauma to the Eye	802	0.02	0.51	0.52	0.63	0.65	0.18	0.12	400	9
C63A	Other Disorders of the Eye W CC	275	0.05	0.99	0.99	1.07	1.08	0.32	0.21	700	13
C63B	Other Disorders of the Eye W/O CC	464	0.12	0.58	0.58	0.67	0.67	0.42	0.22	750	8
D01Z	Cochlear Implant	102	0.50	6.22	6.22	6.22	6.22	0.11	0.07	250	3
D02A	Head and Neck Procedures W Catastrophic or Severe CC	85	0.39	4.85	5.09	4.87	5.11	0.46	0.31	1,050	25
D02B	Head and Neck Procedures W Moderate CC or Malignancy	96	0.13	3.18	3.31	3.19	3.32	0.70	0.44	1,500	17
D02C	Head and Neck Procedures W/O CC W/O Malignancy	111	0.09	1.70	1.74	1.72	1.76	0.66	0.44	1,500	8
D03Z	Surgical Repair for Cleft Lip or Palate Diagnosis	194	0.07	1.45	1.47	1.45	1.47	0.29	0.19	650	4
D04A	Maxillo Surgery W CC	286	0.11	2.30	2.40	2.36	2.46	0.22	0.15	500	9
D04B	Maxillo Surgery W/O CC	703	0.10	1.76	1.78	1.80	1.82	1.45	0.19	650	6
D05Z	Parotid Gland Procedures	198	0.08	1.65	1.66	1.66	1.66	0.80	0.44	1,500	5

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D06Z	Sinus, Mastoid and Complex Middle Ear Procedures	1,348	0.05	1.30	1.31	1.30	1.31	0.84	0.44	1,500	3
D09Z	Miscellaneous Ear, Nose, Mouth & Throat Procedures	1,697	0.03	1.00	1.01	1.01	1.02	0.09	0.06	200	3
D10Z	Nasal Procedures	1,660	0.03	0.97	0.97	0.97	0.97	0.36	0.24	800	3
D11Z	Tonsillectomy or Adenoidectomy	4,416	0.04	0.85	0.86	0.86	0.87	0.34	0.24	800	3
D12Z	Other Ear, Nose, Mouth & Throat Procedures	592	0.05	0.99	1.00	1.04	1.05	0.25	0.16	550	5
D13Z	Myringotomy W Tube Insertion	1,492	0.02	0.55	0.55	0.55	0.55	0.11	0.07	250	9
D14Z	Mouth & Salivary Gland Procedures	428	0.06	1.10	1.19	1.13	1.21	0.91	0.39	1,300	6
D40Z	Dental Extractions and Restorations	533	0.06	0.87	0.91	0.91	0.95	0.62	0.19	650	6
D60A	Ear, Nose, Mouth and Throat Malignancy W Catastrophic or Seve	241	0.18	2.85	2.90	2.92	2.97	0.38	0.25	850	32
D60B	Ear, Nose, Mouth and Throat Malignancy W/O Catastrophic or Se	362	0.04	1.05	1.06	1.07	1.07	0.82	0.22	750	11
D61Z	Dyssequilibrium	2,467	0.02	0.51	0.51	0.63	0.63	0.25	0.18	600	10
D62Z	Epistaxis	768	0.01	0.40	0.42	0.52	0.53	0.33	0.24	800	6
D63A	Otitis Media and URI W CC	1,601	0.02	0.72	0.73	0.83	0.83	0.42	0.28	950	8
D63B	Otitis Media and URI W/O CC	6,247	0.02	0.42	0.43	0.52	0.52	0.42	0.44	1,500	5
D64Z	Laryngotracheitis and Epiglottitis	1,413	0.01	0.30	0.32	0.41	0.43	0.27	0.18	600	3
D65Z	Nasal Trauma and Deformity	1,019	0.02	0.42	0.42	0.47	0.47	0.14	0.09	300	6
D66A	Other Ear, Nose, Mouth and Throat Diagnoses W CC	429	0.03	0.78	0.83	0.89	0.94	0.41	0.28	950	11
D66B	Other Ear, Nose, Mouth and Throat Diagnoses W/O CC	1,043	0.02	0.54	0.54	0.61	0.62	0.39	0.12	400	6
D67A	Oral and Dental Disorders Except Extractions and Restorations	1,647	0.04	0.67	0.69	0.77	0.78	0.34	0.22	750	7
D67B	Oral and Dental Disorders Except Extractions and Restorations	1,346	0.01	0.23	0.23	0.30	0.30	0.23	0.18	600	3
E01A	Major Chest Procedures W Catastrophic CC	451	0.23	6.31	6.99	6.38	7.05	0.34	0.22	750	40
E01B	Major Chest Procedures W/O Catastrophic CC	905	0.12	3.11	3.29	3.15	3.33	1.09	0.44	1,500	18
E02A	Other Respiratory System O.R. Procedures W Catastrophic CC	158	0.28	4.99	5.30	5.11	5.42	0.36	0.24	800	43
E02B	Other Respiratory System O.R. Procedures W Severe CC	101	0.09	2.29	2.49	2.35	2.55	0.44	0.30	1,000	21
E02C	Other Respiratory System O.R. Procedures W/O Catastrophic or	895	0.05	0.99	1.05	1.00	1.06	0.37	0.25	850	3
E40Z	Respiratory System Diagnosis W Ventilator Support	362	0.12	2.81	4.80	2.88	4.87	0.71	0.44	1,500	29
E41Z	Respiratory System Diagnosis W Non-invasive Ventilation	880	0.29	3.42	4.70	3.56	4.83	0.47	0.31	1,050	27
E60A	Cystic Fibrosis W Catastrophic or Severe CC	150	0.28	5.63	5.67	5.68	5.71	0.57	0.39	1,300	26
E60B	Cystic Fibrosis W/O Catastrophic or Severe CC	473	0.12	4.13	4.14	4.16	4.18	1.02	0.37	1,250	27
E61A	Pulmonary Embolism W Catastrophic or Severe CC	932	0.07	1.98	2.07	2.11	2.20	0.62	0.41	1,400	22
E61B	Pulmonary Embolism W/O Catastrophic or Severe CC	1,507	0.02	1.00	1.01	1.10	1.12	0.48	0.37	1,250	14
E62A	Respiratory Infections/Inflamations W Catastrophic CC	4,179	0.05	2.31	2.41	2.45	2.55	0.38	0.25	850	26

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E62B	Respiratory Infections/Inflammations W Severe or Moderate CC	6,174	0.04	1.29	1.32	1.42	1.45	0.52	0.34	1,150	16
E62C	Respiratory Infections/Inflammations W/O CC	7,032	0.07	0.74	0.75	0.85	0.86	0.41	0.27	900	10
E63Z	Sleep Apnoea	876	0.01	0.34	0.35	0.34	0.36	0.19	0.13	450	3
E64Z	Pulmonary Oedema and Respiratory Failure	751	0.03	1.23	1.41	1.38	1.56	0.48	0.31	1,050	19
E65A	Chronic Obstructive Airways Disease W Catastrophic or Severe	6,609	0.05	1.56	1.60	1.68	1.72	0.37	0.24	800	20
E65B	Chronic Obstructive Airways Disease W/O Catastrophic or Severe	6,909	0.04	0.90	0.91	1.00	1.02	0.56	0.37	1,250	14
E66A	Major Chest Trauma Age>69 W CC	374	0.10	2.10	2.18	2.24	2.32	0.33	0.22	750	28
E66B	Major Chest Trauma (Age<70 W CC) or (Age>69 W/O CC)	571	0.05	1.01	1.08	1.15	1.22	0.42	0.28	950	13
E66C	Major Chest Trauma Age<70 W/O CC	379	0.02	0.53	0.54	0.67	0.67	0.53	0.37	1,250	8
E67A	Respiratory Signs and Symptoms W Catastrophic or Severe CC	579	0.04	0.97	0.98	1.10	1.12	0.24	0.16	550	15
E67B	Respiratory Signs and Symptoms W/O Catastrophic or Severe CC	2,370	0.02	0.46	0.47	0.55	0.55	0.24	0.16	550	7
E68Z	Pneumothorax	1,018	0.03	0.99	1.03	1.11	1.15	0.51	0.34	1,150	12
E69A	Bronchitis and Asthma Age>49 W CC	869	0.03	0.99	1.00	1.09	1.11	0.36	0.24	800	15
E69B	Bronchitis and Asthma (Age<50 W CC) or (Age>49 W/O CC)	1,834	0.02	0.74	0.79	0.85	0.90	0.37	0.25	850	10
E69C	Bronchitis and Asthma Age<50 W/O CC	8,239	0.02	0.42	0.43	0.54	0.55	0.42	0.44	1,500	4
E70A	Whooping Cough and Acute Bronchiolitis W CC	425	0.06	1.46	1.49	1.58	1.61	0.64	0.43	1,450	10
E70B	Whooping Cough and Acute Bronchiolitis W/O CC	4,185	0.03	0.76	0.77	0.85	0.87	0.54	0.36	1,200	6
E71A	Respiratory Neoplasms W Catastrophic CC	924	0.07	2.44	2.48	2.57	2.60	0.51	0.34	1,150	31
E71B	Respiratory Neoplasms W Severe or Moderate CC	1,557	0.07	1.43	1.44	1.53	1.54	0.83	0.34	1,150	21
E71C	Respiratory Neoplasms W/O CC	427	0.09	0.84	0.85	0.91	0.92	0.79	0.30	1,000	14
E72Z	Respiratory Problems Arising from Neonatal Period	65	0.04	0.99	1.01	1.03	1.05	0.28	0.19	650	20
E73A	Pleural Effusion W Catastrophic CC	285	0.13	2.59	2.62	2.68	2.72	0.26	0.18	600	28
E73B	Pleural Effusion W Severe CC	382	0.07	1.59	1.59	1.69	1.69	0.50	0.34	1,150	20
E73C	Pleural Effusion W/O Catastrophic or Severe CC	584	0.04	0.84	0.84	0.93	0.93	0.48	0.31	1,050	15
E74A	Interstitial Lung Disease W Catastrophic CC	120	0.08	2.34	2.40	2.44	2.50	0.63	0.41	1,400	33
E74B	Interstitial Lung Disease W Severe CC	177	0.07	1.62	1.67	1.71	1.76	0.29	0.19	650	22
E74C	Interstitial Lung Disease W/O Catastrophic or Severe CC	218	0.03	1.02	1.03	1.09	1.10	0.61	0.21	700	16
E75A	Other Respiratory System Diagnosis Age>64 W CC	2,111	0.05	1.30	1.32	1.42	1.44	0.29	0.19	650	17
E75B	Other Respiratory System Diagnosis (Age<65 W CC) or (Age>64 W	1,731	0.03	0.93	0.94	1.04	1.05	0.68	0.18	600	12
E75C	Other Respiratory System Diagnosis Age<65 W/O CC	1,697	0.04	0.53	0.54	0.61	0.62	0.27	0.18	600	6
F01A	Implantation or Replacement of AICD, Total System W Catastr o	355	1.34	10.56	11.01	10.61	11.06	0.87	0.44	1,500	36
F01B	Implantation or Replacement of AICD, Total System W/O Catastr	305	0.69	6.32	6.33	6.33	6.34	0.76	0.44	1,500	11

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F02Z	AICD Component Implantation/Replacement	89	0.30	5.21	5.55	5.26	5.61	0.12	0.07	250	30
F03Z	Cardiac Valve Proc W CPB Pump W Invasive Cardiac Inves	138	0.73	12.59	15.35	12.65	15.41	1.33	0.44	1,500	53
F04A	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Ca	372	0.66	9.19	11.74	9.22	11.77	0.28	0.18	600	27
F04B	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W/O	265	0.23	5.99	6.78	6.00	6.78	0.41	0.28	950	15
F05A	Coronary Bypass W Invasive Cardiac Inves W Catastrophic CC	350	0.52	9.31	12.14	9.37	12.20	0.44	0.30	1,000	39
F05B	Coronary Bypass W Invasive Cardiac Inves W/O Catastrophic CC	376	0.55	7.10	8.54	7.16	8.60	0.27	0.18	600	23
F06A	Coronary Bypass W/O Invasive Cardiac Inves W Catastr or Sever	884	0.44	6.28	7.52	6.29	7.54	0.29	0.19	650	18
F06B	Coronary Bypass W/O Invasive Cardiac Inves W/O Catastr or Sev	504	0.31	4.92	5.75	4.93	5.76	0.76	0.44	1,500	12
F07A	Other Cardiothoracic/Vascular Procedures W CPB Pump W Catastr	136	0.37	9.12	11.35	9.16	11.38	0.62	0.41	1,400	36
F07B	Other Cardiothoracic/Vascular Procedures W CPB Pump W/O Catas	247	0.27	5.46	6.48	5.47	6.49	0.58	0.39	1,300	14
F08A	Major Reconstruct Vascular Procedures W/O CPB Pump W Catastro	587	0.35	8.50	10.18	8.58	10.25	0.86	0.44	1,500	50
F08B	Major Reconstruct Vascular Procedures W/O CPB Pump W/O Catast	1,076	0.22	4.07	4.39	4.09	4.41	0.26	0.18	600	19
F09A	Other Cardiothoracic Procedures W/O CPB Pump W Catastrophic C	115	0.39	4.72	6.51	4.77	6.57	0.44	0.30	1,000	29
F09B	Other Cardiothoracic Procedures W/O CPB Pump W/O Catastrophic	163	0.17	3.08	3.59	3.12	3.63	0.43	0.28	950	12
F10Z	Percutaneous Coronary Intervention W AMI	3,041	0.12	2.20	2.24	2.25	2.30	0.57	0.37	1,250	11
F11A	Amputation for Circ System Except Upper Limb and Toe W Catast	139	0.56	9.00	9.52	9.08	9.60	0.60	0.40	1,350	60
F11B	Amputation for Circ System Except Upper Limb and Toe W/O Cata	82	0.39	5.08	5.19	5.15	5.27	0.34	0.22	750	45
F12Z	Cardiac Pacemaker Implantation	1,486	0.21	2.85	2.90	2.90	2.95	2.15	0.44	1,500	19
F13Z	Upper Limb and Toe Amputation for Circulatory System Disorder	147	0.17	3.64	3.70	3.69	3.74	0.60	0.40	1,350	44
F14A	Vascular Procs Except Major Reconstruction W/O CPB Pump W Cat	493	0.13	4.78	5.27	4.84	5.33	0.26	0.18	600	38
F14B	Vascular Procs Except Major Reconstruction W/O CPB Pump W Sev	656	0.08	1.92	1.98	1.95	2.01	0.59	0.40	1,350	16
F14C	Vascular Procs Except Major Reconstruction W/O CPB Pump W/O C	1,003	0.06	1.31	1.35	1.32	1.36	1.03	0.19	650	6
F15Z	Percutaneous Coronary Intervention W/O AMI W Stent Implantati	2,854	0.10	1.76	1.77	1.79	1.80	0.49	0.33	1,100	7
F16Z	Percutaneous Coronary Intervention W/O AMI W/O Stent Implan	200	0.16	1.43	1.43	1.47	1.47	0.44	0.30	1,000	8
F17Z	Cardiac Pacemaker Replacement	572	0.17	1.67	1.67	1.69	1.69	0.18	0.12	400	17
F18Z	Cardiac Pacemaker Revision Except Device Replacement	121	0.25	1.69	1.72	1.71	1.74	0.22	0.15	500	16
F19Z	Other Trans-Vascular Percutaneous Cardiac Intervention	137	0.08	2.41	2.47	2.42	2.47	0.29	0.19	650	4
F20Z	Vein Ligation and Stripping	1,653	0.06	0.94	0.94	0.94	0.95	0.11	0.07	250	3
F21A	Other Circulatory System O.R. Procedures W Catastrophic CC	163	0.25	5.53	5.86	5.62	5.96	0.53	0.36	1,200	44
F21B	Other Circulatory System O.R. Procedures W/O Catastrophic CC	326	0.14	1.95	1.97	1.98	1.99	1.24	0.31	1,050	18
F40Z	Circulatory System Diagnosis W Ventilator Support	249	0.15	2.51	5.50	2.57	5.57	0.67	0.44	1,500	25
F41A	Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W C	919	0.13	2.34	2.45	2.43	2.54	0.56	0.37	1,250	19

AR-DRG V5.0 No.	AR-DRG Title	Septs	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
F41B	Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W/O	1,406	0.05	1.31	1.35	1.37	1.41	0.22	0.15	500	13
F42A	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W	2,627	0.09	1.66	1.69	1.74	1.76	1.22	0.22	750	17
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W	3,876	0.03	0.97	0.97	1.03	1.03	0.73	0.44	1,500	11
F60A	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W	2,611	0.05	1.63	1.79	1.76	1.92	0.39	0.25	850	20
F60B	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W	4,600	0.03	0.60	0.65	0.71	0.76	0.16	0.10	350	10
F60C	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W	802	0.06	0.76	0.85	1.01	1.10	0.23	0.15	500	8
F61Z	Infective Endocarditis	288	0.12	4.10	4.34	4.17	4.42	0.81	0.44	1,500	60
F62A	Heart Failure and Shock W Catastrophic CC	2,932	0.06	2.38	2.48	2.52	2.61	0.46	0.31	1,050	30
F62B	Heart Failure and Shock W/O Catastrophic CC	7,197	0.05	1.04	1.06	1.15	1.17	0.44	0.30	1,000	15
F63A	Venous Thrombosis W Catastrophic or Severe CC	397	0.07	1.72	1.73	1.84	1.85	0.27	0.18	600	22
F63B	Venous Thrombosis W/O Catastrophic or Severe CC	1,068	0.05	0.69	0.70	0.81	0.82	0.37	0.37	1,250	14
F64Z	Skin Ulcers for Circulatory Disorders	148	0.09	1.98	1.99	2.09	2.09	0.25	0.16	550	31
F65A	Peripheral Vascular Disorders W Catastrophic or Severe CC	792	0.07	1.73	1.80	1.84	1.91	0.37	0.24	800	25
F65B	Peripheral Vascular Disorders W/O Catastrophic or Severe CC	1,343	0.02	0.66	0.66	0.74	0.75	0.40	0.10	350	14
F66A	Coronary Atherosclerosis W CC	1,642	0.03	0.67	0.69	0.76	0.78	0.32	0.21	700	10
F66B	Coronary Atherosclerosis W/O CC	1,664	0.02	0.33	0.34	0.41	0.43	0.36	0.15	500	6
F67A	Hypertension W CC	462	0.03	0.83	0.87	0.93	0.98	0.49	0.33	1,100	14
F67B	Hypertension W/O CC	598	0.03	0.46	0.47	0.55	0.55	0.38	0.33	1,100	9
F68Z	Congenital Heart Disease	171	0.03	0.75	0.78	0.79	0.82	0.75	0.44	1,500	12
F69A	Valvular Disorders W Catastrophic or Severe CC	412	0.06	1.23	1.30	1.34	1.41	0.39	0.27	900	20
F69B	Valvular Disorders W/O Catastrophic or Severe CC	1,026	0.02	0.34	0.35	0.44	0.45	0.41	0.30	1,000	6
F70A	Major Arrhythmia and Cardiac Arrest W Catastrophic or Severe	505	0.05	0.99	1.17	1.17	1.35	0.75	0.44	1,500	14
F70B	Major Arrhythmia and Cardiac Arrest W/O Catastrophic or Severe	1,376	0.01	0.41	0.46	0.57	0.62	0.20	0.13	450	6
F71A	Non-Major Arrhythmia and Conduction Disorders W Catastrophic	2,650	0.05	1.26	1.32	1.38	1.44	0.23	0.15	500	17
F71B	Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic	6,966	0.01	0.46	0.48	0.54	0.57	0.52	0.33	1,100	8
F72A	Unstable Angina W Catastrophic or Severe CC	1,146	0.03	0.96	1.01	1.07	1.12	0.27	0.18	600	13
F72B	Unstable Angina W/O Catastrophic or Severe CC	4,965	0.01	0.45	0.48	0.55	0.58	0.33	0.22	750	8
F73A	Syncope and Collapse W Catastrophic or Severe CC	1,857	0.04	1.03	1.05	1.18	1.19	0.41	0.27	900	18
F73B	Syncope and Collapse W/O Catastrophic or Severe CC	4,083	0.01	0.40	0.41	0.54	0.54	0.33	0.27	900	7
F74Z	Chest Pain	14,908	0.01	0.30	0.31	0.41	0.42	0.39	0.37	1,250	5
F75A	Other Circulatory System Diagnoses W Catastrophic CC	547	0.11	2.81	3.13	2.93	3.25	0.70	0.44	1,500	29
F75B	Other Circulatory System Diagnoses W Severe CC	1,076	0.04	1.43	1.50	1.55	1.62	0.15	0.10	350	16

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F75C	Other Circulatory System Diagnoses W/O Catastrophic or Severe	2,016	0.03	0.80	0.82	0.91	0.93	0.53	0.09	300	10
G01A	Rectal Resection W Catastrophic CC	568	0.18	8.24	9.05	8.29	9.11	0.57	0.39	1,300	43
G01B	Rectal Resection W/O Catastrophic CC	1,014	0.13	4.33	4.45	4.35	4.47	0.92	0.44	1,500	20
G02A	Major Small and Large Bowel Procedures W Catastrophic CC	1,524	0.21	7.79	8.82	7.88	8.91	0.27	0.18	600	42
G02B	Major Small and Large Bowel Procedures W/O Catastrophic CC	2,150	0.10	3.55	3.68	3.60	3.73	0.11	0.07	250	19
G03A	Stomach, Oesophageal and Duodenal Procedures W Malignancy	254	0.24	6.96	7.97	6.98	7.99	0.68	0.44	1,500	31
G03B	Stomach, Oesophageal and Duodenal Procedures W/O Malignancy	327	0.25	5.82	6.70	5.89	6.77	0.76	0.44	1,500	40
G03C	Stomach, Oesophageal and Duodenal Procedures W/O Malignancy	396	0.09	2.41	2.52	2.45	2.56	0.72	0.44	1,500	14
G04A	Peritoneal Adhesiolysis Age>49 W CC	475	0.17	4.97	5.36	5.08	5.48	0.27	0.18	600	29
G04B	Peritoneal Adhesiolysis (Age<50 W CC) or (Age>49 W/O CC)	604	0.09	2.51	2.57	2.58	2.63	0.61	0.40	1,350	18
G04C	Peritoneal Adhesiolysis Age<50 W/O CC	503	0.07	1.59	1.61	1.67	1.68	0.64	0.43	1,450	12
G05A	Minor Small and Large Bowel Procedures W CC	201	0.13	3.32	3.45	3.35	3.48	0.25	0.16	550	21
G05B	Minor Small and Large Bowel Procedures W/O CC	313	0.14	1.76	1.78	1.77	1.79	0.56	0.37	1,250	12
G06Z	Pyloromyotomy Procedure	76	0.05	1.56	1.57	1.71	1.71	0.96	0.44	1,500	7
G07A	Appendectomy W Catastrophic or Severe CC	485	0.08	2.62	2.69	2.74	2.81	0.28	0.18	600	17
G07B	Appendectomy W/O Catastrophic or Severe CC	6,102	0.04	1.32	1.32	1.42	1.42	0.28	0.19	650	6
G08A	Abdominal and Other Hernia Procedures Age >59 or W Catastroph	1,462	0.05	1.49	1.55	1.52	1.58	1.44	0.37	1,250	11
G08B	Abdominal and Other Hernia Procedures Age 1 to 59 W/O Cat or	1,220	0.03	1.00	1.00	1.02	1.02	1.02	0.25	850	5
G09Z	Inguinal and Femoral Hernia Procedures Age>0	3,825	0.13	0.93	0.93	0.93	0.94	1.03	0.22	750	3
G10Z	Hernia Procedures Age<1	415	0.04	0.87	0.88	0.89	0.89	0.53	0.36	1,200	3
G11A	Anal and Stomal Procedures W Catastrophic or Severe CC	397	0.04	1.44	1.48	1.48	1.52	0.31	0.21	700	15
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	2,660	0.02	0.78	0.78	0.81	0.81	0.74	0.22	750	4
G12A	Other Digestive System O.R. Procedures W Catastr or Severe CC	513	0.12	3.67	3.95	3.77	4.05	0.67	0.44	1,500	31
G12B	Other Digestive System O.R. Procedures W/O Catastr or Sev CC	600	0.04	1.39	1.42	1.45	1.48	0.48	0.31	1,050	15
G42A	Other Gastroscopy for Major Digestive Disease	2,183	0.08	1.36	1.41	1.45	1.50	0.30	0.19	650	13
G42B	Other Gastroscopy for Major Digestive Disease, Sameday	1,470	0.02	0.34	0.34	0.35	0.35	0.29	0.19	650	3
G43Z	Complex Colonoscopy	139	0.03	0.58	0.58	0.60	0.60	0.21	0.15	500	16
G44A	Other Colonoscopy W Catastrophic or Severe CC	578	0.08	2.59	2.70	2.69	2.80	0.39	0.25	850	25
G44B	Other Colonoscopy W/O Catastrophic or Severe CC	1,923	0.06	1.24	1.25	1.31	1.31	0.72	0.44	1,500	14
G44C	Other Colonoscopy, Sameday	14,900	0.01	0.38	0.38	0.39	0.39	0.31	0.21	700	3
G45A	Other Gastroscopy for Non-Major Digestive Disease	2,527	0.06	1.16	1.17	1.25	1.27	0.36	0.24	800	12

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G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	8,969	0.01	0.35	0.36	0.36	0.36	0.27	0.18	600	3
G46A	Complex Gastroscopy W Catastrophic or Severe CC	1,040	0.08	2.62	2.74	2.72	2.84	0.64	0.43	1,450	26
G46B	Complex Gastroscopy W/O Catastrophic or Severe CC	1,732	0.08	1.38	1.39	1.44	1.45	0.61	0.40	1,350	13
G46C	Complex Gastroscopy, Sameday	8,623	0.02	0.43	0.43	0.43	0.43	0.20	0.13	450	3
G60A	Digestive Malignancy W Catastrophic or Severe CC	1,079	0.06	1.34	1.34	1.41	1.42	0.70	0.44	1,500	21
G60B	Digestive Malignancy W/O Catastrophic or Severe CC	760	0.02	0.65	0.66	0.69	0.70	0.59	0.22	750	9
G61A	GI Haemorrhage (Age<65 W Catastrophic or Severe CC) or Age>64	2,190	0.02	0.69	0.71	0.82	0.84	0.38	0.25	850	11
G61B	GI Haemorrhage Age<65 W/O Catastrophic or Severe CC	913	0.02	0.33	0.34	0.43	0.44	0.19	0.13	450	5
G62Z	Complicated Peptic Ulcer	79	0.05	0.75	0.78	0.86	0.89	0.45	0.30	1,000	12
G63Z	Uncomplicated Peptic Ulcer	96	0.02	0.29	0.33	0.38	0.41	0.18	0.12	400	8
G64Z	Inflammatory Bowel Disease	768	0.04	1.16	1.16	1.26	1.27	0.92	0.33	1,100	12
G65A	GI Obstruction W CC	1,577	0.05	1.32	1.34	1.44	1.47	0.46	0.31	1,050	16
G65B	GI Obstruction W/O CC	2,197	0.02	0.63	0.64	0.74	0.74	0.33	0.22	750	9
G66A	Abdominal Pain or Mesenteric Adenitis W CC	1,581	0.02	0.69	0.70	0.81	0.82	0.42	0.30	1,000	10
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	6,317	0.01	0.37	0.37	0.48	0.48	0.35	0.19	650	5
G67A	Oesophagitis, Gastroent & Misc Digestive System Disorders Age	3,991	0.04	1.24	1.26	1.38	1.40	0.34	0.22	750	17
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>	11,217	0.02	0.43	0.43	0.53	0.53	0.44	0.44	1,500	8
G68A	Gastroenteritis Age<10 W CC	566	0.03	0.80	0.82	0.91	0.93	0.78	0.44	1,500	6
G68B	Gastroenteritis Age<10 W/O CC	6,957	0.01	0.44	0.44	0.55	0.55	0.44	0.44	1,500	4
G69Z	Oesophagitis and Misc Digestive System Disorders Age<10	1,284	0.02	0.59	0.59	0.67	0.67	0.44	0.28	950	5
G70A	Other Digestive System Diagnoses W CC	1,475	0.05	1.15	1.19	1.26	1.30	0.61	0.16	550	16
G70B	Other Digestive System Diagnoses W/O CC	2,436	0.01	0.40	0.40	0.51	0.51	0.36	0.15	500	7
H01A	Pancreas, Liver and Shunt Procedures W Catastrophic CC	285	0.32	8.28	9.17	8.33	9.22	0.77	0.44	1,500	49
H01B	Pancreas, Liver and Shunt Procedures W/O Catastrophic CC	429	0.19	3.59	3.90	3.61	3.93	0.89	0.44	1,500	21
H02A	Major Biliary Tract Procedures W Malignancy or Catastrophic	139	0.40	6.33	6.96	6.41	7.04	0.82	0.44	1,500	40
H02B	Major Biliary Tract Procedures W/O Malignancy W Severe or Mod	153	0.16	3.26	3.32	3.33	3.39	0.61	0.40	1,350	26
H02C	Major Biliary Tract Procedures W/O Malignancy W/O CC	229	0.10	1.69	1.71	1.71	1.73	0.25	0.16	550	18
H05A	Hepatobiliary Diagnostic Procedures W Catastrophic or Severe	135	0.25	4.65	4.99	4.72	5.06	1.33	0.44	1,500	37
H05B	Hepatobiliary Diagnostic Procedures W/O Catastrophic or Severe	117	0.12	1.78	1.79	1.82	1.82	0.51	0.34	1,150	15
H06Z	Other Hepatobiliary and Pancreas O.R. Procedures	147	0.13	3.04	3.14	3.07	3.18	0.71	0.44	1,500	33
H07A	Open Cholecystectomy W Closed CDE or Catastrophic CC	136	0.21	5.49	6.19	5.56	6.27	0.76	0.44	1,500	39

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H07B	Open Cholecystectomy W/O Closed CDE W/O Catastrophic CC	491	0.07	2.41	2.48	2.45	2.52	0.43	0.28	950	15
H08A	Laparoscopic Cholecystectomy W Closed CDE Or Catastrophic/Sev	1,069	0.15	2.57	2.68	2.63	2.74	0.32	0.22	750	19
H08B	Laparoscopic Cholecystectomy W/O Closed CDE W/O Catastrophic/	6,317	0.09	1.33	1.33	1.34	1.34	1.39	0.18	600	4
H40Z	Endoscopic Procedures for Bleeding Oesophageal Varices	145	0.12	2.48	2.80	2.56	2.89	0.34	0.22	750	16
H41A	ERCP Complex Therapeutic Procedure W Catastrophic or Severe C	324	0.12	3.05	3.20	3.14	3.29	0.31	0.21	700	29
H41B	ERCP Complex Therapeutic Procedure W/O Catastrophic or Severe	492	0.06	1.46	1.46	1.52	1.52	1.16	0.30	1,000	15
H42A	ERCP Other Therapeutic Procedure W Catastrophic or Severe CC	422	0.15	2.75	2.90	2.84	2.99	0.31	0.21	700	25
H42B	ERCP Other Therapeutic Procedure W Moderate CC	381	0.07	1.34	1.35	1.38	1.40	0.47	0.31	1,050	16
H42C	ERCP Other Therapeutic Procedure W/O CC	918	0.05	1.11	1.12	1.16	1.17	0.81	0.31	1,050	13
H60A	Cirrhosis and Alcoholic Hepatitis W Catastrophic CC	542	0.13	3.01	3.24	3.14	3.37	0.39	0.27	900	32
H60B	Cirrhosis and Alcoholic Hepatitis W Severe CC	494	0.09	1.44	1.48	1.54	1.58	0.73	0.28	950	17
H60C	Cirrhosis and Alcoholic Hepatitis W/O Catastrophic or Severe	280	0.04	1.01	1.02	1.08	1.09	0.42	0.12	400	17
H61A	Malignancy of Hepatobiliary Sys, Pancreas W Catastr CC or (Ag	692	0.07	2.08	2.10	2.20	2.22	0.54	0.36	1,200	28
H61B	Malig Hepatobiliary Sys, Pancreas (A<70 W/O Cat CC) or (A>69 W/	848	0.05	1.09	1.09	1.14	1.14	0.67	0.25	850	14
H62A	Disorders of Pancreas Except for Malignancy W Catastrophic or	686	0.07	2.04	2.27	2.16	2.39	0.37	0.25	850	23
H62B	Disorders of Pancreas Except for Malignancy W/O Catastrophic	2,756	0.04	0.83	0.84	0.95	0.96	0.52	0.34	1,150	10
H63A	Disorders of Liver Except Malign, Cirrhosis, Alcoholic Hepatit	645	0.08	2.02	2.15	2.15	2.29	0.49	0.33	1,100	24
H63B	Disorders of Liver Excep Malign, Cirrhosis, Alcoholic Hepatiti	645	0.03	0.82	0.83	0.92	0.93	0.68	0.16	550	12
H64A	Disorders of the Biliary Tract W CC	1,450	0.05	1.25	1.28	1.36	1.39	0.50	0.34	1,150	16
H64B	Disorders of the Biliary Tract W/O CC	2,784	0.03	0.55	0.55	0.65	0.65	0.56	0.43	1,450	9
I01Z	Bilateral or Multiple Major Joint Procs of Lower Extremity	292	0.57	8.03	8.06	8.05	8.08	0.33	0.22	750	19
I02A	Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC)	143	0.77	13.04	13.48	13.13	13.57	0.57	0.39	1,300	60
I02B	Skin Graft W/O Catastrophic or Severe CC, Excluding Hand	203	0.23	3.83	3.88	3.88	3.93	0.68	0.44	1,500	29
I03A	Hip Revision W Catastrophic or Severe CC	157	0.26	9.45	9.60	9.51	9.66	0.37	0.25	850	58
I03B	Hip Replacement W Cat or Severe CC or Hip Revision W/O Cat or	1,924	0.22	5.28	5.38	5.35	5.46	0.26	0.18	600	29
I03C	Hip Replacement W/O Catastrophic or Severe CC	2,441	0.16	4.00	4.01	4.03	4.04	0.29	0.19	650	12
I04Z	Knee Replacement and Reattachment	4,333	0.21	4.60	4.63	4.61	4.63	0.23	0.15	500	12
I05Z	Other Major Joint Replacement and Limb Reattachment Procedure	474	0.45	3.93	3.94	3.96	3.97	0.54	0.36	1,200	13
I06Z	Spinal Fusion W Deformity	52	0.43	7.88	8.15	7.89	8.16	0.55	0.37	1,250	14
I07Z	Amputation	76	0.16	7.16	7.26	7.26	7.37	0.20	0.13	450	59
I08A	Other Hip and Femur Procedures W Catastrophic or Severe CC	2,333	0.12	4.81	4.94	4.93	5.06	0.68	0.44	1,500	37

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
I08B	Other Hip and Femur Procedures W/O Catastrophic or Severe CC	2,246	0.19	3.00	3.01	3.08	3.10	0.30	0.19	650	19
I09A	Spinal Fusion W Catastrophic or Severe CC	220	0.76	8.57	9.14	8.63	9.20	0.48	0.33	1,100	39
I09B	Spinal Fusion W/O Catastrophic or Severe CC	498	0.32	4.58	4.66	4.60	4.68	1.24	0.44	1,500	15
I10A	Other Back and Neck Procedures W Catastrophic or Severe CC	288	0.13	4.00	4.12	4.04	4.16	0.43	0.28	950	27
I10B	Other Back and Neck Procedures W/O Catastrophic or Severe CC	1,315	0.27	2.22	2.24	2.24	2.26	0.36	0.24	800	10
I11Z	Limb Lengthening Procedures	25	0.13	2.34	2.34	2.34	2.34	1.33	0.44	1,500	17
I12A	Infect/Inflam of Bone & Joint W Misc Musc Sys & Conn Tiss Pro	247	0.44	8.61	8.92	8.72	9.03	0.75	0.44	1,500	60
I12B	Infect/Inflam of Bone & Joint W Misc Musc Sys & Conn Tiss Pro	205	0.20	4.48	4.51	4.56	4.59	0.48	0.33	1,100	42
I12C	Infect/Inflam Bone & Joint W Misc Musc Sys & Conn Tiss Proc W	867	0.08	2.40	2.41	2.45	2.46	0.45	0.30	1,000	24
I13A	Humerus, Tibia, Fibula and Ankle Procedures W Catastrophic or	471	0.16	5.00	5.13	5.10	5.23	0.42	0.28	950	33
I13B	Humerus, Tibia, Fibula and Ankle Procedures Age>59 W/O Catast	893	0.07	2.30	2.31	2.37	2.38	0.42	0.28	950	15
I13C	Humerus, Tibia, Fibula and Ankle Procedures Age<60 W/O Catast	4,079	0.34	1.62	1.62	1.68	1.69	0.77	0.44	1,500	8
I14Z	Stump Revision	13	0.11	1.88	1.88	1.90	1.90	0.42	0.28	950	19
I15Z	Cranio-Facial Surgery	107	0.11	2.80	3.07	2.81	3.07	0.51	0.34	1,150	12
I16Z	Other Shoulder Procedures	1,588	0.07	1.34	1.34	1.34	1.34	0.33	0.22	750	4
I17Z	Maxillo-Facial Surgery	337	0.10	2.28	2.35	2.32	2.39	0.34	0.22	750	10
I18Z	Other Knee Procedures	902	0.04	1.10	1.11	1.13	1.14	0.96	0.24	800	8
I19Z	Other Elbow or Forearm Procedures	3,499	0.04	1.46	1.48	1.54	1.55	1.30	0.28	950	6
I20Z	Foot Procedures	2,132	0.06	1.29	1.29	1.32	1.33	0.30	0.19	650	6
I21Z	Local Excision & Removal of Internal Fixation Devices of Hip	232	0.04	1.20	1.22	1.22	1.24	0.24	0.16	550	6
I23Z	Local Excision & Removal of Internal Fixation Dev Ex Hip & Fm	3,765	0.02	0.68	0.68	0.68	0.68	0.11	0.07	250	4
I24Z	Arthroscopy	687	0.05	0.78	0.78	0.80	0.80	0.11	0.07	250	8
I25Z	Bone and Joint Diagnostic Procedures including Biopsy	174	0.19	3.03	3.06	3.08	3.10	0.55	0.37	1,250	35
I27A	Soft Tissue Procedures W Catastrophic or Severe CC	213	0.15	4.37	4.55	4.46	4.64	0.54	0.36	1,200	40
I27B	Soft Tissue Procedures W/O Catastrophic or Severe CC	1,228	0.05	1.14	1.15	1.20	1.21	0.97	0.37	1,250	7
I28A	Other Connective Tissue Procedures W CC	333	0.17	3.71	3.78	3.81	3.88	0.58	0.39	1,300	38
I28B	Other Connective Tissue Procedures W/O CC	781	0.06	1.23	1.23	1.28	1.28	1.15	0.28	950	7
I29Z	Knee Reconstruction Or Revision	726	0.06	1.57	1.58	1.58	1.58	0.20	0.13	450	3
I30Z	Hand Procedures	7,645	0.08	1.01	1.01	1.06	1.06	0.32	0.21	700	4
I60Z	Femoral Shaft Fractures	253	0.19	3.56	3.58	3.80	3.82	0.69	0.44	1,500	60
I61Z	Other Femoral Fractures	207	0.06	1.39	1.44	1.52	1.56	0.36	0.24	800	24
I63Z	Sprains, Strains and Dislocations of Hip, Pelvis and Thigh	430	0.03	0.58	0.59	0.72	0.73	0.45	0.30	1,000	9

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I64A	Osteomyelitis W CC	383	0.15	2.54	2.56	2.61	2.63	0.29	0.19	650	44
I64B	Osteomyelitis W/O CC	271	0.06	1.53	1.54	1.61	1.61	0.31	0.10	350	28
I65A	Connective Tissue Malignancy, including Pathological Fx W Cat	785	0.09	2.50	2.51	2.59	2.61	0.57	0.39	1,300	29
I65B	Connective Tissue Malignancy, including Pathological Fx W/O C	800	0.08	1.51	1.51	1.58	1.58	0.67	0.27	900	17
I66A	Inflammatory Musculoskeletal Disorders W Cat or Sev CC	342	0.13	2.84	3.03	2.91	3.10	0.77	0.44	1,500	29
I66B	Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	908	0.08	0.99	0.99	1.04	1.05	0.39	0.18	600	15
I67A	Septic Arthritis W Catastrophic or Severe CC	70	0.27	3.80	3.88	3.96	4.03	0.69	0.44	1,500	47
I67B	Septic Arthritis W/O Catastrophic or Severe CC	308	0.03	0.99	1.00	1.07	1.08	0.18	0.12	400	26
I68A	Non-Surg Neck & Back Conditions W CC	2,488	0.06	1.99	2.01	2.13	2.15	0.67	0.44	1,500	26
I68B	Non-surgical Neck & Back Cond W/O CC	4,014	0.07	0.84	0.84	0.95	0.95	0.51	0.34	1,150	13
I68C	Non-surgical Neck & Back Conditions, Sameday	2,479	0.01	0.22	0.22	0.32	0.32	0.22	0.18	600	3
I69A	Bone Diseases & Spec Arthropathies Age>74 W Catastrophic or S	528	0.08	2.23	2.24	2.36	2.38	0.41	0.27	900	32
I69B	Bone Diseases&Spec Arthropathies(A<75 W Cat/Sev CC) or (A>74	1,144	0.05	1.11	1.12	1.22	1.23	0.33	0.09	300	19
I69C	Bone Diseases & Spec Arthropathies Age<75 W/O Catastr or Seve	786	0.04	0.73	0.73	0.80	0.80	0.35	0.16	550	13
I70Z	Non-Specific Arthropathies	275	0.05	0.87	0.87	0.97	0.97	0.28	0.18	600	12
I71A	Musculotendinous Disorders Age>69 W CC	487	0.05	1.13	1.14	1.27	1.28	0.22	0.15	500	25
I71B	Musculotendinous Disorders (Age<70 W CC) or (Age>69 W/O CC)	764	0.03	0.63	0.64	0.76	0.77	0.37	0.24	800	14
I71C	Musculotendinous Disorders Age <70 W/O CC	674	0.02	0.47	0.47	0.56	0.56	0.33	0.18	600	6
I72A	Tendonitis, Myositis and Bursitis (Age<80 W Catastr or Severe	300	0.07	1.54	1.59	1.67	1.71	0.33	0.22	750	25
I72B	Tendonitis, Myositis and Bursitis Age<80 W/O Catastrophic or	779	0.03	0.58	0.59	0.66	0.67	0.44	0.21	700	9
I73A	Aftercare of Connective Tissue Disorders Age>59 W Catastroph	490	0.14	2.90	2.91	2.93	2.94	0.53	0.36	1,200	40
I73B	Aftercare Conn Tiss Disorder (Age<60 W Cat/Sev CC) or (Age>59	715	0.04	0.86	0.87	0.91	0.93	0.52	0.12	400	21
I73C	Aftercare of Connective Tissue Disorders Age<60 W/O Catastrop	323	0.04	0.71	0.71	0.75	0.75	0.39	0.09	300	13
I74A	Injury to Forearm, Wrist, Hand or Foot Age>74 W CC	387	0.04	1.48	1.49	1.64	1.65	0.32	0.21	700	25
I74B	Injury to Forearm, Wrist, Hand or Foot (Age<75 W CC) or (Age>	856	0.03	0.60	0.61	0.74	0.75	0.15	0.10	350	7
I74C	Injury to Forearm, Wrist, Hand or Foot Age>75 W/O CC	7,407	0.02	0.45	0.45	0.55	0.55	0.25	0.16	550	3
I75A	Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle Age>64 W C	1,247	0.06	1.92	1.93	2.06	2.08	0.44	0.30	1,000	31
I75B	Inj to Shoulder, Arm, Elbow, Knee, Leg, Ankle (Age<65 W CC) or	1,877	0.03	0.77	0.77	0.92	0.92	0.26	0.18	600	13
I75C	Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle Age<65 W/O	3,852	0.02	0.45	0.45	0.57	0.57	0.11	0.07	250	4
I76A	Other Musculoskeletal Disorders Age>69 W CC	222	0.06	1.53	1.56	1.65	1.69	0.52	0.34	1,150	22
I76B	Other Musculoskeletal Disorders (Age<70 W CC) or (Age>69 W/O	518	0.04	0.88	0.93	1.00	1.04	0.34	0.22	750	15
I76C	Other Musculoskeletal Disorders Age<70 W/O CC	615	0.01	0.51	0.52	0.59	0.59	0.46	0.15	500	5

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I77A	Fractures of Pelvis W Catastrophic or Severe CC	715	0.12	2.79	2.83	2.95	2.99	0.39	0.27	900	35
I77B	Fractures of Pelvis W/O Catastrophic or Severe CC	873	0.05	1.12	1.12	1.27	1.27	0.37	0.25	850	19
I78A	Fractures of Neck of Femur W Catastrophic or Severe CC	407	0.11	1.62	1.63	1.77	1.79	0.48	0.33	1,100	27
I78B	Fractures of Neck of Femur W/O Catastrophic or Severe CC	1,059	0.05	0.43	0.43	0.64	0.64	0.37	0.25	850	11
J01Z	Microvascular Tissue Transfer for Skin, Subcutaneous Tissue &	97	0.19	6.37	6.71	6.37	6.71	0.40	0.27	900	16
J06A	Major Procedures for Malignant Breast Conditions	2,026	0.06	1.55	1.55	1.55	1.56	0.37	0.25	850	8
J06B	Major Procedures for Non-Malignant Breast Conditions	507	0.05	1.53	1.53	1.53	1.53	0.70	0.44	1,500	8
J07A	Minor Procedures for Malignant Breast Conditions	662	0.03	0.88	0.88	0.88	0.88	0.11	0.07	250	3
J07B	Minor Procedures for Non-Malignant Breast Conditions	1,468	0.03	0.64	0.64	0.64	0.64	0.11	0.07	250	3
J08A	Other Skin Graft and/or Debridement Procedures W Catastrophic	401	0.10	2.98	3.08	3.02	3.12	0.51	0.34	1,150	27
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastroph	1,147	0.03	1.24	1.25	1.27	1.27	1.09	0.40	1,350	11
J09Z	Perianal and Pilonidal Procedures	729	0.03	0.76	0.76	0.77	0.77	0.15	0.10	350	3
J10Z	Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	2,039	0.04	0.81	0.81	0.81	0.81	0.10	0.06	200	5
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	1,137	0.05	0.82	0.84	0.84	0.86	0.58	0.15	500	7
J12A	Lower Limb Procs W Ulcer/Cellulitis W Catastr CC	133	0.51	8.67	8.78	8.76	8.86	0.34	0.22	750	60
J12B	Lower Limb Procs W Ulcer/Cellulitis W/O Catastr CC W Skin Gra	145	0.28	5.20	5.21	5.26	5.27	0.91	0.44	1,500	56
J12C	Lower Limb Procs W Ulcer/Cellulitis W/O Catastr CC W/O Skin G	211	0.12	2.43	2.45	2.49	2.50	0.35	0.24	800	29
J13A	Lower Limb Procs W/O Ulcer/Cellulitis W Skin Graft W Catastr/	164	0.12	3.14	3.16	3.16	3.18	0.38	0.25	850	27
J13B	Lower Limb Procs W/O Ulcer/Cellulitis W/O (Skin Graft & Catas	598	0.16	1.82	1.83	1.83	1.83	1.10	0.30	1,000	18
J14Z	Major Breast Reconstructions	67	0.10	3.55	3.55	3.55	3.55	0.73	0.44	1,500	15
J60A	Skin Ulcers	803	0.26	2.04	2.04	2.13	2.14	0.35	0.24	800	32
J60B	Skin Ulcers, Sameday	75	0.01	0.15	0.15	0.30	0.30	0.15	0.19	650	3
J62A	Malignant Breast Disorders W Catastrophic or Severe CC or (Ag	266	0.11	1.34	1.34	1.40	1.40	0.47	0.27	900	26
J62B	Malignant Breast Disorders (A<70 W/O Catastr or Severe CC) or	146	0.03	0.57	0.57	0.58	0.58	0.21	0.15	500	8
J63Z	Non-Malignant Breast Disorders	518	0.02	0.54	0.54	0.61	0.61	0.20	0.13	450	8
J64A	Cellulitis Age>59 W Catastrophic or Severe CC	1,665	0.05	1.90	1.93	2.03	2.06	0.40	0.27	900	25
J64B	Cellulitis (Age>59 W/O Catastrophic or Severe CC) or Age<60	10,192	0.03	0.79	0.79	0.90	0.90	0.32	0.21	700	11
J65A	Trauma to the Skin, Subcutaneous Tissue and Breast Age>69	1,374	0.03	0.82	0.82	0.97	0.98	0.44	0.30	1,000	18
J65B	Trauma to the Skin, Subcutaneous Tissue and Breast Age<70	2,251	0.01	0.38	0.38	0.48	0.48	0.18	0.12	400	4
J67A	Minor Skin Disorders	1,250	0.03	0.68	0.68	0.77	0.78	0.29	0.19	650	8
J67B	Minor Skin Disorders, Sameday	1,882	0.01	0.24	0.24	0.26	0.26	0.24	0.18	600	3
J68A	Major Skin Disorders	1,290	0.09	1.26	1.28	1.34	1.37	0.52	0.34	1,150	16

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J68B	Major Skin Disorders, Sameday	311	0.00	0.11	0.11	0.14	0.14	0.11	0.15	500	3
K01Z	Diabetic Foot Procedures	734	0.59	6.50	6.64	6.59	6.73	0.95	0.44	1,500	59
K02Z	Pituitary Procedures	123	0.20	3.05	3.57	3.05	3.57	0.68	0.44	1,500	13
K03Z	Adrenal Procedures	69	0.78	3.27	3.59	3.29	3.60	0.42	0.28	950	18
K04Z	Major Procedures for Obesity	6	0.13	3.15	3.16	3.15	3.17	0.48	0.33	1,100	6
K05Z	Parathyroid Procedures	285	0.04	1.51	1.58	1.51	1.58	0.46	0.31	1,050	7
K06Z	Thyroid Procedures	1,403	0.18	1.61	1.63	1.61	1.64	0.35	0.24	800	5
K07Z	Obesity Procedures	42	0.12	2.28	2.38	2.28	2.38	0.45	0.30	1,000	13
K08Z	Thyroglossal Procedures	82	0.07	1.00	1.01	1.01	1.01	0.11	0.07	250	3
K09Z	Other Endocrine, Nutritional and Metabolic O.R. Procedures	189	0.19	3.99	4.21	4.04	4.25	1.38	0.44	1,500	41
K40Z	Endoscopic or Investigative Procedure for Metabolic Disorders	384	0.02	0.53	0.53	0.54	0.54	0.53	0.39	1,300	20
K60A	Diabetes W Catastrophic or Severe CC	1,525	0.05	2.00	2.14	2.12	2.26	0.39	0.27	900	25
K60B	Diabetes W/O Catastrophic or Severe CC	4,135	0.04	0.90	0.95	0.99	1.05	0.37	0.15	500	11
K61Z	Severe Nutritional Disturbance	111	0.14	3.75	3.84	3.85	3.94	0.48	0.33	1,100	37
K62A	Miscellaneous Metabolic Disorders W Catastrophic CC	763	0.06	2.08	2.18	2.20	2.30	0.48	0.33	1,100	26
K62B	Miscellaneous Metabolic Disorders W Severe CC or (Age>74 W/O	1,602	0.04	1.02	1.04	1.13	1.15	0.55	0.30	1,000	15
K62C	Miscellaneous Metabolic Disorders W/O Catastrophic or Severe	1,257	0.06	0.81	0.82	0.88	0.90	0.42	0.25	850	10
K63Z	Inborn Errors of Metabolism	139	0.08	1.64	1.68	1.75	1.78	0.41	0.15	500	13
K64A	Endocrine Disorders W Catastrophic or Severe CC	298	0.07	2.00	2.07	2.09	2.17	0.68	0.27	900	24
K64B	Endocrine Disorders W/O Catastrophic or Severe CC	977	0.06	0.78	0.79	0.81	0.82	0.51	0.15	500	5
L02A	Operative Insertion of Peritoneal Catheter for Dialysis W Cat	83	0.41	5.11	5.19	5.14	5.22	0.80	0.44	1,500	59
L02B	Operative Insertion of Peritoneal Catheter for Dialysis W/O C	152	0.05	1.32	1.33	1.34	1.35	0.51	0.34	1,150	7
L03A	Kidney, Ureter and Major Bladder Procedures for Neoplasm W Ca	290	0.23	5.27	5.95	5.30	5.98	0.49	0.33	1,100	31
L03B	Kidney, Ureter and Major Bladder Procedures for Neoplasm W/O	401	0.18	3.03	3.15	3.03	3.15	0.44	0.30	1,000	13
L04A	Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm	237	0.25	5.97	6.45	6.09	6.56	0.49	0.33	1,100	45
L04B	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W	393	0.16	2.97	3.03	3.01	3.08	1.92	0.31	1,050	18
L04C	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/	1,133	0.18	2.07	2.09	2.09	2.10	0.42	0.28	950	10
L05A	Transurethral Prostatectomy W Catastrophic or Severe CC	60	0.11	2.94	3.01	2.99	3.06	0.69	0.44	1,500	34
L05B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	191	0.08	1.26	1.27	1.28	1.29	0.29	0.19	650	7
L06A	Minor Bladder Procedures W Catastrophic or Severe CC	139	0.11	2.83	2.97	2.89	3.02	1.07	0.44	1,500	36
L06B	Minor Bladder Procedures W/O Catastrophic or Severe CC	303	0.05	0.98	0.99	1.00	1.00	0.92	0.31	1,050	6
L07A	Transurethral Procedures Except Prostatectomy W Catastrophic	325	0.08	2.15	2.20	2.19	2.24	0.17	0.12	400	26

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L07B	Transurethral Procedures Except Prostatectomy W/O Catastroph	990	0.06	0.88	0.88	0.90	0.90	0.92	0.31	1,050	5
L08A	Urethral Procedures W CC	98	0.06	1.06	1.07	1.08	1.10	0.11	0.07	250	13
L08B	Urethral Procedures W/O CC	293	0.05	0.77	0.77	0.77	0.77	0.11	0.07	250	5
L09A	Other Procedures for Kidney and Urinary Tract Disorders W Cat	165	0.86	9.08	9.37	9.17	9.45	0.78	0.44	1,500	60
L09B	Other Procedures for Kidney and Urinary Tract Disorders W Sev	88	0.19	3.58	3.59	3.66	3.67	0.49	0.33	1,100	25
L09C	Other Procedures for Kidney and Urinary Tract Disorders W/O C	307	0.12	1.36	1.36	1.37	1.38	0.29	0.19	650	7
L40Z	Ureteroscopy	196	0.04	0.94	0.95	0.96	0.97	0.26	0.18	600	6
L41Z	Cystourethroscopy, Sameday	5,396	0.02	0.48	0.48	0.48	0.48	0.22	0.15	500	3
L42Z	ESW Lithotripsy for Urinary Stones	421	0.03	0.75	0.75	0.75	0.75	0.11	0.07	250	5
L60A	Renal Failure W Catastrophic CC	670	0.13	3.50	3.92	3.64	4.06	0.81	0.44	1,500	38
L60B	Renal Failure W Severe CC	794	0.08	1.77	1.84	1.88	1.95	0.37	0.25	850	21
L60C	Renal Failure W/O Catastrophic or Severe CC	1,028	0.08	1.14	1.19	1.24	1.29	0.33	0.16	550	15
L61Z	Admit for Renal Dialysis	231,439	0.01	0.14	0.14	0.14	0.14	0.11	0.07	250	3
L62A	Kidney and Urinary Tract Neoplasms W Catastrophic or Severe C	342	0.10	1.60	1.61	1.70	1.71	0.83	0.44	1,500	24
L62B	Kidney and Urinary Tract Neoplasms W/O Catastrophic or Severe	210	0.03	0.97	0.98	1.01	1.01	0.44	0.22	750	11
L63A	Kidney and Urinary Tract Infections W Catastrophic CC	1,226	0.07	2.30	2.35	2.44	2.49	0.50	0.34	1,150	29
L63B	Kidney and Urinary Tract Infections (Age<70 W Severe CC) or A	5,221	0.03	1.05	1.06	1.19	1.20	0.29	0.19	650	16
L63C	Kidney and Urinary Tract Infections Age<70 W/O Catastrophic o	4,256	0.02	0.69	0.69	0.81	0.81	0.34	0.22	750	8
L64Z	Urinary Stones and Obstruction	4,331	0.02	0.51	0.51	0.61	0.61	0.33	0.16	550	5
L65A	Kidney and Urinary Tract Signs and Symptoms W Catastrophic or	574	0.03	1.25	1.26	1.38	1.39	0.30	0.19	650	17
L65B	Kidney and Urinary Tract Signs and Symptoms W/O Catastrophic	1,417	0.03	0.50	0.50	0.60	0.60	0.38	0.18	600	7
L66Z	Urethral Stricture	130	0.03	0.55	0.55	0.58	0.58	0.19	0.12	400	5
L67A	Other Kidney and Urinary Tract Diagnoses W Catastrophic CC	459	0.14	3.25	3.46	3.38	3.59	0.22	0.15	500	32
L67B	Other Kidney and Urinary Tract Diagnoses W Severe CC	838	0.06	1.37	1.41	1.47	1.51	0.46	0.33	1,100	17
L67C	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or	1,989	0.03	0.82	0.84	0.90	0.92	0.45	0.31	1,050	12
M01Z	Major Male Pelvic Procedures	571	0.15	3.18	3.27	3.19	3.28	1.33	0.44	1,500	13
M02A	Transurethral Prostatectomy W Catastrophic or Severe CC	399	0.06	2.24	2.30	2.26	2.32	0.35	0.24	800	16
M02B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	1,915	0.07	1.32	1.33	1.33	1.33	0.30	0.21	700	7
M03A	Penis Procedures W CC	44	0.06	1.45	1.46	1.49	1.51	0.48	0.33	1,100	13
M03B	Penis Procedures W/O CC	185	0.06	1.12	1.13	1.14	1.15	0.92	0.21	700	3

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
M04A	Testes Procedures W CC	130	0.05	1.34	1.38	1.37	1.41	0.37	0.24	800	12
M04B	Testes Procedures W/O CC	1,839	0.03	0.74	0.74	0.76	0.77	0.20	0.13	450	3
M05Z	Circumcision	1,222	0.07	0.63	0.63	0.63	0.64	0.11	0.07	250	3
M06A	Other Male Reproductive System O.R. Procedures for Malignancy	147	0.07	1.26	1.26	1.27	1.27	0.19	0.13	450	6
M06B	Other Male Reproductive System O.R. Procedures Except for Mal	117	0.06	1.01	1.02	1.03	1.03	0.30	0.19	650	8
M40Z	Cystourethroscopy W/O CC	430	0.03	0.44	0.44	0.45	0.45	0.09	0.06	200	6
M60A	Malignancy, Male Reproductive System W Catastrophic or Severe	417	0.07	1.28	1.29	1.35	1.36	0.31	0.21	700	23
M60B	Malignancy, Male Reproductive System W/O Catastrophic or Seve	232	0.05	0.65	0.65	0.69	0.69	0.57	0.16	550	11
M61A	Benign Prostatic Hypertrophy W Catastrophic or Severe CC	115	0.05	1.35	1.36	1.43	1.44	0.16	0.10	350	24
M61B	Benign Prostatic Hypertrophy W/O Catastrophic or Severe CC	426	0.02	0.46	0.46	0.49	0.49	0.24	0.16	550	9
M62A	Inflammation of the Male Reproductive System W CC	299	0.04	1.00	1.01	1.09	1.10	0.16	0.10	350	12
M62B	Inflammation of the Male Reproductive System W/O CC	729	0.02	0.44	0.44	0.52	0.52	0.37	0.24	800	7
M63Z	Sterilisation, Male	1,112	0.02	0.49	0.49	0.49	0.49	0.30	0.19	650	3
M64Z	Other Male Reproductive System Diagnoses	594	0.02	0.31	0.31	0.39	0.39	0.11	0.07	250	4
N01Z	Pelvic Evisceration and Radical Vulvectomy	66	0.20	3.75	3.80	3.76	3.80	0.22	0.15	500	28
N02A	Uterine, Adnexa Proc for Ovarian or Adnexal Malignancy W CC	170	0.14	3.24	3.29	3.25	3.30	0.79	0.44	1,500	18
N02B	Uterine, Adnexa Proc for Ovarian or Adnexal Malignancy W/O CC	129	0.11	1.91	1.91	1.92	1.93	0.89	0.44	1,500	10
N03A	Uterine, Adnexa Procedure for Non-Ovarian or Adnexal Malignan	192	0.12	2.83	2.91	2.84	2.92	0.73	0.44	1,500	16
N03B	Uterine, Adnexa Procedure for Non-Ovarian or Adnexal Malignan	219	0.08	1.91	1.91	1.91	1.92	1.29	0.12	400	11
N04Z	Hysterectomy for Non-Malignancy	3,657	0.06	1.73	1.74	1.74	1.74	0.14	0.09	300	7
N05A	Oophorectomies and Complex Fallopian Tube Procs for Non-Malig	108	0.08	2.55	2.67	2.57	2.69	0.76	0.44	1,500	14
N05B	Oophorectomies & Complex Fallopian Tube Procs for Non-Malig W	879	0.04	1.45	1.46	1.47	1.47	0.16	0.10	350	8
N06Z	Female Reproductive System Reconstructive Procedures	1,983	0.06	1.33	1.34	1.34	1.34	0.59	0.40	1,350	7
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy	1,559	0.04	1.11	1.12	1.14	1.15	0.83	0.09	300	6
N08Z	Endoscopic Procedures for Female Reproductive System	3,853	0.03	0.87	0.87	0.89	0.89	0.11	0.07	250	5
N09Z	Conisation, Vagina, Cervix and Vulva Procedures	828	0.02	0.58	0.59	0.62	0.62	0.67	0.25	850	5
N10Z	Diagnostic Curettage or Diagnostic Hysteroscopy	4,753	0.04	0.57	0.57	0.58	0.58	0.11	0.07	250	5
N11A	Other Female Reproductive Sys O.R. Procs Age>64 or W Malignan	48	0.08	2.74	2.98	2.77	3.00	0.29	0.19	650	20
N11B	Other Female Reproductive System O.R. Procs Age<65 W/O Malign	564	0.04	0.55	0.55	0.55	0.55	0.43	0.28	950	9
N60A	Malignancy, Female Reproductive System W Catastrophic or Seve	317	0.12	1.62	1.70	1.70	1.77	0.36	0.24	800	21
N60B	Malignancy, Female Reproductive System W/O Catastrophic or Se	305	0.03	0.93	0.93	0.98	0.98	0.27	0.18	600	9
N61Z	Infections, Female Reproductive System	505	0.02	0.49	0.49	0.59	0.59	0.29	0.19	650	7

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N62A	Menstrual and Other Female Reproductive System Disorders W CC	429	0.03	0.56	0.56	0.65	0.65	0.19	0.13	450	8
N62B	Menstrual and Other Female Reproductive System Disorders W/O	2,630	0.01	0.26	0.26	0.32	0.32	0.22	0.15	500	4
O01A	Caesarean Delivery W Catastrophic CC	1,025	0.10	2.31	2.39	2.32	2.40	0.33	0.22	750	20
O01B	Caesarean Delivery W Severe CC	3,118	0.13	1.88	1.91	1.88	1.91	0.20	0.13	450	12
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	13,716	0.05	1.65	1.66	1.65	1.66	0.11	0.07	250	8
O02A	Vaginal Delivery W O.R. Procedure W Catastrophic or Severe CC	669	0.05	1.36	1.39	1.36	1.39	0.33	0.22	750	9
O02B	Vaginal Delivery W O.R. Procedure W/O Catastrophic or Severe	1,016	0.05	1.09	1.09	1.09	1.09	0.70	0.44	1,500	7
O03Z	Ectopic Pregnancy	781	0.04	0.96	0.96	1.03	1.03	0.76	0.44	1,500	5
O04Z	Postpartum and Post Abortion W O.R. Procedure	487	0.04	0.83	0.84	0.88	0.90	0.30	0.21	700	7
O05Z	Abortion W OR Procedure	7,293	0.02	0.63	0.63	0.70	0.70	0.27	0.18	600	3
O60A	Vaginal Delivery W Catastrophic or Severe CC	4,403	0.04	1.24	1.25	1.24	1.25	0.26	0.18	600	10
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	34,299	0.04	0.92	0.92	0.92	0.92	0.46	0.31	1,050	7
O60C	Single Uncomplicated Vaginal Delivery W/O Other Condition	9,649	0.02	0.73	0.74	0.74	0.74	0.11	0.07	250	5
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	3,839	0.02	0.55	0.55	0.57	0.58	0.26	0.18	600	6
O63Z	Abortion W/O O.R. Procedure	1,308	0.01	0.30	0.30	0.38	0.38	0.24	0.16	550	3
O64A	False Labour Before 37 Weeks or W Catastrophic CC	1,872	0.03	0.44	0.44	0.44	0.44	0.49	0.31	1,050	6
O64B	False Labour After 37 Weeks W/O Catastrophic CC	1,603	0.01	0.21	0.21	0.22	0.22	0.21	0.18	600	3
O66A	Antenatal & Other Obstetric Admission	10,851	0.07	0.48	0.49	0.51	0.51	0.28	0.19	650	5
O66B	Antenatal & Other Obstetric Admission, Sameday	8,530	0.01	0.11	0.11	0.12	0.12	0.11	0.18	600	3
P01Z	Neonate, Died or Transf <5 Days of Admission W Significant O.	95	0.13	1.16	1.16	1.16	1.16	0.40	0.27	900	6
P02Z	Cardiothoracic/Vascular Procedures for Neonates	53	1.19	14.39	18.76	14.40	18.76	0.83	0.44	1,500	50
P03Z	Neonate, AdmWt 1000-1499 g W Significant O.R. Procedure	60	3.64	25.36	25.36	25.36	25.36	1.05	0.44	1,500	60
P04Z	Neonate, AdmWt 1500-1999 g W Significant O.R. Procedure	37	1.35	16.03	16.03	16.03	16.03	0.80	0.44	1,500	60
P05Z	Neonate, AdmWt 2000-2499 g W Significant O.R. Procedure	52	1.45	13.25	14.79	13.27	14.81	0.70	0.44	1,500	60
P06A	Neonate, AdmWt > 2499 g W Significant O.R. Procedure W Multi	125	1.65	13.44	15.41	13.45	15.42	0.15	0.10	350	60
P06B	Neonate, Adm Wt > 2499 g W Significant O.R. Proc W/O Multi Ma	3	0.59	4.75	4.75	4.75	4.75	0.79	0.44	1,500	28
P60A	Neonate Died or Transf <5 Days of Adm, W/O Significant O.R. P	480	0.07	0.41	0.41	0.41	0.41	0.41	0.31	1,050	6
P60B	Neonate Died/Transf <5 Days of Adm, W/O Significant O.R. Proc	238	0.04	0.28	0.28	0.34	0.34	0.28	0.36	1,200	6
P61Z	Neonate, AdmWt < 750 g	4	24.45	132.91	132.91	132.91	132.91	0.57	0.39	1,300	60
P62Z	Neonate, AdmWt 750-999 g	148	3.14	25.39	25.39	25.39	25.39	1.33	0.44	1,500	60
P63Z	Neonate, AdmWt 1000-1249 g W/O Significant O.R. Procedure	253	0.96	10.71	10.71	10.71	10.71	0.78	0.44	1,500	60
P64Z	Neonate, AdmWt 1250-1499 g W/O Significant O.R. Procedure	337	0.64	9.05	9.05	9.05	9.05	0.55	0.37	1,250	60

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P65A	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Proc W Multi	67	0.68	6.38	6.44	6.39	6.45	0.15	0.10	350	57
P65B	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W	360	0.44	5.00	5.09	5.01	5.10	0.65	0.43	1,450	50
P65C	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W	349	0.36	4.53	4.62	4.53	4.62	1.33	0.44	1,500	44
P65D	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W/O	442	0.26	4.03	4.29	4.04	4.30	1.23	0.44	1,500	38
P66A	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Proc W Multi	73	0.52	4.66	4.72	4.67	4.72	0.33	0.22	750	45
P66B	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Procedure W	372	0.29	3.29	3.48	3.29	3.49	0.44	0.30	1,000	36
P66C	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Procedure W/O	967	0.14	2.23	2.39	2.24	2.39	0.82	0.44	1,500	29
P66D	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Procedure W/O	700	0.07	0.97	1.10	0.97	1.11	0.67	0.44	1,500	15
P67A	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W	255	0.24	3.30	3.43	3.31	3.45	0.16	0.10	350	27
P67B	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W	1,389	0.10	1.62	1.73	1.64	1.76	0.52	0.36	1,200	18
P67C	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W	2,963	0.05	0.90	0.94	0.91	0.95	0.65	0.43	1,450	11
P67D	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Pr	3,977	0.02	0.60	0.62	0.61	0.64	0.28	0.19	650	8
P67Z	Unqualified Neonates	62,068	0.03	0.42	0.43	0.42	0.43	0.24	0.16	550	7
Q01Z	Splenectomy	94	0.14	3.28	3.62	3.33	3.67	0.36	0.24	800	14
Q02A	Other O.R. Procedure of Blood & Blood Forming Organs W Catast	136	0.41	6.12	6.52	6.21	6.61	0.85	0.44	1,500	43
Q02B	Other O.R. Procedure of Blood & Blood Forming Organs W/O Cata	444	0.04	1.05	1.06	1.06	1.08	0.35	0.24	800	10
Q60A	Reticuloendothelial and Immunity Disorders W Catastrophic or	1,050	0.13	2.78	2.84	2.88	2.94	0.49	0.33	1,100	19
Q60B	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC	397	0.04	1.21	1.22	1.30	1.31	0.86	0.44	1,500	12
Q60C	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC	720	0.04	0.82	0.84	0.92	0.94	0.30	0.19	650	10
Q61A	Red Blood Cell Disorders W Catastrophic CC	628	0.07	1.70	1.75	1.81	1.86	0.78	0.39	1,300	22
Q61B	Red Blood Cell Disorders W Severe CC	923	0.04	0.97	0.98	1.05	1.06	0.79	0.44	1,500	14
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	2,468	0.02	0.50	0.50	0.58	0.58	0.46	0.41	1,400	8
Q62Z	Coagulation Disorders	1,167	0.03	0.86	0.89	0.97	1.00	0.34	0.18	600	13
R01A	Lymphoma and Leukaemia W Major O.R. Procedures W	114	0.60	10.76	11.30	10.84	11.38	0.87	0.44	1,500	56
R01B	Lymphoma and Leukaemia W Major O.R. Procedures W/O	127	0.20	3.06	3.15	3.08	3.17	0.85	0.44	1,500	24
R02A	Other Neoplastic Disorders W Major O.R. Procedures W Catastr	152	0.35	5.61	5.84	5.64	5.87	0.56	0.37	1,250	33

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
R02B	Other Neoplastic Disorders W Major O.R. Procedures W/O Catastr	362	0.11	2.30	2.35	2.31	2.36	0.67	0.44	1,500	14
R03A	Lymphoma and Leukaemia W Other O.R. Procedures W Catastrophic	187	0.41	7.77	7.96	7.88	8.06	1.01	0.44	1,500	60
R03B	Lymphoma and Leukaemia W Other O.R. Procedures W/O Catastroph	354	0.08	1.62	1.64	1.65	1.66	0.43	0.28	950	23
R04A	Other Neoplastic Disorders W Other O.R. Procedures W Catastr	128	0.23	3.37	3.41	3.41	3.46	0.11	0.07	250	34
R04B	Other Neoplastic Disorders W Other O.R. Procedures W/O Catastr	161	0.06	1.17	1.18	1.18	1.19	0.27	0.18	600	14
R60A	Acute Leukaemia W Catastrophic CC	389	0.66	9.99	10.19	10.08	10.28	3.32	0.44	1,500	60
R60B	Acute Leukaemia W Severe CC	335	0.23	3.43	3.45	3.50	3.52	1.33	0.44	1,500	30
R60C	Acute Leukaemia W/O Catastrophic or Severe CC	755	0.12	2.23	2.23	2.27	2.28	0.57	0.21	700	12
R61A	Lymphoma and Non-Acute Leukaemia W Catastrophic CC	628	0.20	5.20	5.33	5.30	5.43	0.65	0.43	1,450	44
R61B	Lymphoma and Non-Acute Leukaemia W/O Catastrophic CC	2,717	0.06	1.46	1.47	1.50	1.51	0.79	0.44	1,500	14
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	3,786	0.01	0.19	0.19	0.21	0.21	0.19	0.21	700	3
R62A	Other Neoplastic Disorders W CC	350	0.10	2.04	2.06	2.10	2.12	0.33	0.22	750	28
R62B	Other Neoplastic Disorders W/O CC	292	0.04	0.73	0.73	0.75	0.76	0.23	0.15	500	13
R63Z	Chemotherapy	3,404	0.02	0.17	0.17	0.17	0.17	0.11	0.07	250	3
R64Z	Radiotherapy	195	0.06	0.78	0.78	0.78	0.78	0.23	0.15	500	6
S60Z	HIV, Sameday	219	0.07	0.60	0.60	0.61	0.61	0.31	0.21	700	3
S65A	HIV-Related Diseases W Catastrophic CC	94	0.58	8.59	9.41	8.74	9.57	0.68	0.44	1,500	48
S65B	HIV-Related Diseases W Severe CC	93	0.29	4.10	4.11	4.20	4.22	0.33	0.22	750	26
S65C	HIV-Related Diseases W/O Catastrophic or Severe CC	163	0.16	2.96	2.98	3.05	3.07	0.46	0.31	1,050	17
T01A	O.R. Procedures for Infectious and Parasitic Diseases W Catas	419	0.37	10.11	10.92	10.23	11.04	1.86	0.44	1,500	60
T01B	O.R. Procedures for Infectious and Parasitic Diseases W Sever	352	0.19	4.13	4.24	4.20	4.31	0.88	0.18	600	33
T01C	O.R. Procedures for Infectious and Parasitic Diseases W/O CC	443	0.07	2.01	2.04	2.07	2.09	0.64	0.13	450	21
T60A	Septicaemia W Catastrophic or Severe CC	2,989	0.06	2.49	2.76	2.65	2.91	0.51	0.34	1,150	26
T60B	Septicaemia W/O Catastrophic or Severe CC	1,003	0.05	1.10	1.16	1.25	1.30	0.40	0.27	900	14
T61A	Postoperative & Post-Traumatic Infect W Cat/Sev CC or (Age>54	1,446	0.04	1.26	1.29	1.35	1.38	0.35	0.24	800	17
T61B	Postoperative & Post-Traumatic Infections Age <55 W/O Catastr	993	0.03	0.85	0.86	0.95	0.95	0.20	0.13	450	10
T62A	Fever of Unknown Origin W CC	1,036	0.04	1.25	1.25	1.37	1.38	0.44	0.30	1,000	13
T62B	Fever of Unknown Origin W/O CC	1,565	0.02	0.47	0.47	0.58	0.58	0.36	0.24	800	6
T63A	Viral Illness Age >59 or W CC	1,017	0.03	0.78	0.78	0.89	0.89	0.54	0.37	1,250	9
T63B	Viral Illness Age<60 W/O CC	3,873	0.01	0.46	0.46	0.56	0.57	0.46	0.44	1,500	5
T64A	Other Infectious and Parasitic Diseases W Catastrophic or Sev	239	0.19	3.14	3.25	3.26	3.37	0.73	0.44	1,500	31

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
T64B	Other Infectious and Parasitic Diseases W/O Catastrophic or S	517	0.04	0.81	0.81	0.91	0.91	0.55	0.31	1,050	10
U40Z	Mental Health Treatment, Sameday, W ECT	494	0.02	0.15	0.15	0.15	0.15	0.15	0.15	500	3
U60Z	Mental Health Treatment, Sameday, W/O ECT	5,122	0.01	0.11	0.11	0.25	0.25	0.11	0.16	550	3
U61A	Schizophrenia Disorders W Mental Health Legal Status	69	0.06	0.55	0.56	0.65	0.66	0.19	0.12	400	3
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	404	0.03	0.44	0.44	0.57	0.57	0.11	0.07	250	5
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Heal	64	0.13	1.09	1.10	1.18	1.19	0.23	0.16	550	18
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Hea	276	0.01	0.22	0.22	0.47	0.48	0.22	0.40	1,350	9
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat	295	0.17	2.08	2.10	2.24	2.26	0.12	0.09	300	41
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe C	566	0.02	0.36	0.36	0.50	0.50	0.36	0.34	1,150	7
U64Z	Other Affective and Somatoform Disorders	963	0.04	0.79	0.80	0.89	0.89	0.30	0.21	700	14
U65Z	Anxiety Disorders	917	0.04	0.86	0.88	0.96	0.98	0.67	0.44	1,500	12
U66Z	Eating and Obsessive-Compulsive Disorders	268	0.40	5.46	5.49	5.54	5.58	1.33	0.44	1,500	60
U67Z	Personality Disorders and Acute Reactions	662	0.02	0.43	0.44	0.56	0.57	0.20	0.13	450	5
U68Z	Childhood Mental Disorders	87	0.09	1.19	1.19	1.35	1.36	0.64	0.43	1,450	9
V60A	Alcohol Intoxication and Withdrawal W CC	821	0.03	0.66	0.71	0.79	0.84	0.27	0.18	600	12
V60B	Alcohol Intoxication and Withdrawal W/O CC	1,529	0.01	0.24	0.25	0.36	0.37	0.24	0.18	600	7
V61Z	Drug Intoxication and Withdrawal	409	0.02	0.48	0.48	0.70	0.70	0.22	0.15	500	8
V62A	Alcohol Use Disorder and Dependence	1,817	0.08	1.16	1.16	1.19	1.20	0.36	0.24	800	13
V62B	Alcohol Use Disorder and Dependence, Sameday	80	0.03	0.20	0.20	0.30	0.30	0.20	0.22	750	3
V63A	Opioid Use Disorder and Dependence	333	0.10	1.08	1.08	1.14	1.14	0.18	0.12	400	14
V63B	Opioid Use Disorder and Dependence, Left Against Medical Advi	118	0.10	0.70	0.70	0.71	0.71	0.10	0.07	250	14
V64Z	Other Drug Use Disorder and Dependence	735	0.03	0.61	0.61	1.11	1.11	0.38	0.25	850	14
W01Z	Ventilation or Craniotomy Procs for Multiple Significant Trau	291	0.52	13.14	18.98	13.27	19.12	0.39	0.27	900	60
W02Z	Hip, Femur and Limb Procs for Multiple Significant Trauma, in	188	0.32	7.34	7.67	7.47	7.79	0.66	0.44	1,500	43
W03Z	Abdominal Procedures for Multiple Significant Trauma	74	0.21	3.40	4.02	3.51	4.14	0.54	0.36	1,200	18
W04Z	Other O.R. Procedures for Multiple Significant Trauma	124	0.35	6.84	7.61	6.98	7.75	0.96	0.44	1500	48
W60Z	Multiple Trauma, Died or Transf to Another Acute Care Facilit	265	0.08	1.18	1.31	1.43	1.56	0.38	0.25	850	3
W61Z	Multiple Trauma Without Significant Procedures	295	0.11	2.63	2.96	2.74	3.07	0.41	0.28	950	26
X02Z	Microvascular Tissue Transfer or Skin Grafts for Injuries to	578	0.05	1.24	1.25	1.32	1.33	0.20	0.13	450	4
X04A	Other Procedures for Injuries to Lower Limb Age>59 or W CC	183	0.14	2.17	2.30	2.26	2.39	0.37	0.25	850	19
X04B	Other Procedures for Injuries to Lower Limb Age<60 W/O CC	545	0.03	0.95	0.95	1.03	1.04	0.48	0.31	1,050	5
X05Z	Other Procedures for Injuries to Hand	1,193	0.03	0.87	0.88	0.94	0.95	0.78	0.22	750	4

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
X06A	Other Procedures for Other Injuries W Catastrophic or Severe	498	0.11	3.07	3.42	3.16	3.51	0.43	0.28	950	26
X06B	Other Procedures for Other Injuries W/O Catastrophic or Severe	1,780	0.03	0.95	0.97	1.03	1.05	0.91	0.27	900	6
X07A	Mic Tissue Transfer or (Skin Graft W Cat/Sev CC) for Injuries	132	0.37	5.49	5.66	5.60	5.76	0.64	0.43	1,450	45
X07B	Skin Grafts for Injuries Excluding Hand W/O Cat or Sev CC	208	0.13	2.43	2.43	2.52	2.52	0.63	0.41	1,400	27
X60A	Injuries Age>64 W CC	2,006	0.04	1.17	1.18	1.33	1.34	0.45	0.34	1,150	23
X60B	Injuries Age >64 W/O CC	1,397	0.02	0.44	0.44	0.57	0.58	0.27	0.15	500	10
X60C	Injuries Age<65	4,727	0.01	0.34	0.34	0.45	0.45	0.37	0.15	500	4
X61Z	Allergic Reactions	859	0.01	0.23	0.26	0.35	0.38	0.23	0.25	850	3
X62A	Poisoning/Toxic Effects of Drugs & Other Substances Age>59 or	2,600	0.02	0.62	0.75	0.77	0.90	0.25	0.16	550	9
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/	3,561	0.01	0.27	0.30	0.40	0.43	0.23	0.15	500	3
X63A	Sequelae of Treatment W Catastrophic or Severe CC	754	0.05	1.38	1.47	1.48	1.57	0.25	0.16	550	16
X63B	Sequelae of Treatment W/O Catastrophic or Severe CC	2,586	0.02	0.58	0.59	0.68	0.69	0.15	0.10	350	7
X64A	Other Injury, Poisoning and Toxic Effect Diagnosis Age>59 or	279	0.05	0.77	0.83	0.97	1.03	0.15	0.10	350	14
X64B	Other Injury, Poisoning and Toxic Effect Diagnosis Age<60 W/O	649	0.01	0.25	0.28	0.32	0.34	0.16	0.10	350	3
Y01Z	Severe Full Thickness Burns	34	2.99	24.77	31.72	24.79	31.73	0.34	0.22	750	60
Y02A	Other Burns W Skin Graft Age>64 or W Cat/Sev CC or W Complic	107	0.39	6.04	6.19	6.11	6.26	1.33	0.44	1,500	41
Y02B	Other Burns W Skin Graft Age<65 W/O Cat or Sev CC W/O Complic	333	0.20	2.56	2.59	2.57	2.60	0.72	0.44	1,500	28
Y03Z	Other O.R. Procedures for Other Burns	72	0.13	1.63	1.67	1.71	1.75	0.32	0.21	700	17
Y60Z	Burns, Transferred to Another Acute Care Facility < 5 Days	380	0.01	0.15	0.19	0.36	0.40	0.15	0.22	750	3
Y61Z	Severe Burns	124	0.13	1.21	1.33	1.28	1.40	0.69	0.44	1,500	16
Y62A	Other Burns Age>64 or W Catastr or Severe CC or W Complicatin	87	0.16	2.00	2.16	2.07	2.22	0.34	0.22	750	22
Y62B	Other Burns Age<65 W/O Catastr or Severe CC W/O Complicating	729	0.02	0.44	0.46	0.53	0.54	0.44	0.41	1,400	5
Z01A	O.R. Procedures W Diagnoses of Other Contacts W Health Servic	288	0.11	1.58	1.66	1.58	1.67	1.12	0.22	750	11
Z01B	O.R. Procedures W Diagnoses Other Contacts W Health Services	444	0.04	0.86	0.87	0.87	0.87	0.78	0.27	900	4
Z40Z	Follow Up After Completed Treatment W Endoscopy	7,392	0.02	0.35	0.35	0.35	0.35	0.30	0.21	700	3
Z61Z	Signs and Symptoms	1,118	0.03	0.66	0.67	0.75	0.76	0.65	0.34	1,150	13
Z62Z	Follow Up After Completed Treatment W/O Endoscopy	206	0.04	0.51	0.51	0.51	0.52	0.30	0.07	250	5
Z63A	Other Aftercare W Catastrophic or Severe CC	1,216	0.04	1.41	1.45	1.43	1.47	0.36	0.24	800	23
Z63B	Other Aftercare W/O Catastrophic or Severe CC	883	0.02	0.51	0.52	0.51	0.52	0.35	0.12	400	9
Z64A	Other Factors Influencing Health Status	1,674	0.04	0.86	0.86	0.91	0.91	0.35	0.24	800	16

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
Z64B	Other Factors Influencing Health Status, Sameday	6,255	0.02	0.31	0.31	0.32	0.32	0.30	0.21	700	3
Z65Z	Multiple, Other and Unspecified Congenital Anomalies	79	0.15	1.04	1.05	1.06	1.07	0.24	0.16	550	10

Appendix 1: Acute Care Cost Weights

Part 2: Same Day Cost Weights

Appendix 1: Acute Care Cost Weights

Part 2: Same Day Cost Weights for selected DRGs

Descriptions of the abbreviations shown
in tables are as follows:

AR-DRG No.

AR-DRG V5.0 number

AR-DRG Title

AR-DRG V5.0 description

Same day Seps (No.)

Total same day separations

Seps w/o same day ED cases (No)

Same day separations excluding same day cases
treated in ED

Standard error

Standard error of the cost weight

Cost Weight w/o ED & ICU

Cost weight excluding ED and ICU cost groups

Cost Weight w all cost groups

Cost weight including all cost groups

Cost Weight w/o ED

Cost weight excluding ED cost group

Cost Weight w/o ICU

Cost weight excluding ICU cost group

AR-DRG V5.0 No.	AR-DRG Title	Same day seps	Standard error	Cost Weight w/o Emerg & ICU*	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups
901Z	Extensive O.R. Procedure Unrelated to Principal Diagnosis Day Case	119	0.19	2.09	2.09	2.16	2.16
B03B	Spinal Procedures W/O Catastrophic or Severe CC Day Case	29	0.64	1.71	1.71	1.71	1.71
B06B	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O Day Case	409	0.07	1.06	1.06	1.07	1.07
B60B	Established Paraplegia/Quadriplegia W or W/O O.R. Procs W/O C Day Case	236	0.10	0.73	0.73	0.82	0.82
B65Z	Cerebral Palsy Day Case	371	0.10	0.85	0.85	0.85	0.85
B66B	Nervous System Neoplasm W/O Catastrophic or Severe CC Day Case	186	0.05	0.53	0.53	0.55	0.55
B67B	Degenerative Nervous System Disorders Age >59 W/O Catastr or Day Case	240	0.03	0.21	0.21	0.22	0.22
B67C	Degenerative Nervous System Disorders Age <60 W/O Catastrophie Day Case	799	0.03	0.21	0.21	0.22	0.22
B68B	Multiple Sclerosis and Cerebellar Ataxia W/O CC Day Case	440	0.03	0.27	0.27	0.28	0.28
B71B	Cranial and Peripheral Nerve Disorders W/O CC Day Case	1,464	0.02	0.25	0.25	0.26	0.26
B76B	Seizure W/O Catastrophic or Severe CC Day Case	1,062	0.02	0.31	0.31	0.44	0.44
B77Z	Headache Day Case	657	0.02	0.23	0.23	0.39	0.39
B80Z	Other Head Injury Day Case	517	0.02	0.21	0.21	0.34	0.34
B81B	Other Disorders of the Nervous System W/O Catastrophic or Sev Day Case	589	0.04	0.48	0.48	0.57	0.57
C02Z	Enucleations and Orbital Procedures Day Case	39	0.16	0.95	0.95	0.95	0.95
C05Z	Dacryocystorhinostomy Day Case	148	0.08	0.82	0.82	0.83	0.83
C12Z	Other Corneal, Scleral and Conjunctival Procedures Day Case	571	0.06	0.85	0.85	0.86	0.86
C61Z	Neurological & Vascular Disorders of the Eye Day Case	149	0.02	0.29	0.29	0.30	0.30
C63B	Other Disorders of the Eye W/O CC Day Case	725	0.02	0.31	0.31	0.34	0.34
D04B	Maxillo Surgery W/O CC Day Case	105	0.20	1.38	1.38	1.44	1.44
D14Z	Mouth & Salivary Gland Procedures Day Case	623	0.04	0.74	0.74	0.74	0.74
D40Z	Dental Extractions and Restorations Day Case	5,151	0.04	0.54	0.54	0.55	0.55
D60B	Ear, Nose, Mouth and Throat Malignancy W/O Catastrophic or Se Day Case	258	0.05	0.72	0.72	0.73	0.73
D61Z	Dysequilibrium Day Case	314	0.02	0.17	0.17	0.34	0.34
D62Z	Epistaxis Day Case	216	0.01	0.21	0.21	0.32	0.32
D66B	Other Ear, Nose, Mouth and Throat Diagnoses W/O CC Day Case	1,331	0.01	0.34	0.34	0.36	0.36
E60B	Cystic Fibrosis W/O Catastrophic or Severe CC Day Case	50	0.21	0.85	0.85	0.87	0.87
E61B	Pulmonary Embolism W/O Catastrophic or Severe CC Day Case	112	0.03	0.30	0.30	0.39	0.39
E71B	Respiratory Neoplasms W Severe or Moderate CC Day Case	253	0.07	0.65	0.65	0.68	0.68
E71C	Respiratory Neoplasms W/O CC Day Case	385	0.05	0.65	0.65	0.68	0.68
E74C	Interstitial Lung Disease W/O Catastrophic or Severe CC Day Case	112	0.06	0.51	0.51	0.53	0.53
E75B	Other Respiratory System Diagnosis (Age<65 W CC) or (Age>64 W Day Case	191	0.05	0.60	0.64	0.69	0.73

AR-DRG V5.0 No.	AR-DRG Title	Same day seps	Standard error	Cost Weight w/o Emerg & ICU*	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups
F12Z	Cardiac Pacemaker Implantation Day Case	150	0.27	1.74	1.74	1.75	1.75
F14C	Vascular Procs Except Major Reconstruction W/O CPB Pump W/O C Day Case	212	0.06	0.95	0.95	0.95	0.95
F21B	Other Circulatory System O.R. Procedures W/O Catastrophic CC Day Case	69	0.14	1.11	1.11	1.12	1.12
F42A	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W Day Case	345	0.08	0.52	0.52	0.52	0.52
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W Day Case	1,892	0.08	0.52	0.52	0.52	0.52
F63B	Venous Thrombosis W/O Catastrophic or Severe CC Day Case	109	0.02	0.18	0.18	0.27	0.27
F65B	Peripheral Vascular Disorders W/O Catastrophic or Severe CC Day Case	677	0.03	0.36	0.36	0.40	0.41
F66B	Coronary Atherosclerosis W/O CC Day Case	251	0.02	0.29	0.29	0.36	0.36
F67B	Hypertension W/O CC Day Case	100	0.03	0.22	0.22	0.27	0.27
F69B	Valvular Disorders W/O Catastrophic or Severe CC Day Case	276	0.02	0.27	0.27	0.38	0.38
F71B	Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic Day Case	1,313	0.03	0.36	0.39	0.45	0.47
F73B	Syncope and Collapse W/O Catastrophic or Severe CC Day Case	493	0.02	0.20	0.20	0.33	0.33
F74Z	Chest Pain Day Case	2,727	0.01	0.21	0.21	0.36	0.36
F75C	Other Circulatory System Diagnoses W/O Catastrophic or Severe Day Case	329	0.04	0.50	0.50	0.62	0.62
G08A	Abdominal and Other Hernia Procedures Age >59 or W Catastrophic Day Case	204	0.06	0.91	0.91	0.92	0.92
G08B	Abdominal and Other Hernia Procedures Age 1 to 59 W/O Cat or Day Case	918	0.05	0.91	0.91	0.92	0.92
G09Z	Inguinal and Femoral Hernia Procedures Age>0 Day Case	1,482	0.06	0.94	0.94	0.95	0.95
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC Day Case	4,772	0.03	0.64	0.64	0.65	0.65
G60A	Digestive Malignancy W Catastrophic or Severe CC Day Case	143	0.06	0.49	0.49	0.51	0.51
G60B	Digestive Malignancy W/O Catastrophic or Severe CC Day Case	276	0.04	0.49	0.49	0.51	0.51
G64Z	Inflammatory Bowel Disease Day Case	489	0.06	0.78	0.78	0.80	0.80
G66A	Abdominal Pain or Mesenteric Adenitis W CC Day Case	160	0.02	0.26	0.26	0.42	0.42
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC Day Case	1021	0.02	0.26	0.26	0.42	0.42
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age> Day Case	1,865	0.02	0.22	0.22	0.37	0.37
G69Z	Oesophagitis and Misc Digestive System Disorders Age<10 Day Case	175	0.03	0.30	0.30	0.45	0.45
G70A	Other Digestive System Diagnoses W CC Day Case	237	0.04	0.30	0.30	0.36	0.36
G70B	Other Digestive System Diagnoses W/O CC Day Case	1,163	0.02	0.30	0.30	0.36	0.36
H08B	Laparoscopic Cholecystectomy W/O Closed CDE W/O Catastrophic/ Day Case	220	0.12	1.33	1.33	1.34	1.34
H41B	ERCP Complex Therapeutic Procedure W/O Catastrophic or Severe Day Case	261	0.15	1.03	1.03	1.03	1.03
H42C	ERCP Other Therapeutic Procedure W/O CC Day Case	419	0.07	0.67	0.67	0.68	0.68
H60B	Cirrhosis and Alcoholic Hepatitis W Severe CC Day Case	121	0.06	0.37	0.37	0.37	0.37
H60C	Cirrhosis and Alcoholic Hepatitis W/O Catastrophic or Severe Day Case	222	0.02	0.37	0.37	0.37	0.37

AR-DRG V5.0 No.	AR-DRG Title	Same day seps	Standard error	Cost Weight w/o Emerg & ICU*	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups
H61B	Malignant Hepatobiliary Sys, Pancreas (A<70 W/O Cat CC) or (A>69 W/ Day Case	154	0.06	0.56	0.56	0.62	0.62
H63B	Disorders of Liver Excep Malign, Cirrhosis, Alcoholic Hepatitis Day Case	419	0.06	0.62	0.62	0.63	0.63
H64B	Disorders of the Biliary Tract W/O CC Day Case	438	0.03	0.35	0.35	0.48	0.48
I18Z	Other Knee Procedures Day Case	3,663	0.04	0.86	0.86	0.87	0.87
I19Z	Other Elbow or Forearm Procedures Day Case	407	0.07	1.19	1.19	1.24	1.24
I27B	Soft Tissue Procedures W/O Catastrophic or Severe CC Day Case	730	0.03	0.80	0.80	0.83	0.83
I28B	Other Connective Tissue Procedures W/O CC Day Case	293	0.06	1.04	1.04	1.05	1.05
I64B	Osteomyelitis W/O CC Day Case	67	0.04	0.27	0.27	0.31	0.31
I65B	Connective Tissue Malignancy, including Pathological Fx W/O C Day Case	135	0.05	0.55	0.55	0.60	0.60
I66B	Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC Day Case	1,583	0.03	0.30	0.30	0.31	0.31
I69B	Bone Diseases&Spec Arthropathies(A<75 W Cat/Sev CC) or (A>74 Day Case	526	0.03	0.27	0.27	0.28	0.28
I69C	Bone Diseases & Spec Arthropathies Age<75 W/O Catastr or Seve Day Case	911	0.03	0.27	0.27	0.28	0.28
I71C	Musculotendinous Disorders Age <70 W/O CC Day Case	336	0.02	0.25	0.25	0.29	0.29
I72B	Tendonitis, Myositis and Bursitis Age<80 W/O Catastrophic or Day Case	349	0.03	0.34	0.34	0.38	0.38
I73B	Aftercare Conn Tiss Disorder (Age<60 W Cat/Sev CC) or (Age>59 Day Case	99	0.03	0.36	0.36	0.37	0.37
I73C	Aftercare of Connective Tissue Disorders Age<60 W/O Catastroph Day Case	320	0.03	0.36	0.36	0.37	0.37
I76C	Other Musculoskeletal Disorders Age<70 W/O CC Day Case	794	0.02	0.39	0.39	0.41	0.41
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastroph Day Case	1,701	0.04	0.91	0.91	0.92	0.92
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures Day Case	6,815	0.02	0.52	0.52	0.53	0.53
J13B	Lower Limb Procs W/O Ulcer/Cellulitis W/O (Skin Graft & Catas Day Case	214	0.05	0.97	0.97	0.99	0.99
J62A	Malignant Breast Disorders W Catastrophic or Severe CC or (Ag Day Case	76	0.07	0.34	0.34	0.39	0.39
K09Z	Other Endocrine, Nutritional and Metabolic O.R. Procedures Day Case	32	0.20	1.09	1.09	1.09	1.09
K60B	Diabetes W/O Catastrophic or Severe CC Day Case	313	0.03	0.30	0.32	0.44	0.46
K62B	Miscellaneous Metabolic Disorders W Severe CC or (Age>74 W/O Day Case	209	0.03	0.30	0.30	0.36	0.36
K62C	Miscellaneous Metabolic Disorders W/O Catastrophic or Severe Day Case	651	0.02	0.30	0.30	0.36	0.36
K63Z	Inborn Errors of Metabolism Day Case	357	0.06	0.35	0.35	0.35	0.35
K64A	Endocrine Disorders W Catastrophic or Severe CC Day Case	34	0.09	0.45	0.45	0.48	0.48
K64B	Endocrine Disorders W/O Catastrophic or Severe CC Day Case	566	0.02	0.45	0.45	0.48	0.48
L04B	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W Day Case	131	0.24	1.81	1.81	1.85	1.85
L06B	Minor Bladder Procedures W/O Catastrophic or Severe CC Day Case	177	0.07	0.79	0.79	0.80	0.80
L07B	Transurethral Procedures Except Prostatectomy W/O Catastroph Day Case	1,945	0.04	0.79	0.79	0.80	0.80
L60C	Renal Failure W/O Catastrophic or Severe CC Day Case	547	0.02	0.26	0.26	0.28	0.28

AR-DRG V5.0 No.	AR-DRG Title	Same day seps	Standard error	Cost Weight w/o Emerg & ICU*	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups
L62B	Kidney and Urinary Tract Neoplasms W/O Catastrophic or Severe Day Case	195	0.03	0.34	0.34	0.36	0.36
L64Z	Urinary Stones and Obstruction Day Case	934	0.02	0.26	0.26	0.41	0.41
L65B	Kidney and Urinary Tract Signs and Symptoms W/O Catastrophic Day Case	427	0.03	0.29	0.29	0.38	0.38
L67B	Other Kidney and Urinary Tract Diagnoses W Severe CC Day Case	217	0.06	0.30	0.30	0.32	0.32
L67C	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Day Case	2,495	0.03	0.30	0.30	0.32	0.32
M03B	Penis Procedures W/O CC Day Case	295	0.06	0.83	0.83	0.86	0.86
M60B	Malignancy, Male Reproductive System W/O Catastrophic or Seve Day Case	328	0.04	0.50	0.50	0.51	0.51
N03B	Uterine, Adnexa Procedure for Non-Ovarian or Adnexal Malignan Day Case	30	0.21	1.26	1.26	1.29	1.29
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy Day Case	3,622	0.03	0.80	0.81	0.81	0.81
N09Z	Conisation, Vagina, Cervix and Vulva Procedures Day Case	4,619	0.02	0.56	0.56	0.57	0.57
O64A	False Labour Before 37 Weeks or W Catastrophic CC Day Case	538	0.03	0.33	0.33	0.34	0.34
Q60B	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC Day Case	69	0.04	0.21	0.21	0.22	0.22
Q60C	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC Day Case	3,580	0.01	0.21	0.21	0.22	0.22
Q61A	Red Blood Cell Disorders W Catastrophic CC Day Case	67	0.03	0.26	0.26	0.26	0.26
Q61B	Red Blood Cell Disorders W Severe CC Day Case	207	0.02	0.26	0.26	0.26	0.26
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC Day Case	6,638	0.02	0.26	0.26	0.26	0.26
Q62Z	Coagulation Disorders Day Case	726	0.03	0.26	0.26	0.31	0.31
R60A	Acute Leukaemia W Catastrophic CC Day Case	51	0.07	0.47	0.47	0.49	0.49
R60B	Acute Leukaemia W Severe CC Day Case	169	0.07	0.47	0.47	0.49	0.49
R60C	Acute Leukaemia W/O Catastrophic or Severe CC Day Case	935	0.07	0.47	0.47	0.49	0.49
T64B	Other Infectious and Parasitic Diseases W/O Catastrophic or S Day Case	63	0.05	0.40	0.40	0.42	0.42
V64Z	Other Drug Use Disorder and Dependence Day Case	59	0.03	0.26	0.26	0.38	0.38
X05Z	Other Procedures for Injuries to Hand Day Case	663	0.06	0.68	0.68	0.79	0.79
X06B	Other Procedures for Other Injuries W/O Catastrophic or Severe Day Case	504	0.06	0.79	0.79	0.90	0.90
X60A	Injuries Age>64 W CC Day Case	150	0.04	0.30	0.30	0.46	0.46
X60B	Injuries Age >64 W/O CC Day Case	206	0.03	0.30	0.30	0.46	0.46
X60C	Injuries Age<65 Day Case	1,582	0.02	0.30	0.30	0.46	0.46
Z01A	O.R. Procedures W Diagnoses of Other Contacts W Health Servic Day Case	271	0.06	0.66	0.66	0.67	0.67
Z01B	O.R. Procedures W Diagnoses Other Contacts W Health Services Day Case	856	0.03	0.66	0.66	0.67	0.67
Z61Z	Signs and Symptoms Day Case	780	0.04	0.49	0.49	0.54	0.54
Z62Z	Follow Up After Completed Treatment W/O Endoscopy Day Case	2,022	0.01	0.27	0.27	0.27	0.27
Z63B	Other Aftercare W/O Catastrophic or Severe CC Day Case	172	0.02	0.30	0.30	0.31	0.31

Appendix 1A: Acute Care Cost Weights (Rebased)

Appendix 1a: Acute Care Cost Weights

Part 1: General Cost Weights (Rebased)

Descriptions of the abbreviations shown in tables are as follows:

AR-DRG No.

AR-DRG V5.0 number

AR-DRG Title

AR-DRG V5.0 description

Seps (No.)

Total separations

Seps w/o same day ED cases (No)

Separations excluding same day cases treated in ED

Standard error

Standard error of the cost weight

Cost Weight w/o ED & ICU

Cost weight excluding ED and ICU cost groups

Cost Weight w all cost groups

Cost weight including all cost groups

Cost Weight w/o ED

Cost weight excluding ED cost group

Cost Weight w/o ICU

Cost weight excluding ICU cost group

Transfer cost weight

Same day and one day overnight transfer cost weight, based on base cost of cost weights with ED and ICU cost groups excluded

Outlier per diem weight

Long stay outlier per diem weight, based on base cost of cost weights with ED and ICU cost groups excluded

Outlier per diem amount (\$)

Long stay outlier per diem payment (\$)

High trim point (days)

AR-DRG trim point in days

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
901Z	Extensive O.R. Procedure Unrelated to Principal Diagnosis	893	0.20	5.21	5.53	5.30	5.63	2.42	0.43	1,350	47
902Z	Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis	268	0.18	2.61	2.76	2.68	2.83	0.27	0.18	550	35
903Z	Prostatic O.R. Procedure Unrelated to Principal Diagnosis	15	1.35	7.40	7.94	7.62	8.16	0.69	0.46	1,450	60
A01Z	Liver Transplant	57	0.36	31.73	35.95	31.80	36.02	1.00	0.48	1,500	60
A03Z	Lung or Heart/Lung Transplant	36	1.85	20.84	27.70	20.97	27.83	0.85	0.48	1,500	60
A05Z	Heart Transplant	18	0.76	20.81	35.14	20.94	35.27	0.60	0.40	1,250	60
A06Z	Tracheostomy Any Age, Any Condition	2,814	2.17	15.89	33.27	16.01	33.39	0.14	0.10	300	60
A07Z	Allogeneic Bone Marrow Transplant	119	1.75	27.10	29.64	27.11	29.65	1.38	0.48	1,500	60
A08A	Autologous Bone Marrow Transplant W Catastrophic CC	139	1.16	14.82	15.54	14.85	15.58	1.15	0.48	1,500	45
A08B	Autologous Bone Marrow Transplant W/O Catastrophic CC	122	0.46	7.12	7.12	7.12	7.13	0.28	0.19	600	44
A09A	Renal Transplant W Pancreas Transplant or Catastrophic CC	78	0.55	18.17	19.15	18.20	19.18	0.39	0.26	800	41
A09B	Renal Transplant W/O Pancreas Transplant W/O Catastrophic CC	109	0.69	11.23	11.36	11.25	11.38	1.44	0.48	1,500	18
A40Z	ECMO W/O Cardiac Surgery	22	1.60	19.08	31.62	19.10	31.65	0.17	0.11	350	60
A41A	Intubation Age<16 W CC	145	0.47	5.21	6.67	5.41	6.87	1.14	0.48	1,500	34
A41B	Intubation Age<16 W/O CC	154	0.13	1.33	2.37	1.61	2.65	1.08	0.48	1,500	17
B01Z	Ventricular Shunt Revision	93	0.07	2.81	2.91	2.91	3.01	0.65	0.43	1,350	17
B02A	Craniotomy W Catastrophic CC	577	0.58	8.86	10.54	8.94	10.62	0.84	0.48	1,500	55
B02B	Craniotomy W Severe or Moderate CC	716	0.25	5.22	5.92	5.27	5.98	0.63	0.42	1,300	30
B02C	Craniotomy W/O CC	1,029	0.38	3.76	4.21	3.81	4.26	0.65	0.43	1,350	19
B03A	Spinal Procedures W Catastrophic or Severe CC	81	0.33	7.19	7.43	7.26	7.49	0.75	0.48	1,500	45
B03B	Spinal Procedures W/O Catastrophic or Severe CC	325	0.21	2.95	3.03	2.97	3.05	2.06	0.48	1,500	13
B04A	Extracranial Vascular Procedures W Catastrophic or Severe CC	228	0.15	3.86	4.30	3.89	4.33	0.12	0.08	250	24
B04B	Extracranial Vascular Procedures W/O Catastrophic or Severe C	424	0.06	1.94	2.11	1.96	2.12	0.39	0.26	800	7
B05Z	Carpal Tunnel Release	2,859	0.06	0.58	0.58	0.59	0.59	0.39	0.26	800	3
B06A	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W C	74	0.34	6.59	6.80	6.68	6.89	0.66	0.43	1,350	60
B06B	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O	292	0.12	2.44	2.46	2.44	2.47	1.28	0.32	1,000	10
B07A	Peripheral and Cranial Nerve & Other Nervous System Procedure	153	0.08	2.50	2.69	2.67	2.86	0.37	0.26	800	27
B07B	Peripheral and Cranial Nerve & Other Nervous System Procedure	956	0.16	1.18	1.19	1.27	1.28	0.25	0.16	500	4
B40Z	Plasmapheresis W Neurological Disease	88	0.26	1.26	1.42	1.30	1.45	0.95	0.48	1,500	35
B41Z	Telemetric EEG Monitoring	252	0.12	2.14	2.17	2.17	2.20	0.31	0.21	650	15
B60A	Established Paraplegia/Quadriplegia W or W/O O.R. Procs W Cat	374	0.34	7.27	8.03	7.50	8.26	0.40	0.27	850	48
B60B	Established Paraplegia/Quadriplegia W or W/O O.R. Procs W/O C	1,008	0.21	2.52	2.59	2.63	2.70	0.94	0.34	1,050	20

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
B61A	Spinal Cord Conditions W or W/O O.R. Procedures W Catastroph	116	0.43	7.16	7.66	7.34	7.85	1.85	0.48	1,500	51
B61B	Spinal Cord Conditions W or W/O O.R. Procedures W/O Catastroph	257	0.23	2.08	2.12	2.19	2.23	0.81	0.48	1500,	18
B62Z	Admit for Apheresis	471	0.01	0.22	0.22	0.22	0.22	0.22	0.21	650	3
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	1,942	0.12	2.48	2.49	2.64	2.64	0.41	0.27	850	36
B64A	Delirium W Catastrophic CC	456	0.09	2.87	2.92	3.03	3.07	0.38	0.26	800	33
B64B	Delirium W/O Catastrophic CC	1,490	0.15	1.28	1.30	1.47	1.49	0.50	0.34	1,050	21
B65Z	Cerebral Palsy	93	0.07	1.92	1.94	1.94	1.96	0.96	0.14	450	7
B66A	Nervous System Neoplasm W Catastrophic or Severe CC	771	0.12	2.51	2.53	2.62	2.64	0.46	0.30	950	27
B66B	Nervous System Neoplasm W/O Catastrophic or Severe CC	648	0.05	1.26	1.28	1.39	1.41	0.67	0.21	650	14
B67A	Degenerative Nervous System Disorders W Catastrophic or Severe	622	0.16	3.55	3.69	3.68	3.83	0.24	0.16	500	37
B67B	Degenerative Nervous System Disorders Age >59 W/O Catastr or	644	0.09	1.55	1.57	1.67	1.69	0.50	0.18	550	24
B67C	Degenerative Nervous System Disorders Age <60 W/O Catastroph	434	0.09	1.24	1.26	1.33	1.35	0.27	0.11	350	15
B68A	Multiple Sclerosis and Cerebellar Ataxia W CC	185	0.13	2.40	2.48	2.52	2.60	0.50	0.34	1,050	25
B68B	Multiple Sclerosis and Cerebellar Ataxia W/O CC	338	0.03	0.98	0.98	1.06	1.06	0.40	0.22	700	14
B69A	TIA and Precerebral Occlusion W Catastrophic or Severe CC	1,042	0.06	1.51	1.53	1.66	1.67	0.32	0.21	650	18
B69B	TIA and Precerebral Occlusion W/O Catastrophic or Severe CC	2,555	0.02	0.77	0.78	0.90	0.90	0.30	0.19	600	11
B70A	Stroke W Catastrophic CC	2,223	0.16	5.28	5.40	5.43	5.54	0.35	0.24	750	42
B70B	Stroke W Severe CC	2,649	0.08	2.68	2.73	2.82	2.87	0.32	0.22	700	23
B70C	Stroke W/O Catastrophic or Severe CC	2,458	0.07	1.63	1.67	1.74	1.78	0.42	0.27	850	17
B70D	Stroke, Died or Transferred < 5 days	1,934	0.02	0.48	0.52	0.73	0.77	0.38	0.26	800	5
B71A	Cranial and Peripheral Nerve Disorders W CC	559	0.10	2.35	2.40	2.51	2.56	0.20	0.13	400	24
B71B	Cranial and Peripheral Nerve Disorders W/O CC	746	0.06	0.92	0.93	1.02	1.04	0.40	0.27	850	14
B72A	Nervous System Infection Except Viral Meningitis W Cat or Sev	172	0.18	3.77	3.99	3.91	4.13	0.76	0.48	1,500	38
B72B	Nervous System Infection Except Viral Meningitis W/O Cat or S	539	0.06	1.79	1.90	1.93	2.04	0.78	0.48	1,500	19
B73Z	Viral Meningitis	526	0.06	0.88	0.90	1.05	1.06	0.48	0.32	1,000	10
B74Z	Nontraumatic Stupor and Coma	282	0.04	0.89	0.94	1.04	1.09	0.29	0.19	600	15
B75Z	Febrile Convulsions	1,097	0.01	0.42	0.43	0.53	0.54	0.42	0.48	1,500	4
B76A	Seizure or W Catastrophic or Severe CC	1,273	0.08	1.61	1.75	1.79	1.93	0.38	0.26	800	17
B76B	Seizure W/O Catastrophic or Severe CC	4,537	0.02	0.57	0.60	0.68	0.71	0.58	0.48	1,500	7
B77Z	Headache	2,521	0.02	0.51	0.52	0.64	0.64	0.42	0.35	1,100	7
B78A	Intracranial Injury W Catastrophic or Severe CC	430	0.15	3.20	3.56	3.41	3.77	0.58	0.38	1,200	34
B78B	Intracranial Injury W/O Catastrophic or Severe CC	1,028	0.06	1.21	1.31	1.48	1.58	0.47	0.32	1,000	15

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
B79Z	Skull Fractures	728	0.04	0.97	1.05	1.18	1.27	0.45	0.30	950	11
B80Z	Other Head Injury	1,854	0.01	0.38	0.42	0.49	0.53	0.28	0.11	350	4
B81A	Other Disorders of the Nervous System W Catastrophic or Sever	1,057	0.08	2.18	2.21	2.34	2.37	0.23	0.16	500	28
B81B	Other Disorders of the Nervous System W/O Catastrophic or Sev	1,779	0.09	0.97	0.97	1.11	1.12	0.60	0.19	600	14
C01Z	Procedures for Penetrating Eye Injury	170	0.30	2.42	2.43	2.48	2.49	0.12	0.08	250	11
C02Z	Enucleations and Orbital Procedures	144	0.12	1.58	1.61	1.59	1.62	1.18	0.37	1,150	11
C03Z	Retinal Procedures	1,758	0.04	0.99	0.99	0.99	0.99	0.20	0.14	450	4
C04Z	Major Corneal, Scleral and Conjunctival Procedures	274	0.12	1.57	1.57	1.57	1.57	0.17	0.11	350	13
C05Z	Dacryocystorhinostomy	105	0.09	0.88	0.88	0.89	0.89	1.03	0.32	1,000	3
C10Z	Strabismus Procedures	496	0.04	0.81	0.81	0.81	0.82	0.15	0.10	300	3
C11Z	Eyelid Procedures	1,144	0.06	0.88	0.89	0.90	0.91	0.26	0.18	550	4
C12Z	Other Corneal, Scleral and Conjunctival Procedures	95	0.10	1.21	1.22	1.23	1.24	1.12	0.43	1,350	13
C13Z	Lacrimal Procedures	200	0.03	0.57	0.57	0.58	0.58	0.15	0.10	300	9
C14Z	Other Eye Procedures	719	0.04	0.62	0.62	0.63	0.63	0.12	0.08	250	5
C15A	Glaucoma And Complex Cataract Procedures	273	0.10	1.62	1.63	1.63	1.64	0.24	0.16	500	9
C15B	Glaucoma And Complex Cataract Procedures, Sameday	405	0.04	0.83	0.83	0.83	0.83	0.30	0.21	650	3
C16A	Lens Procedures	578	0.06	1.08	1.09	1.09	1.09	0.40	0.27	850	3
C16B	Lens Procedures, Sameday	17,546	0.06	0.85	0.85	0.86	0.86	0.29	0.19	600	3
C60A	Acute and Major Eye Infections Age >54 or W Catastrophic or S	186	0.16	3.00	3.01	3.13	3.14	0.59	0.40	1,250	18
C60B	Acute and Major Eye Infections Age <55 W/O Catastrophic or Se	198	0.09	1.37	1.37	1.45	1.45	0.69	0.46	1,450	12
C61Z	Neurological & Vascular Disorders of the Eye	293	0.04	0.99	0.99	1.09	1.09	0.50	0.38	1,200	11
C62Z	HypHEMA and Medically Managed Trauma to the Eye	802	0.02	0.55	0.56	0.68	0.70	0.19	0.13	400	9
C63A	Other Disorders of the Eye W CC	275	0.06	1.07	1.07	1.16	1.16	0.35	0.22	700	13
C63B	Other Disorders of the Eye W/O CC	464	0.13	0.62	0.62	0.72	0.72	0.45	0.24	750	8
D01Z	Cochlear Implant	102	0.54	6.70	6.70	6.71	6.71	0.12	0.08	250	3
D02A	Head and Neck Procedures W Catastrophic or Severe CC	85	0.42	5.23	5.48	5.25	5.51	0.50	0.34	1,050	25
D02B	Head and Neck Procedures W Moderate CC or Malignancy	96	0.14	3.43	3.57	3.44	3.58	0.75	0.48	1,500	17
D02C	Head and Neck Procedures W/O CC W/O Malignancy	111	0.09	1.83	1.87	1.85	1.89	0.71	0.48	1,500	8
D03Z	Surgical Repair for Cleft Lip or Palate Diagnosis	194	0.08	1.57	1.58	1.57	1.58	0.31	0.21	650	4
D04A	Maxillo Surgery W CC	286	0.12	2.48	2.59	2.54	2.65	0.24	0.16	500	9
D04B	Maxillo Surgery W/O CC	703	0.11	1.90	1.92	1.94	1.96	1.56	0.21	650	6
D05Z	Parotid Gland Procedures	198	0.09	1.78	1.79	1.79	1.79	0.86	0.48	1,500	5

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
D06Z	Sinus, Mastoid and Complex Middle Ear Procedures	1,348	0.05	1.40	1.41	1.40	1.41	0.91	0.48	1,500	3
D09Z	Miscellaneous Ear, Nose, Mouth & Throat Procedures	1,697	0.03	1.08	1.09	1.09	1.09	0.10	0.06	200	3
D10Z	Nasal Procedures	1,660	0.03	1.04	1.04	1.05	1.05	0.39	0.26	800	3
D11Z	Tonsillectomy or Adenoidectomy	4416,	0.04	0.92	0.92	0.93	0.93	0.37	0.26	800	3
D12Z	Other Ear, Nose, Mouth & Throat Procedures	592	0.06	1.07	1.08	1.12	1.14	0.26	0.18	550	5
D13Z	Myringotomy W Tube Insertion	1,492	0.03	0.59	0.59	0.59	0.59	0.12	0.08	250	9
D14Z	Mouth & Salivary Gland Procedures	428	0.06	1.19	1.28	1.22	1.31	0.98	0.42	1,300	6
D40Z	Dental Extractions and Restorations	533	0.07	0.93	0.98	0.98	1.03	0.67	0.21	650	6
D60A	Ear, Nose, Mouth and Throat Malignancy W Catastrophic or Seve	241	0.19	3.08	3.13	3.14	3.20	0.41	0.27	850	32
D60B	Ear, Nose, Mouth and Throat Malignancy W/O Catastrophic or Se	362	0.04	1.14	1.14	1.15	1.16	0.88	0.24	750	11
D61Z	Dysequilibrium	2,467	0.02	0.55	0.55	0.68	0.68	0.27	0.19	600	10
D62Z	Epistaxis	768	0.01	0.44	0.45	0.56	0.57	0.35	0.26	800	6
D63A	Otitis Media and URI W CC	1,601	0.02	0.78	0.78	0.89	0.90	0.45	0.30	950	8
D63B	Otitis Media and URI W/O CC	6,247	0.02	0.46	0.46	0.56	0.56	0.46	0.48	1,500	5
D64Z	Laryngotracheitis and Epiglottitis	1,413	0.01	0.32	0.34	0.44	0.46	0.29	0.19	600	3
D65Z	Nasal Trauma and Deformity	1,019	0.02	0.45	0.45	0.50	0.51	0.15	0.10	300	6
D66A	Other Ear, Nose, Mouth and Throat Diagnoses W CC	429	0.04	0.84	0.90	0.96	1.01	0.44	0.30	950	11
D66B	Other Ear, Nose, Mouth and Throat Diagnoses W/O CC	1,043	0.02	0.58	0.58	0.66	0.67	0.42	0.13	400	6
D67A	Oral and Dental Disorders Except Extractions and Restorations	1,647	0.04	0.72	0.74	0.83	0.84	0.37	0.24	750	7
D67B	Oral and Dental Disorders Except Extractions and Restorations	1,346	0.02	0.25	0.25	0.33	0.33	0.25	0.19	600	3
E01A	Major Chest Procedures W Catastrophic CC	451	0.25	6.80	7.53	6.87	7.60	0.36	0.24	750	40
E01B	Major Chest Procedures W/O Catastrophic CC	905	0.13	3.35	3.55	3.39	3.59	1.17	0.48	1,500	18
E02A	Other Respiratory System O.R. Procedures W Catastrophic CC	158	0.31	5.38	5.71	5.51	5.84	0.39	0.26	800	43
E02B	Other Respiratory System O.R. Procedures W Severe CC	101	0.10	2.47	2.69	2.53	2.75	0.47	0.32	1,000	21
E02C	Other Respiratory System O.R. Procedures W/O Catastrophic or	895	0.05	1.06	1.13	1.07	1.14	0.40	0.27	850	3
E40Z	Respiratory System Diagnosis W Ventilator Support	362	0.13	3.03	5.18	3.10	5.25	0.76	0.48	1,500	29
E41Z	Respiratory System Diagnosis W Non-invasive Ventilation	880	0.31	3.69	5.06	3.83	5.21	0.51	0.34	1,050	27
E60A	Cystic Fibrosis W Catastrophic or Severe CC	150	0.30	6.07	6.11	6.12	6.16	0.62	0.42	1,300	26
E60B	Cystic Fibrosis W/O Catastrophic or Severe CC	473	0.13	4.45	4.47	4.48	4.50	1.10	0.40	1,250	27
E61A	Pulmonary Embolism W Catastrophic or Severe CC	932	0.07	2.14	2.23	2.28	2.38	0.67	0.45	1,400	22
E61B	Pulmonary Embolism W/O Catastrophic or Severe CC	1,507	0.02	1.07	1.09	1.18	1.20	0.51	0.40	1,250	14
E62A	Respiratory Infections/Inflammations W Catastrophic CC	4,179	0.05	2.49	2.59	2.64	2.75	0.41	0.27	850	26

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
E62B	Respiratory Infections/Inflammations W Severe or Moderate CC	6,174	0.04	1.39	1.42	1.53	1.56	0.56	0.37	1,150	16
E62C	Respiratory Infections/Inflammations W/O CC	7,032	0.07	0.80	0.80	0.92	0.93	0.44	0.29	900	10
E63Z	Sleep Apnoea	876	0.01	0.36	0.37	0.37	0.38	0.21	0.14	450	3
E64Z	Pulmonary Oedema and Respiratory Failure	751	0.03	1.32	1.52	1.49	1.68	0.51	0.34	1,050	19
E65A	Chronic Obstructive Airways Disease W Catastrophic or Severe	6,609	0.05	1.68	1.72	1.81	1.86	0.40	0.26	800	20
E65B	Chronic Obstructive Airways Disease W/O Catastrophic or Severe	6,909	0.05	0.97	0.98	1.08	1.10	0.60	0.40	1,250	14
E66A	Major Chest Trauma Age>69 W CC	374	0.10	2.26	2.35	2.42	2.51	0.36	0.24	750	28
E66B	Major Chest Trauma (Age<70 W CC) or (Age>69 W/O CC)	571	0.05	1.09	1.17	1.24	1.32	0.45	0.30	950	13
E66C	Major Chest Trauma Age<70 W/O CC	379	0.02	0.57	0.58	0.72	0.73	0.57	0.40	1250	8
E67A	Respiratory Signs and Symptoms W Catastrophic or Severe CC	579	0.04	1.05	1.06	1.19	1.20	0.26	0.18	550	15
E67B	Respiratory Signs and Symptoms W/O Catastrophic or Severe CC	2,370	0.02	0.50	0.50	0.59	0.59	0.26	0.18	550	7
E68Z	Pneumothorax	1,018	0.03	1.07	1.11	1.20	1.24	0.55	0.37	1,150	12
E69A	Bronchitis and Asthma Age>49 W CC	869	0.03	1.06	1.08	1.17	1.19	0.39	0.26	800	15
E69B	Bronchitis and Asthma (Age<50 W CC) or (Age>49 W/O CC)	1,834	0.02	0.80	0.85	0.92	0.97	0.40	0.27	850	10
E69C	Bronchitis and Asthma Age<50 W/O CC	8,239	0.02	0.45	0.47	0.59	0.60	0.45	0.48	1,500	4
E70A	Whooping Cough and Acute Bronchiolitis W CC	425	0.06	1.58	1.61	1.70	1.73	0.69	0.46	1,450	10
E70B	Whooping Cough and Acute Bronchiolitis W/O CC	4,185	0.03	0.82	0.83	0.92	0.93	0.58	0.38	1,200	6
E71A	Respiratory Neoplasms W Catastrophic CC	924	0.08	2.63	2.67	2.77	2.81	0.55	0.37	1,150	31
E71B	Respiratory Neoplasms W Severe or Moderate CC	1,557	0.08	1.55	1.56	1.65	1.66	0.90	0.37	1,150	21
E71C	Respiratory Neoplasms W/O CC	427	0.10	0.91	0.91	0.99	0.99	0.85	0.32	1,000	14
E72Z	Respiratory Problems Arising from Neonatal Period	65	0.05	1.07	1.08	1.11	1.13	0.30	0.21	650	20
E73A	Pleural Effusion W Catastrophic CC	285	0.14	2.79	2.82	2.89	2.93	0.29	0.19	600	28
E73B	Pleural Effusion W Severe CC	382	0.07	1.71	1.72	1.82	1.82	0.54	0.37	1,150	20
E73C	Pleural Effusion W/O Catastrophic or Severe CC	584	0.05	0.91	0.91	1.00	1.00	0.51	0.34	1,050	15
E74A	Interstitial Lung Disease W Catastrophic CC	120	0.08	2.52	2.58	2.63	2.70	0.68	0.45	1,400	33
E74B	Interstitial Lung Disease W Severe CC	177	0.08	1.75	1.80	1.84	1.90	0.31	0.21	650	22
E74C	Interstitial Lung Disease W/O Catastrophic or Severe CC	218	0.03	1.10	1.11	1.18	1.19	0.66	0.22	700	16
E75A	Other Respiratory System Diagnosis Age>64 W CC	2,111	0.05	1.40	1.42	1.53	1.55	0.31	0.21	650	17
E75B	Other Respiratory System Diagnosis (Age<65 W CC) or (Age>64 W	1,731	0.03	1.00	1.02	1.12	1.13	0.73	0.19	600	12
E75C	Other Respiratory System Diagnosis Age<65 W/O CC	1,697	0.04	0.58	0.58	0.66	0.67	0.29	0.19	600	6
F01A	Implantation or Replacement of AICD, Total System W Catastr o	355	1.44	11.39	11.87	11.44	11.92	0.94	0.48	1,500	36
F01B	Implantation or Replacement of AICD, Total System W/O Catastr	305	0.74	6.82	6.82	6.83	6.84	0.81	0.48	1,500	11

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F02Z	AICD Component Implantation/Replacement	89	0.33	5.61	5.98	5.67	6.05	0.13	0.08	250	30
F03Z	Cardiac Valve Proc W CPB Pump W Invasive Cardiac Inves	138	0.79	13.57	16.54	13.64	16.62	1.44	0.48	1,500	53
F04A	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Ca	372	0.71	9.90	12.66	9.93	12.69	0.30	0.19	600	27
F04B	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W/O	265	0.24	6.46	7.31	6.46	7.31	0.44	0.30	950	15
F05A	Coronary Bypass W Invasive Cardiac Inves W Catastrophic CC	350	0.56	10.03	13.09	10.10	13.15	0.48	0.32	1,000	39
F05B	Coronary Bypass W Invasive Cardiac Inves W/O Catastrophic CC	376	0.59	7.66	9.21	7.72	9.27	0.30	0.19	600	23
F06A	Coronary Bypass W/O Invasive Cardiac Inves W Catastr or Sever	884	0.48	6.77	8.11	6.78	8.12	0.31	0.21	650	18
F06B	Coronary Bypass W/O Invasive Cardiac Inves W/O Catastr or Sev	504	0.33	5.31	6.20	5.32	6.21	0.82	0.48	1,500	12
F07A	Other Cardiothoracic/Vascular Procedures W CPB Pump W Catastr	136	0.40	9.83	12.23	9.87	12.27	0.67	0.45	1,400	36
F07B	Other Cardiothoracic/Vascular Procedures W CPB Pump W/O Catas	247	0.29	5.89	6.99	5.89	7.00	0.62	0.42	1,300	14
F08A	Major Reconstruct Vascular Procedures W/O CPB Pump W Catastro	587	0.38	9.17	10.97	9.25	11.05	0.92	0.48	1,500	50
F08B	Major Reconstruct Vascular Procedures W/O CPB Pump W/O	1,076	0.24	4.38	4.73	4.41	4.76	0.28	0.19	600	19
F09A	Other Cardiothoracic Procedures W/O CPB Pump W Catastrophic C	115	0.42	5.09	7.02	5.15	7.08	0.48	0.32	1,000	29
F09B	Other Cardiothoracic Procedures W/O CPB Pump W/O Catastrophic	163	0.18	3.32	3.86	3.36	3.91	0.46	0.30	950	12
F10Z	Percutaneous Coronary Intervention W AMI	3,041	0.13	2.37	2.42	2.42	2.47	0.61	0.40	1,250	11
F11A	Amputation for Circ System Except Upper Limb and Toe W Catast	139	0.60	9.70	10.26	9.78	10.35	0.65	0.43	1,350	60
F11B	Amputation for Circ System Except Upper Limb and Toe W/O Cata	82	0.42	5.47	5.60	5.56	5.68	0.36	0.24	750	45
F12Z	Cardiac Pacemaker Implantation	1,486	0.23	3.07	3.12	3.13	3.18	2.32	0.48	1,500	19
F13Z	Upper Limb and Toe Amputation for Circulatory System Disorder	147	0.19	3.93	3.99	3.97	4.04	0.65	0.43	1,350	44
F14A	Vascular Procs Except Major Reconstruction W/O CPB Pump W Cat	493	0.14	5.15	5.68	5.22	5.75	0.28	0.19	600	38
F14B	Vascular Procs Except Major Reconstruction W/O CPB Pump W Sev	656	0.09	2.07	2.14	2.10	2.16	0.64	0.43	1,350	16
F14C	Vascular Procs Except Major Reconstruction W/O CPB Pump W/O C	1,003	0.06	1.41	1.45	1.42	1.47	1.11	0.21	650	6
F15Z	Percutaneous Coronary Intervention W/O AMI W Stent Implantati	2,854	0.11	1.90	1.91	1.93	1.94	0.52	0.35	1,100	7
F16Z	Percutaneous Coronary Intervention W/O AMI W/O Stent Implantati	200	0.18	1.54	1.54	1.58	1.58	0.47	0.32	1,000	8
F17Z	Cardiac Pacemaker Replacement	572	0.18	1.80	1.80	1.82	1.82	0.20	0.13	400	17
F18Z	Cardiac Pacemaker Revision Except Device Replacement	121	0.27	1.82	1.85	1.84	1.87	0.23	0.16	500	16
F19Z	Other Trans-Vascular Percutaneous Cardiac Intervention	137	0.09	2.60	2.66	2.61	2.67	0.31	0.21	650	4
F20Z	Vein Ligation and Stripping	1,653	0.07	1.01	1.02	1.01	1.02	0.12	0.08	250	3
F21A	Other Circulatory System O.R. Procedures W Catastrophic CC	163	0.27	5.96	6.32	6.06	6.42	0.57	0.38	1,200	44
F21B	Other Circulatory System O.R. Procedures W/O Catastrophic CC	326	0.15	2.11	2.12	2.13	2.15	1.33	0.34	1,050	18
F40Z	Circulatory System Diagnosis W Ventilator Support	249	0.17	2.70	5.93	2.78	6.00	0.73	0.48	1,500	25

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F41A	Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W C	919	0.14	2.52	2.64	2.62	2.74	0.60	0.40	1,250	19
F41B	Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W/O	1,406	0.06	1.42	1.46	1.48	1.52	0.24	0.16	500	13
F42A	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W	2,627	0.09	1.79	1.82	1.87	1.90	1.31	0.24	750	17
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W	3,876	0.03	1.04	1.05	1.11	1.11	0.79	0.48	1,500	11
F60A	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W	2,611	0.05	1.75	1.93	1.90	2.07	0.42	0.27	850	20
F60B	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W	4,600	0.04	0.64	0.70	0.76	0.82	0.17	0.11	350	10
F60C	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proced	802	0.06	0.82	0.91	1.09	1.18	0.24	0.16	500	8
F61Z	Infective Endocarditis	288	0.13	4.42	4.68	4.50	4.76	0.88	0.48	1,500	60
F62A	Heart Failure and Shock W Catastrophic CC	2,932	0.06	2.57	2.67	2.71	2.81	0.50	0.34	1,050	30
F62B	Heart Failure and Shock W/O Catastrophic CC	7,197	0.05	1.12	1.14	1.24	1.27	0.48	0.32	1,000	15
F63A	Venous Thrombosis W Catastrophic or Severe CC	397	0.07	1.85	1.87	1.98	1.99	0.29	0.19	600	22
F63B	Venous Thrombosis W/O Catastrophic or Severe CC	1,068	0.05	0.75	0.75	0.88	0.88	0.39	0.40	1,250	14
F64Z	Skin Ulcers for Circulatory Disorders	148	0.09	2.14	2.14	2.25	2.26	0.27	0.18	550	31
F65A	Peripheral Vascular Disorders W Catastrophic or Severe CC	792	0.07	1.86	1.94	1.99	2.06	0.39	0.26	800	25
F65B	Peripheral Vascular Disorders W/O Catastrophic or Severe CC	1,343	0.02	0.71	0.72	0.80	0.80	0.43	0.11	350	14
F66A	Coronary Atherosclerosis W CC	1,642	0.03	0.72	0.74	0.82	0.84	0.34	0.22	700	10
F66B	Coronary Atherosclerosis W/O CC	1,664	0.02	0.36	0.37	0.45	0.46	0.39	0.16	500	6
F67A	Hypertension W CC	462	0.04	0.89	0.94	1.01	1.05	0.52	0.35	1,100	14
F67B	Hypertension W/O CC	598	0.04	0.50	0.51	0.59	0.60	0.41	0.35	1,100	9
F68Z	Congenital Heart Disease	171	0.04	0.81	0.84	0.85	0.88	0.81	0.48	1,500	12
F69A	Valvular Disorders W Catastrophic or Severe CC	412	0.06	1.33	1.40	1.44	1.52	0.42	0.29	900	20
F69B	Valvular Disorders W/O Catastrophic or Severe CC	1,026	0.02	0.37	0.38	0.48	0.49	0.44	0.32	1,000	6
F70A	Major Arrhythmia and Cardiac Arrest W Catastrophic or Severe	505	0.05	1.07	1.26	1.26	1.46	0.81	0.48	1,500	14
F70B	Major Arrhythmia and Cardiac Arrest W/O Catastrophic or Severe	1,376	0.01	0.44	0.50	0.62	0.67	0.22	0.14	450	6
F71A	Non-Major Arrhythmia and Conduction Disorders W Catastrophic	2,650	0.05	1.36	1.42	1.48	1.55	0.25	0.16	500	17
F71B	Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic	6,966	0.02	0.49	0.52	0.59	0.61	0.56	0.35	1,100	8
F72A	Unstable Angina W Catastrophic or Severe CC	1,146	0.03	1.04	1.09	1.16	1.21	0.29	0.19	600	13
F72B	Unstable Angina W/O Catastrophic or Severe CC	4,965	0.02	0.48	0.51	0.59	0.62	0.36	0.24	750	8
F73A	Syncope and Collapse W Catastrophic or Severe CC	1,857	0.04	1.11	1.13	1.27	1.28	0.44	0.29	900	18
F73B	Syncope and Collapse W/O Catastrophic or Severe CC	4,083	0.02	0.44	0.44	0.58	0.59	0.35	0.29	900	7
F74Z	Chest Pain	14,908	0.01	0.33	0.33	0.44	0.45	0.42	0.40	1,250	5
F75A	Other Circulatory System Diagnoses W Catastrophic CC	547	0.12	3.03	3.38	3.16	3.50	0.75	0.48	1,500	29

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F75B	Other Circulatory System Diagnoses W Severe CC	1,076	0.05	1.54	1.62	1.67	1.75	0.16	0.11	350	16
F75C	Other Circulatory System Diagnoses W/O Catastrophic or Severe	2,016	0.03	0.87	0.89	0.98	1.00	0.58	0.10	300	10
G01A	Rectal Resection W Catastrophic CC	568	0.19	8.88	9.76	8.94	9.82	0.62	0.42	1,300	43
G01B	Rectal Resection W/O Catastrophic CC	1,014	0.14	4.67	4.80	4.69	4.82	0.99	0.48	1,500	20
G02A	Major Small and Large Bowel Procedures W Catastrophic CC	1,524	0.22	8.40	9.51	8.50	9.60	0.29	0.19	600	42
G02B	Major Small and Large Bowel Procedures W/O Catastrophic CC	2,150	0.11	3.83	3.96	3.88	4.02	0.12	0.08	250	19
G03A	Stomach, Oesophageal and Duodenal Procedures W Malignancy	254	0.26	7.50	8.59	7.53	8.61	0.73	0.48	1,500	31
G03B	Stomach, Oesophageal and Duodenal Procedures W/O Malignancy	327	0.27	6.27	7.22	6.35	7.30	0.82	0.48	1,500	40
G03C	Stomach, Oesophageal and Duodenal Procedures W/O Malignancy	396	0.09	2.60	2.71	2.64	2.76	0.77	0.48	1,500	14
G04A	Peritoneal Adhesiolysis Age>49 W CC	475	0.19	5.35	5.78	5.48	5.90	0.29	0.19	600	29
G04B	Peritoneal Adhesiolysis (Age<50 W CC) or (Age>49 W/O CC)	604	0.10	2.71	2.77	2.78	2.84	0.65	0.43	1,350	18
G04C	Peritoneal Adhesiolysis Age<50 W/O CC	503	0.08	1.72	1.73	1.79	1.81	0.69	0.46	1,450	12
G05A	Minor Small and Large Bowel Procedures W CC	201	0.14	3.58	3.72	3.61	3.75	0.27	0.18	550	21
G05B	Minor Small and Large Bowel Procedures W/O CC	313	0.15	1.90	1.92	1.91	1.92	0.60	0.40	1,250	12
G06Z	Pyloromyotomy Procedure	76	0.05	1.69	1.69	1.84	1.85	1.03	0.48	1,500	7
G07A	Appendectomy W Catastrophic or Severe CC	485	0.09	2.83	2.90	2.95	3.03	0.30	0.19	600	17
G07B	Appendectomy W/O Catastrophic or Severe CC	6,102	0.05	1.42	1.43	1.53	1.53	0.30	0.21	650	6
G08A	Abdominal and Other Hernia Procedures Age >59 or W Catastroph	1,462	0.06	1.61	1.67	1.64	1.70	1.55	0.40	1,250	11
G08B	Abdominal and Other Hernia Procedures Age 1 to 59 W/O Cat or	1,220	0.04	1.08	1.08	1.10	1.10	1.10	0.27	850	5
G09Z	Inguinal and Femoral Hernia Procedures Age>0	3,825	0.14	1.00	1.00	1.00	1.01	1.12	0.24	750	3
G10Z	Hernia Procedures Age<1	415	0.04	0.94	0.95	0.96	0.96	0.57	0.38	1,200	3
G11A	Anal and Stomal Procedures W Catastrophic or Severe CC	397	0.04	1.55	1.60	1.59	1.64	0.33	0.22	700	15
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	2,660	0.02	0.84	0.84	0.87	0.87	0.80	0.24	750	4
G12A	Other Digestive System O.R. Procedures W Catastr or Severe CC	513	0.13	3.96	4.25	4.07	4.36	0.72	0.48	1,500	31
G12B	Other Digestive System O.R. Procedures W/O Catastr or Sev CC	600	0.04	1.50	1.53	1.57	1.59	0.51	0.34	1,050	15
G42A	Other Gastroscopy for Major Digestive Disease	2,183	0.08	1.47	1.52	1.57	1.62	0.32	0.21	650	13
G42B	Other Gastroscopy for Major Digestive Disease, Sameday	1,470	0.02	0.37	0.37	0.38	0.38	0.31	0.21	650	3
G43Z	Complex Colonoscopy	139	0.03	0.63	0.63	0.65	0.65	0.23	0.16	500	16
G44A	Other Colonoscopy W Catastrophic or Severe CC	578	0.09	2.79	2.91	2.90	3.02	0.42	0.27	850	25
G44B	Other Colonoscopy W/O Catastrophic or Severe CC	1,923	0.07	1.34	1.35	1.41	1.42	0.78	0.48	1,500	14
G44C	Other Colonoscopy, Sameday	14,900	0.01	0.41	0.41	0.42	0.42	0.33	0.22	700	3

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
G45A	Other Gastroscopy for Non-Major Digestive Disease	2,527	0.07	1.25	1.26	1.35	1.36	0.38	0.26	800	12
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	8,969	0.01	0.38	0.38	0.39	0.39	0.29	0.19	600	3
G46A	Complex Gastroscopy W Catastrophic or Severe CC	1,040	0.09	2.82	2.95	2.93	3.06	0.69	0.46	1,450	26
G46B	Complex Gastroscopy W/O Catastrophic or Severe CC	1,732	0.09	1.48	1.50	1.55	1.57	0.66	0.43	1,350	13
G46C	Complex Gastroscopy, Sameday	8,623	0.02	0.46	0.46	0.46	0.46	0.22	0.14	450	3
G60A	Digestive Malignancy W Catastrophic or Severe CC	1,079	0.06	1.44	1.45	1.52	1.53	0.76	0.48	1,500	21
G60B	Digestive Malignancy W/O Catastrophic or Severe CC	760	0.02	0.70	0.71	0.74	0.75	0.63	0.24	750	9
G61A	GI Haemorrhage (Age<65 W Catastrophic or Severe CC) or Age>64	2,190	0.03	0.74	0.77	0.88	0.91	0.40	0.27	850	11
G61B	GI Haemorrhage Age<65 W/O Catastrophic or Severe CC	913	0.03	0.36	0.37	0.46	0.47	0.21	0.14	450	5
G62Z	Complicated Peptic Ulcer	79	0.06	0.81	0.84	0.93	0.96	0.49	0.32	1,000	12
G63Z	Uncomplicated Peptic Ulcer	96	0.02	0.32	0.35	0.41	0.45	0.20	0.13	400	8
G64Z	Inflammatory Bowel Disease	768	0.04	1.25	1.25	1.36	1.37	0.99	0.35	1,100	12
G65A	GI Obstruction W CC	1,577	0.05	1.42	1.45	1.55	1.58	0.49	0.34	1,050	16
G65B	GI Obstruction W/O CC	2,197	0.02	0.68	0.68	0.79	0.80	0.36	0.24	750	9
G66A	Abdominal Pain or Mesenteric Adenitis W CC	1,581	0.02	0.75	0.75	0.87	0.88	0.45	0.32	1,000	10
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	6,317	0.01	0.40	0.40	0.51	0.51	0.38	0.21	650	5
G67A	Oesophagitis, Gastroent & Misc Digestive System Disorders Age	3,991	0.05	1.34	1.36	1.49	1.51	0.37	0.24	750	17
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>	11,217	0.02	0.46	0.46	0.57	0.57	0.47	0.48	1,500	8
G68A	Gastroenteritis Age<10 W CC	566	0.03	0.86	0.88	0.98	1.01	0.84	0.48	1,500	6
G68B	Gastroenteritis Age<10 W/O CC	6,957	0.02	0.48	0.48	0.59	0.59	0.48	0.48	1,500	4
G69Z	Oesophagitis and Misc Digestive System Disorders Age<10	1,284	0.02	0.63	0.63	0.72	0.73	0.47	0.30	950	5
G70A	Other Digestive System Diagnoses W CC	1,475	0.05	1.24	1.28	1.36	1.40	0.65	0.18	550	16
G70B	Other Digestive System Diagnoses W/O CC	2,436	0.01	0.43	0.43	0.55	0.55	0.39	0.16	500	7
H01A	Pancreas, Liver and Shunt Procedures W Catastrophic CC	285	0.34	8.93	9.88	8.98	9.94	0.83	0.48	1,500	49
H01B	Pancreas, Liver and Shunt Procedures W/O Catastrophic CC	429	0.21	3.87	4.21	3.90	4.24	0.96	0.48	1,500	21
H02A	Major Biliary Tract Procedures W Malignancy or Catastrophic	139	0.43	6.83	7.50	6.91	7.58	0.88	0.48	1,500	40
H02B	Major Biliary Tract Procedures W/O Malignancy W Severe or Mod	153	0.17	3.52	3.58	3.59	3.65	0.66	0.43	1,350	26
H02C	Major Biliary Tract Procedures W/O Malignancy W/O CC	229	0.11	1.83	1.84	1.84	1.86	0.27	0.18	550	18
H05A	Hepatobiliary Diagnostic Procedures W Catastrophic or Severe	135	0.27	5.01	5.38	5.08	5.46	1.44	0.48	1,500	37
H05B	Hepatobiliary Diagnostic Procedures W/O Catastrophic or Sever	117	0.13	1.92	1.93	1.96	1.97	0.55	0.37	1,150	15
H06Z	Other Hepatobiliary and Pancreas O.R. Procedures	147	0.14	3.27	3.39	3.31	3.42	0.76	0.48	1,500	33

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
H07A	Open Cholecystectomy W Closed CDE or Catastrophic CC	136	0.23	5.91	6.68	6.00	6.76	0.82	0.48	1,500	39
H07B	Open Cholecystectomy W/O Closed CDE W/O Catastrophic CC	491	0.08	2.60	2.67	2.64	2.71	0.47	0.30	950	15
H08A	Laparoscopic Cholecystectomy W Closed CDE Or Catastrophic/Sev	1,069	0.16	2.77	2.89	2.83	2.96	0.35	0.24	750	19
H08B	Laparoscopic Cholecystectomy W/O Closed CDE W/O Catastrophic/	6,317	0.10	1.43	1.43	1.45	1.45	1.50	0.19	600	4
H40Z	Endoscopic Procedures for Bleeding Oesophageal Varices	145	0.13	2.67	3.02	2.76	3.11	0.36	0.24	750	16
H41A	ERCP Complex Therapeutic Procedure W Catastrophic or Severe C	324	0.13	3.29	3.45	3.38	3.54	0.33	0.22	700	29
H41B	ERCP Complex Therapeutic Procedure W/O Catastrophic or Severe	492	0.06	1.57	1.58	1.63	1.64	1.25	0.32	1,000	15
H42A	ERCP Other Therapeutic Procedure W Catastrophic or Severe CC	422	0.16	2.97	3.12	3.07	3.22	0.33	0.22	700	25
H42B	ERCP Other Therapeutic Procedure W Moderate CC	381	0.07	1.44	1.46	1.49	1.51	0.51	0.34	1,050	16
H42C	ERCP Other Therapeutic Procedure W/O CC	918	0.06	1.20	1.21	1.25	1.26	0.87	0.34	1,050	13
H60A	Cirrhosis and Alcoholic Hepatitis W Catastrophic CC	542	0.14	3.24	3.49	3.38	3.63	0.42	0.29	900	32
H60B	Cirrhosis and Alcoholic Hepatitis W Severe CC	494	0.10	1.56	1.60	1.66	1.70	0.78	0.30	950	17
H60C	Cirrhosis and Alcoholic Hepatitis W/O Catastrophic or Severe	280	0.04	1.09	1.10	1.17	1.18	0.45	0.13	400	17
H61A	Malignancy of Hepatobiliary Sys, Pancreas W Catastr CC or (Ag	692	0.07	2.24	2.27	2.37	2.39	0.59	0.38	1,200	28
H61B	Malign Hepatobiliary Sys, Pancreas (A<70 W/O Cat CC) or (A>69 W/	848	0.05	1.17	1.17	1.23	1.23	0.72	0.27	850	14
H62A	Disorders of Pancreas Except for Malignancy W Catastrophic or	686	0.07	2.20	2.45	2.33	2.58	0.40	0.27	850	23
H62B	Disorders of Pancreas Except for Malignancy W/O Catastrophic	2,756	0.04	0.90	0.91	1.02	1.04	0.56	0.37	1,150	10
H63A	Disorders of Liver Except Malign, Cirrhosis, Alcoholic Hepatit	645	0.09	2.17	2.32	2.32	2.47	0.53	0.35	1,100	24
H63B	Disorders of Liver Excep Malign, Cirrhosis, Alcoholic Hepatiti	645	0.03	0.88	0.89	0.99	1.00	0.73	0.18	550	12
H64A	Disorders of the Biliary Tract W CC	1,450	0.05	1.34	1.38	1.46	1.50	0.54	0.37	1,150	16
H64B	Disorders of the Biliary Tract W/O CC	2,784	0.03	0.59	0.59	0.70	0.70	0.60	0.46	1,450	9
I01Z	Bilateral or Multiple Major Joint Procs of Lower Extremity	292	0.62	8.65	8.69	8.68	8.71	0.36	0.24	750	19
I02A	Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC)	143	0.83	14.06	14.54	14.16	14.63	0.62	0.42	1,300	60
I02B	Skin Graft W/O Catastrophic or Severe CC, Excluding Hand	203	0.24	4.13	4.18	4.18	4.23	0.73	0.48	1,500	29
I03A	Hip Revision W Catastrophic or Severe CC	157	0.28	10.19	10.35	10.25	10.41	0.40	0.27	850	58
I03B	Hip Replacement W Cat or Severe CC or Hip Revision W/O Cat or	1,924	0.24	5.69	5.80	5.77	5.88	0.28	0.19	600	29
I03C	Hip Replacement W/O Catastrophic or Severe CC	2,441	0.17	4.31	4.32	4.34	4.35	0.31	0.21	650	12
I04Z	Knee Replacement and Reattachment	4,333	0.23	4.96	4.99	4.97	4.99	0.25	0.16	500	12
I05Z	Other Major Joint Replacement and Limb Reattachment Procedure	474	0.49	4.23	4.25	4.27	4.28	0.58	0.38	1,200	13
I06Z	Spinal Fusion W Deformity	52	0.47	8.50	8.79	8.50	8.79	0.59	0.40	1,250	14
I07Z	Amputation	76	0.17	7.71	7.83	7.83	7.94	0.22	0.14	450	59

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I08A	Other Hip and Femur Procedures W Catastrophic or Severe CC	2,333	0.13	5.19	5.33	5.32	5.46	0.73	0.48	1,500	37
I08B	Other Hip and Femur Procedures W/O Catastrophic or Severe CC	2,246	0.21	3.23	3.25	3.32	3.34	0.32	0.21	650	19
I09A	Spinal Fusion W Catastrophic or Severe CC	220	0.82	9.24	9.85	9.31	9.92	0.52	0.35	1,100	39
I09B	Spinal Fusion W/O Catastrophic or Severe CC	498	0.35	4.94	5.02	4.96	5.04	1.34	0.48	1,500	15
I10A	Other Back and Neck Procedures W Catastrophic or Severe CC	288	0.14	4.32	4.44	4.36	4.48	0.47	0.30	950	27
I10B	Other Back and Neck Procedures W/O Catastrophic or Severe CC	1,315	0.29	2.40	2.42	2.41	2.43	0.39	0.26	800	10
I11Z	Limb Lengthening Procedures	25	0.14	2.52	2.52	2.52	2.52	1.44	0.48	1,500	17
I12A	Infect/Inflam of Bone & Joint W Misc Musc Sys & Conn Tiss Pro	247	0.48	9.28	9.61	9.40	9.73	0.81	0.48	1,500	60
I12B	Infect/Inflam of Bone & Joint W Misc Musc Sys & Conn Tiss Pro	205	0.22	4.83	4.86	4.92	4.95	0.52	0.35	1,100	42
I12C	Infect/Inflam Bone & Joint W Misc Musc Sys & Conn Tiss Proc W	867	0.08	2.59	2.60	2.64	2.65	0.48	0.32	1,000	24
I13A	Humerus, Tibia, Fibula and Ankle Procedures W Catastrophic or	471	0.17	5.39	5.53	5.50	5.63	0.45	0.30	950	33
I13B	Humerus, Tibia, Fibula and Ankle Procedures Age>59 W/O Catast	893	0.08	2.48	2.49	2.55	2.56	0.46	0.30	950	15
I13C	Humerus, Tibia, Fibula and Ankle Procedures Age<60 W/O Catast	4,079	0.37	1.74	1.75	1.81	1.82	0.83	0.48	1,500	8
I14Z	Stump Revision	13	0.12	2.02	2.02	2.05	2.05	0.46	0.30	950	19
I15Z	Cranio-Facial Surgery	107	0.12	3.02	3.31	3.03	3.31	0.55	0.37	1,150	12
I16Z	Other Shoulder Procedures	1,588	0.07	1.44	1.44	1.44	1.45	0.35	0.24	750	4
I17Z	Maxillo-Facial Surgery	337	0.11	2.46	2.54	2.50	2.57	0.37	0.24	750	10
I18Z	Other Knee Procedures	902	0.04	1.19	1.19	1.22	1.23	1.03	0.26	800	8
I19Z	Other Elbow or Forearm Procedures	3,499	0.05	1.58	1.59	1.66	1.67	1.40	0.30	950	6
I20Z	Foot Procedures	2,132	0.07	1.39	1.39	1.43	1.43	0.32	0.21	650	6
I21Z	Local Excision & Removal of Internal Fixation Devices of Hip	232	0.05	1.30	1.32	1.31	1.33	0.26	0.18	550	6
I23Z	Local Excision & Removal of Internal Fixation Dev Ex Hip & Fm	3,765	0.02	0.73	0.73	0.73	0.73	0.12	0.08	250	4
I24Z	Arthroscopy	687	0.05	0.84	0.85	0.86	0.86	0.12	0.08	250	8
I25Z	Bone and Joint Diagnostic Procedures including Biopsy	174	0.21	3.27	3.29	3.32	3.34	0.59	0.40	1,250	35
I27A	Soft Tissue Procedures W Catastrophic or Severe CC	213	0.16	4.71	4.90	4.81	5.00	0.58	0.38	1,200	40
I27B	Soft Tissue Procedures W/O Catastrophic or Severe CC	1,228	0.05	1.23	1.24	1.30	1.31	1.04	0.40	1,250	7
I28A	Other Connective Tissue Procedures W CC	333	0.18	4.00	4.08	4.10	4.18	0.63	0.42	1,300	38
I28B	Other Connective Tissue Procedures W/O CC	781	0.07	1.32	1.33	1.38	1.38	1.24	0.30	950	7
I29Z	Knee Reconstruction Or Revision	726	0.06	1.70	1.70	1.70	1.71	0.21	0.14	450	3
I30Z	Hand Procedures	7,645	0.09	1.09	1.09	1.14	1.14	0.34	0.22	700	4
I60Z	Femoral Shaft Fractures	253	0.20	3.84	3.86	4.10	4.12	0.74	0.48	1,500	60
I61Z	Other Femoral Fractures	207	0.06	1.50	1.55	1.63	1.68	0.38	0.26	800	24

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
I63Z	Sprains, Strains and Dislocations of Hip, Pelvis and Thigh	430	0.04	0.63	0.64	0.78	0.78	0.48	0.32	1,000	9
I64A	Osteomyelitis W CC	383	0.17	2.73	2.76	2.81	2.84	0.31	0.21	650	44
I64B	Osteomyelitis W/O CC	271	0.07	1.65	1.66	1.73	1.74	0.34	0.11	350	28
I65A	Connective Tissue Malignancy, including Pathological Fx W Cat	785	0.10	2.69	2.71	2.79	2.81	0.61	0.42	1,300	29
I65B	Connective Tissue Malignancy, including Pathological Fx W/O C	800	0.09	1.62	1.62	1.70	1.70	0.72	0.29	900	17
I66A	Inflammatory Musculoskeletal Disorders W Cat or Sev CC	342	0.15	3.06	3.27	3.14	3.35	0.83	0.48	1,500	29
I66B	Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	908	0.08	1.07	1.07	1.13	1.13	0.42	0.19	600	15
I67A	Septic Arthritis W Catastrophic or Severe CC	70	0.29	4.10	4.18	4.27	4.35	0.74	0.48	1,500	47
I67B	Septic Arthritis W/O Catastrophic or Severe CC	308	0.03	1.07	1.07	1.16	1.16	0.19	0.13	400	26
I68A	Non-Surg Neck & Back Conditions W CC	2,488	0.07	2.15	2.17	2.29	2.31	0.73	0.48	1,500	26
I68B	Non-surgical Neck & Back Cond W/O CC	4,014	0.08	0.90	0.91	1.02	1.03	0.55	0.37	1,150	13
I68C	Non-surgical Neck & Back Conditions, Sameday	2,479	0.01	0.24	0.24	0.35	0.35	0.24	0.19	600	3
I69A	Bone Diseases & Spec Arthropathies Age>74 W Catastrophic or S	528	0.08	2.40	2.42	2.55	2.56	0.44	0.29	900	32
I69B	Bone Diseases&Spec Arthropathies(A<75 W Cat/Sev CC) or (A>74	1,144	0.06	1.20	1.21	1.31	1.32	0.36	0.10	300	19
I69C	Bone Diseases & Spec Arthropathies Age<75 W/O Catastr or Seve	786	0.04	0.79	0.79	0.86	0.86	0.38	0.18	550	13
I70Z	Non-Specific Arthropathies	275	0.05	0.94	0.94	1.04	1.04	0.30	0.19	600	12
I71A	Musculotendinous Disorders Age>69 W CC	487	0.05	1.22	1.23	1.37	1.38	0.24	0.16	500	25
I71B	Musculotendinous Disorders (Age<70 W CC) or (Age>69 W/O CC)	764	0.03	0.68	0.69	0.82	0.83	0.40	0.26	800	14
I71C	Musculotendinous Disorders Age <70 W/O CC	674	0.03	0.51	0.51	0.60	0.60	0.36	0.19	600	6
I72A	Tendonitis, Myositis and Bursitis (Age<80 W Catastr or Severe	300	0.08	1.67	1.71	1.80	1.85	0.35	0.24	750	25
I72B	Tendonitis, Myositis and Bursitis Age<80 W/O Catastrophic or	779	0.04	0.63	0.64	0.71	0.72	0.47	0.22	700	9
I73A	Aftercare of Connective Tissue Disorders Age>59 W Catastroph	490	0.15	3.13	3.14	3.15	3.17	0.57	0.38	1,200	40
I73B	Aftercare Conn Tiss Disorder (Age<60 W Cat/Sev CC) or (Age>59	715	0.04	0.92	0.94	0.98	1.00	0.56	0.13	400	21
I73C	Aftercare of Connective Tissue Disorders Age<60 W/O Catastrop	323	0.04	0.76	0.76	0.81	0.81	0.42	0.10	300	13
I74A	Injury to Forearm, Wrist, Hand or Foot Age>74 W CC	387	0.05	1.59	1.61	1.77	1.78	0.34	0.22	700	25
I74B	Injury to Forearm, Wrist, Hand or Foot (Age<75 W CC) or (Age>	856	0.03	0.65	0.66	0.80	0.81	0.16	0.11	350	7
I74C	Injury to Forearm, Wrist, Hand or Foot Age<75 W/O CC	7,407	0.02	0.49	0.49	0.59	0.59	0.26	0.18	550	3
I75A	Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle Age>64 W C	1,247	0.07	2.07	2.08	2.23	2.24	0.47	0.32	1,000	31
I75B	Inj to Should, Arm, Elbow, Knee, Leg, Ankle (Age<65 W CC) or	1,877	0.03	0.83	0.83	0.99	1.00	0.28	0.19	600	13
I75C	Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle Age<65 W/O	3,852	0.02	0.49	0.49	0.61	0.61	0.12	0.08	250	4
I76A	Other Musculoskeletal Disorders Age>69 W CC	222	0.06	1.65	1.68	1.78	1.82	0.56	0.37	1,150	22
I76B	Other Musculoskeletal Disorders (Age<70 W CC) or (Age>69 W/O	518	0.04	0.95	1.00	1.07	1.12	0.37	0.24	750	15

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
I76C	Other Musculoskeletal Disorders Age<70 W/O CC	615	0.02	0.55	0.56	0.64	0.64	0.49	0.16	500	5
I77A	Fractures of Pelvis W Catastrophic or Severe CC	715	0.13	3.01	3.05	3.18	3.22	0.42	0.29	900	35
I77B	Fractures of Pelvis W/O Catastrophic or Severe CC	873	0.06	1.21	1.21	1.37	1.37	0.40	0.27	850	19
I78A	Fractures of Neck of Femur W Catastrophic or Severe CC	407	0.12	1.74	1.76	1.91	1.93	0.52	0.35	1,100	27
I78B	Fractures of Neck of Femur W/O Catastrophic or Severe CC	1,059	0.06	0.46	0.46	0.69	0.69	0.40	0.27	850	11
J01Z	Microvascular Tissue Transfer for Skin, Subcutaneous Tissue &	97	0.21	6.87	7.23	6.87	7.24	0.43	0.29	900	16
J06A	Major Procedures for Malignant Breast Conditions	2,026	0.06	1.67	1.67	1.67	1.68	0.40	0.27	850	8
J06B	Major Procedures for Non-Malignant Breast Conditions	507	0.05	1.64	1.65	1.65	1.65	0.75	0.48	1,500	8
J07A	Minor Procedures for Malignant Breast Conditions	662	0.03	0.95	0.95	0.95	0.95	0.12	0.08	250	3
J07B	Minor Procedures for Non-Malignant Breast Conditions	1,468	0.03	0.69	0.69	0.69	0.69	0.12	0.08	250	3
J08A	Other Skin Graft and/or Debridement Procedures W Catastrophic	401	0.11	3.21	3.32	3.26	3.36	0.55	0.37	1,150	27
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastroph	1,147	0.04	1.34	1.35	1.37	1.37	1.17	0.43	1,350	11
J09Z	Perianal and Pilonidal Procedures	729	0.03	0.81	0.81	0.83	0.83	0.16	0.11	350	3
J10Z	Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	2,039	0.04	0.87	0.87	0.88	0.88	0.11	0.06	200	5
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	1,137	0.05	0.89	0.91	0.91	0.93	0.62	0.16	500	7
J12A	Lower Limb Procs W Ulcer/Cellulitis W Catastr CC	133	0.55	9.35	9.46	9.44	9.55	0.37	0.24	750	60
J12B	Lower Limb Procs W Ulcer/Cellulitis W/O Catastr CC W Skin Gra	145	0.31	5.61	5.61	5.67	5.68	0.98	0.48	1,500	56
J12C	Lower Limb Procs W Ulcer/Cellulitis W/O Catastr CC W/O Skin G	211	0.12	2.62	2.64	2.68	2.70	0.38	0.26	800	29
J13A	Lower Limb Procs W/O Ulcer/Cellulitis W Skin Graft W Catastr/	164	0.13	3.39	3.40	3.41	3.42	0.41	0.27	850	27
J13B	Lower Limb Procs W/O Ulcer/Cellulitis W/O (Skin Graft & Catas	598	0.17	1.97	1.97	1.97	1.98	1.19	0.32	1,000	18
J14Z	Major Breast Reconstructions	67	0.11	3.82	3.82	3.82	3.82	0.78	0.48	1,500	15
J60A	Skin Ulcers	803	0.29	2.19	2.20	2.29	2.30	0.38	0.26	800	32
J60B	Skin Ulcers, Sameday	75	0.01	0.16	0.16	0.33	0.33	0.16	0.21	650	3
J62A	Malignant Breast Disorders W Catastrophic or Severe CC or (Ag	266	0.12	1.44	1.45	1.51	1.51	0.50	0.29	900	26
J62B	Malignant Breast Disorders (A<70 W/O Catastr or Severe CC) or	146	0.03	0.61	0.61	0.63	0.63	0.23	0.16	500	8
J63Z	Non-Malignant Breast Disorders	518	0.02	0.59	0.59	0.66	0.66	0.22	0.14	450	8
J64A	Cellulitis Age>59 W Catastrophic or Severe CC	1,665	0.05	2.05	2.09	2.19	2.23	0.43	0.29	900	25
J64B	Cellulitis (Age>59 W/O Catastrophic or Severe CC) or Age<60	10,192	0.03	0.85	0.85	0.96	0.97	0.34	0.22	700	11
J65A	Trauma to the Skin, Subcutaneous Tissue and Breast Age>69	1,374	0.03	0.88	0.89	1.05	1.05	0.47	0.32	1,000	18
J65B	Trauma to the Skin, Subcutaneous Tissue and Breast Age<70	2,251	0.02	0.41	0.41	0.52	0.52	0.19	0.13	400	4
J67A	Minor Skin Disorders	1,250	0.03	0.73	0.74	0.83	0.84	0.31	0.21	650	8
J67B	Minor Skin Disorders, Sameday	1,882	0.01	0.26	0.26	0.28	0.28	0.26	0.19	600	3

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
J68A	Major Skin Disorders	1,290	0.09	1.36	1.38	1.45	1.47	0.56	0.37	1,150	16
J68B	Major Skin Disorders, Sameday	311	0.00	0.12	0.12	0.15	0.15	0.12	0.16	500	3
K01Z	Diabetic Foot Procedures	734	0.64	7.00	7.15	7.11	7.26	1.03	0.48	1,500	59
K02Z	Pituitary Procedures	123	0.22	3.28	3.84	3.29	3.85	0.73	0.48	1,500	13
K03Z	Adrenal Procedures	69	0.85	3.53	3.87	3.54	3.89	0.45	0.30	950	18
K04Z	Major Procedures for Obesity	6	0.15	3.39	3.41	3.40	3.41	0.52	0.35	1,100	6
K05Z	Parathyroid Procedures	285	0.04	1.63	1.70	1.63	1.70	0.49	0.34	1,050	7
K06Z	Thyroid Procedures	1,403	0.19	1.73	1.76	1.74	1.76	0.38	0.26	800	5
K07Z	Obesity Procedures	42	0.13	2.46	2.57	2.46	2.57	0.48	0.32	1,000	13
K08Z	Thyroglossal Procedures	82	0.08	1.08	1.08	1.08	1.08	0.11	0.08	250	3
K09Z	Other Endocrine, Nutritional and Metabolic O.R. Procedures	189	0.20	4.30	4.54	4.35	4.58	1.49	0.48	1,500	41
K40Z	Endoscopic or Investigative Procedure for Metabolic Disorders	384	0.02	0.57	0.57	0.59	0.59	0.57	0.42	1,300	20
K60A	Diabetes W Catastrophic or Severe CC	1,525	0.06	2.16	2.31	2.28	2.43	0.43	0.29	900	25
K60B	Diabetes W/O Catastrophic or Severe CC	4,135	0.04	0.97	1.03	1.07	1.13	0.40	0.16	500	11
K61Z	Severe Nutritional Disturbance	111	0.15	4.04	4.14	4.15	4.24	0.52	0.35	1,100	37
K62A	Miscellaneous Metabolic Disorders W Catastrophic CC	763	0.07	2.24	2.35	2.37	2.47	0.52	0.35	1,100	26
K62B	Miscellaneous Metabolic Disorders W Severe CC or (Age>74 W/O	1,602	0.05	1.09	1.12	1.22	1.24	0.59	0.32	1,000	15
K62C	Miscellaneous Metabolic Disorders W/O Catastrophic or Severe	1,257	0.06	0.87	0.89	0.95	0.97	0.45	0.27	850	10
K63Z	Inborn Errors of Metabolism	139	0.08	1.77	1.81	1.88	1.92	0.44	0.16	500	13
K64A	Endocrine Disorders W Catastrophic or Severe CC	298	0.08	2.15	2.23	2.26	2.34	0.73	0.29	900	24
K64B	Endocrine Disorders W/O Catastrophic or Severe CC	977	0.06	0.84	0.85	0.88	0.89	0.56	0.16	500	5
L02A	Operative Insertion of Peritoneal Catheter for Dialysis W Cat	83	0.44	5.50	5.59	5.54	5.63	0.87	0.48	1,500	59
L02B	Operative Insertion of Peritoneal Catheter for Dialysis W/O C	152	0.05	1.43	1.43	1.45	1.45	0.55	0.37	1,150	7
L03A	Kidney, Ureter and Major Bladder Procedures for Neoplasm W Ca	290	0.25	5.68	6.41	5.71	6.44	0.52	0.35	1,100	31
L03B	Kidney, Ureter and Major Bladder Procedures for Neoplasm W/O	401	0.20	3.26	3.39	3.27	3.40	0.47	0.32	1,000	13
L04A	Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm	237	0.27	6.44	6.95	6.57	7.08	0.53	0.35	1,100	45
L04B	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W	393	0.17	3.20	3.27	3.24	3.32	2.07	0.34	1,050	18
L04C	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/	1,133	0.19	2.23	2.25	2.25	2.27	0.45	0.30	950	10
L05A	Transurethral Prostatectomy W Catastrophic or Severe CC	60	0.12	3.17	3.24	3.23	3.30	0.74	0.48	1,500	34
L05B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	191	0.08	1.36	1.37	1.38	1.39	0.31	0.21	650	7
L06A	Minor Bladder Procedures W Catastrophic or Severe CC	139	0.12	3.06	3.20	3.12	3.26	1.15	0.48	1,500	36
L06B	Minor Bladder Procedures W/O Catastrophic or Severe CC	303	0.06	1.06	1.07	1.08	1.08	1.00	0.34	1,050	6

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
L07A	Transurethral Procedures Except Prostatectomy W Catastrophic	325	0.08	2.31	2.37	2.36	2.41	0.19	0.13	400	26
L07B	Transurethral Procedures Except Prostatectomy W/O Catastrophic	990	0.07	0.95	0.95	0.97	0.97	0.99	0.34	1,050	5
L08A	Urethral Procedures W CC	98	0.06	1.14	1.16	1.17	1.18	0.12	0.08	250	13
L08B	Urethral Procedures W/O CC	293	0.05	0.83	0.83	0.83	0.83	0.12	0.08	250	5
L09A	Other Procedures for Kidney and Urinary Tract Disorders W Cat	165	0.92	9.78	10.10	9.88	10.19	0.84	0.48	1,500	60
L09B	Other Procedures for Kidney and Urinary Tract Disorders W Sev	88	0.20	3.86	3.87	3.94	3.96	0.53	0.35	1,100	25
L09C	Other Procedures for Kidney and Urinary Tract Disorders W/O C	307	0.13	1.47	1.47	1.48	1.48	0.31	0.21	650	7
L40Z	Ureteroscopy	196	0.04	1.02	1.03	1.04	1.05	0.28	0.19	600	6
L41Z	Cystourethroscopy, Sameday	5,396	0.03	0.51	0.51	0.52	0.52	0.24	0.16	500	3
L42Z	ESW Lithotripsy for Urinary Stones	421	0.04	0.81	0.81	0.81	0.81	0.12	0.08	250	5
L60A	Renal Failure W Catastrophic CC	670	0.14	3.77	4.23	3.92	4.38	0.87	0.48	1,500	38
L60B	Renal Failure W Severe CC	794	0.08	1.91	1.98	2.03	2.11	0.40	0.27	850	21
L60C	Renal Failure W/O Catastrophic or Severe CC	1,028	0.08	1.23	1.28	1.34	1.39	0.36	0.18	550	15
L61Z	Admit for Renal Dialysis	231,439	0.01	0.15	0.15	0.15	0.15	0.12	0.08	250	3
L62A	Kidney and Urinary Tract Neoplasms W Catastrophic or Severe C	342	0.11	1.72	1.73	1.83	1.84	0.89	0.48	1,500	24
L62B	Kidney and Urinary Tract Neoplasms W/O Catastrophic or Severe	210	0.04	1.05	1.05	1.09	1.09	0.47	0.24	750	11
L63A	Kidney and Urinary Tract Infections W Catastrophic CC	1,226	0.07	2.48	2.53	2.63	2.68	0.54	0.37	1,150	29
L63B	Kidney and Urinary Tract Infections (Age<70 W Severe CC) or A	5,221	0.03	1.13	1.14	1.29	1.29	0.31	0.21	650	16
L63C	Kidney and Urinary Tract Infections Age<70 W/O Catastrophic o	4,256	0.03	0.74	0.74	0.87	0.88	0.36	0.24	750	8
L64Z	Urinary Stones and Obstruction	4,331	0.02	0.55	0.55	0.66	0.66	0.36	0.18	550	5
L65A	Kidney and Urinary Tract Signs and Symptoms W Catastrophic or	574	0.04	1.34	1.36	1.49	1.50	0.32	0.21	650	17
L65B	Kidney and Urinary Tract Signs and Symptoms W/O Catastrophic	1,417	0.03	0.54	0.54	0.64	0.64	0.41	0.19	600	7
L66Z	Urethral Stricture	130	0.03	0.59	0.59	0.62	0.62	0.20	0.13	400	5
L67A	Other Kidney and Urinary Tract Diagnoses W Catastrophic CC	459	0.15	3.50	3.73	3.64	3.87	0.24	0.16	500	32
L67B	Other Kidney and Urinary Tract Diagnoses W Severe CC	838	0.06	1.48	1.52	1.58	1.63	0.50	0.35	1,100	17
L67C	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or	1,989	0.03	0.89	0.91	0.97	0.99	0.49	0.34	1,050	12
M01Z	Major Male Pelvic Procedures	571	0.16	3.43	3.53	3.43	3.53	1.44	0.48	1,500	13
M02A	Transurethral Prostatectomy W Catastrophic or Severe CC	399	0.07	2.42	2.48	2.44	2.50	0.38	0.26	800	16
M02B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	1,915	0.08	1.43	1.43	1.43	1.44	0.33	0.22	700	7
M03A	Penis Procedures W CC	44	0.06	1.56	1.58	1.61	1.63	0.52	0.35	1,100	13
M03B	Penis Procedures W/O CC	185	0.07	1.21	1.22	1.23	1.24	0.99	0.22	700	3
M04A	Testes Procedures W CC	130	0.05	1.45	1.49	1.47	1.52	0.39	0.26	800	12

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
M04B	Testes Procedures W/O CC	1,839	0.04	0.80	0.80	0.82	0.83	0.21	0.14	450	3
M05Z	Circumcision	1,222	0.08	0.68	0.68	0.68	0.68	0.12	0.08	250	3
M06A	Other Male Reproductive System O.R. Procedures for Malignancy	147	0.08	1.35	1.36	1.37	1.37	0.20	0.14	450	6
M06B	Other Male Reproductive System O.R. Procedures Except for Mal	117	0.06	1.09	1.10	1.11	1.11	0.32	0.21	650	8
M40Z	Cystourethroscopy W/O CC	430	0.03	0.48	0.48	0.48	0.48	0.10	0.06	200	6
M60A	Malignancy, Male Reproductive System W Catastrophic or Severe	417	0.08	1.38	1.39	1.46	1.47	0.34	0.22	700	23
M60B	Malignancy, Male Reproductive System W/O Catastrophic or Seve	232	0.05	0.70	0.70	0.74	0.75	0.62	0.18	550	11
M61A	Benign Prostatic Hypertrophy W Catastrophic or Severe CC	115	0.06	1.45	1.47	1.54	1.56	0.17	0.11	350	24
M61B	Benign Prostatic Hypertrophy W/O Catastrophic or Severe CC	426	0.02	0.50	0.50	0.53	0.53	0.26	0.18	550	9
M62A	Inflammation of the Male Reproductive System W CC	299	0.04	1.08	1.09	1.18	1.19	0.17	0.11	350	12
M62B	Inflammation of the Male Reproductive System W/O CC	729	0.02	0.48	0.48	0.56	0.56	0.39	0.26	800	7
M63Z	Sterilisation, Male	1,112	0.02	0.52	0.52	0.53	0.53	0.32	0.21	650	3
M64Z	Other Male Reproductive System Diagnoses	594	0.03	0.33	0.33	0.42	0.42	0.12	0.08	250	4
N01Z	Pelvic Evisceration and Radical Vulvectomy	66	0.21	4.04	4.09	4.05	4.10	0.23	0.16	500	28
N02A	Uterine, Adnexa Proc for Ovarian or Adnexal Malignancy W CC	170	0.15	3.49	3.54	3.50	3.56	0.85	0.48	1,500	18
N02B	Uterine, Adnexa Proc for Ovarian or Adnexal Malignancy W/O CC	129	0.12	2.06	2.06	2.07	2.08	0.96	0.48	1,500	10
N03A	Uterine, Adnexa Procedure for Non-Ovarian or Adnexal Malignan	192	0.13	3.05	3.13	3.06	3.14	0.78	0.48	1,500	16
N03B	Uterine, Adnexa Procedure for Non-Ovarian or Adnexal Malignan	219	0.09	2.06	2.06	2.06	2.07	1.39	0.13	400	11
N04Z	Hysterectomy for Non-Malignancy	3,657	0.06	1.87	1.87	1.87	1.88	0.15	0.10	300	7
N05A	Oophorectomies and Complex Fallopian Tube Procs for Non-Malig	108	0.08	2.75	2.87	2.78	2.90	0.82	0.48	1,500	14
N05B	Oophorectomies & Complex Fallopian Tube Procs for Non-Malig W	879	0.05	1.57	1.57	1.58	1.59	0.17	0.11	350	8
N06Z	Female Reproductive System Reconstructive Procedures	1,983	0.07	1.44	1.44	1.44	1.45	0.64	0.43	1,350	7
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy	1,559	0.05	1.20	1.20	1.23	1.24	0.89	0.10	300	6
N08Z	Endoscopic Procedures for Female Reproductive System	3,853	0.03	0.94	0.94	0.96	0.96	0.12	0.08	250	5
N09Z	Conisation, Vagina, Cervix and Vulva Procedures	828	0.03	0.63	0.63	0.67	0.67	0.73	0.27	850	5
N10Z	Diagnostic Curettage or Diagnostic Hysteroscopy	4,753	0.04	0.61	0.62	0.62	0.62	0.12	0.08	250	5
N11A	Other Female Reproductive Sys O.R. Procs Age>64 or W Malignan	48	0.09	2.96	3.21	2.98	3.24	0.32	0.21	650	20
N11B	Other Female Reproductive System O.R. Procs Age<65 W/O Malign	564	0.04	0.59	0.59	0.60	0.60	0.47	0.30	950	9
N60A	Malignancy, Female Reproductive System W Catastrophic or Seve	317	0.13	1.75	1.83	1.83	1.91	0.39	0.26	800	21
N60B	Malignancy, Female Reproductive System W/O Catastrophic or Se	305	0.04	1.00	1.01	1.06	1.06	0.29	0.19	600	9
N61Z	Infections, Female Reproductive System	505	0.03	0.53	0.53	0.64	0.64	0.31	0.21	650	7
N62A	Menstrual and Other Female Reproductive System Disorders W CC	429	0.03	0.60	0.61	0.70	0.70	0.20	0.14	450	8

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
N62B	Menstrual and Other Female Reproductive System Disorders W/O	2,630	0.01	0.28	0.28	0.35	0.35	0.24	0.16	500	4
O01A	Caesarean Delivery W Catastrophic CC	1,025	0.10	2.49	2.58	2.50	2.59	0.36	0.24	750	20
O01B	Caesarean Delivery W Severe CC	3,118	0.14	2.03	2.05	2.03	2.06	0.22	0.14	450	12
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	13,716	0.06	1.78	1.79	1.78	1.79	0.12	0.08	250	8
O02A	Vaginal Delivery W O.R. Procedure W Catastrophic or Severe CC	669	0.05	1.47	1.50	1.47	1.50	0.35	0.24	750	9
O02B	Vaginal Delivery W O.R. Procedure W/O Catastrophic or Severe	1,016	0.05	1.17	1.17	1.17	1.17	0.75	0.48	1,500	7
O03Z	Ectopic Pregnancy	781	0.05	1.03	1.04	1.11	1.11	0.81	0.48	1,500	5
O04Z	Postpartum and Post Abortion W O.R. Procedure	487	0.04	0.89	0.90	0.95	0.97	0.33	0.22	700	7
O05Z	Abortion W OR Procedure	7,293	0.02	0.68	0.68	0.75	0.75	0.29	0.19	600	3
O60A	Vaginal Delivery W Catastrophic or Severe CC	4,403	0.04	1.33	1.34	1.34	1.35	0.28	0.19	600	10
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	34,299	0.04	0.99	0.99	0.99	0.99	0.49	0.34	1,050	7
O60C	Single Uncomplicated Vaginal Delivery W/O Other Condition	9,649	0.02	0.79	0.79	0.79	0.80	0.12	0.08	250	5
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	3,839	0.02	0.59	0.60	0.61	0.62	0.28	0.19	600	6
O63Z	Abortion W/O O.R. Procedure	1,308	0.01	0.32	0.32	0.41	0.41	0.26	0.18	550	3
O64A	False Labour Before 37 Weeks or W Catastrophic CC	1,872	0.03	0.47	0.48	0.48	0.48	0.52	0.34	1,050	6
O64B	False Labour After 37 Weeks W/O Catastrophic CC	1,603	0.01	0.23	0.23	0.24	0.24	0.23	0.19	600	3
O66A	Antenatal & Other Obstetric Admission	10,851	0.08	0.52	0.52	0.55	0.55	0.30	0.21	650	5
O66B	Antenatal & Other Obstetric Admission, Sameday	8,530	0.02	0.11	0.11	0.13	0.13	0.11	0.19	600	3
P01Z	Neonate, Died or Transf <5 Days of Admission W Significant O.	95	0.14	1.26	1.26	1.26	1.26	0.43	0.29	900	6
P02Z	Cardiothoracic/Vascular Procedures for Neonates	53	1.28	15.51	20.22	15.52	20.23	0.90	0.48	1,500	50
P03Z	Neonate, AdmWt 1000-1499 g W Significant O.R. Procedure	60	3.92	27.34	27.34	27.34	27.34	1.14	0.48	1,500	60
P04Z	Neonate, AdmWt 1500-1999 g W Significant O.R. Procedure	37	1.46	17.28	17.28	17.28	17.28	0.86	0.48	1,500	60
P05Z	Neonate, AdmWt 2000-2499 g W Significant O.R. Procedure	52	1.56	14.28	15.95	14.30	15.97	0.76	0.48	1,500	60
P06A	Neonate, AdmWt > 2499 g W Significant O.R. Procedure W Multi	125	1.78	14.49	16.61	14.50	16.62	0.16	0.11	350	60
P06B	Neonate, Adm Wt > 2499 g W Significant O.R. Proc W/O Multi Ma	3	0.63	5.13	5.13	5.13	5.13	0.86	0.48	1,500	28
P60A	Neonate Died or Transf <5 Days of Adm, W/O Significant O.R. P	480	0.07	0.44	0.44	0.44	0.44	0.44	0.34	1,050	6
P60B	Neonate Died/Transf <5 Days of Adm, W/O Significant O.R. Proc	238	0.05	0.30	0.30	0.37	0.37	0.30	0.38	1,200	6
P61Z	Neonate, AdmWt < 750 g	4	26.35	143.28	143.28	143.28	143.28	0.62	0.42	1,300	60
P62Z	Neonate, AdmWt 750-999 g	148	3.38	27.37	27.37	27.37	27.37	1.44	0.48	1,500	60
P63Z	Neonate, AdmWt 1000-1249 g W/O Significant O.R. Procedure	253	1.04	11.55	11.55	11.55	11.55	0.84	0.48	1,500	60
P64Z	Neonate, AdmWt 1250-1499 g W/O Significant O.R. Procedure	337	0.69	9.76	9.76	9.76	9.76	0.60	0.40	1,250	60
P65A	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Proc W Multi	67	0.73	6.87	6.94	6.88	6.95	0.16	0.11	350	57

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
P65B	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W M	360	0.47	5.39	5.49	5.40	5.49	0.70	0.46	1,450	50
P65C	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W O	349	0.38	4.88	4.98	4.88	4.98	1.44	0.48	1,500	44
P65D	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W/O	442	0.28	4.35	4.63	4.36	4.63	1.32	0.48	1,500	38
P66A	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Proc W Multi	73	0.56	5.03	5.09	5.03	5.09	0.35	0.24	750	45
P66B	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Procedure W M	372	0.31	3.55	3.75	3.55	3.76	0.47	0.32	1,000	36
P66C	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Procedure W O	967	0.15	2.41	2.57	2.41	2.58	0.88	0.48	1,500	29
P66D	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Procedure W/O	700	0.07	1.04	1.19	1.05	1.20	0.72	0.48	1,500	15
P67A	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W Mult	255	0.26	3.56	3.70	3.57	3.72	0.17	0.11	350	27
P67B	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W Majo	1,389	0.11	1.74	1.87	1.77	1.90	0.56	0.38	1,200	18
P67C	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W Othe	2,963	0.05	0.97	1.01	0.98	1.03	0.71	0.46	1,450	11
P67D	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Pr	3,977	0.02	0.64	0.67	0.66	0.69	0.31	0.21	650	8
P67Z	Unqualified Neonates	62,068	0.04	0.45	0.46	0.46	0.46	0.26	0.18	550	7
Q01Z	Splenectomy	94	0.15	3.54	3.91	3.59	3.96	0.39	0.26	800	14
Q02A	Other O.R. Procedure of Blood & Blood Forming Organs W Catast	136	0.44	6.60	7.03	6.70	7.12	0.92	0.48	1,500	43
Q02B	Other O.R. Procedure of Blood & Blood Forming Organs W/O Cata	444	0.05	1.13	1.14	1.15	1.16	0.38	0.26	800	10
Q60A	Reticuloendothelial and Immunity Disorders W Catastrophic or	1,050	0.14	2.99	3.06	3.10	3.16	0.53	0.35	1,100	19
Q60B	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC	397	0.04	1.31	1.31	1.40	1.41	0.93	0.48	1,500	12
Q60C	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC	720	0.04	0.88	0.90	0.99	1.02	0.33	0.21	650	10
Q61A	Red Blood Cell Disorders W Catastrophic CC	628	0.07	1.83	1.89	1.95	2.01	0.84	0.42	1,300	22
Q61B	Red Blood Cell Disorders W Severe CC	923	0.04	1.04	1.05	1.13	1.14	0.86	0.48	1,500	14
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	2,468	0.02	0.54	0.54	0.63	0.63	0.49	0.45	1,400	8
Q62Z	Coagulation Disorders	1,167	0.04	0.93	0.96	1.04	1.08	0.37	0.19	600	13
R01A	Lymphoma and Leukaemia W Major O.R. Procedures W Catastrophic	114	0.65	11.60	12.18	11.68	12.26	0.94	0.48	1,500	56
R01B	Lymphoma and Leukaemia W Major O.R. Procedures W/O Catastroph	127	0.21	3.30	3.39	3.33	3.42	0.91	0.48	1,500	24
R02A	Other Neoplastic Disorders W Major O.R. Procedures W Catastr	152	0.38	6.05	6.30	6.08	6.33	0.60	0.40	1,250	33
R02B	Other Neoplastic Disorders W Major O.R. Procedures W/O Catast	362	0.12	2.48	2.53	2.49	2.54	0.72	0.48	1,500	14

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
R03A	Lymphoma and Leukaemia W Other O.R. Procedures W Catastrophic	187	0.44	8.38	8.58	8.49	8.69	1.09	0.48	1,500	60
R03B	Lymphoma and Leukaemia W Other O.R. Procedures W/O Catastroph	354	0.08	1.75	1.76	1.78	1.79	0.46	0.30	950	23
R04A	Other Neoplastic Disorders W Other O.R. Procedures W Catastr	128	0.25	3.63	3.68	3.68	3.73	0.12	0.08	250	34
R04B	Other Neoplastic Disorders W Other O.R. Procedures W/O Catastr	161	0.07	1.26	1.28	1.27	1.29	0.29	0.19	600	14
R60A	Acute Leukaemia W Catastrophic CC	389	0.71	10.77	10.99	10.87	11.08	3.58	0.48	1,500	60
R60B	Acute Leukaemia W Severe CC	335	0.25	3.70	3.72	3.77	3.80	1.44	0.48	1,500	30
R60C	Acute Leukaemia W/O Catastrophic or Severe CC	755	0.12	2.40	2.41	2.45	2.46	0.61	0.22	700	12
R61A	Lymphoma and Non-Acute Leukaemia W Catastrophic CC	628	0.21	5.60	5.75	5.71	5.86	0.70	0.46	1,450	44
R61B	Lymphoma and Non-Acute Leukaemia W/O Catastrophic CC	2,717	0.07	1.57	1.58	1.61	1.62	0.85	0.48	1,500	14
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	3,786	0.01	0.21	0.21	0.22	0.22	0.21	0.22	700	3
R62A	Other Neoplastic Disorders W CC	350	0.11	2.20	2.22	2.26	2.28	0.35	0.24	750	28
R62B	Other Neoplastic Disorders W/O CC	292	0.04	0.79	0.79	0.81	0.81	0.25	0.16	500	13
R63Z	Chemotherapy	3,404	0.02	0.18	0.18	0.18	0.18	0.12	0.08	250	3
R64Z	Radiotherapy	195	0.06	0.84	0.84	0.84	0.84	0.24	0.16	500	6
S60Z	HIV, Sameday	219	0.08	0.65	0.65	0.65	0.65	0.34	0.22	700	3
S65A	HIV-Related Diseases W Catastrophic CC	94	0.62	9.26	10.15	9.42	10.31	0.73	0.48	1,500	48
S65B	HIV-Related Diseases W Severe CC	93	0.31	4.42	4.43	4.53	4.54	0.35	0.24	750	26
S65C	HIV-Related Diseases W/O Catastrophic or Severe CC	163	0.17	3.19	3.21	3.29	3.31	0.49	0.34	1,050	17
T01A	O.R. Procedures for Infectious and Parasitic Diseases W Catas	419	0.40	10.90	11.77	11.03	11.90	2.01	0.48	1,500	60
T01B	O.R. Procedures for Infectious and Parasitic Diseases W Sever	352	0.21	4.46	4.57	4.53	4.64	0.94	0.19	600	33
T01C	O.R. Procedures for Infectious and Parasitic Diseases W/O CC	443	0.07	2.17	2.20	2.23	2.26	0.70	0.14	450	21
T60A	Septicaemia W Catastrophic or Severe CC	2,989	0.07	2.69	2.97	2.85	3.14	0.55	0.37	1,150	26
T60B	Septicaemia W/O Catastrophic or Severe CC	1,003	0.06	1.19	1.25	1.34	1.40	0.43	0.29	900	14
T61A	Postoperative & Post-Traumatic Infect W Cat/Sev CC or (Age>54	1,446	0.05	1.36	1.39	1.46	1.49	0.37	0.26	800	17
T61B	Postoperative & Post-Traumatic Infections Age <55 W/O Catastr	993	0.03	0.92	0.93	1.02	1.03	0.21	0.14	450	10
T62A	Fever of Unknown Origin W CC	1,036	0.04	1.35	1.35	1.48	1.48	0.48	0.32	1,000	13
T62B	Fever of Unknown Origin W/O CC	1,565	0.02	0.50	0.50	0.63	0.63	0.39	0.26	800	6
T63A	Viral Illness Age >59 or W CC	1,017	0.04	0.84	0.85	0.96	0.96	0.59	0.40	1,250	9
T63B	Viral Illness Age<60 W/O CC	3,873	0.01	0.49	0.49	0.61	0.61	0.49	0.48	1,500	5
T64A	Other Infectious and Parasitic Diseases W Catastrophic or Sev	239	0.20	3.38	3.50	3.51	3.63	0.78	0.48	1,500	31
T64B	Other Infectious and Parasitic Diseases W/O Catastrophic or S	517	0.04	0.87	0.88	0.98	0.98	0.59	0.34	1,050	10

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
U40Z	Mental Health Treatment, Sameday, W ECT	494	0.03	0.16	0.16	0.16	0.16	0.16	0.16	500	3
U60Z	Mental Health Treatment, Sameday, W/O ECT	5,122	0.01	0.12	0.12	0.27	0.27	0.12	0.18	550	3
U61A	Schizophrenia Disorders W Mental Health Legal Status	69	0.06	0.59	0.60	0.70	0.71	0.20	0.13	400	3
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	404	0.03	0.47	0.47	0.61	0.62	0.12	0.08	250	5
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Heal	64	0.14	1.17	1.19	1.27	1.28	0.25	0.18	550	18
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Hea	276	0.01	0.24	0.24	0.51	0.51	0.24	0.43	1,350	9
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat	295	0.19	2.24	2.26	2.41	2.43	0.13	0.10	300	41
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe C	566	0.02	0.39	0.39	0.54	0.54	0.39	0.37	1,150	7
U64Z	Other Affective and Somatoform Disorders	963	0.04	0.85	0.86	0.96	0.96	0.33	0.22	700	14
U65Z	Anxiety Disorders	917	0.04	0.93	0.95	1.04	1.05	0.72	0.48	1,500	12
U66Z	Eating and Obsessive-Compulsive Disorders	268	0.43	5.88	5.92	5.98	6.01	1.44	0.48	1,500	60
U67Z	Personality Disorders and Acute Reactions	662	0.02	0.46	0.48	0.60	0.62	0.21	0.14	450	5
U68Z	Childhood Mental Disorders	87	0.10	1.28	1.29	1.46	1.46	0.70	0.46	1,450	9
V60A	Alcohol Intoxication and Withdrawal W CC	821	0.04	0.71	0.77	0.85	0.91	0.29	0.19	600	12
V60B	Alcohol Intoxication and Withdrawal W/O CC	1,529	0.01	0.26	0.27	0.39	0.39	0.26	0.19	600	7
V61Z	Drug Intoxication and Withdrawal	409	0.02	0.52	0.52	0.75	0.76	0.24	0.16	500	8
V62A	Alcohol Use Disorder and Dependence	1,817	0.09	1.25	1.25	1.28	1.29	0.39	0.26	800	13
V62B	Alcohol Use Disorder and Dependence, Sameday	80	0.03	0.21	0.21	0.32	0.32	0.21	0.24	750	3
V63A	Opioid Use Disorder and Dependence	333	0.11	1.17	1.17	1.23	1.23	0.20	0.13	400	14
V63B	Opioid Use Disorder and Dependence, Left Against Medical Advi	118	0.10	0.75	0.75	0.76	0.76	0.11	0.08	250	14
V64Z	Other Drug Use Disorder and Dependence	735	0.04	0.65	0.66	1.19	1.20	0.41	0.27	850	14
W01Z	Ventilation or Craniotomy Procs for Multiple Significant Trau	291	0.56	14.16	20.47	14.30	20.61	0.43	0.29	900	60
W02Z	Hip, Femur and Limb Procs for Multiple Significant Trauma, in	188	0.34	7.92	8.26	8.05	8.40	0.72	0.48	1,500	43
W03Z	Abdominal Procedures for Multiple Significant Trauma	74	0.23	3.66	4.34	3.79	4.46	0.59	0.38	1,200	18
W04Z	Other O.R. Procedures for Multiple Significant Trauma	124	0.38	7.38	8.20	7.53	8.35	1.04	0.48	1,500	48
W60Z	Multiple Trauma, Died or Transf to Another Acute Care Facilit	265	0.09	1.27	1.41	1.55	1.68	0.41	0.27	850	3
W61Z	Multiple Trauma Without Significant Procedures	295	0.12	2.83	3.19	2.95	3.31	0.44	0.30	950	26
X02Z	Microvascular Tissue Transfer or Skin Grafts for Injuries to	578	0.05	1.34	1.35	1.42	1.43	0.22	0.14	450	4
X04A	Other Procedures for Injuries to Lower Limb Age>59 or W CC	183	0.15	2.34	2.48	2.44	2.58	0.40	0.27	850	19
X04B	Other Procedures for Injuries to Lower Limb Age<60 W/O CC	545	0.03	1.02	1.03	1.11	1.12	0.51	0.34	1,050	5
X05Z	Other Procedures for Injuries to Hand	1,193	0.03	0.94	0.94	1.02	1.02	0.84	0.24	750	4
X06A	Other Procedures for Other Injuries W Catastrophic or Severe	498	0.12	3.31	3.68	3.41	3.78	0.47	0.30	950	26

AR-DRG V5.0 No.	AR-DRG Title	Seps	Standard error	Cost Weight w/o Emerg & ICU	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups	Transfer cost weight	Outlier per diem as a weight	Outlier per diem amount (\$)	High trim point (days)
X06B	Other Procedures for Other Injuries W/O Catastrophic or Severe	1,780	0.03	1.03	1.05	1.11	1.13	0.98	0.29	900	6
X07A	Mic Tissue Transfer or (Skin Graft W Cat/Sev CC) for Injuries	132	0.40	5.92	6.10	6.03	6.21	0.69	0.46	1,450	45
X07B	Skin Grafts for Injuries Excluding Hand W/O Cat or Sev CC	208	0.15	2.62	2.62	2.71	2.72	0.68	0.45	1,400	27
X60A	Injuries Age>64 W CC	2,006	0.04	1.26	1.27	1.43	1.44	0.49	0.37	1,150	23
X60B	Injuries Age >64 W/O CC	1,397	0.02	0.47	0.48	0.62	0.62	0.29	0.16	500	10
X60C	Injuries Age<65	4,727	0.02	0.36	0.37	0.48	0.49	0.40	0.16	500	4
X61Z	Allergic Reactions	859	0.01	0.24	0.28	0.37	0.41	0.24	0.27	850	3
X62A	Poisoning/Toxic Effects of Drugs & Other Substances Age>59 or	2,600	0.03	0.67	0.81	0.83	0.97	0.27	0.18	550	9
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/	3,561	0.01	0.29	0.33	0.43	0.46	0.24	0.16	500	3
X63A	Sequelae of Treatment W Catastrophic or Severe CC	754	0.05	1.49	1.58	1.59	1.69	0.27	0.18	550	16
X63B	Sequelae of Treatment W/O Catastrophic or Severe CC	2,586	0.02	0.62	0.63	0.73	0.74	0.16	0.11	350	7
X64A	Other Injury, Poisoning and Toxic Effect Diagnosis Age>59 or	279	0.05	0.83	0.90	1.04	1.11	0.16	0.11	350	14
X64B	Other Injury, Poisoning and Toxic Effect Diagnosis Age<60 W/O	649	0.01	0.27	0.30	0.34	0.37	0.18	0.11	350	3
Y01Z	Severe Full Thickness Burns	34	3.22	26.71	34.19	26.72	34.21	0.36	0.24	750	60
Y02A	Other Burns W Skin Graft Age>64 or W Cat/Sev CC or W Complic	107	0.42	6.51	6.67	6.58	6.75	1.44	0.48	1,500	41
Y02B	Other Burns W Skin Graft Age<65 W/O Cat or Sev CC W/O Complic	333	0.21	2.76	2.79	2.77	2.80	0.78	0.48	1,500	28
Y03Z	Other O.R. Procedures for Other Burns	72	0.14	1.75	1.81	1.84	1.89	0.34	0.22	700	17
Y60Z	Burns, Transferred to Another Acute Care Facility < 5 Days	380	0.01	0.17	0.20	0.39	0.43	0.17	0.24	750	3
Y61Z	Severe Burns	124	0.14	1.30	1.43	1.38	1.51	0.74	0.48	1,500	16
Y62A	Other Burns Age>64 or W Catastr or Severe CC or W Complicatin	87	0.17	2.16	2.32	2.23	2.40	0.37	0.24	750	22
Y62B	Other Burns Age<65 W/O Catastr or Severe CC W/O Complicating	729	0.02	0.48	0.49	0.57	0.58	0.48	0.45	1,400	5
Z01A	O.R. Procedures W Diagnoses of Other Contacts W Health Servic	288	0.12	1.70	1.79	1.71	1.80	1.21	0.24	750	11
Z01B	O.R. Procedures W Diagnoses Other Contacts W Health Services	444	0.04	0.93	0.94	0.93	0.94	0.85	0.29	900	4
Z40Z	Follow Up After Completed Treatment W Endoscopy	7,392	0.02	0.38	0.38	0.38	0.38	0.33	0.22	700	3
Z61Z	Signs and Symptoms	1,118	0.03	0.72	0.72	0.81	0.82	0.71	0.37	1,150	13
Z62Z	Follow Up After Completed Treatment W/O Endoscopy	206	0.04	0.55	0.55	0.55	0.56	0.32	0.08	250	5
Z63A	Other Aftercare W Catastrophic or Severe CC	1,216	0.04	1.53	1.57	1.54	1.58	0.39	0.26	800	23
Z63B	Other Aftercare W/O Catastrophic or Severe CC	883	0.02	0.55	0.56	0.55	0.57	0.38	0.13	400	9
Z64A	Other Factors Influencing Health Status	1,674	0.05	0.92	0.93	0.98	0.98	0.38	0.26	800	16
Z64B	Other Factors Influencing Health Status, Sameday	6,255	0.02	0.33	0.33	0.34	0.34	0.33	0.22	700	3
Z65Z	Multiple, Other and Unspecified Congenital Anomalies	79	0.16	1.12	1.14	1.14	1.15	0.26	0.18	550	10

Appendix 1A: Acute Care Cost Weights Rebased

Part 2: Same Day Cost Weights for for selected DRGS (Rebased)

Appendix 1A: Acute Care Cost Weights

Part 2: Same Day Cost Weights

Descriptions of the abbreviations shown in tables are as follows:

AR-DRG No.

AR-DRG V5.0 number

AR-DRG Title

AR-DRG V5.0 description

Same day seps (No.)

Total same day separations

Seps w/o same day ED cases (No)

Same day separations excluding same day cases treated in ED

Standard error

Standard error of the cost weight

Cost Weight w/o ED & ICU

Cost weight excluding ED and ICU cost groups

Cost Weight w all cost groups

Cost weight including all cost groups

Cost Weight w/o ED

Cost weight excluding ED cost group

Cost Weight w/o ICU

Cost weight excluding ICU cost group

AR-DRG V5.0 No.	AR-DRG Title	Same day seps	Standard error	Cost Weight w/o Emerg & ICU*	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups
901Z	Extensive O.R. Procedure Unrelated to Principal Diagnosis Day Case	119	0.20	2.25	2.25	2.33	2.33
B03B	Spinal Procedures W/O Catastrophic or Severe CC Day Case	29	0.69	1.84	1.84	1.84	1.85
B06B	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O Day Case	409	0.07	1.15	1.15	1.15	1.16
B60B	Established Paraplegia/Quadriplegia W or W/O O.R. Procs W/O C Day Case	236	0.10	0.79	0.79	0.88	0.88
B65Z	Cerebral Palsy Day Case	371	0.10	0.91	0.91	0.92	0.92
B66B	Nervous System Neoplasm W/O Catastrophic or Severe CC Day Case	186	0.05	0.57	0.57	0.59	0.60
B67B	Degenerative Nervous System Disorders Age >59 W/O Catastr or Day Case	240	0.03	0.22	0.22	0.24	0.24
B67C	Degenerative Nervous System Disorders Age <60 W/O Catastroph Day Case	799	0.03	0.22	0.22	0.24	0.24
B68B	Multiple Sclerosis and Cerebellar Ataxia W/O CC Day Case	440	0.03	0.29	0.29	0.30	0.30
B71B	Cranial and Peripheral Nerve Disorders W/O CC Day Case	1,464	0.02	0.27	0.27	0.28	0.28
B76B	Seizure W/O Catastrophic or Severe CC Day Case	1,062	0.03	0.33	0.33	0.48	0.48
B77Z	Headache Day Case	657	0.02	0.25	0.25	0.42	0.42
B80Z	Other Head Injury Day Case	517	0.02	0.23	0.23	0.37	0.37
B81B	Other Disorders of the Nervous System W/O Catastrophic or Sev Day Case	589	0.05	0.51	0.51	0.61	0.61
C02Z	Enucleations and Orbital Procedures Day Case	39	0.17	1.02	1.02	1.02	1.02
C05Z	Dacryocystorhinostomy Day Case	148	0.08	0.89	0.89	0.89	0.89
C12Z	Other Corneal, Scleral and Conjunctival Procedures Day Case	571	0.06	0.92	0.92	0.93	0.93
C61Z	Neurological & Vascular Disorders of the Eye Day Case	149	0.02	0.31	0.31	0.32	0.32
C63B	Other Disorders of the Eye W/O CC Day Case	725	0.02	0.34	0.34	0.37	0.37
D04B	Maxillo Surgery W/O CC Day Case	105	0.21	1.49	1.49	1.55	1.55
D14Z	Mouth & Salivary Gland Procedures Day Case	623	0.04	0.79	0.79	0.80	0.80
D40Z	Dental Extractions and Restorations Day Case	5,151	0.05	0.58	0.58	0.59	0.59
D60B	Ear, Nose, Mouth and Throat Malignancy W/O Catastrophic or Se Day Case	258	0.05	0.77	0.77	0.78	0.78
D61Z	Dysequilibrium Day Case	314	0.02	0.18	0.18	0.36	0.36
D62Z	Epistaxis Day Case	216	0.01	0.23	0.23	0.35	0.35
D66B	Other Ear, Nose, Mouth and Throat Diagnoses W/O CC Day Case	1,331	0.02	0.36	0.36	0.39	0.39
E60B	Cystic Fibrosis W/O Catastrophic or Severe CC Day Case	50	0.23	0.91	0.91	0.94	0.94
E61B	Pulmonary Embolism W/O Catastrophic or Severe CC Day Case	112	0.04	0.32	0.32	0.42	0.42
E71B	Respiratory Neoplasms W Severe or Moderate CC Day Case	253	0.07	0.71	0.71	0.73	0.73
E71C	Respiratory Neoplasms W/O CC Day Case	385	0.06	0.71	0.71	0.73	0.73
E74C	Interstitial Lung Disease W/O Catastrophic or Severe CC Day Case	112	0.07	0.55	0.55	0.57	0.57
E75B	Other Respiratory System Diagnosis (Age<65 W CC) or (Age>64 W Day Case	191	0.06	0.65	0.69	0.74	0.79

AR-DRG V5.0 No.	AR-DRG Title	Same day seps	Standard error	Cost Weight w/o Emerg & ICU*	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups
F12Z	Cardiac Pacemaker Implantation Day Case	150	0.30	1.88	1.88	1.88	1.88
F14C	Vascular Procs Except Major Reconstruction W/O CPB Pump W/O C Day Case	212	0.06	1.03	1.03	1.03	1.03
F21B	Other Circulatory System O.R. Procedures W/O Catastrophic CC Day Case	69	0.15	1.19	1.19	1.20	1.20
F42A	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W Day Case	345	0.09	0.56	0.56	0.56	0.56
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W Day Case	1,892	0.08	0.56	0.56	0.56	0.56
F63B	Venous Thrombosis W/O Catastrophic or Severe CC Day Case	109	0.02	0.20	0.20	0.29	0.29
F65B	Peripheral Vascular Disorders W/O Catastrophic or Severe CC Day Case	677	0.03	0.38	0.39	0.44	0.44
F66B	Coronary Atherosclerosis W/O CC Day Case	251	0.02	0.32	0.32	0.38	0.39
F67B	Hypertension W/O CC Day Case	100	0.03	0.23	0.23	0.29	0.29
F69B	Valvular Disorders W/O Catastrophic or Severe CC Day Case	276	0.02	0.29	0.29	0.41	0.41
F71B	Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic Day Case	1,313	0.03	0.39	0.42	0.48	0.51
F73B	Syncope and Collapse W/O Catastrophic or Severe CC Day Case	493	0.02	0.21	0.21	0.35	0.35
F74Z	Chest Pain Day Case	2,727	0.01	0.23	0.23	0.39	0.39
F75C	Other Circulatory System Diagnoses W/O Catastrophic or Severe Day Case	329	0.05	0.54	0.54	0.67	0.67
G08A	Abdominal and Other Hernia Procedures Age >59 or W Catastroph Day Case	204	0.07	0.98	0.98	0.99	0.99
G08B	Abdominal and Other Hernia Procedures Age 1 to 59 W/O Cat or Day Case	918	0.05	0.98	0.98	0.99	0.99
G09Z	Inguinal and Femoral Hernia Procedures Age>0 Day Case	1,482	0.06	1.02	1.02	1.03	1.03
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC Day Case	4,772	0.03	0.69	0.69	0.70	0.70
G60A	Digestive Malignancy W Catastrophic or Severe CC Day Case	143	0.06	0.53	0.53	0.55	0.55
G60B	Digestive Malignancy W/O Catastrophic or Severe CC Day Case	276	0.05	0.53	0.53	0.55	0.55
G64Z	Inflammatory Bowel Disease Day Case	489	0.07	0.84	0.84	0.86	0.86
G66A	Abdominal Pain or Mesenteric Adenitis W CC Day Case	160	0.02	0.28	0.28	0.45	0.45
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC Day Case	1,021	0.02	0.28	0.28	0.45	0.45
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age> Day Case	1,865	0.02	0.24	0.24	0.40	0.40
G69Z	Oesophagitis and Misc Digestive System Disorders Age<10 Day Case	175	0.03	0.33	0.33	0.48	0.48
G70A	Other Digestive System Diagnoses W CC Day Case	237	0.04	0.32	0.32	0.39	0.39
G70B	Other Digestive System Diagnoses W/O CC Day Case	1,163	0.02	0.32	0.32	0.39	0.39
H08B	Laparoscopic Cholecystectomy W/O Closed CDE W/O Catastrophic/ Day Case	220	0.13	1.43	1.44	1.45	1.45
H41B	ERCP Complex Therapeutic Procedure W/O Catastrophic or Severe Day Case	261	0.16	1.11	1.11	1.11	1.11
H42C	ERCP Other Therapeutic Procedure W/O CC Day Case	419	0.07	0.72	0.72	0.73	0.73
H60B	Cirrhosis and Alcoholic Hepatitis W Severe CC Day Case	121	0.06	0.40	0.40	0.40	0.40
H60C	Cirrhosis and Alcoholic Hepatitis W/O Catastrophic or Severe Day Case	222	0.03	0.40	0.40	0.40	0.40

AR-DRG V5.0 No.	AR-DRG Title	Same day seps	Standard error	Cost Weight w/o Emerg & ICU*	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups
H61B	Malign Hepatobiliary Sys, Pancreas (A<70 W/O Cat CC) or (A>69 W/ Day Case	154	0.07	0.60	0.60	0.67	0.67
H63B	Disorders of Liver Excep Malign, Cirrhosis, Alcoholic Hepatiti Day Case	419	0.06	0.66	0.66	0.68	0.68
H64B	Disorders of the Biliary Tract W/O CC Day Case	438	0.03	0.38	0.38	0.52	0.52
I18Z	Other Knee Procedures Day Case	3,663	0.04	0.93	0.93	0.93	0.93
I19Z	Other Elbow or Forearm Procedures Day Case	407	0.08	1.28	1.28	1.34	1.34
I27B	Soft Tissue Procedures W/O Catastrophic or Severe CC Day Case	730	0.04	0.87	0.87	0.89	0.89
I28B	Other Connective Tissue Procedures W/O CC Day Case	293	0.06	1.12	1.12	1.14	1.14
I64B	Osteomyelitis W/O CC Day Case	67	0.04	0.29	0.29	0.33	0.33
I65B	Connective Tissue Malignancy, including Pathological Fx W/O C Day Case	135	0.05	0.59	0.59	0.65	0.65
I66B	Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC Day Case	1,583	0.03	0.33	0.33	0.33	0.33
I69B	Bone Diseases&Spec Arthropathies(A<75 W Cat/Sev CC) or (A>74 Day Case	526	0.03	0.29	0.29	0.30	0.30
I69C	Bone Diseases & Spec Arthropathies Age<75 W/O Catastr or Seve Day Case	911	0.03	0.29	0.29	0.30	0.30
I71C	Musculotendinous Disorders Age <70 W/O CC Day Case	336	0.02	0.26	0.27	0.32	0.32
I72B	Tendonitis, Myositis and Bursitis Age<80 W/O Catastrophic or Day Case	349	0.03	0.37	0.37	0.41	0.41
I73B	Aftercare Conn Tiss Disorder (Age<60 W Cat/Sev CC) or (Age>59 Day Case	99	0.03	0.39	0.39	0.40	0.40
I73C	Aftercare of Connective Tissue Disorders Age<60 W/O Catastroph Day Case	320	0.03	0.39	0.39	0.40	0.40
I76C	Other Musculoskeletal Disorders Age<70 W/O CC Day Case	794	0.03	0.42	0.42	0.44	0.44
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastroph Day Case	1,701	0.04	0.98	0.98	1.00	1.00
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures Day Case	6,815	0.02	0.56	0.56	0.57	0.57
J13B	Lower Limb Procs W/O Ulcer/Cellulitis W/O (Skin Graft & Catas Day Case	214	0.05	1.05	1.05	1.07	1.07
J62A	Malignant Breast Disorders W Catastrophic or Severe CC or (Ag Day Case	76	0.07	0.37	0.37	0.42	0.42
K09Z	Other Endocrine, Nutritional and Metabolic O.R. Procedures Day Case	32	0.21	1.17	1.17	1.17	1.17
K60B	Diabetes W/O Catastrophic or Severe CC Day Case	313	0.03	0.32	0.35	0.47	0.50
K62B	Miscellaneous Metabolic Disorders W Severe CC or (Age>74 W/O Day Case	209	0.03	0.32	0.32	0.39	0.39
K62C	Miscellaneous Metabolic Disorders W/O Catastrophic or Severe Day Case	651	0.03	0.32	0.32	0.39	0.39
K63Z	Inborn Errors of Metabolism Day Case	357	0.07	0.37	0.37	0.38	0.38
K64A	Endocrine Disorders W Catastrophic or Severe CC Day Case	34	0.10	0.48	0.48	0.52	0.52
K64B	Endocrine Disorders W/O Catastrophic or Severe CC Day Case	566	0.03	0.48	0.48	0.52	0.52
L04B	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W Day Case	131	0.26	1.95	1.95	1.99	1.99
L06B	Minor Bladder Procedures W/O Catastrophic or Severe CC Day Case	177	0.08	0.85	0.85	0.86	0.86
L07B	Transurethral Procedures Except Prostatectomy W/O Catastroph Day Case	1,945	0.05	0.85	0.85	0.86	0.86
L60C	Renal Failure W/O Catastrophic or Severe CC Day Case	547	0.03	0.28	0.28	0.30	0.30

AR-DRG V5.0 No.	AR-DRG Title	Same day seps	Standard error	Cost Weight w/o Emerg & ICU*	Cost Weight w/o Emerg	Cost Weight w/o ICU	Cost weight w all cost groups
L62B	Kidney and Urinary Tract Neoplasms W/O Catastrophic or Severe Day Case	195	0.04	0.36	0.36	0.39	0.39
L64Z	Urinary Stones and Obstruction Day Case	934	0.02	0.28	0.28	0.44	0.44
L65B	Kidney and Urinary Tract Signs and Symptoms W/O Catastrophic Day Case	427	0.03	0.31	0.32	0.41	0.41
L67B	Other Kidney and Urinary Tract Diagnoses W Severe CC Day Case	217	0.06	0.33	0.33	0.34	0.34
L67C	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or Day Case	2,495	0.03	0.33	0.33	0.34	0.34
M03B	Penis Procedures W/O CC Day Case	295	0.06	0.90	0.90	0.92	0.93
M60B	Malignancy, Male Reproductive System W/O Catastrophic or Seve Day Case	328	0.05	0.54	0.54	0.55	0.55
N03B	Uterine, Adnexa Procedure for Non-Ovarian or Adnexal Malignant Day Case	30	0.22	1.36	1.36	1.39	1.39
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy Day Case	3,622	0.03	0.87	0.87	0.88	0.88
N09Z	Conisation, Vagina, Cervix and Vulva Procedures Day Case	4,619	0.02	0.60	0.60	0.61	0.61
O64A	False Labour Before 37 Weeks or W Catastrophic CC Day Case	538	0.03	0.36	0.36	0.37	0.37
Q60B	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC Day Case	69	0.05	0.23	0.23	0.24	0.24
Q60C	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC Day Case	3,580	0.02	0.23	0.23	0.24	0.24
Q61A	Red Blood Cell Disorders W Catastrophic CC Day Case	67	0.03	0.28	0.28	0.28	0.28
Q61B	Red Blood Cell Disorders W Severe CC Day Case	207	0.02	0.28	0.28	0.28	0.28
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC Day Case	6,638	0.02	0.28	0.28	0.28	0.28
Q62Z	Coagulation Disorders Day Case	726	0.03	0.28	0.28	0.33	0.33
R60A	Acute Leukaemia W Catastrophic CC Day Case	51	0.07	0.51	0.51	0.53	0.53
R60B	Acute Leukaemia W Severe CC Day Case	169	0.08	0.51	0.51	0.53	0.53
R60C	Acute Leukaemia W/O Catastrophic or Severe CC Day Case	935	0.07	0.51	0.51	0.53	0.53
T64B	Other Infectious and Parasitic Diseases W/O Catastrophic or S Day Case	63	0.06	0.43	0.43	0.45	0.45
V64Z	Other Drug Use Disorder and Dependence Day Case	59	0.04	0.28	0.28	0.41	0.41
X05Z	Other Procedures for Injuries to Hand Day Case	663	0.07	0.73	0.73	0.85	0.85
X06B	Other Procedures for Other Injuries W/O Catastrophic or Sever Day Case	504	0.06	0.86	0.86	0.97	0.97
X60A	Injuries Age>64 W CC Day Case	150	0.05	0.33	0.33	0.50	0.50
X60B	Injuries Age >64 W/O CC Day Case	206	0.03	0.33	0.33	0.50	0.50
X60C	Injuries Age<65 Day Case	1,582	0.03	0.33	0.33	0.50	0.50
Z01A	O.R. Procedures W Diagnoses of Other Contacts W Health Servic Day Case	271	0.07	0.72	0.72	0.72	0.72
Z01B	O.R. Procedures W Diagnoses Other Contacts W Health Services Day Case	856	0.03	0.72	0.72	0.72	0.72
Z61Z	Signs and Symptoms Day Case	780	0.04	0.53	0.53	0.58	0.58
Z62Z	Follow Up After Completed Treatment W/O Endoscopy Day Case	2,022	0.01	0.29	0.29	0.29	0.29
Z63B	Other Aftercare W/O Catastrophic or Severe CC Day Case	172	0.02	0.32	0.32	0.33	0.33

Appendix 2: Average Acute Cost by Cost Group and DRG

Part 1: Overnight

App 2: Average Acute Cost by Cost Group & DRG NSW

Part 1: General Acute Cost Averages

The costs shown in the following table have been inflated to reflect 2009/10 prices.

The total per separation is not necessarily the sum of the cost groups due to the effect of averaging.

ARDRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
901Z	Extensive O.R. Procedure Unrelated to Principal Diagnosis	989	3,154	629	8,276	325	2,071	1,119	885	694	1,185	554	1,267	697	20,741
902Z	Non-Extensive O.R. Procedure Unrelated to Principal Diagnosis	297	1,446	219	4,221	232	1,486	500	316	501	395	139	655	357	10,421
903Z	Prostatic O.R. Procedure Unrelated to Principal Diagnosis	17	4,009	1,057	14,484	767	2,914	1,856	928	1,391	1,160	244	2,160	983	31,883
A01Z	Liver Transplant	63	13,860	4,754	22,715	242	31,488	14,643	2,994	7,422	28,119	19	7,548	5,290	137,269
A03Z	Lung or Heart/Lung Transplant	40	15,133	3,383	26,365	441	9,086	23,786	1,456	7,356	10,072	236	5,877	1,308	101,454
A05Z	Heart Transplant	20	17,507	5,502	16,515	442	9,899	49,687	2,868	12,910	19,198	258	8,117	2,048	134,373
A06Z	Tracheostomy Any Age, Any Condition	3,115	9,285	4,215	11,701	418	5,586	60,215	3,262	4,905	9,880	1,030	7,163	4,161	116,722
A07Z	Allogeneic Bone Marrow Transplant	132	9,718	3,740	37,697	12	2,084	8,806	898	7,071	37,009	32	4,962	2,867	112,841
A08A	Autologous Bone Marrow Transplant W Catastrophic CC	154	4,883	2,118	20,020	114	1,128	2,502	832	3,944	18,079	43	2,784	1,588	57,484
A08B	Autologous Bone Marrow Transplant W/O Catastrophic CC	135	1,641	830	10,293	9	442	14	283	1,429	7,637	36	1,273	705	24,702
A09A	Renal Transplant W Pancreas Transplant or Catastrophic CC	86	9,946	2,115	13,506	95	6,540	3,404	2,071	2,889	21,541	308	3,102	2,249	67,332
A09B	Renal Transplant W/O Pancreas Transplant W/O Catastrophic CC	121	5,657	1,096	7,531	90	4,519	443	971	1,600	14,921	119	1,868	1,271	40,005
A40Z	ECMO W/O Cardiac Surgery	24	14,299	3,364	6,263	83	22,650	43,479	3,506	8,385	5,647	851	6,751	4,354	109,858
A41A	Intubation Age<16 W CC	161	3,339	2,062	6,138	684	2,146	5,057	670	1,336	1,051	369	1,518	1,123	24,661
A41B	Intubation Age<16 W/O CC	170	570	1,076	940	963	398	3,607	364	505	359	209	749	427	9,562
B01Z	Ventricular Shunt Revision	103	1,520	329	4,072	332	2,312	353	459	256	377	724	719	458	11,879
B02A	Craniotomy W Catastrophic CC	639	5,120	1,771	10,778	291	5,055	5,822	1,615	1,445	2,384	990	2,347	1,484	38,581
B02B	Craniotomy W Severe or Moderate CC	793	2,607	663	5,772	205	4,530	2,458	876	712	1,042	846	1,307	852	21,675
B02C	Craniotomy W/O CC	1,139	1,642	285	3,597	176	4,226	1,580	557	430	750	684	906	614	15,348
B03A	Spinal Procedures W Catastrophic or Severe CC	90	6,052	989	9,513	235	3,837	804	1,134	875	1,311	1,025	1,614	1,010	28,344
B03B	Spinal Procedures W/O Catastrophic or Severe CC	360	1,427	271	2,974	67	3,509	276	205	122	465	1,385	650	429	11,781
B04A	Extracranial Vascular Procedures W Catastrophic or Severe CC	252	1,615	301	4,679	102	3,570	1,548	534	368	690	530	912	568	15,306
B04B	Extracranial Vascular Procedures W/O Catastrophic or Severe C	469	628	78	1,508	51	3,174	571	202	140	332	432	464	316	7,869
B05Z	Carpal Tunnel Release	3,165	323	22	196	20	1,142	1	8	15	82	52	118	86	2,063
B06A	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W C	82	4,447	2,007	10,504	317	2,608	731	988	1,109	1,738	330	1,676	846	27,236
B06B	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O	323	1,398	433	2,815	27	2,874	84	97	144	224	341	530	364	9,320
B07A	Peripheral and Cranial Nerve & Other Nervous System Procedure	169	1,518	298	2,977	568	2,374	660	252	217	705	249	704	403	10,875
B07B	Peripheral and Cranial Nerve & Other Nervous System Procedure	1,058	443	74	740	315	2,032	25	49	42	172	133	316	172	4,512
B40Z	Plasmapheresis W Neurological Disease	97	955	276	2,275	134	95	522	214	235	305	4	384	291	5,662
B41Z	Telemetric EEG Monitoring	279	1,790	609	3,327	113	434	90	308	105	171	9	555	440	7,929
B60A	Established Paraplegia/Quadriplegia W or W/O O.R. Procs W Cat	414	6,193	1,962	12,017	799	1,118	2,638	931	1,026	1,861	298	1,848	1,101	31,435
B60B	Established Paraplegia/Quadriplegia W or W/O O.R. Procs W/O C	1,116	2,129	388	5,213	388	725	230	264	235	339	199	712	415	11,217

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Sep (\$)*
B61A	Spinal Cord Conditions W or W/O O.R. Procedures W Catastroph	128	5,849	2,363	11,156	630	1,985	1,756	1,029	894	1,624	2,461	1,873	1,250	32,687
B61B	Spinal Cord Conditions W or W/O O.R. Procedures W/O Catastroph	285	1,067	513	3,214	391	747	158	378	179	253	539	524	291	8,233
B62Z	Admit for Apheresis	521	161	15	213	1	8	0	7	78	158	0	49	70	760
B63Z	Dementia and Other Chronic Disturbances of Cerebral Function	2,150	1,332	679	5,422	540	66	12	237	207	274	13	659	307	9,730
B64A	Delirium W Catastrophic CC	505	1,787	894	5,324	546	36	150	406	396	471	7	771	383	11,142
B64B	Delirium W/O Catastrophic CC	1,649	745	290	2,661	677	34	61	259	211	184	4	386	185	5,672
B65Z	Cerebral Palsy	103	2,055	960	2,415	56	241	77	123	91	307	10	504	388	7,233
B66A	Nervous System Neoplasm W Catastrophic or Severe CC	854	1,833	640	4,398	384	160	74	351	205	624	8	630	370	9,682
B66B	Nervous System Neoplasm W/O Catastrophic or Severe CC	717	811	209	2,168	440	157	74	236	155	366	18	353	205	5,178
B67A	Degenerative Nervous System Disorders W Catastrophic or Severe	689	2,257	1,289	6,687	462	151	503	366	312	497	15	938	478	13,894
B67B	Degenerative Nervous System Disorders Age >59 W/O Catastr or	713	1,064	368	2,907	413	58	46	206	127	180	14	414	227	6,014
B67C	Degenerative Nervous System Disorders Age <60 W/O Catastroph	480	985	244	2,173	321	77	66	164	128	176	6	355	211	4,897
B68A	Multiple Sclerosis and Cerebellar Ataxia W CC	205	2,064	768	5,435	394	124	279	312	247	416	7	758	389	11,162
B68B	Multiple Sclerosis and Cerebellar Ataxia W/O CC	374	685	126	1,982	279	16	4	151	105	132	5	279	137	3,892
B69A	TIA and Precerebral Occlusion W Catastrophic or Severe CC	1,153	858	451	2,958	501	51	45	328	182	161	7	417	220	6,163
B69B	TIA and Precerebral Occlusion W/O Catastrophic or Severe CC	2,828	425	122	1,389	446	72	7	259	99	73	11	226	130	3,246
B70A	Stroke W Catastrophic CC	2,461	2,794	2,870	9,205	495	173	412	747	469	664	35	1,286	661	19,772
B70B	Stroke W Severe CC	2,932	1,348	1,339	4,885	468	89	173	485	248	315	11	703	365	10,405
B70C	Stroke W/O Catastrophic or Severe CC	2,721	892	452	3,078	400	63	147	452	175	186	12	442	243	6,517
B70D	Stroke, Died or Transferred < 5 days	2,141	199	115	460	862	49	149	405	136	60	4	184	97	2,677
B71A	Cranial and Peripheral Nerve Disorders W CC	619	1,833	512	3,935	558	145	176	342	280	376	18	592	340	9,081
B71B	Cranial and Peripheral Nerve Disorders W/O CC	826	787	125	1,690	377	91	44	153	105	86	5	280	161	3,896
B72A	Nervous System Infection Except Viral Meningitis W Cat or Sev	190	2,645	710	5,976	474	258	773	706	983	1,337	7	949	549	15,275
B72B	Nervous System Infection Except Viral Meningitis W/O Cat or S	597	1,466	194	3,242	477	121	381	294	278	406	6	507	273	7,584
B73Z	Viral Meningitis	582	637	54	1,484	557	29	39	158	223	164	1	255	129	3,724
B74Z	Nontraumatic Stupor and Coma	312	562	127	1,570	547	44	174	229	251	136	21	264	144	4,045
B75Z	Febrile Convulsions	1,214	424	21	714	370	22	21	39	79	41	0	142	69	1,935
B76A	Seizure or W Catastrophic or Severe CC	1,409	1,037	309	3,142	610	73	499	377	321	301	4	488	255	7,360
B76B	Seizure W/O Catastrophic or Severe CC	5,022	630	79	1,205	399	25	99	140	115	95	4	220	115	3,102
B77Z	Headache	2,791	468	47	908	447	43	19	186	104	66	6	175	100	2,559
B78A	Intracranial Injury W Catastrophic or Severe CC	476	1,879	978	5,864	729	108	1,238	616	424	457	9	865	461	13,493
B78B	Intracranial Injury W/O Catastrophic or Severe CC	1,138	716	259	2,099	941	61	354	573	160	135	35	393	219	5,892
B79Z	Skull Fractures	806	723	311	1,528	731	76	303	396	129	100	8	322	194	4,788

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
B80Z	Other Head Injury	2,052	352	53	561	375	24	122	237	61	40	2	145	86	2,045
B81A	Other Disorders of the Nervous System W Catastrophic or Severe	1,170	1,177	753	4,072	550	66	104	339	304	320	9	586	283	8,538
B81B	Other Disorders of the Nervous System W/O Catastrophic or Severe	1,969	718	162	1,731	499	67	26	244	129	108	13	292	169	4,147
C01Z	Procedures for Penetrating Eye Injury	188	2,955	124	1,814	208	2,063	26	74	76	263	183	542	330	8,654
C02Z	Enucleations and Orbital Procedures	159	1,456	81	1,870	51	1,854	99	57	164	282	441	494	238	7,094
C03Z	Retinal Procedures	1,946	413	47	681	13	1,576	2	14	19	167	197	316	137	3,582
C04Z	Major Corneal, Scleral and Conjunctival Procedures	303	625	60	1,841	16	1,974	1	23	90	266	223	521	174	5,812
C05Z	Dacryocystorhinostomy	116	742	42	886	31	1,769	7	13	23	171	114	289	184	4,270
C10Z	Strabismus Procedures	549	515	55	303	4	1,488	3	4	4	70	31	190	162	2,829
C11Z	Eyelid Procedures	1,266	675	36	376	69	1,461	4	27	67	108	64	200	125	3,210
C12Z	Other Corneal, Scleral and Conjunctival Procedures	105	892	97	2,319	55	1,314	24	24	45	205	33	607	201	5,817
C13Z	Lacrimal Procedures	221	530	22	424	33	713	1	5	24	58	31	132	98	2,073
C14Z	Other Eye Procedures	796	482	35	382	19	868	1	8	68	79	42	148	91	2,225
C15A	Glaucoma And Complex Cataract Procedures	302	1,077	56	1,945	33	1,463	10	36	37	204	203	640	210	5,915
C15B	Glaucoma And Complex Cataract Procedures, Same-day	448	508	24	159	11	1,496	1	5	10	121	255	176	109	2,875
C16A	Lens Procedures	640	1,009	56	755	11	1,199	9	10	19	131	378	238	151	3,965
C16B	Lens Procedures, Same-day	19,423	649	28	172	17	1,294	1	7	9	116	419	148	107	2,965
C60A	Acute and Major Eye Infections Age >54 or W Catastrophic or S	206	4,103	180	5,067	453	70	44	68	151	490	7	760	424	11,803
C60B	Acute and Major Eye Infections Age <55 W/O Catastrophic or Se	219	1,325	94	2,553	294	37	5	62	103	208	4	618	183	5,484
C61Z	Neurological & Vascular Disorders of the Eye	324	1,011	96	1,595	344	115	13	257	176	119	19	299	194	4,240
C62Z	Hyphema and Medically Managed Trauma to the Eye	888	533	67	841	481	115	51	126	55	69	3	181	102	2,607
C63A	Other Disorders of the Eye W CC	304	1,008	139	1,620	310	181	7	117	137	185	12	340	201	4,252
C63B	Other Disorders of the Eye W/O CC	514	730	62	900	351	138	3	49	61	63	11	193	123	2,681
D01Z	Cochlear Implant	113	562	28	1,226	11	3,612	3	26	14	194	16,551	562	469	23,260
D02A	Head and Neck Procedures W Catastrophic or Severe CC	94	3,812	711	5,209	83	5,317	885	240	523	1,094	256	1,214	664	19,980
D02B	Head and Neck Procedures W Moderate CC or Malignancy	106	2,153	475	3,478	25	4,203	499	141	361	577	244	799	486	13,346
D02C	Head and Neck Procedures W/O CC W/O Malignancy	123	855	61	1,760	70	2,438	138	100	96	216	242	417	285	6,725
D03Z	Surgical Repair for Cleft Lip or Palate Diagnosis	215	390	72	2,026	3	2,201	48	3	14	105	28	333	279	5,500
D04A	Maxillo Surgery W CC	317	1,426	157	1,739	212	2,950	374	215	75	351	1,149	524	328	9,459
D04B	Maxillo Surgery W/O CC	778	896	106	1,288	145	2,472	56	90	30	235	889	376	251	6,830

ARDRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
D05Z	Parotid Gland Procedures	219	785	55	1,255	9	3,310	24	31	224	290	196	411	249	6,858
D06Z	Sinus, Mastoid and Complex Middle Ear Procedures	1,492	773	36	785	16	2,738	40	35	60	229	96	317	202	5,328
D09Z	Miscellaneous Ear, Nose, Mouth & Throat Procedures	1,879	487	42	610	25	1,924	27	18	48	146	121	229	151	3,828
D10Z	Nasal Procedures	1,838	579	26	661	9	1,786	7	12	17	131	73	233	134	3,668
D11Z	Tonsillectomy or Adenoidectomy	4,889	512	28	901	41	1,248	11	25	27	87	63	203	121	3,265
D12Z	Other Ear, Nose, Mouth & Throat Procedures	655	536	80	811	188	1,671	54	69	76	156	91	247	154	4,124
D13Z	Myringotomy W Tube Insertion	1,652	338	22	316	20	904	1	8	15	59	189	112	88	2,073
D14Z	Mouth & Salivary Gland Procedures	474	920	66	1,125	106	1,590	312	67	148	182	89	304	192	5,078
D40Z	Dental Extractions and Restorations	590	810	58	826	171	1,042	156	49	59	142	44	235	159	3,738
D60A	Ear, Nose, Mouth and Throat Malignancy W Catastrophic or Seve	267	2,005	778	5,431	238	414	184	345	321	973	15	740	453	11,877
D60B	Ear, Nose, Mouth and Throat Malignancy W/O Catastrophic or Se	401	669	256	1,927	54	342	14	113	166	483	18	288	181	4,534
D61Z	Dysequilibrium	2,731	381	75	1,048	457	19	5	145	90	63	3	182	99	2,552
D62Z	Epistaxis	850	440	30	752	435	79	41	29	83	72	4	146	78	2,174
D63A	Otitis Media and URI W CC	1,772	662	76	1,453	399	45	11	112	150	147	2	237	119	3,408
D63B	Otitis Media and URI W/O CC	6,915	475	26	764	349	36	8	41	81	54	2	143	71	2,041
D64Z	Laryngotracheitis and Epiglottitis	1,564	342	24	510	415	19	70	22	35	42	0	123	56	1,638
D65Z	Nasal Trauma and Deformity	1,128	289	33	409	182	503	11	110	40	49	21	122	72	1,837
D66A	Other Ear, Nose, Mouth and Throat Diagnoses W CC	475	646	70	1,233	400	423	202	113	130	237	10	246	133	3,816
D66B	Other Ear, Nose, Mouth and Throat Diagnoses W/O CC	1,155	544	33	754	284	286	25	63	53	83	14	179	97	2,410
D67A	Oral and Dental Disorders Except Extractions and Restorations	1,823	657	70	1,196	366	187	66	142	99	147	9	217	121	3,265
D67B	Oral and Dental Disorders Except Extractions and Restorations	1,490	158	16	129	253	359	0	33	18	35	11	76	46	1,128
E01A	Major Chest Procedures W Catastrophic CC	499	4,967	695	7,853	253	3,771	2,529	1,375	1,233	1,518	411	1,548	950	26,886
E01B	Major Chest Procedures W/O Catastrophic CC	1,002	2,257	239	4,088	144	2,788	693	863	538	584	356	831	532	13,879
E02A	Other Respiratory System O.R. Procedures W Catastrophic CC	175	3,099	746	7,170	455	1,703	1,164	1,447	1,261	1,210	537	1,206	732	20,606
E02B	Other Respiratory System O.R. Procedures W Severe CC	112	1,457	226	3,384	229	1,504	767	512	450	418	303	613	363	10,115
E02C	Other Respiratory System O.R. Procedures W/O Catastrophic or	991	687	51	1,386	30	1,353	230	65	92	131	122	275	166	4,560
E40Z	Respiratory System Diagnosis W Ventilator Support	401	1,729	821	3,266	244	297	7,437	880	1,571	1,294	20	1,213	663	18,576
E41Z	Respiratory System Diagnosis W Non-invasive Ventilation	974	1,991	961	6,565	496	133	4,758	501	837	1,035	9	1,216	660	18,840
E60A	Cystic Fibrosis W Catastrophic or Severe CC	166	3,135	3,309	8,614	182	522	124	402	540	3,391	21	1,396	752	22,402
E60B	Cystic Fibrosis W/O Catastrophic or Severe CC	524	2,631	1,740	6,099	125	319	69	168	308	2,640	19	947	571	15,634
E61A	Pulmonary Embolism W Catastrophic or Severe CC	1,032	1,199	273	4,284	500	93	330	568	375	517	15	614	317	9,040
E61B	Pulmonary Embolism W/O Catastrophic or Severe CC	1,668	632	70	1,922	382	32	73	384	203	220	4	304	170	4,380
E62A	Respiratory Infections/Inflamations W Catastrophic CC	4,626	1,365	517	4,875	530	95	369	372	448	598	10	673	343	10,144

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
E62B	Respiratory Infections/Inflammations W Severe or Moderate CC	6,835	856	261	2,825	495	57	101	213	257	300	5	402	206	5,955
E62C	Respiratory Infections/Inflammations W/O CC	7,784	588	79	1,570	429	36	27	118	158	118	2	241	123	3,477
E63Z	Sleep Apnoea	970	302	28	486	34	412	41	18	23	22	4	122	64	1,549
E64Z	Pulmonary Oedema and Respiratory Failure	831	747	205	2,591	573	55	668	167	303	357	6	440	218	6,261
E65A	Chronic Obstructive Airways Disease W Catastrophic or Severe	7,316	1,001	297	3,439	462	52	161	204	280	371	3	465	239	6,948
E65B	Chronic Obstructive Airways Disease W/O Catastrophic or Severe	7,648	608	165	1,941	398	45	54	131	165	206	2	276	143	4,118
E66A	Major Chest Trauma Age>69 W CC	414	1,290	606	4,448	537	57	306	429	218	326	8	633	332	9,160
E66B	Major Chest Trauma (Age<70 W CC) or (Age>69 W/O CC)	632	819	191	1,723	518	113	271	424	122	140	8	325	186	4,804
E66C	Major Chest Trauma Age<70 W/O CC	420	412	121	757	510	17	29	318	49	59	2	183	118	2,562
E67A	Respiratory Signs and Symptoms W Catastrophic or Severe CC	641	571	126	1,643	499	237	50	249	260	201	14	290	174	4,289
E67B	Respiratory Signs and Symptoms W/O Catastrophic or Severe CC	2,624	289	33	529	315	335	10	157	174	61	26	146	92	2,159
E68Z	Pneumothorax	1,127	649	86	1,932	440	191	130	431	109	138	56	307	182	4,629
E69A	Bronchitis and Asthma Age>49 W CC	962	654	160	2,064	385	60	73	130	212	210	2	302	153	4,388
E69B	Bronchitis and Asthma (Age<50 W CC) or (Age>49 W/O CC)	2,030	560	86	1,454	417	70	188	105	142	143	3	240	122	3,501
E69C	Bronchitis and Asthma Age<50 W/O CC	9,121	426	28	879	457	14	42	42	51	63	1	163	79	2,231
E70A	Whooping Cough and Acute Bronchiolitis W CC	470	1,432	120	3,077	425	34	112	72	166	145	0	421	204	6,193
E70B	Whooping Cough and Acute Bronchiolitis W/O CC	4,633	778	36	1,582	358	12	49	41	99	60	0	240	111	3,358
E71A	Respiratory Neoplasms W Catastrophic CC	1,023	1,481	518	4,776	467	190	134	555	392	667	17	656	382	10,215
E71B	Respiratory Neoplasms W Severe or Moderate CC	1,724	829	191	2,879	348	171	33	351	220	374	29	401	228	6,039
E71C	Respiratory Neoplasms W/O CC	473	513	116	1,623	260	257	8	217	173	215	43	257	148	3,822
E72Z	Respiratory Problems Arising from Neonatal Period	72	1,110	118	1,926	154	50	51	80	97	140	1	254	170	4,148
E73A	Pleural Effusion W Catastrophic CC	315	1,561	390	4,860	360	317	114	491	518	577	36	667	379	10,259
E73B	Pleural Effusion W Severe CC	423	1,148	171	2,866	358	267	15	468	285	292	15	451	249	6,577
E73C	Pleural Effusion W/O Catastrophic or Severe CC	646	589	105	1,277	331	242	6	323	264	121	16	243	145	3,651
E74A	Interstitial Lung Disease W Catastrophic CC	133	1,589	525	4,275	399	100	228	458	430	528	9	626	334	9,479
E74B	Interstitial Lung Disease W Severe CC	196	855	231	3,023	327	403	183	285	345	276	12	454	234	6,612
E74C	Interstitial Lung Disease W/O Catastrophic or Severe CC	241	721	110	2,018	262	149	33	194	222	156	5	303	178	4,347
E75A	Other Respiratory System Diagnosis Age>64 W CC	2,337	764	290	2,801	463	62	63	222	227	244	9	392	203	5,719
E75B	Other Respiratory System Diagnosis (Age<65 W CC) or (Age>64 W	1,916	623	153	1,816	410	93	52	166	185	187	6	286	146	4,105
E75C	Other Respiratory System Diagnosis Age<65 W/O CC	1,879	428	46	964	291	119	29	111	103	74	6	168	89	2,421
F01A	Implantation or Replacement of AICD, Total System W Catastr o	393	2,566	264	6,049	180	4,620	1,679	519	777	1,194	22,131	1,518	1,449	42,836
F01B	Implantation or Replacement of AICD, Total System W/O Catastr	338	784	35	1,085	45	2,478	26	156	137	281	17,800	678	699	24,200
F02Z	AICD Component Implantation/Replacement	99	2,030	230	4,043	216	2,922	1,291	331	623	539	7,312	852	690	20,977

ARDRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
F03Z	Cardiac Valve Proc W CPB Pump W Invasive Cardiac Inves	153	8,844	976	11,122	249	9,670	10,308	1,179	2,630	3,906	6,052	3,117	2,149	59,175
F04A	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W Ca	412	7,245	747	6,425	106	7,650	9,537	870	1,910	2,410	4,914	2,392	1,618	44,982
F04B	Cardiac Valve Proc W CPB Pump W/O Invasive Cardiac Inves W/O	293	3,695	393	4,290	25	6,137	2,942	495	1,230	792	3,671	1,358	973	25,689
F05A	Coronary Bypass W Invasive Cardiac Inves W Catastrophic CC	387	6,843	820	8,568	227	8,455	10,584	1,107	2,204	2,803	1,172	2,608	1,705	46,080
F05B	Coronary Bypass W Invasive Cardiac Inves W/O Catastrophic CC	416	3,928	564	6,015	201	8,692	5,379	629	1,640	1,701	1,007	1,757	1,278	32,240
F06A	Coronary Bypass W/O Invasive Cardiac Inves W Catastr or Sever	979	4,644	474	4,684	54	7,614	4,654	714	1,495	1,364	1,041	1,530	1,100	28,817
F06B	Coronary Bypass W/O Invasive Cardiac Inves W/O Catastr or Sev	558	2,631	366	3,491	30	7,296	3,100	456	1,169	982	818	1,169	878	21,950
F07A	Other Cardiothoracic/Vascular Procedures W CPB Pump W Catastr	151	7,096	1,148	8,282	136	8,741	8,314	918	1,797	1,630	2,252	2,620	1,690	43,600
F07B	Other Cardiothoracic/Vascular Procedures W CPB Pump W/O Catas	273	4,124	731	5,147	23	6,007	3,823	404	949	477	1,033	1,527	1,098	25,162
F08A	Major Reconstruct Vascular Procedures W/O CPB Pump W Catastro	650	5,208	758	10,259	275	7,031	6,261	1,391	1,284	2,610	2,390	2,297	1,323	40,530
F08B	Major Reconstruct Vascular Procedures W/O CPB Pump W/O Catast	1,191	1,805	210	3,972	93	4,447	1,198	407	386	751	2,345	924	580	17,023
F09A	Other Cardiothoracic Procedures W/O CPB Pump W Catastrophic C	127	3,024	530	5,176	216	3,071	6,708	731	1,227	1,544	904	1,581	1,004	25,256
F09B	Other Cardiothoracic Procedures W/O CPB Pump W/O Catastrophic	180	2,233	321	3,856	156	3,052	1,894	230	453	490	741	876	600	14,776
F10Z	Percutaneous Coronary Intervention W AMI	3,366	736	119	2,668	200	1,956	172	201	257	732	1,117	468	362	8,971
F11A	Amputation for Circ System Except Upper Limb and Toe W Catast	154	5,542	1,245	16,409	297	3,817	1,958	1,304	1,124	2,948	401	2,294	1,305	38,495
F11B	Amputation for Circ System Except Upper Limb and Toe W/O Cata	91	2,829	675	9,514	292	2,343	428	553	714	985	225	1,284	666	20,362
F12Z	Cardiac Pacemaker Implantation	1,645	1,127	94	3,129	206	1,555	181	245	265	286	4,188	602	417	12,280
F13Z	Upper Limb and Toe Amputation for Circulatory System Disorder	163	2,476	342	7,198	166	1,599	220	368	481	1,044	170	951	508	15,498
F14A	Vascular Procs Except Major Reconstruction W/O CPB Pump W Cat	546	2,985	397	6,441	240	2,701	1,828	1,100	744	1,575	579	1,161	713	20,308
F14B	Vascular Procs Except Major Reconstruction W/O CPB Pump W Sev	726	1,047	124	2,112	103	1,914	223	583	215	446	599	457	316	8,108
F14C	Vascular Procs Except Major Reconstruction W/O CPB Pump W/O C	1,110	510	62	1,264	47	1,475	161	663	108	207	558	308	242	5,596
F15Z	Percutaneous Coronary Intervention W/O AMI W Stent Implantati	3,159	493	73	1,637	118	2,218	37	143	139	369	1,364	330	282	7,197
F16Z	Percutaneous Coronary Intervention W/O AMI W/O Stent Implan	221	491	55	1,839	134	1,893	9	248	120	287	254	335	281	5,942
F17Z	Cardiac Pacemaker Replacement	633	618	36	1,277	65	1,193	13	106	115	88	2,373	288	207	6,379
F18Z	Cardiac Pacemaker Revision Except Device Replacement	134	965	41	2,546	79	1,228	112	127	169	292	467	379	223	6,619
F19Z	Other Trans-Vascular Percutaneous Cardiac Intervention	152	1,400	70	1,743	19	4,526	216	159	135	146	657	403	276	9,829
F20Z	Vein Ligation and Stripping	1,830	424	30	647	15	1,772	21	68	27	139	100	203	144	3,593
F21A	Other Circulatory System O.R. Procedures W Catastrophic CC	180	3,527	579	8,725	355	2,764	1,258	715	1,068	3,008	317	1,366	771	24,303
F21B	Other Circulatory System O.R. Procedures W/O Catastrophic CC	361	1,302	152	3,410	94	1,706	39	244	215	546	242	518	314	8,778
F40Z	Circulatory System Diagnosis W Ventilator Support	276	1,412	694	3,248	252	376	11,179	778	1,422	1,198	38	1,496	827	21,856
F41A	Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W C	1,017	1,300	166	4,393	332	946	421	388	360	556	101	631	389	9,938
F41B	Circulatory Disorders W AMI W Invasive Cardiac Inves Proc W/O	1,556	612	58	2,037	218	1,040	141	218	138	266	67	332	233	5,345

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F42A	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W	2,908	842	91	2,678	269	1,242	91	271	195	252	195	430	304	6,853
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W	4,291	453	53	1,388	219	969	20	220	111	118	142	251	213	4,151
F60A	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W	2,890	923	238	3,693	501	76	601	238	334	357	4	505	265	7,686
F60B	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W	5,092	403	51	1,172	407	23	201	78	133	129	1	193	109	2,873
F60C	Circulatory Disorders W AMI W/O Invasive Cardiac Inves Proc W	888	471	164	1,657	929	48	308	211	277	187	4	316	164	4,678
F61Z	Infective Endocarditis	319	2,938	288	8,628	277	334	911	590	658	973	22	1,114	601	17,278
F62A	Heart Failure and Shock W Catastrophic CC	3,246	1,483	389	5,249	495	91	358	295	463	494	6	691	358	10,336
F62B	Heart Failure and Shock W/O Catastrophic CC	7,967	699	122	2,372	437	34	77	152	203	183	3	331	174	4,768
F63A	Venous Thrombosis W Catastrophic or Severe CC	439	1,014	284	3,418	429	106	43	352	364	502	14	478	259	7,243
F63B	Venous Thrombosis W/O Catastrophic or Severe CC	1,182	469	64	1,358	447	39	4	169	169	158	4	216	121	3,204
F64Z	Skin Ulcers for Circulatory Disorders	164	1,268	102	4,658	394	79	8	110	214	339	8	551	271	7,990
F65A	Peripheral Vascular Disorders W Catastrophic or Severe CC	877	1,269	208	3,470	434	202	256	368	328	461	14	512	292	7,783
F65B	Peripheral Vascular Disorders W/O Catastrophic or Severe CC	1,487	484	53	1,090	306	125	25	280	116	110	13	199	123	2,914
F66A	Coronary Atherosclerosis W CC	1,818	494	69	1,346	334	80	69	130	148	117	20	210	124	3,129
F66B	Coronary Atherosclerosis W/O CC	1,842	255	21	646	312	40	53	75	92	50	1	116	70	1,720
F67A	Hypertension W CC	511	549	109	1,798	395	39	167	210	248	185	9	271	149	4,098
F67B	Hypertension W/O CC	662	394	29	899	321	10	20	137	128	58	1	151	83	2,220
F68Z	Congenital Heart Disease	189	929	65	1,482	148	270	95	123	131	63	6	271	172	3,788
F69A	Valvular Disorders W Catastrophic or Severe CC	456	926	155	2,741	414	95	261	198	250	205	4	387	205	5,808
F69B	Valvular Disorders W/O Catastrophic or Severe CC	1,136	334	27	758	375	36	46	73	87	52	19	147	84	2,026
F70A	Major Arrhythmia and Cardiac Arrest W Catastrophic or Severe	559	611	214	1,971	676	90	668	198	264	202	39	382	204	5,459
F70B	Major Arrhythmia and Cardiac Arrest W/O Catastrophic or Severe	1,523	285	61	751	603	44	187	68	115	80	37	176	91	2,464
F71A	Non-Major Arrhythmia and Conduction Disorders W Catastrophic	2,934	790	151	2,688	428	119	223	163	246	222	11	388	204	5,610
F71B	Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic	7,711	364	32	1,012	324	46	85	67	110	84	8	170	96	2,383
F72A	Unstable Angina W Catastrophic or Severe CC	1,269	679	90	1,983	415	52	170	152	179	186	14	296	163	4,360
F72B	Unstable Angina W/O Catastrophic or Severe CC	5,496	325	29	882	385	30	103	105	106	81	3	152	89	2,273
F73A	Syncope and Collapse W Catastrophic or Severe CC	2,056	634	211	2,293	540	43	51	201	196	159	7	332	170	4,819
F73B	Syncope and Collapse W/O Catastrophic or Severe CC	4,520	320	56	912	499	19	26	140	104	60	6	170	95	2,393
F74Z	Chest Pain	16,503	272	25	606	403	15	26	158	102	58	7	129	83	1,870
F75A	Other Circulatory System Diagnoses W Catastrophic CC	606	1,780	405	5,717	434	219	1,195	463	591	1,171	16	832	438	13,155
F75B	Other Circulatory System Diagnoses W Severe CC	1,191	858	153	2,616	440	140	276	227	296	511	32	396	218	6,133
F75C	Other Circulatory System Diagnoses W/O Catastrophic or Severe	2,232	602	61	1,494	397	163	69	149	163	161	9	241	134	3,626

ARDRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Sep (\$)*
G01A	Rectal Resection W Catastrophic CC	629	5,622	929	11,769	204	5,955	3,043	1,007	1,431	2,111	640	2,076	1,125	35,651
G01B	Rectal Resection W/O Catastrophic CC	1,123	2,786	284	5,333	68	4,886	466	198	524	689	529	1,050	578	17,349
G02A	Major Small and Large Bowel Procedures W Catastrophic CC	1,687	5,343	1,007	11,261	336	4,675	3,828	1,073	1,340	2,272	460	1,986	1,073	34,293
G02B	Major Small and Large Bowel Procedures W/O Catastrophic CC	2,380	2,250	270	4,485	181	3,466	462	250	442	596	359	833	482	14,040
G03A	Stomach, Oesophageal and Duodenal Procedures W Malignancy	281	5,108	1,082	8,160	94	6,344	3,776	674	1,219	2,080	691	1,907	1,041	31,879
G03B	Stomach, Oesophageal and Duodenal Procedures W/O Malignancy	362	4,064	1,030	8,385	273	4,017	3,292	826	1,037	1,990	270	1,619	933	27,395
G03C	Stomach, Oesophageal and Duodenal Procedures W/O Malignancy	438	1,291	237	3,082	151	3,060	401	156	208	349	222	619	365	10,108
G04A	Peritoneal Adhesiolysis Age>49 W CC	526	3,594	499	6,890	435	3,597	1,475	618	635	1,346	237	1,263	682	21,170
G04B	Peritoneal Adhesiolysis (Age<50 W CC) or (Age>49 W/O CC)	669	1,752	136	3,335	227	2,334	217	279	306	461	194	612	337	10,162
G04C	Peritoneal Adhesiolysis Age<50 W/O CC	557	949	68	1,875	271	2,057	58	165	163	200	146	393	222	6,555
G05A	Minor Small and Large Bowel Procedures W CC	223	2,121	272	5,264	92	2,426	476	294	458	544	219	809	427	13,387
G05B	Minor Small and Large Bowel Procedures W/O CC	346	1,210	86	2,214	32	1,993	48	38	176	215	176	435	257	6,901
G06Z	Pyloromyotomy Procedure	84	1,258	72	2,478	536	1,314	14	99	121	101	43	417	277	6,741
G07A	Appendectomy W Catastrophic or Severe CC	537	1,944	161	3,500	430	2,237	268	338	372	400	99	652	365	10,735
G07B	Appendectomy W/O Catastrophic or Severe CC	6,755	855	44	1,313	362	1,811	14	89	135	172	95	326	199	5,412
G08A	Abdominal and Other Hernia Procedures Age >59 or W Catastroph	1,618	1,064	95	1,864	96	1,804	211	122	121	249	249	389	226	6,472
G08B	Abdominal and Other Hernia Procedures Age 1 to 59W/O Cat or	1,351	637	33	911	72	1,495	19	45	45	115	209	231	145	3,953
G09Z	Inguinal and Femoral Hernia Procedures Age>0	4,234	564	29	711	16	1,632	13	26	38	118	178	210	136	3,669
G10Z	Hernia Procedures Age<1	459	497	37	1,080	62	1,251	22	12	20	74	175	218	154	3,612
G11A	Anal and Stomal Procedures W Catastrophic or Severe CC	439	1,128	91	1,839	142	1,488	157	159	262	305	87	376	213	6,235
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	2,945	522	27	762	115	1,184	8	37	66	115	77	198	122	3,231
G12A	Other Digestive System O.R. Procedures W Catastr or Severe CC	568	2,520	348	5,565	379	2,054	1,027	718	772	1,101	184	955	543	16,040
G12B	Other Digestive System O.R. Procedures W/O Catastr or Sev CC	664	869	63	1,672	221	1,511	82	214	207	239	89	351	203	5,706
G42A	Other Gastroscopy for Major Digestive Disease	2,417	1,014	117	2,462	343	576	184	195	318	298	52	391	221	6,150
G42B	Other Gastroscopy for Major Digestive Disease, Sameday	1,627	244	13	133	27	573	1	12	93	41	34	74	57	1,303
G43Z	Complex Colonoscopy	154	330	20	541	60	821	1	32	51	103	100	122	97	2,276
G44A	Other Colonoscopy W Catastrophic or Severe CC	640	1,923	315	4,836	392	869	421	382	580	607	64	716	399	11,448
G44B	Other Colonoscopy W/O Catastrophic or Severe CC	2,129	975	69	2,008	245	779	35	179	236	192	61	333	193	5,300
G44C	Other Colonoscopy, Sameday	16,494	255	14	118	15	748	1	7	71	49	26	78	64	1,445
G45A	Other Gastroscopy for Non-Major Digestive Disease	2,797	899	103	1,912	356	651	49	208	240	221	51	328	192	5,201
G45B	Other Gastroscopy for Non-Major Digestive Disease, Sameday	9,929	242	12	136	19	614	11	10	87	39	36	76	61	1,346

ARDRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Sep (\$)*
G46A	Complex Gastrosctomy W Catastrophic or Severe CC	1,151	1,902	337	4,545	396	1,100	445	379	574	681	181	713	399	11,621
G46B	Complex Gastrosctomy W/O Catastrophic or Severe CC	1,917	932	98	2,209	232	939	62	172	297	241	130	365	213	5,885
G46C	Complex Gastrosctomy, Sameday	9,546	245	12	141	10	797	0	9	121	51	61	84	66	1,598
G60A	Digestive Malignancy W Catastrophic or Severe CC	1,194	1,037	240	3,542	293	77	34	214	222	517	13	447	240	6,874
G60B	Digestive Malignancy W/O Catastrophic or Severe CC	841	508	87	1,287	146	95	18	106	112	267	15	193	107	2,937
G61A	GI Haemorrhage (Age<65 W Catastrophic or Severe CC) or Age>64	2,424	574	72	1,380	505	54	92	105	178	130	4	232	119	3,422
G61B	GI Haemorrhage Age<65 W/O Catastrophic or Severe CC	1,011	309	21	514	352	32	23	85	112	57	1	112	62	1,672
G62Z	Complicated Peptic Ulcer	87	657	73	1,293	410	132	90	391	259	150	9	230	143	3,825
G63Z	Uncomplicated Peptic Ulcer	106	256	13	393	317	26	128	115	98	65	0	104	58	1,559
G64Z	Inflammatory Bowel Disease	850	1,003	144	1,952	406	64	16	171	203	772	3	339	192	5,272
G65A	GI Obstruction W CC	1,746	1,054	139	2,731	458	82	95	327	212	275	9	391	210	5,963
G65B	GI Obstruction W/O CC	2,432	566	35	1,071	400	65	20	225	95	73	3	188	105	2,835
G66A	Abdominal Pain or Mesenteric Adenitis W CC	1,750	630	76	1,330	444	45	19	262	145	112	4	229	129	3,415
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	6,993	419	22	539	381	24	4	165	84	41	2	126	71	1,871
G67A	Oesophagitis, Gastroent & Misc Digestive System Disorders Age	4,418	845	190	2,641	533	63	69	222	257	287	10	378	197	5,674
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>	12,417	423	39	834	392	22	8	123	111	66	3	153	83	2,246
G68A	Gastroenteritis Age<10 W CC	627	838	68	1,539	440	40	79	38	188	113	1	254	117	3,687
G68B	Gastroenteritis Age<10 W/O CC	7,701	516	19	856	382	9	4	15	77	37	0	155	72	2,135
G69Z	Oesophagitis and Misc Digestive System Disorders Age<10	1,421	644	64	1,308	318	21	6	51	70	86	2	201	94	2,855
G70A	Other Digestive System Diagnoses W CC	1,633	976	124	2,173	409	133	124	278	236	259	16	339	186	5,230
G70B	Other Digestive System Diagnoses W/O CC	2,697	442	27	588	429	111	5	102	67	46	9	136	75	2,026
H01A	Pancreas, Liver and Shunt Procedures W Catastrophic CC	315	5,255	949	9,933	185	5,813	3,301	1,447	1,967	4,166	498	2,055	1,208	36,364
H01B	Pancreas, Liver and Shunt Procedures W/O Catastrophic CC	475	2,306	262	4,301	96	3,895	1,181	503	750	889	339	974	588	15,959
H02A	Major Biliary Tract ProceduresW Malignancy or Catastrophic	154	4,673	605	7,402	285	5,130	2,342	916	1,194	1,972	387	1,475	873	26,956
H02B	Major Biliary Tract Procedures W/O Malignancy W Severe or Mod	169	2,107	170	3,728	238	3,108	225	574	519	901	243	770	467	13,027
H02C	Major Biliary Tract Procedures W/O Malignancy W/O CC	254	976	49	1,569	61	2,289	61	277	151	307	147	388	263	6,544
H05A	Hepatobiliary Diagnostic Procedures W Catastrophic or Severe	149	3,057	316	7,062	255	3,287	1,297	769	1,069	1,114	283	1,149	696	20,195
H05B	Hepatobiliary Diagnostic Procedures W/O Catastrophic or Severe	130	917	98	2,209	122	2,002	27	498	343	225	154	455	291	7,339
H06Z	Other Hepatobiliary and Pancreas O.R. Procedures	163	1,929	294	3,708	123	1,614	407	1,052	676	952	194	668	437	12,061
H07A	Open Cholecystectomy W Closed CDE or Catastrophic CC	151	3,980	527	7,941	283	3,484	2,649	1,045	1,183	1,395	368	1,481	869	24,986
H07B	Open Cholecystectomy W/O Closed CDE W/O Catastrophic CC	544	1,769	121	2,904	139	2,568	256	260	306	366	156	575	357	9,756
H08A	Laparoscopic Cholecystectomy W Closed CDE Or Catastrophic/Sev	1,183	1,511	120	2,948	229	2,831	432	508	412	410	174	629	375	10,544

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H088	Laparoscopic Cholecystectomy W/O Closed CDE W/O Catastrophic/	6,993	726	40	953	57	2,331	15	137	104	171	179	295	203	5,209
H40Z	Endoscopic Procedures for Bleeding Oesophageal Varices	161	1,905	163	3,374	325	1,116	1,213	411	590	1,227	39	664	380	11,338
H41A	ERCP Complex Therapeutic Procedure W Catastrophic or Severe C	359	2,097	281	4,037	333	1,388	560	649	614	900	531	718	440	12,502
H41B	ERCP Complex Therapeutic Procedure W/O Catastrophic or Severe	545	828	48	1,839	214	1,095	15	360	209	165	504	336	225	5,829
H42A	ERCP Other Therapeutic Procedure W Catastrophic or Severe CC	467	1,987	229	4,128	344	1,039	536	753	595	641	68	695	414	11,370
H42B	ERCP Other Therapeutic Procedure W Moderate CC	422	1,042	47	1,642	182	1,053	64	364	206	252	55	327	221	5,448
H42C	ERCP Other Therapeutic Procedure W/O CC	1,016	718	42	1,339	172	987	35	337	125	136	107	271	191	4,459
H60A	Cirrhosis and Alcoholic Hepatitis W Catastrophic CC	600	2,595	565	5,142	474	283	859	496	840	997	18	817	416	13,420
H60B	Cirrhosis and Alcoholic Hepatitis W Severe CC	547	1,417	208	2,506	363	136	145	218	427	322	10	408	199	6,341
H60C	Cirrhosis and Alcoholic Hepatitis W/O Catastrophic or Severe	310	1,021	141	1,599	287	91	31	171	322	113	18	288	153	4,235
H61A	Malignancy of Hepatobiliary Sys, Pancreas W Catastr CC or (Ag	766	1,301	361	4,149	444	137	84	377	382	561	13	563	304	8,654
H61B	Malig Hepatobiliary Sys, Pancreas (A<70 W/O Cat CC) or (A>69 W/	939	835	116	1,900	214	91	6	304	181	501	13	312	197	4,666
H62A	Disorders of Pancreas Except for Malignancy W Catastrophic or	759	1,684	230	3,796	445	157	870	586	485	466	9	596	335	9,597
H62B	Disorders of Pancreas Except for Malignancy W/O Catastrophic	3,051	820	50	1,436	438	120	47	264	180	119	7	247	141	3,855
H63A	Disorders of Liver Except Malig, Cirrhosis, Alcoholic Hepatit	714	1,750	308	3,614	510	194	501	363	628	604	15	581	311	9,324
H63B	Disorders of Liver Excep Malig, Cirrhosis, Alcoholic Hepatiti	714	707	62	1,372	395	95	35	186	291	111	5	253	154	3,683
H64A	Disorders of the Biliary Tract W CC	1,605	1,063	113	2,325	410	121	113	291	297	248	8	350	196	5,519
H64B	Disorders of the Biliary Tract W/O CC	3,082	570	29	976	367	64	7	139	106	68	5	165	90	2,573
I01Z	Bilateral or Multiple Major Joint Procs of Lower Extremity	323	3,431	1,030	6,247	84	6,335	123	388	513	951	11,387	1,268	934	32,680
I02A	Microvascular Tissue Transfer or (Skin Graft W Cat or Sev CC)	158	9,491	1,597	16,245	333	12,283	1,645	1,301	1,224	3,650	1,592	3,075	1,735	53,953
I02B	Skin Graft W/O Catastrophic or Severe CC, Excluding Hand	225	1,881	341	4,580	193	4,578	180	377	147	705	758	895	569	15,208
I03A	Hip Revision W Catastrophic or Severe CC	174	4,764	897	11,333	202	5,847	558	755	896	1,098	8,278	1,777	1,077	37,408
I03B	Hip Replacement W Cat or Severe CC or Hip Revision W/O Cat or	2,130	2,696	794	6,106	286	3,343	379	511	460	643	3,997	1,051	629	20,857
I03C	Hip Replacement W/O Catastrophic or Severe CC	2,702	1,518	434	3,177	113	3,177	35	202	172	303	5,144	673	495	15,437
I04Z	Knee Replacement and Reattachment	4,797	1,636	486	3,555	23	3,481	85	167	190	317	6,456	718	572	17,680
I05Z	Other Major Joint Replacement and Limb Reattachment Procedure	525	1,185	332	2,825	115	3,373	47	242	162	356	5,855	698	540	15,722
I06Z	Spinal Fusion W Deformity	58	3,314	1,211	6,777	31	7,185	1,004	418	292	424	8,228	1,302	1,058	31,244
I07Z	Amputation	84	4,644	1,643	10,230	403	4,558	395	506	803	1,766	383	1,650	950	27,899
I08A	Other Hip and Femur Procedures W Catastrophic or Severe CC	2,583	3,056	955	7,454	443	2,905	487	751	511	756	1,295	1,168	650	20,383
I08B	Other Hip and Femur Procedures W/O Catastrophic or Severe CC	2,486	1,636	463	3,844	313	2,419	60	449	182	397	1,147	689	412	12,002
I09A	Spinal Fusion W Catastrophic or Severe CC	244	3,681	1,096	7,765	227	5,866	2,118	846	709	1,409	8,519	1,757	1,226	35,046
I09B	Spinal Fusion W/O Catastrophic or Severe CC	551	1,386	462	3,767	78	4,179	288	335	222	469	6,379	883	617	19,049
I10A	Other Back and Neck Procedures W Catastrophic or Severe CC	319	3,132	512	5,307	140	3,303	441	402	329	664	800	959	589	16,529

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
I10B	Other Back and Neck Procedures W/O Catastrophic or Severe CC	1,456	1,147	217	2,260	51	3,075	81	154	84	311	653	528	326	8,886
I11Z	Limb Lengthening Procedures	28	1,712	829	3,691	3	3,220	6	229	56	226	475	712	509	11,668
I12A	Infect/Inflam of Bone & Joint W Misc Musc Sys & Conn Tiss Pro	273	7,681	1,162	13,243	410	3,132	1,133	1,499	1,852	3,500	290	2,034	1,185	36,960
I12B	Infect/Inflam of Bone & Joint W Misc Musc Sys & Conn Tiss Pro	227	3,630	480	7,473	316	2,395	109	480	453	1,166	189	1,123	584	18,370
I12C	Infect/Inflam Bone & Joint W Misc Musc Sys & Conn Tiss Proc W	960	1,566	231	3,630	179	2,060	42	169	199	392	275	612	354	9,710
I13A	Humerus, Tibia, Fibula and Ankle Procedures W Catastrophic or	521	2,786	934	6,812	371	3,569	474	900	379	817	2,020	1,197	697	20,915
I13B	Humerus, Tibia, Fibula and Ankle Procedures Age>59 W/O Catast	989	1,166	364	2,570	256	2,564	36	307	97	289	996	536	328	9,499
I13C	Humerus, Tibia, Fibula and Ankle Procedures Age<60 W/O Catast	4,515	793	194	1,548	242	2,308	16	277	46	199	773	398	254	7,044
I14Z	Stump Revision	14	1,129	83	2,396	84	1,785	-	77	218	605	41	473	213	7,101
I15Z	Cranio-Facial Surgery	118	1,521	162	2,527	21	4,175	990	152	293	349	611	693	486	11,911
I16Z	Other Shoulder Procedures	1,758	650	115	1,015	16	2,302	17	22	29	167	293	287	203	5,115
I17Z	Maxillo-Facial Surgery	373	1,503	156	2,208	127	2,543	266	152	105	256	1,260	551	352	9,446
I18Z	Other Knee Procedures	999	625	100	1,359	113	1,640	22	49	55	126	152	292	182	4,708
I19Z	Other Elbow or Forearm Procedures	3,873	620	90	1,151	272	2,087	45	232	44	182	935	353	223	6,227
I20Z	Foot Procedures	2,360	673	166	1,287	127	1,893	16	99	42	152	378	307	198	5,334
I21Z	Local Excision & Removal of Internal Fixation Devices of Hip	257	830	150	1,410	47	1,754	75	91	48	170	159	309	196	5,235
I23Z	Local Excision & Removal of Internal Fixation Dev Ex Hip & Fm	4,168	317	63	371	14	1,264	4	30	24	88	144	152	105	2,578
I24Z	Arthroscopy	761	474	58	416	48	1,377	7	15	32	93	191	167	118	2,993
I25Z	Bone and Joint Diagnostic Procedures including Biopsy	193	1,701	323	4,831	173	1,129	87	849	538	666	166	731	485	11,739
I27A	Soft Tissue Procedures W Catastrophic or Severe CC	236	2,997	648	7,928	328	2,284	663	722	738	933	180	1,205	689	19,245
I27B	Soft Tissue Procedures W/O Catastrophic or Severe CC	1,359	722	118	1,573	229	1,607	34	109	98	155	107	345	202	5,293
I28A	Other Connective Tissue Procedures W CC	369	2,246	661	6,284	349	1,834	268	656	349	844	672	928	557	15,623
I28B	Other Connective Tissue Procedures W/O CC	865	721	103	1,352	193	1,672	22	166	57	151	544	321	199	5,496
I29Z	Knee Reconstruction Or Revision	804	676	196	930	19	2,679	11	55	29	179	670	337	226	6,005
I30Z	Hand Procedures	8,463	401	50	629	183	1,767	15	74	28	140	357	261	153	4,052
I60Z	Femoral Shaft Fractures	280	3,388	583	7,117	900	405	66	319	93	210	43	972	469	14,557
I61Z	Other Femoral Fractures	229	1,049	339	2,800	457	183	152	434	191	165	9	424	233	6,427
I63Z	Sprains, Strains and Dislocations of Hip, Pelvis and Thigh	476	467	114	1,118	512	275	30	213	66	80	17	218	117	3,211
I64A	Osteomyelitis W CC	424	1,981	255	4,950	282	163	82	513	331	743	15	643	382	10,330
I64B	Osteomyelitis W/O CC	300	1,408	101	2,906	263	191	30	256	118	255	17	443	259	6,256
I65A	Connective Tissue Malignancy, including Pathological Fx W Cat	869	1,682	479	5,238	364	146	53	521	338	845	79	693	428	10,850
I65B	Connective Tissue Malignancy, including Pathological Fx W/O C	886	911	198	3,207	264	104	6	246	167	704	5	419	254	6,487
I66A	Inflammatory Musculoskeletal Disorders W Cat or Sev CC	379	2,344	441	5,155	267	687	719	489	903	868	114	811	541	13,289

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
I66B	Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	1,005	969	112	1,676	207	99	11	142	198	167	8	285	195	4,067
I67A	Septic Arthritis W Catastrophic or Severe CC	77	3,584	390	7,898	585	337	275	827	785	1,232	22	1,054	549	17,513
I67B	Septic Arthritis W/O Catastrophic or Severe CC	341	802	90	1,864	295	183	11	144	157	206	9	280	149	4,179
I68A	Non-Surg Neck & Back Conditions W CC	2,754	1,504	478	4,388	502	82	71	491	213	329	17	602	336	8,996
I68B	Non-surgical Neck & Back Cond W/O CC	4,444	711	147	1,873	413	47	23	265	69	96	15	284	161	4,094
I68C	Non-surgical Neck & Back Conditions, Sameday	2,744	211	31	121	378	167	0	101	25	42	17	79	49	1,210
I69A	Bone Diseases & Spec Arthropathies Age>74 W Catastrophic or S	584	1,427	661	4,588	501	113	54	407	322	327	9	638	334	9,362
I69B	Bone Diseases&Spec Arthropathies(A<75 W Cat/Sev CC) or (A>74	1,266	704	195	2,327	401	35	41	200	160	147	5	327	184	4,708
I69C	Bone Diseases & Spec Arthropathies Age<75 W/O Catastr or Seve	870	609	85	1,521	263	50	9	133	135	98	5	228	141	3,277
I70Z	Non-Specific Arthropathies	304	735	90	1,507	361	126	8	265	189	140	4	244	150	3,813
I71A	Musculotendinous Disorders Age>69 W CC	539	729	255	2,244	517	61	49	286	150	167	7	335	191	4,974
I71B	Musculotendinous Disorders (Age<70 W CC) or (Age>69 W/O CC)	846	500	127	1,185	480	58	12	196	110	99	4	204	114	3,078
I71C	Musculotendinous Disorders Age <70 W/O CC	746	608	55	770	322	44	5	165	78	50	4	172	105	2,377
I72A	Tendonitis, Myositis and Bursitis (Age<80 W Catastr or Severe	332	1,059	328	3,071	460	74	169	297	235	263	5	450	242	6,609
I72B	Tendonitis, Myositis and Bursitis Age<80 W/O Catastrophic or	862	600	51	1,262	291	59	36	114	91	73	4	206	110	2,895
I73A	Aftercare of Connective Tissue Disorders Age>59 W Catastroph	542	1,676	877	7,657	92	177	48	312	347	523	43	868	374	12,986
I73B	Aftercare Conn Tiss Disorder (Age<60 W Cat/Sev CC) or (Age>59	792	700	177	1,880	204	198	53	164	79	119	14	265	133	3,978
I73C	Aftercare of Connective Tissue Disorders Age<60 W/O Catastrop	358	576	267	1,635	161	205	8	73	44	65	26	247	149	3,454
I74A	Injury to Forearm, Wrist, Hand or Foot Age>74 W CC	428	903	398	2,929	601	242	47	414	178	163	44	432	228	6,561
I74B	Injury to Forearm, Wrist, Hand or Foot (Age<75 W CC) or (Age>	948	423	118	887	517	327	16	241	61	75	35	198	111	2,994
I74C	Injury to Forearm, Wrist, Hand or Foot Age<75 W/O CC	8,200	290	38	380	359	513	3	195	19	48	31	137	83	2,089
I75A	Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle Age>64 W C	1,380	1,284	698	4,313	542	121	47	462	247	260	13	602	309	8,877
I75B	Inj to Should, Arm, Elbow, Knee, Leg, Ankle (Age<65 W CC) or	2,078	532	239	1,579	569	92	23	271	93	91	11	262	144	3,885
I75C	Injury to Shoulder, Arm, Elbow, Knee, Leg or Ankle Age<65 W/O	4,264	332	100	553	431	226	3	217	28	43	30	149	85	2,189
I76A	Other Musculoskeletal Disorders Age>69 W CC	246	995	509	3,174	469	105	138	342	242	257	8	461	246	6,926
I76B	Other Musculoskeletal Disorders (Age<70 W CC) or (Age>69 W/O	573	694	237	1,488	425	171	168	231	113	145	19	281	177	4,134
I76C	Other Musculoskeletal Disorders Age<70 W/O CC	681	610	78	801	290	176	13	128	58	54	9	172	124	2,523
I77A	Fractures of Pelvis W Catastrophic or Severe CC	792	1,648	823	6,194	606	86	131	601	290	392	8	782	414	11,952
I77B	Fractures of Pelvis W/O Catastrophic or Severe CC	966	728	333	2,289	567	34	10	376	122	138	3	351	186	5,120
I78A	Fractures of Neck of Femur W Catastrophic or Severe CC	451	1,132	373	3,616	585	131	56	501	271	212	18	483	261	7,616
I78B	Fractures of Neck of Femur W/O Catastrophic or Severe CC	1,172	330	75	963	781	27	4	212	89	56	3	196	102	2,822
J01Z	Microvascular Tissue Transfer for Skin, Subcutaneous Tissue &	107	4,531	322	5,775	17	9,995	1,272	158	466	1,935	440	1,838	1,029	27,706
J06A	Major Procedures for Malignant Breast Conditions	2,243	910	82	1,247	23	2,257	29	200	312	206	198	343	230	6,037

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
J06B	Major Procedures for Non-Malignant Breast Conditions	561	792	34	1,218	10	2,567	9	24	119	169	317	328	198	5,785
J07A	Minor Procedures for Malignant Breast Conditions	733	542	30	491	23	1,430	5	154	216	95	72	187	130	3,374
J07B	Minor Procedures for Non-Malignant Breast Conditions	1,625	359	17	209	19	1,213	1	85	146	71	52	134	94	2,400
J08A	Other Skin Graft and/or Debridement Procedures W Catastrophic	444	2,375	234	4,557	150	2,706	364	154	381	740	114	769	419	12,933
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastroph	1,270	877	68	1,606	83	1,662	19	45	130	184	112	335	189	5,304
J09Z	Perianal and Pilonidal Procedures	807	530	22	558	47	1,247	2	9	63	95	53	170	110	2,905
J10Z	Skin, Subcutaneous Tissue and Breast Plastic O.R. Procedures	2,257	449	31	396	22	1,599	4	14	94	111	62	176	122	3,081
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	1,259	655	42	954	74	1,068	72	60	111	112	57	233	146	3,579
J12A	Lower Limb Procs W Ulcer/Cellulitis W Catastr CC	147	7,823	1,392	14,896	323	2,264	390	644	1,115	2,482	174	1,984	1,024	34,475
J12B	Lower Limb Procs W Ulcer/Cellulitis W/O Catastr CC W Skin Gra	161	4,545	413	9,391	231	2,101	21	220	450	1,048	279	1,200	621	20,510
J12C	Lower Limb Procs W Ulcer/Cellulitis W/O Catastr CC W/O Skin G	234	1,813	201	4,361	208	1,264	58	171	327	716	77	610	347	10,137
J13A	Lower Limb Procs W/O Ulcer/Cellulitis W Skin Graft W Catastr/	182	3,165	324	4,971	71	1,854	58	84	350	563	53	755	409	12,657
J13B	Lower Limb Procs W/O Ulcer/Cellulitis W/O (Skin Graft & Catas	662	1,602	95	2,932	27	1,343	11	44	175	208	53	441	250	7,178
J14Z	Major Breast Reconstructions	74	2,135	76	3,353	3	5,172	6	46	288	464	452	810	451	13,254
J60A	Skin Ulcers	889	1,328	353	4,606	342	61	31	195	280	405	5	570	279	8,441
J60B	Skin Ulcers, Sameday	83	152	25	106	587	81	0	30	26	25	3	80	37	1,133
J62A	Malignant Breast Disorders W Catastrophic or Severe CC or (Ag	294	836	159	3,206	228	58	20	280	155	351	6	428	247	5,962
J62B	Malignant Breast Disorders (A<70 W/O Catastr or Severe CC) or	162	456	55	787	62	371	1	155	100	242	6	156	97	2,489
J63Z	Non-Malignant Breast Disorders	573	571	31	623	253	382	2	52	86	78	18	143	84	2,317
J64A	Cellulitis Age>59 W Catastrophic or Severe CC	1,843	1,301	387	4,127	487	96	137	228	335	454	6	552	271	8,354
J64B	Cellulitis (Age>59 W/O Catastrophic or Severe CC) or Age<60	11,283	719	63	1,499	400	179	15	81	114	147	8	244	126	3,584
J65A	Trauma to the Skin, Subcutaneous Tissue and Breast Age>69	1,521	470	239	1,842	576	48	17	250	115	97	3	283	148	4,074
J65B	Trauma to the Skin, Subcutaneous Tissue and Breast Age<70	2,492	313	50	505	382	136	24	188	59	45	5	135	80	1,915
J67A	Minor Skin Disorders	1,384	686	81	1,374	352	106	16	67	122	131	4	228	129	3,294
J67B	Minor Skin Disorders, Sameday	2,083	189	14	125	66	377	1	16	47	30	14	57	39	977
J68A	Major Skin Disorders	1,428	1,192	136	2,785	308	62	79	71	225	402	3	411	255	5,923
J68B	Major Skin Disorders, Sameday	344	132	8	106	91	19	0	3	33	76	0	35	17	520
K01Z	Diabetic Foot Procedures	813	5,402	647	12,191	361	2,958	520	717	758	2,328	291	1,626	905	28,646
K02Z	Pituitary Procedures	136	1,467	176	3,158	23	3,884	1,943	354	751	989	362	892	534	14,457
K03Z	Adrenal Procedures	76	1,829	166	3,713	54	3,774	1,185	215	774	709	266	843	514	13,991
K04Z	Major Procedures for Obesity	7	966	238	1,742	18	4,739	44	270	366	304	2,963	688	492	12,828
K05Z	Parathyroid Procedures	315	668	53	1,432	16	2,477	253	73	422	289	236	380	231	6,515
K06Z	Thyroid Procedures	1,553	658	40	1,232	11	2,899	93	41	265	248	256	370	225	6,331

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
K07Z	Obesity Procedures	46	1,591	69	3,702	2	2,515	375	35	138	244	53	639	273	9,615
K08Z	Thyroglossal Procedures	91	477	31	730	4	1,786	2	3	119	109	86	227	150	3,769
K09Z	Other Endocrine, Nutritional and Metabolic O.R. Procedures	209	3,259	319	6,228	166	2,646	813	949	819	1,289	409	1,145	662	18,642
K40Z	Endoscopic or Investigative Procedure for Metabolic Disorders	425	329	38	430	62	719	6	24	154	57	28	118	74	2,041
K60A	Diabetes W Catastrophic or Severe CC	1,688	1,597	337	4,272	433	118	526	263	415	428	9	601	314	9,265
K60B	Diabetes W/O Catastrophic or Severe CC	4,577	880	162	1,692	351	49	199	82	201	122	7	281	150	4,153
K61Z	Severe Nutritional Disturbance	123	2,423	2,020	6,534	373	258	324	361	537	946	28	953	489	15,232
K62A	Miscellaneous Metabolic Disorders W Catastrophic CC	845	1,256	579	4,244	433	88	368	290	395	446	11	587	309	8,965
K62B	Miscellaneous Metabolic Disorders W Severe CC or (Age>74 W/O	1,773	698	183	2,285	424	48	96	153	194	195	7	326	172	4,763
K62C	Miscellaneous Metabolic Disorders W/O Catastrophic or Severe	1,392	699	163	1,809	292	48	64	78	162	104	7	274	149	3,845
K63Z	Inborn Errors of Metabolism	154	1,438	328	2,826	394	104	140	179	338	386	9	563	395	7,109
K64A	Endocrine Disorders W Catastrophic or Severe CC	330	1,487	248	3,965	357	78	268	462	423	488	5	576	314	8,638
K64B	Endocrine Disorders W/O Catastrophic or Severe CC	1,082	571	51	1,460	126	49	41	423	113	165	8	248	183	3,445
L02A	Operative Insertion of Peritoneal Catheter for Dialysis W Cat	92	3,392	923	7,044	142	2,328	304	561	1,195	2,702	410	1,229	638	20,823
L02B	Operative Insertion of Peritoneal Catheter for Dialysis W/O C	168	847	92	2,028	72	1,549	6	152	217	465	262	366	210	6,266
L03A	Kidney, Ureter and Major Bladder Procedures for Neoplasm W Ca	321	3,837	515	6,403	106	4,924	2,541	715	1,089	1,351	440	1,338	770	23,841
L03B	Kidney, Ureter and Major Bladder Procedures for Neoplasm W/O	444	1,815	170	2,845	22	4,197	450	201	412	453	400	689	420	12,052
L04A	Kidney, Ureter and Major Bladder Procedures for Non-Neoplasm	262	4,346	524	7,919	445	2,791	1,765	1,919	1,456	2,151	286	1,427	976	25,822
L04B	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W	435	2,018	123	3,613	156	2,767	261	745	423	448	475	651	426	12,097
L04C	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W/	1,254	1,499	61	1,831	60	2,540	61	433	148	222	377	454	307	8,009
L05A	Transurethral Prostatectomy W Catastrophic or Severe CC	66	2,032	351	5,313	188	2,003	255	209	410	554	122	666	380	12,470
L05B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	211	1,140	56	1,573	45	1,414	35	91	151	178	97	310	183	5,273
L06A	Minor Bladder Procedures W Catastrophic or Severe CC	154	2,230	260	4,644	209	1,556	488	313	511	686	91	718	380	12,034
L06B	Minor Bladder Procedures W/O Catastrophic or Severe CC	335	743	42	1,120	60	1,227	18	42	74	130	105	233	147	3,941
L07A	Transurethral Procedures Except Prostatectomy W Catastrophic	360	1,556	147	3,166	143	1,477	205	423	415	370	112	506	288	8,768
L07B	Transurethral Procedures Except Prostatectomy W/O Catastroph	1,096	626	36	935	77	1,277	15	121	133	113	79	223	144	3,777
L08A	Urethral Procedures W CC	108	700	47	849	88	1,626	47	39	94	191	54	241	151	4,125
L08B	Urethral Procedures W/O CC	324	456	28	494	25	1,326	5	66	43	98	85	173	111	2,910
L09A	Other Procedures for Kidney and Urinary Tract Disorders W Cat	183	8,228	1,070	12,381	332	3,358	1,080	1,380	1,267	4,860	446	1,864	1,048	37,252
L09B	Other Procedures for Kidney and Urinary Tract Disorders W Sev	97	2,813	260	5,783	289	2,091	39	491	801	1,252	264	849	439	15,362
L09C	Other Procedures for Kidney and Urinary Tract Disorders W/O C	340	808	95	1,167	43	1,828	15	168	194	365	311	301	201	5,496
L40Z	Ureterscopy	217	646	27	421	68	1,333	44	496	50	100	160	216	163	3,720
L41Z	Cystourethroscopy, Sameday	5,973	329	15	125	17	895	0	87	18	54	79	96	82	1,796

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
L42Z	ESW Lithotripsy for Urinary Stones	466	156	19	53	5	1,727	1	72	11	47	229	107	384	2,810
L60A	Renal Failure W Catastrophic CC	742	2,454	899	6,717	519	170	1,582	546	933	1,089	19	1,013	514	16,299
L60B	Renal Failure W Severe CC	879	1,234	329	3,390	422	104	274	279	410	442	45	490	257	7,637
L60C	Renal Failure W/O Catastrophic or Severe CC	1,138	780	144	2,333	382	67	171	190	239	226	11	340	177	5,040
L61Z	Admit for Renal Dialysis	#####	165	8	220	4	18	1	2	14	53	1	31	23	540
L62A	Kidney and Urinary Tract Neoplasms W Catastrophic or Severe C	379	1,334	254	3,758	373	216	34	325	268	420	10	500	280	7,755
L62B	Kidney and Urinary Tract Neoplasms W/O Catastrophic or Severe	232	675	69	1,913	137	151	16	180	129	297	24	262	141	3,995
L63A	Kidney and Urinary Tract Infections W Catastrophic CC	1,357	1,541	539	4,948	508	96	187	325	412	509	14	660	336	10,036
L63B	Kidney and Urinary Tract Infections (Age<70 W Severe CC) or A	5,780	623	173	2,352	531	44	18	188	188	178	5	323	164	4,770
L63C	Kidney and Urinary Tract Infections Age<70 W/O Catastrophic o	4,711	564	38	1,313	458	47	13	143	134	93	3	215	110	3,124
L64Z	Urinary Stones and Obstruction	4,794	460	24	565	375	313	14	248	75	66	41	149	94	2,413
L65A	Kidney and Urinary Tract Signs and Symptoms W Catastrophic or	635	901	140	2,516	513	148	44	156	260	299	12	364	180	5,517
L65B	Kidney and Urinary Tract Signs and Symptoms W/O Catastrophic	1,569	475	32	889	365	94	6	78	120	74	5	158	83	2,370
L66Z	Urethral Stricture	144	424	24	560	99	694	3	63	77	87	13	137	79	2,258
L67A	Other Kidney and Urinary Tract Diagnoses W Catastrophic CC	508	2,037	654	6,249	495	212	781	459	643	1,090	15	878	480	13,910
L67B	Other Kidney and Urinary Tract Diagnoses W Severe CC	928	1,035	142	2,924	353	138	150	215	282	306	12	399	209	6,148
L67C	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or	2,202	673	62	1,764	296	132	77	115	164	109	17	256	135	3,790
M01Z	Major Male Pelvic Procedures	632	2,080	137	3,371	19	4,662	337	182	486	480	414	727	439	13,294
M02A	Transurethral Prostatectomy W Catastrophic or Severe CC	442	2,055	118	3,347	78	2,038	217	144	400	367	138	565	319	9,772
M02B	Transurethral Prostatectomy W/O Catastrophic or Severe CC	2,120	980	47	1,361	17	1,715	21	24	141	170	116	294	180	5,066
M03A	Penis Procedures W CC	49	1,077	61	1,285	177	1,825	70	54	101	242	221	317	224	5,649
M03B	Penis Procedures W/O CC	205	576	31	1,260	63	1,947	35	4	27	93	54	258	188	4,540
M04A	Testes Procedures W CC	144	942	65	1,576	97	1,662	159	94	208	225	78	328	190	5,603
M04B	Testes Procedures W/O CC	2,036	382	27	477	89	1,366	4	19	70	77	80	170	120	2,889
M05Z	Circumcision	1,353	351	23	351	13	1,204	3	18	36	80	55	142	97	2,380
M06A	Other Male Reproductive System O.R. Procedures for Malignancy	163	709	49	1,202	55	1,941	13	151	142	164	164	306	214	5,109
M06B	Other Male Reproductive System O.R. Procedures Except for Mal	130	667	44	858	67	1,244	6	153	273	107	323	207	129	4,084
M40Z	Cystourethroscopy W/O CC	476	511	17	146	15	670	0	19	41	45	51	89	64	1,668
M60A	Malignancy, Male Reproductive System W Catastrophic or Severe	462	874	211	2,535	273	100	23	175	164	533	9	358	195	5,438
M60B	Malignancy, Male Reproductive System W/O Catastrophic or Seve	257	553	96	1,287	152	145	22	64	104	229	15	186	124	2,969
M61A	Benign Prostatic Hypertrophy W Catastrophic or Severe CC	127	1,126	120	2,522	313	363	54	167	277	195	13	359	202	5,696
M61B	Benign Prostatic Hypertrophy W/O Catastrophic or Severe CC	472	436	25	476	121	412	2	44	93	53	22	109	72	1,862
M62A	Inflammation of the Male Reproductive System W CC	331	832	89	1,868	354	148	36	172	191	259	4	266	143	4,353

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
M62B	Inflammation of the Male Reproductive System W/O CC	807	465	19	694	290	106	4	66	90	82	3	129	71	2,011
M63Z	Sterilisation, Male	1,231	348	22	138	12	965	1	10	60	62	30	100	78	1,826
M64Z	Other Male Reproductive System Diagnoses	658	283	19	349	290	236	4	48	56	46	10	98	59	1,497
N01Z	Pelvic Evisceration and Radical Vulvectomy	73	1,776	354	6,235	18	2,428	171	436	738	774	275	771	549	14,522
N02A	Uterine, Adnexa Proc for Ovarian or Adnexal Malignancy W CC	188	1,692	359	5,256	52	2,558	182	245	895	1,006	198	811	576	13,836
N02B	Uterine, Adnexa Proc for Ovarian or Adnexal Malignancy W/O CC	143	1,164	138	2,183	51	2,125	15	47	445	324	123	444	282	7,339
N03A	Uterine, Adnexa Procedure for Non-Ovarian or Adnexal Malignan	213	1,520	280	4,342	37	2,267	283	210	902	534	197	692	499	11,749
N03B	Uterine, Adnexa Procedure for Non-Ovarian or Adnexal Malignan	242	1,004	94	2,319	21	2,037	18	48	463	296	128	437	319	7,181
N04Z	Hysterectomy for Non-Malignancy	4,048	991	62	1,937	13	2,352	24	36	151	221	137	385	254	6,564
N05A	Oophorectomies and Complex Fallopian Tube Procs for Non-Malig	120	1,953	191	2,804	93	2,706	432	201	365	497	143	618	378	10,351
N05B	Oophorectomies & Complex Fallopian Tube Procs for Non-Malig W	973	784	64	1,304	63	2,237	16	39	165	208	116	317	209	5,520
N06Z	Female Reproductive System Reconstructive Procedures	2,195	884	50	1,473	18	1,806	25	27	47	172	216	312	199	5,226
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy	1,726	642	29	891	122	1,821	29	37	104	145	90	253	166	4,325
N08Z	Endoscopic Procedures for Female Reproductive System	4,265	322	31	418	69	1,807	6	25	65	121	145	183	142	3,334
N09Z	Conisation, Vagina, Cervix and Vulva Procedures	917	398	29	730	135	979	15	23	94	87	65	184	153	2,892
N10Z	Diagnostic Curettage or Diagnostic Hysteroscopy	5,262	165	17	215	21	1,237	5	12	80	79	123	118	94	2,164
N11A	Other Female Reproductive Sys O.R. Procs Age>64 or W Malignan	53	1,793	252	3,558	91	2,138	872	386	556	538	190	675	409	11,385
N11B	Other Female Reproductive System O.R. Procs Age<65 W/O Malign	624	190	4	138	13	659	1	6	200	338	332	110	80	2,072
N60A	Malignancy, Female Reproductive System W Catastrophic or Seve	351	1,263	216	3,170	264	214	273	270	239	522	15	449	263	7,101
N60B	Malignancy, Female Reproductive System W/O Catastrophic or Se	338	647	106	1,567	174	326	6	132	122	473	12	234	146	3,940
N61Z	Infections, Female Reproductive System	559	464	37	832	379	54	3	110	131	73	3	147	84	2,308
N62A	Menstrual and Other Female Reproductive System Disorders W CC	475	440	61	1,044	326	146	14	100	143	87	11	174	101	2,637
N62B	Menstrual and Other Female Reproductive System Disorders W/O	2,911	256	14	326	240	116	2	60	68	28	5	79	44	1,235
O01A	Caesarean Delivery W Catastrophic CC	1,135	2,036	137	3,862	48	1,852	309	108	354	443	128	622	388	10,274
O01B	Caesarean Delivery W Severe CC	3,452	1,415	81	2,722	10	1,720	97	54	182	264	106	462	269	7,378
O01C	Caesarean Delivery W/O Catastrophic or Severe CC	15,184	1,166	47	2,032	8	1,941	13	35	71	201	96	387	223	6,220
O02A	Vaginal Delivery W O.R. Procedure W Catastrophic or Severe CC	741	1,110	68	2,435	11	824	111	32	159	167	46	370	194	5,522
O02B	Vaginal Delivery W O.R. Procedure W/O Catastrophic or Severe	1,125	909	47	1,965	6	555	8	22	58	97	33	293	144	4,137
O03Z	Ectopic Pregnancy	865	483	34	765	257	1,562	16	53	156	135	98	232	148	3,931
O04Z	Postpartum and Post Abortion W O.R. Procedure	539	544	30	950	219	947	53	48	175	105	49	211	128	3,448
O05Z	Abortion W OR Procedure	8,073	247	27	367	241	1,144	3	20	134	88	89	151	114	2,618
O60A	Vaginal Delivery W Catastrophic or Severe CC	4,874	1,093	61	2,320	10	571	30	25	134	125	20	342	171	4,901
O60B	Vaginal Delivery W/O Catastrophic or Severe CC	37,969	832	33	1,813	9	308	7	10	41	66	11	255	117	3,501

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Sep (\$)*
O60C	Single Uncomplicated Vaginal Delivery W/O Other Condition	10,681	715	25	1,492	12	145	6	5	23	39	4	210	93	2,769
O61Z	Postpartum and Post Abortion W/O O.R. Procedure	4,250	616	23	998	87	120	26	26	43	47	3	170	84	2,237
O63Z	Abortion W/O O.R. Procedure	1,448	242	49	453	290	78	4	36	122	40	3	99	52	1,458
O64A	False Labour Before 37 Weeks or W Catastrophic CC	2,072	566	24	906	12	115	7	21	81	47	1	143	75	1,997
O64B	False Labour After 37 Weeks W/O Catastrophic CC	1,775	242	6	341	38	73	1	1	22	30	0	63	28	843
O66A	Antenatal & Other Obstetric Admission	12,012	564	31	954	96	93	18	44	102	54	3	153	80	2,191
O66B	Antenatal & Other Obstetric Admission, Sameday	9,308	76	19	151	15	44	0	3	33	28	1	29	15	413
P01Z	Neonate, Died or Transf <5 Days of Admission W Significant O.	105	155	57	196	-	2,610	-	150	276	133	58	209	204	4,351
P02Z	Cardiothoracic/Vascular Procedures for Neonates	59	9,183	2,601	30,429	20	7,318	-	1,224	3,047	1,568	191	4,835	3,099	77,475
P03Z	Neonate, AdmWt 1000-1499 g W Significant O.R. Procedure	66	12,984	1,674	68,727	74	1,101	-	1,629	3,036	3,851	47	8,365	4,640	106,293
P04Z	Neonate, AdmWt 1500-1999 g W Significant O.R. Procedure	41	8,167	1,624	40,913	25	1,191	-	1,452	1,742	3,133	98	5,128	3,184	68,955
P05Z	Neonate, AdmWt 2000-2499 g W Significant O.R. Procedure	58	5,597	2,161	34,169	73	1,961	-	1,142	1,388	1,927	139	4,098	2,359	60,493
P06A	Neonate, AdmWt > 2499 g W Significant O.R. Procedure W Multi	138	6,169	1,508	29,223	42	2,211	-	1,895	2,111	2,294	195	4,032	2,584	58,646
P06B	Neonate, Adm Wt > 2499 g W Significant O.R. Proc W/O Multi Ma	141	2,219	626	8,664	51	1,892	-	512	730	631	114	1,197	790	18,310
P60A	Neonate Died or Transf <5 Days of Adm, W/O Significant O.R. P	404	350	7	537	2	80	-	101	68	31	0	81	54	1,311
P60B	Neonate Died/Transf <5 Days of Adm, W/O Significant O.R. Proc	287	334	143	924	173	125	-	162	158	83	14	165	108	2,578
P61Z	Neonate, AdmWt < 750 g	71	27,355	4,815	183,880	63	735	-	2,423	4,159	9,707	39	19,798	13,002	265,974
P62Z	Neonate, AdmWt 750-999 g	164	15,978	2,189	81,334	35	918	-	1,537	2,457	4,529	51	9,045	5,683	123,936
P63Z	Neonate, AdmWt 1000-1249 g W/O Significant O.R. Procedure	280	7,968	575	25,956	67	373	-	590	601	1,899	15	3,115	1,737	43,012
P64Z	Neonate, AdmWt 1250-1499 g W/O Significant O.R. Procedure	373	5,932	717	20,919	14	277	-	449	512	1,325	12	2,429	1,369	34,519
P65A	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Proc W Multi	74	5,955	543	12,402	36	182	-	470	660	977	2	1,706	1,004	24,155
P65B	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W M	399	3,778	282	11,192	24	135	-	253	362	690	2	1,356	755	19,140
P65C	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W O	386	5,101	199	8,507	12	86	-	140	243	877	5	1,106	658	17,264
P65D	Neonate, AdmWt 1500-1999 g W/O Significant O.R. Procedure W/O	489	4,652	159	8,484	28	70	-	70	152	349	2	1,094	556	16,542
P66A	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Proc W Multi	81	2,846	581	10,797	22	104	-	561	592	689	4	1,224	758	18,362
P66B	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Procedure W M	412	2,688	258	7,285	21	104	-	194	258	480	3	917	508	13,409
P66C	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Procedure W/O	1,070	2,446	128	4,555	22	58	-	60	156	248	2	606	343	9,182
P66D	Neonate, AdmWt 2000-2499 g W/O Significant O.R. Procedure W/O	775	1,267	140	2,038	24	38	-	24	62	66	3	324	176	4,657
P67A	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W Mult	282	2,420	290	7,242	50	134	-	554	510	387	10	877	506	13,487

ARDRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Sep (\$)*
P67B	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W Majo	1,538	1,793	226	3,739	99	71	-	142	183	164	4	529	270	7,662
P67C	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W Othe	3,280	1,103	62	2,020	39	60	-	37	107	74	2	280	146	4,121
P67D	Neonate, AdmWt > 2499 g W/O Significant O.R. Procedure W/O Pr	4,403	658	45	1,248	69	25	-	19	36	37	0	180	92	2,506
P67Z	Unqualified Neonates	68,710	454	30	832	5	41	-	0	1	31	0	113	61	1,623
Q01Z	Splenectomy	104	2,125	240	3,737	181	3,363	1,288	361	626	614	189	836	537	14,019
Q02A	Other O.R. Procedure of Blood & Blood Forming Organs W Catast	151	3,775	769	8,758	337	2,071	1,471	845	1,248	3,278	227	1,498	850	25,358
Q02B	Other O.R. Procedure of Blood & Blood Forming Organs W/O Cata	492	580	45	913	64	1,393	50	81	404	143	81	238	153	4,143
Q60A	Reticuloendothelial and Immunity Disorders W Catastrophic or	1,162	1,354	368	5,145	374	129	222	250	692	2,267	4	723	402	11,972
Q60B	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC	439	610	151	2,320	337	39	17	91	310	632	6	332	170	4,999
Q60C	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC	797	795	69	1,369	397	85	75	109	204	172	3	254	168	3,686
Q61A	Red Blood Cell Disorders W Catastrophic CC	695	1,260	286	3,679	420	210	206	234	442	569	10	521	268	8,070
Q61B	Red Blood Cell Disorders W Severe CC	1,022	703	108	2,039	301	203	38	124	383	258	20	299	161	4,622
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	2,732	448	45	1,007	297	217	10	56	158	145	38	179	100	2,693
Q62Z	Coagulation Disorders	1,292	648	75	1,773	384	98	115	84	255	194	6	287	148	4,051
R01A	Lymphoma and Leukaemia W Major O.R. Procedures W Catastrophic	126	6,023	1,345	13,921	287	3,995	2,020	1,658	3,449	6,651	678	2,267	1,422	43,626
R01B	Lymphoma and Leukaemia W Major O.R. Procedures W/O Catastroph	141	1,523	248	3,660	80	2,333	312	560	905	562	732	740	448	12,069
R02A	Other Neoplastic Disorders W Major O.R. Procedures W Catastr	168	3,516	555	8,096	110	5,507	847	487	859	1,547	269	1,580	888	24,213
R02B	Other Neoplastic Disorders W Major O.R. Procedures W/O Catast	401	1,368	113	2,552	32	3,028	165	109	390	428	132	583	342	9,236
R03A	Lymphoma and Leukaemia W Other O.R. Procedures W Catastrophic	207	3,392	1,191	11,372	394	1,982	707	1,579	2,485	4,946	493	1,746	1,124	31,369
R03B	Lymphoma and Leukaemia W Other O.R. Procedures W/O Catastroph	392	647	109	1,765	87	1,475	41	207	718	549	126	373	244	6,332
R04A	Other Neoplastic Disorders W Other O.R. Procedures W Catastr	142	2,046	364	5,316	172	1,758	157	411	717	689	166	819	483	13,086
R04B	Other Neoplastic Disorders W Other O.R. Procedures W/O Catast	178	602	55	999	41	1,649	63	107	240	198	122	278	186	4,527
R60A	Acute Leukaemia W Catastrophic CC	431	4,037	1,352	15,074	338	707	756	778	3,197	10,994	33	2,047	1,232	40,513
R60B	Acute Leukaemia W Severe CC	371	1,549	326	6,746	264	335	76	254	1,123	2,062	17	818	433	13,985
R60C	Acute Leukaemia W/O Catastrophic or Severe CC	836	943	224	4,350	174	329	19	107	662	1,532	13	580	349	9,396
R61A	Lymphoma and Non-Acute Leukaemia W Catastrophic CC	695	2,183	706	8,082	381	378	510	695	1,803	4,643	31	1,164	666	21,177
R61B	Lymphoma and Non-Acute Leukaemia W/O Catastrophic CC	3,008	648	210	2,560	151	147	36	185	508	1,610	21	383	218	6,669
R61C	Lymphoma and Non-Acute Leukaemia, Sameday	4,191	130	12	208	57	63	1	13	85	131	2	49	27	777
R62A	Other Neoplastic Disorders W CC	387	1,298	373	4,159	220	296	69	340	287	637	39	569	344	8,621

ARDRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
R62B	Other Neoplastic Disorders W/O CC	323	446	58	919	99	437	2	190	125	292	28	176	114	2,896
R63Z	Chemotherapy	3,768	78	16	168	4	65	0	6	38	198	0	32	22	631
R64Z	Radiotherapy	216	2,224	23	332	3	6	-	10	10	33	0	140	123	2,906
S60Z	HIV, Sameday	242	208	2	175	12	1,362	-	2	124	92	55	142	93	2,266
S65A	HIV-Related Diseases W Catastrophic CC	104	8,403	2,117	8,769	577	810	3,086	924	2,602	8,297	65	2,183	1,038	38,121
S65B	HIV-Related Diseases W Severe CC	103	4,826	474	5,005	381	446	65	356	1,181	1,898	29	1,076	397	16,117
S65C	HIV-Related Diseases W/O Catastrophic or Severe CC	180	3,003	492	3,564	339	348	72	353	966	1,819	10	747	329	12,026
T01A	O.R. Procedures for Infectious and Parasitic Diseases W Catas	464	7,885	1,261	14,888	456	3,583	3,017	1,439	1,658	6,436	481	2,318	1,306	44,318
T01B	O.R. Procedures for Infectious and Parasitic Diseases W Sever	390	3,447	326	6,309	252	2,100	399	356	489	1,186	177	977	549	16,534
T01C	O.R. Procedures for Infectious and Parasitic Diseases W/O CC	490	1,600	119	2,851	212	1,452	86	154	280	382	171	492	273	8,068
T60A	Septicaemia W Catastrophic or Severe CC	3,309	1,557	398	4,949	570	137	993	448	583	1,071	16	740	383	11,749
T60B	Septicaemia W/O Catastrophic or Severe CC	1,110	735	118	2,311	533	79	202	191	252	240	8	346	185	5,170
T61A	Postoperative & Post-Traumatic Infect W Cat/Sev CC or (Age>54	1,601	1,136	107	2,660	343	139	121	141	215	387	9	380	197	5,820
T61B	Postoperative & Post-Traumatic Infections Age <55 W/O Catastr	1,099	1,011	44	1,538	351	108	31	86	105	152	6	249	132	3,805
T62A	Fever of Unknown Origin W CC	1,147	794	127	2,643	456	54	9	229	354	429	2	381	208	5,695
T62B	Fever of Unknown Origin W/O CC	1,732	424	35	909	424	15	2	83	135	71	3	163	81	2,329
T63A	Viral Illness Age >59 or W CC	1,126	686	78	1,509	413	53	22	120	238	237	22	246	132	3,753
T63B	Viral Illness Age<60 W/O CC	4,287	478	22	860	402	15	8	50	107	55	1	159	82	2,237
T64A	Other Infectious and Parasitic Diseases W Catastrophic or Sev	265	1,881	365	6,154	446	294	424	475	770	2,434	21	849	448	14,491
T64B	Other Infectious and Parasitic Diseases W/O Catastrophic or S	572	829	65	1,684	369	42	14	73	245	197	2	269	138	3,913
U40Z	Mental Health Treatment, Sameday, W ECT	547	94	8	92	7	281	0	1	9	20	0	38	20	569
U60Z	Mental Health Treatment, Sameday, W/O ECT	5,670	51	16	96	541	38	2	37	58	21	1	64	30	944
U61A	Schizophrenia Disorders W Mental Health Legal Status	76	813	106	583	367	11	35	45	138	265	0	171	75	2,591
U61B	Schizophrenia Disorders W/O Mental Health Legal Status	447	559	62	1,034	487	19	6	46	119	205	1	187	92	2,802
U62A	Paranoia & Acute Psych Disorder W Cat/Sev CC or W Mental Heal	71	950	196	3,045	336	98	52	108	162	267	7	400	170	5,772
U62B	Paranoia & Acute Psych Disorder W/O Cat/Sev CC W/O Mental Hea	306	542	82	1,285	945	21	14	93	102	148	1	236	115	3,568
U63A	Major Affective Disorders W Cat or Sev CC or (Age>69 W/O Cat	327	1,101	289	4,747	598	307	65	184	233	432	23	637	288	8,882
U63B	Major Affective Disorders Age<70 W/O Catastrophic or Severe C	627	766	76	1,382	522	61	8	41	116	143	1	219	95	3,415
U64Z	Other Affective and Somatoform Disorders	1,066	712	113	1,985	361	52	11	58	114	125	1	262	122	3,906
U65Z	Anxiety Disorders	1,015	841	217	2,226	370	76	56	109	109	122	2	321	160	4,600
U66Z	Eating and Obsessive-Compulsive Disorders	297	4,174	1,158	13,994	317	70	128	93	360	433	19	1,601	1,041	23,443
U67Z	Personality Disorders and Acute Reactions	733	480	57	1,023	496	31	54	42	76	83	10	175	83	2,597
U68Z	Childhood Mental Disorders	96	1,295	209	2,509	611	84	12	82	101	93	4	373	223	5,605

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Seps (\$)*
V60A	Alcohol Intoxication and Withdrawal W CC	909	539	116	1,341	478	28	210	167	200	118	7	239	121	3,535
V60B	Alcohol Intoxication and Withdrawal W/O CC	1,693	204	48	440	437	13	14	52	95	45	2	101	51	1,491
V61Z	Drug Intoxication and Withdrawal	453	433	51	937	821	14	19	59	121	90	2	189	82	2,800
V62A	Alcohol Use Disorder and Dependence	2,011	1,279	146	2,634	128	16	20	38	131	168	5	326	146	5,031
V62B	Alcohol Use Disorder and Dependence, Sameday	89	346	21	164	389	11	0	28	65	16	0	63	28	1,125
V63A	Opioid Use Disorder and Dependence	369	1,530	87	1,815	211	17	11	21	87	126	2	284	173	4,360
V63B	Opioid Use Disorder and Dependence, Left Against Medical Advi	131	1,179	15	1,012	31	0	0	2	74	38	-0	199	109	2,659
V64Z	Other Drug Use Disorder and Dependence	814	872	56	817	1,873	5	14	28	68	55	4	328	148	4,235
W01Z	Ventilation or Craniotomy Procs for Multiple Significant Trau	322	8,910	4,383	12,338	495	8,130	21,853	2,446	1,885	5,145	3,065	4,581	2,825	73,958
W02Z	Hip, Femur and Limb Procs for Multiple Significant Trauma, in	208	4,165	1,793	9,286	467	5,727	1,206	1,490	475	1,477	2,490	1,825	1,185	31,510
W03Z	Abdominal Procedures for Multiple Significant Trauma	82	2,512	579	3,776	435	3,354	2,339	1,035	622	763	254	1,037	613	17,088
W04Z	Other O.R. Procedures for Multiple Significant Trauma	137	3,741	1,365	7,917	521	5,411	2,854	837	288	1,364	2,957	1,851	1,113	29,954
W60Z	Multiple Trauma, Died or Transf to Another Acute Care Facilit	293	721	206	233	945	776	464	1,236	300	193	272	355	265	5,848
W61Z	Multiple Trauma Without Significant Procedures	327	1,900	775	5,158	412	239	1,265	728	212	395	35	846	494	12,389
X02Z	Microvascular Tissue Transfer or Skin Grafts for Injuries to	640	545	92	978	294	2,273	31	46	32	229	151	395	195	5,251
X04A	Other Procedures for Injuries to Lower Limb Age>59 or W CC	203	1,601	526	2,771	345	2,008	480	247	224	404	250	583	341	9,740
X04B	Other Procedures for Injuries to Lower Limb Age<60 W/O CC	603	553	81	890	323	1,499	29	119	37	131	107	259	156	4,173
X05Z	Other Procedures for Injuries to Hand	1,321	412	53	695	265	1,549	14	56	30	132	93	282	143	3,716
X06A	Other Procedures for Other Injuries W Catastrophic or Severe	551	2,217	299	4,725	341	2,093	1,287	413	450	1,003	292	842	476	14,327
X06B	Other Procedures for Other Injuries W/O Catastrophic or Sever	1,970	641	59	1,129	297	1,314	67	98	67	137	101	295	164	4,357
X07A	Mic Tissue Transfer or (Skin Graft W Cat/Sev CC) for Injuries	146	4,854	629	7,957	398	4,649	614	240	401	1,013	279	1,349	730	23,065
X07B	Skin Grafts for Injuries Excluding Hand W/O Cat or Sev CC	230	2,066	250	3,963	335	2,067	10	94	104	412	76	664	346	10,380
X60A	Injuries Age>64 W CC	2,221	686	340	2,594	589	67	36	292	175	166	15	377	204	5,520
X60B	Injuries Age >64 W/O CC	1,546	308	95	782	506	67	8	198	70	57	4	163	96	2,338
X60C	Injuries Age<65	5,233	309	34	427	415	196	13	138	42	42	11	125	76	1,820
X61Z	Allergic Reactions	951	235	25	404	450	25	126	31	76	55	1	121	66	1,597
X62A	Poisoning/Toxic Effects of Drugs & Other Substances Age>59 or	2,878	450	99	1,168	559	46	505	128	240	148	3	256	129	3,681
X62B	Poisoning/Toxic Effects of Drugs & Other Substances Age<60 W/	3,942	249	26	435	470	16	124	39	112	55	1	123	63	1,692
X63A	Sequelae of Treatment W Catastrophic or Severe CC	835	1,138	203	2,626	373	235	333	247	285	316	35	409	230	6,402
X63B	Sequelae of Treatment W/O Catastrophic or Severe CC	2,863	542	45	1,001	371	169	34	63	92	98	23	181	101	2,708
X64A	Other Injury, Poisoning and Toxic Effect Diagnosis Age>59 or	309	413	141	1,452	726	32	220	252	230	171	4	288	161	4,060
X64B	Other Injury, Poisoning and Toxic Effect Diagnosis Age<60 W/O	718	246	35	406	244	25	95	63	48	33	1	94	50	1,322
Y01Z	Severe Full Thickness Burns	38	14,046	7,795	30,096	66	13,330	25,938	1,370	5,926	13,077	151	9,315	4,525	125,051

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Y02A	Other Burns W Skin Graft Age>64 or W Cat/Sev CC or W Complic	118	7,255	890	7,611	266	2,859	581	144	652	1,114	144	1,162	755	23,398
Y02B	Other Burns W Skin Graft Age<65 W/O Cat or Sev CC W/O Complic	369	1,296	489	4,103	55	2,048	108	12	107	235	179	668	451	9,748
Y03Z	Other O.R. Procedures for Other Burns	80	1,497	327	2,264	296	1,171	181	40	147	168	69	456	307	6,915
Y60Z	Burns, Transferred to Another Acute Care Facility < 5 Days	421	117	25	162	786	26	125	40	56	48	2	108	48	1,499
Y61Z	Severe Burns	137	503	309	2,885	255	135	447	29	68	106	3	401	224	5,336
Y62A	Other Burns Age>64 or W Catastr or Severe CC or W Complicatin	96	881	359	4,512	252	175	571	110	251	288	9	637	329	8,304
Y62B	Other Burns Age<65 W/O Catastr or Severe CC W/O Complicating	807	482	141	891	303	41	48	11	34	44	0	158	95	2,244
Z01A	O.R. Procedures W Diagnoses of Other Contacts W Health Servic	319	1,152	164	2,774	23	1,797	312	221	251	465	431	496	311	8,343
Z01B	O.R. Procedures W Diagnoses Other Contacts W Health Services	492	470	27	931	9	1,291	13	43	63	123	208	243	137	3,558
Z40Z	Follow Up After Completed Treatment W Endoscopy	8,183	289	13	130	11	627	1	8	39	38	40	72	54	1,323
Z61Z	Signs and Symptoms	1,238	728	133	1,456	329	46	28	129	206	129	4	243	139	3,559
Z62Z	Follow Up After Completed Treatment W/O Endoscopy	228	470	61	791	20	182	18	264	75	179	14	138	104	2,316
Z63A	Other Aftercare W Catastrophic or Severe CC	1,346	1,048	568	3,421	53	55	148	91	149	238	8	431	180	6,373
Z63B	Other Aftercare W/O Catastrophic or Severe CC	977	545	149	1,180	17	48	51	37	63	65	4	162	84	2,399
Z64A	Other Factors Influencing Health Status	1,853	796	309	2,600	192	102	14	81	112	177	12	334	174	4,899
Z64B	Other Factors Influencing Health Status, Sameday	6,924	223	27	138	38	449	1	38	43	59	40	70	51	1,179
Z65Z	Multiple, Other and Unspecified Congenital Anomalies	87	762	175	1,466	61	206	55	319	147	111	46	303	266	3,996

Appendix 2: Average Acute Cost by Cost Group and DRG

Part 2: Same Day

App 2: Average Acute Cost by Cost Group & DRG NSW

Part 2: Same Day Acute Averages for Selected AR-DRGs

The costs shown in the following table have been inflated to reflect 2009/10 prices.

The total per separation is not necessarily the sum of the cost groups due to the effect of averaging.

ARDRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Sep (\$)**
901Z	Extensive O.R. Procedure Unrelated to Principal Diagnosis	132	1,128	589	486	249	2,954	8	313	220	529	823	292	306	7,893
B03B	Spinal Procedures W/O Catastrophic or Severe CC	32	865	176	362	10	190	2	19	3	87	3,929	348	266	6,256
B06B	Procs for Cerebral Palsy, Muscular Dystrophy, Neuropathy W/O	453	488	131	416	32	1,776	2	18	121	127	446	203	144	3,916
B60B	Established Paraplegia/Quadriplegia W or W/O O.R. Procs W/O C	261	602	92	444	325	709	2	120	94	152	194	147	118	2,996
B65Z	Cerebral Palsy	411	789	1,003	426	22	336	3	79	13	84	38	205	116	3,123
B66B	Nervous System Neoplasm W/O Catastrophic or Severe CC	206	194	112	404	75	476	1	266	52	91	32	110	96	2,018
B67B	Degenerative Nervous System Disorders Age >59 W/O Catastr or	266	451	180	316	110	71	2	31	76	207	1	86	38	1,564
B67C	Degenerative Nervous System Disorders Age <60 W/O Catastroph	884	166	52	221	46	67	1	54	52	49	4	56	28	800
B68B	Multiple Sclerosis and Cerebellar Ataxia W/O CC	487	263	31	235	34	58	1	49	158	83	1	68	28	1,010
B71B	Cranial and Peripheral Nerve Disorders W/O CC	1,621	265	22	286	60	87	0	21	46	77	5	63	29	960
B76B	Seizure W/O Catastrophic or Severe CC	1,176	195	62	283	482	105	5	160	108	66	4	100	58	1,616
B77Z	Headache	727	109	27	160	561	119	0	129	106	56	12	93	48	1,409
B80Z	Other Head Injury	572	114	29	178	478	17	6	220	63	31	2	85	45	1,258
B81B	Other Disorders of the Nervous System W/O Catastrophic or Sev	652	236	76	226	331	409	1	382	91	65	34	119	85	2,070
C02Z	Enucleations and Orbital Procedures	43	538	37	388	0	1,671	-	20	93	127	222	227	136	3,460
C05Z	Dacryocystorhinostomy	164	291	17	198	9	1,881	0	9	8	143	67	280	116	3,020
C12Z	Other Corneal, Scleral and Conjunctival Procedures	632	798	33	292	34	1,472	1	14	52	110	51	190	106	3,151
C61Z	Neurological & Vascular Disorders of the Eye	165	261	29	168	38	226	2	102	31	62	4	62	50	1,083
C63B	Other Disorders of the Eye W/O CC	803	386	50	162	102	286	1	38	28	45	9	70	61	1,248
D04B	Maxillo Surgery W/O CC	116	1,032	48	370	202	1,926	0	76	41	155	1,032	232	146	5,258
D14Z	Mouth & Salivary Gland Procedures	690	480	30	243	23	1,383	1	15	124	87	59	153	105	2,711
D40Z	Dental Extractions and Restorations	5,702	235	19	208	18	1,176	1	7	11	66	62	110	82	1,994
D60B	Ear, Nose, Mouth and Throat Malignancy W/O Catastrophic or Se	286	499	53	319	36	1,100	0	38	125	197	46	150	93	2,655
D61Z	Dysequilibrium	348	82	17	135	620	13	0	103	107	49	4	78	38	1,230
D62Z	Epistaxis	239	159	15	175	406	182	0	18	57	43	15	73	41	1,177
D66B	Other Ear, Nose, Mouth and Throat Diagnoses W/O CC	1,473	192	22	232	93	498	0	42	36	43	16	89	54	1,327
E60B	Cystic Fibrosis W/O Catastrophic or Severe CC	55	605	289	599	77	802	2	45	284	223	12	157	88	3,178
E61B	Pulmonary Embolism W/O Catastrophic or Severe CC	124	219	6	152	332	37	0	459	14	55	0	99	71	1,433
E71B	Respiratory Neoplasms W Severe or Moderate CC	280	502	178	482	376	431	4	207	158	246	24	153	95	2,856
E71C	Respiratory Neoplasms W/O CC	426	236	58	174	98	888	1	294	302	173	47	127	96	2,490
E74C	Interstitial Lung Disease W/O Catastrophic or Severe CC	124	259	26	160	55	778	1	55	266	121	55	94	61	1,935
E75B	Other Respiratory System Diagnosis (Age<65 W CC) or (Age>64 W	211	298	107	302	324	683	148	131	253	183	24	165	81	2,668

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F12Z	Cardiac Pacemaker Implantation	166	83	21	33	7	2,013	0	135	7	43	3,741	150	150	6,382
F14C	Vascular Procs Except Major Reconstruction W/O CPB Pump W/O C	235	226	43	328	0	1,372	4	513	85	119	518	147	123	3,479
F21B	Other Circulatory System O.R. Procedures W/O Catastrophic CC	76	489	53	348	28	1,936	1	285	137	216	227	192	156	4,078
F42A	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W	382	486	110	249	62	1,996	3	362	152	128	244	195	176	4,181
F42B	Circulatory Disorders W/O AMI W Invasive Cardiac Inves Proc W	2,094	214	37	204	23	887	1	96	51	55	151	110	86	1,915
F63B	Venous Thrombosis W/O Catastrophic or Severe CC	121	137	72	97	307	85	0	54	63	64	5	67	32	974
F65B	Peripheral Vascular Disorders W/O Catastrophic or Severe CC	749	204	24	242	172	285	6	213	88	74	17	93	67	1,483
F66B	Coronary Atherosclerosis W/O CC	278	151	13	220	232	308	4	88	93	50	9	77	67	1,306
F67B	Hypertension W/O CC	111	139	16	115	204	26	0	234	154	35	7	48	24	998
F69B	Valvular Disorders W/O Catastrophic or Severe CC	306	164	25	188	395	206	0	130	85	40	17	79	58	1,378
F71B	Non-Major Arrhythmia and Conduction Disorders W/O Catastrophic	1,453	237	22	220	309	389	105	86	98	57	29	116	83	1,734
F73B	Syncope and Collapse W/O Catastrophic or Severe CC	546	91	20	147	480	20	1	95	130	59	47	74	40	1,195
F74Z	Chest Pain	3,019	106	14	204	544	48	2	112	119	42	4	84	50	1,316
F75C	Other Circulatory System Diagnoses W/O Catastrophic or Severe	364	245	36	346	456	339	4	150	180	122	185	137	95	2,280
G08A	Abdominal and Other Hernia Procedures Age >59 or W Catastroph	226	861	67	354	86	2,202	2	39	74	199	493	223	195	4,794
G08B	Abdominal and Other Hernia Procedures Age 1 to 59 W/O Cat or	1,016	507	32	380	28	1,569	1	17	31	99	391	166	132	3,353
G09Z	Inguinal and Femoral Hernia Procedures Age>0	1,641	495	34	394	34	1,746	1	11	30	118	296	180	142	3,481
G11B	Anal and Stomal Procedures W/O Catastrophic or Severe CC	5,283	383	18	265	26	1,232	1	10	55	95	69	126	98	2,378
G60A	Digestive Malignancy W Catastrophic or Severe CC	158	271	51	387	169	226	1	174	124	178	24	102	57	1,791
G60B	Digestive Malignancy W/O Catastrophic or Severe CC	306	296	54	311	93	490	2	156	64	149	70	99	68	1,880
G64Z	Inflammatory Bowel Disease	541	283	177	315	63	222	1	42	91	1,523	3	106	78	2,908
G66A	Abdominal Pain or Mesenteric Adenitis W CC	177	153	24	195	566	80	1	193	171	73	8	95	50	1,596
G66B	Abdominal Pain or Mesenteric Adenitis W/O CC	1,130	245	17	233	560	57	0	121	113	37	5	97	52	1,526
G67B	Oesophagitis, Gastroent & Misc Digestive Systm Disorders Age>	2,065	137	24	203	550	47	0	80	131	57	5	88	44	1,354
G69Z	Oesophagitis and Misc Digestive System Disorders Age<10	194	176	46	461	535	88	1	52	87	43	5	108	56	1,642
G70A	Other Digestive System Diagnoses W CC	262	467	42	230	319	393	48	123	271	170	78	122	78	2,322
G70B	Other Digestive System Diagnoses W/O CC	1,287	243	17	212	228	309	1	46	56	45	29	82	49	1,311
H08B	Laparoscopic Cholecystectomy W/O Closed CDE W/O Catastrophic/	244	551	97	602	40	2,666	2	88	81	167	78	297	237	4,905
H41B	ERCP Complex Therapeutic Procedure W/O Catastrophic or Severe	289	348	16	324	12	1,328	1	76	76	140	1,118	151	185	3,776
H42C	ERCP Other Therapeutic Procedure W/O CC	464	309	20	276	16	1,157	1	186	44	148	33	141	142	2,474
H60B	Cirrhosis and Alcoholic Hepatitis W Severe CC	134	433	56	422	47	321	2	129	447	210	2	109	68	2,246
H60C	Cirrhosis and Alcoholic Hepatitis W/O Catastrophic or Severe	246	300	18	259	11	368	1	47	153	79	7	73	54	1,370

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H61B	Malign Hepatobiliary Sys, Pancreas (A<70 W/O Cat CC) or (A>69 W/	170	258	128	306	219	341	2	318	177	218	21	149	113	2,266
H63B	Disorders of Liver Excep Malign, Cirrhosis, Alcoholic Hepatiti	464	459	19	327	37	636	1	120	332	99	25	140	93	2,291
H64B	Disorders of the Biliary Tract W/O CC	485	303	21	294	470	158	2	128	160	57	3	113	67	1,765
I18Z	Other Knee Procedures	4,055	453	92	298	26	1,632	1	21	22	104	225	168	127	3,169
I19Z	Other Elbow or Forearm Procedures	451	397	68	443	206	1,989	1	146	24	140	719	236	180	4,542
I27B	Soft Tissue Procedures W/O Catastrophic or Severe CC	808	407	53	402	92	1,416	1	44	96	108	110	176	117	3,026
I28B	Other Connective Tissue Procedures W/O CC	324	398	87	331	62	1,493	1	117	55	173	799	183	155	3,853
I64B	Osteomyelitis W/O CC	74	220	33	157	150	201	2	38	57	131	27	62	46	1,123
I65B	Connective Tissue Malignancy, including Pathological Fx W/O C	149	560	75	395	193	242	1	217	82	197	10	116	83	2,196
I66B	Inflammatory Musculoskeletal Disorders W/O Cat or Sev CC	1,752	249	49	202	18	163	1	13	75	255	3	62	34	1,122
I69B	Bone Diseases&Spec Arthropathies(A<75 W Cat/Sev CC) or (A>74	582	332	69	188	81	148	1	35	58	111	3	77	44	1,141
I69C	Bone Diseases & Spec Arthropathies Age<75 W/O Catastr or Seve	1,008	250	22	204	31	153	0	27	76	77	68	66	39	1,015
I71C	Musculotendinous Disorders Age <70 W/O CC	372	258	37	189	177	146	2	85	45	33	7	65	40	1,078
I72B	Tendonitis, Myositis and Bursitis Age<80 W/O Catastrophic or	386	340	99	244	136	262	3	55	52	51	16	86	51	1,393
I73B	Aftercare Conn Tiss Disorder (Age<60 W Cat/Sev CC) or (Age>59	110	446	196	237	480	330	2	138	78	94	19	136	73	2,205
I73C	Aftercare of Connective Tissue Disorders Age<60 W/O Catastroph	354	186	112	236	42	496	0	69	18	37	13	85	58	1,357
I76C	Other Musculoskeletal Disorders Age<70 W/O CC	879	237	120	295	57	393	1	102	36	46	21	91	64	1,486
J08B	Other Skin Graft and/or Debridement Procedures W/O Catastroph	1,883	496	49	302	58	1,786	1	15	115	146	95	178	138	3,378
J11Z	Other Skin, Subcutaneous Tissue and Breast Procedures	7,544	281	23	162	19	1,026	1	9	87	69	53	107	80	1,919
J13B	Lower Limb Procs W/O Ulcer/Cellulitis W/O (Skin Graft & Catas	237	668	44	296	62	1,748	1	46	178	192	62	172	156	3,623
J62A	Malignant Breast Disorders W Catastrophic or Severe CC or (Ag	84	357	50	370	175	28	1	90	64	154	0	89	41	1,416
K09Z	Other Endocrine, Nutritional and Metabolic O.R. Procedures	35	563	71	187	0	1,627	-	166	478	305	175	226	157	3,973
K60B	Diabetes W/O Catastrophic or Severe CC	346	232	64	253	524	42	89	52	171	102	25	102	54	1,699
K62B	Miscellaneous Metabolic Disorders W Severe CC or (Age>74 W/O	231	303	102	248	314	335	2	84	121	153	8	102	63	1,830
K62C	Miscellaneous Metabolic Disorders W/O Catastrophic or Severe	721	244	47	254	227	95	1	56	163	59	30	82	53	1,323
K63Z	Inborn Errors of Metabolism	395	337	47	273	31	120	1	40	234	63	4	84	46	1,295
K64A	Endocrine Disorders W Catastrophic or Severe CC	38	321	113	368	118	263	6	311	237	143	54	98	113	2,172
K64B	Endocrine Disorders W/O Catastrophic or Severe CC	627	282	37	208	121	228	4	93	243	165	94	89	113	1,764
L04B	Kidney, Ureter & Major Bladder Procedures for Non-Neoplasm W	145	1,055	105	206	147	2,415	6	780	454	228	798	305	261	6,758
L06B	Minor Bladder Procedures W/O Catastrophic or Severe CC	196	442	27	323	43	1,450	1	38	79	138	112	161	109	2,923
L07B	Transurethral Procedures Except Prostatectomy W/O Catastroph	2,153	552	30	217	37	1,290	1	147	156	95	111	152	120	2,907
L60C	Renal Failure W/O Catastrophic or Severe CC	606	269	31	266	82	25	0	50	105	82	11	55	61	1,032

AR-DRG V5.0 No.	AR-DRG Title	Total Seps	Clin dept (\$)	Allied Health (\$)	Wards (\$)	Emerg Dept (\$)	Procs (\$)	ICU (\$)	Imag (\$)	Path (\$)	Pharm (\$)	Prosth (\$)	Super (\$)	Deprec (\$)	Total per Sep (\$)**
L62B	Kidney and Urinary Tract Neoplasms W/O Catastrophic or Severe	216	296	35	185	85	284	4	134	56	98	12	66	45	1,322
L64Z	Urinary Stones and Obstruction	1,034	125	14	157	547	146	0	221	76	43	23	90	69	1,499
L65B	Kidney and Urinary Tract Signs and Symptoms W/O Catastrophic	473	172	18	188	313	261	1	51	152	63	15	89	64	1,381
L67B	Other Kidney and Urinary Tract Diagnoses W Severe CC	240	256	41	343	150	51	1	59	89	138	9	65	60	1,266
L67C	Other Kidney and Urinary Tract Diagnoses W/O Catastrophic or	2,762	275	25	293	58	122	1	50	149	70	14	68	43	1,166
M03B	Penis Procedures W/O CC	327	288	24	450	89	1,659	1	18	50	75	163	177	131	3,137
M60B	Malignancy, Male Reproductive System W/O Catastrophic or Seve	363	341	19	152	47	655	1	56	161	206	60	93	82	1,873
N03B	Uterine, Adnexa Procedure for Non-Ovarian or Adnexal Malignan	33	421	90	271	125	2,670	-	16	333	213	150	236	202	4,725
N07Z	Other Uterine and Adnexa Procedures for Non-Malignancy	4,010	250	24	238	35	1,824	1	10	91	134	83	159	130	2,977
N09Z	Conisation, Vagina, Cervix and Vulva Procedures	5,113	170	18	204	41	1,185	1	8	103	85	64	112	91	2,081
O64A	False Labour Before 37 Weeks or W Catastrophic CC	596	316	16	519	21	129	0	5	80	41	1	79	39	1,245
Q60B	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC	76	218	65	474	50	44	1	45	652	573	3	163	47	2,335
Q60C	Reticuloendothelial and Immunity Disorders W/O Cat or Sev CC	3,963	199	25	228	32	67	1	8	65	92	6	55	28	807
Q61A	Red Blood Cell Disorders W Catastrophic CC	74	551	48	254	177	342	3	271	92	423	0	125	98	2,382
Q61B	Red Blood Cell Disorders W Severe CC	229	363	203	368	234	322	2	142	257	183	6	134	79	2,286
Q61C	Red Blood Cell Disorders W/O Catastrophic or Severe CC	7,348	167	17	199	25	276	1	8	75	88	10	59	36	962
Q62Z	Coagulation Disorders	804	199	34	232	185	43	0	17	197	124	2	73	33	1,134
R60A	Acute Leukaemia W Catastrophic CC	56	2,092	122	681	991	172	54	2,602	1,713	2,671	6	299	393	11,794
R60B	Acute Leukaemia W Severe CC	187	676	74	850	159	82	3	202	948	804	6	231	133	4,169
R60C	Acute Leukaemia W/O Catastrophic or Severe CC	1,035	255	74	545	77	134	0	21	237	227	9	115	59	1,809
T64B	Other Infectious and Parasitic Diseases W/O Catastrophic or S	70	208	53	159	53	371	-	20	127	390	8	83	46	1,522
V64Z	Other Drug Use Disorder and Dependence	65	342	11	225	460	33	0	10	106	68	21	76	50	1,392
X05Z	Other Procedures for Injuries to Hand	734	200	27	382	404	1,312	0	35	20	113	91	204	110	2,885
X06B	Other Procedures for Other Injuries W/O Catastrophic or Sever	558	402	46	468	372	1,358	1	48	63	113	93	200	121	3,273
X60A	Injuries Age>64 W CC	166	80	262	115	620	19	-	218	111	110	4	100	49	1,671
X60B	Injuries Age >64 W/O CC	228	99	46	91	474	97	0	170	63	55	3	76	45	1,205
X60C	Injuries Age<65	1,751	169	26	226	584	293	0	127	35	49	13	117	65	1,691
Z01A	O.R. Procedures W Diagnoses of Other Contacts W Health Servic	300	613	62	223	54	1,649	1	95	165	194	464	187	141	3,848
Z01B	O.R. Procedures W Diagnoses Other Contacts W Health Services	948	334	30	253	16	1,163	0	42	71	84	222	131	96	2,444
Z61Z	Signs and Symptoms	863	595	49	222	177	213	3	66	257	152	55	119	76	1,980
Z62Z	Follow Up After Completed Treatment W/O Endoscopy	2,238	218	28	136	12	197	1	95	62	119	15	55	43	983
Z63B	Other Aftercare W/O Catastrophic or Severe CC	190	285	37	191	33	297	1	25	58	57	43	60	41	1,124

Appendix 3: Sub- and Non-Acute Care Classification and Weights

Appendix 3: Sub- and Non-Acute Care Classification and Weights

Class	Description	Low Trim	High Trim	Episode weight	Inlier per diem weight	Outlier per diem weight
Palliative Care, overnight admitted						
2101	Admit for assessment only	0	4	0.1298	0.0424	0.0221
2102	Stable, RUG-ADL 4	1	16	0.1405	0.0424	0.0592
2103	Stable, RUG-ADL 5-17	3	18	0.2636	0.0424	0.0684
2104	Stable, RUG-ADL 18	2	17	0.3533	0.0424	0.0807
2105	Unstable, RUG-ADL 4-17	1	16	0.2275	0.0424	0.0708
2106	Unstable, RUG-ADL 18	0	12	0.2430	0.0424	0.0984
2107	Deteriorating, RUG-ADL 4-14	0	15	0.2215	0.0424	0.0715
2108	Deteriorating, RUG-ADL 15-18, age <=52	0	15	0.3095	0.0424	0.0865
2109	Deteriorating, RUG-ADL 15-18, age >=53	0	12	0.2499	0.0424	0.1008
2110	Terminal, RUG-ADL 4-16	0	11	0.2060	0.0424	0.1049
2111	Terminal, RUG-ADL 17-18	0	9	0.1744	0.0424	0.1341
2112	Bereavement	0	2	0.0904	0.0424	0.0000
Rehabilitation, overnight admitted						
2201	Admit for assessment only	0	4	0.1298	0.0424	0.0221
2202	Brain,Neuro,Spine & MMT,FIM 13	43	70	3.2749	0.0424	0.1002
2203	All other impairments, FIM 13	12	39	0.8909	0.0424	0.0780
2204	Stroke ,Mot 63-91,Cog 20-35	7	31	0.3176	0.0424	0.0609
2205	Stroke ,Mot 63-91,Cog 5-19	8	35	0.5526	0.0424	0.0686
2206	Stroke, motor 47-62, cog 16-35	13	40	0.4060	0.0424	0.0577
2207	Stroke, motor 47-62, cog 5-15	13	40	0.5625	0.0424	0.0633
2208	Stroke, Mot 14-46, Age>=75	16	43	0.6221	0.0424	0.0638
2209	Stroke, Mot 14-46, Age<=74	28	55	0.9351	0.0424	0.0651
2210	Brain Dysfunction, motor 56-91, cog 32-35	7	27	0.3309	0.0424	0.0670
2211	Brain Dysfunction, motor 56-91, cog 24-31	7	30	0.4683	0.0424	0.0713
2212	Brain Dysfunction, motor 56-91, cog 20-23	7	33	0.5248	0.0424	0.0688
2213	Brain Dysfunction, motor 56-91, cog 5-19	12	39	0.4413	0.0424	0.0596
2214	Brain Dysfnc, Motor 24-55	19	46	0.8032	0.0424	0.0668
2215	Brain Dysfunction, motor 14-23	48	75	1.8177	0.0424	0.0721
2216	Neurological, motor 63-91	7	30	0.1801	0.0424	0.0535
2217	Neurological, motor 49-62	7	34	0.3996	0.0424	0.0623
2218	Neurological, motor 18-48	12	39	0.6048	0.0424	0.0660
2219	Neurological, motor 14-17	9	36	1.0338	0.0424	0.0894
2220	Spnl Cord Dysfnc,Mot 81-91	7	26	0.1421	0.0424	0.0538
2221	Spnl Cord Dysfnc,Mot 47-80	12	39	0.5533	0.0424	0.0639
2222	Spnl Cord Dysfnc,Mot 14-46, Age>=33	31	58	1.6405	0.0424	0.0791
2223	Spnl Cord Dysfnc,Mot 14-46, Age<=32	39	66	1.8977	0.0424	0.0789
2224	Amp of limb,Mot 72-91	9	36	0.1421	0.0424	0.0486
2225	Amp of limb,Mot 14-71	17	44	0.5197	0.0424	0.0594
2226	Pain Syndromes	7	28	0.1573	0.0424	0.0532
2227	Orthopaed Conds, Fractures, Mot 58-91	7	31	0.1583	0.0424	0.0515
2228	Orthopaed Conds, Fractures, Mot 48-57	10	37	0.3453	0.0424	0.0570
2229	Orthopaed Conds, Fractures, Mot 14-47, Cog19-35	14	41	0.4724	0.0424	0.0597
2230	Orthopaed Conds, Fractures, Mot 14-47, Cog 5-18	8	35	0.4079	0.0424	0.0612
2231	Orthopaed Conds, Replcmnt, Mot 72-91	7	26	0.1037	0.0424	0.0504
2232	Orthopaed Conds, Replcmnt, Mot 49-71	7	32	0.2382	0.0424	0.0556

Appendix 3: Sub- and Non-Acute Care Classification and Weights

Class	Description	Low Trim	High Trim	Episode weight	Inlier per diem weight	Outlier per diem weight
Rehabilitation, overnight admitted (cont)						
2233	Orthopaed Conds, Replcmnt, Mot 14-48	10	37	0.4677	0.0424	0.0620
2234	Orthopaed Conds, Other, Mot 68-91	7	29	0.1128	0.0424	0.0499
2235	Orthopaed Conds, Other, Mot 53-67	7	34	0.1799	0.0424	0.0513
2236	Orthopaed Conds, Other, Mot 14-52	13	40	0.4492	0.0424	0.0594
2237	Cardiac	7	32	0.2769	0.0424	0.0574
2238	Major Multiple Trauma, FIMtotal 101-126	7	27	0.4581	0.0424	0.0777
2239	Major Multiple Trauma, FIMtotal 74-100; or Burns	9	36	0.6513	0.0424	0.0714
2240	Major Multiple Trauma, FIMtotal 44-73	12	39	0.5752	0.0424	0.0651
2241	Major Multiple Trauma, FIMtotal 19-43	52	79	1.9915	0.0424	0.0728
2242	Oth Impairs, Mot 67-91	7	29	0.1390	0.0424	0.0516
2243	Oth Impairs, Mot 53-66	7	31	0.2683	0.0424	0.0578
2244	Oth Impairs, Mot 25-52	7	34	0.3883	0.0424	0.0616
2245	Oth Impairs, Mot 14-24	14	41	0.4982	0.0424	0.0606
2241	Major Multiple Trauma, FIMtotal 19-43	52	79	1.9915	0.0424	0.0728
2242	Oth Impairs, Mot 67-91	7	29	0.1390	0.0424	0.0516
2243	Oth Impairs, Mot 53-66	7	31	0.2683	0.0424	0.0578
2244	Oth Impairs, Mot 25-52	7	34	0.3883	0.0424	0.0616
2245	Oth Impairs, Mot 14-24	14	41	0.4982	0.0424	0.0606
Psychogeriatric, overnight admitted						
2301	Admit for assessment only	0	4	0.1298	0.0424	0.0221
2302	HoNOS Overactive behaviour 3,4	0	0	0.0000	0.0000	0.0728
2303	HoNOS Overactive behaviour 1,2, ADL 4	0	0	0.0000	0.0000	0.0751
2304	HoNOS Overactive behaviour 1,2, ADL 0-3	0	0	0.0000	0.0000	0.0633
2305	HoNOS Overactive behaviour 0, HoNOS total \geq 18	0	0	0.0000	0.0000	0.0658
2306	HoNOS Overactive behaviour 0, HoNOS total \leq 17	0	0	0.0000	0.0000	0.0560
2307	Long term care	0	0	0.0000	0.0000	0.0354
Geriatric evaluation and management (GEM), overnight admitted						
2401	Admit for assessment only	0	4	0.1298	0.0424	0.0221
2402	Cognition \leq 15, motor 13-43	0	0	0.0000	0.0000	0.0600
2403	Cognition \leq 15, motor 44-91, age \geq 84	0	0	0.0000	0.0000	0.0508
2404	Cognition \leq 15, motor 44-91, age \leq 83	0	0	0.0000	0.0000	0.0487
2405	Cognition 16-35, motor 13-50	0	0	0.0000	0.0000	0.0565
2406	Cognition 16-35, motor 51-77	0	0	0.0000	0.0000	0.0483
2407	Cognition 16-35, motor 78-91	0	0	0.0000	0.0000	0.0435
Maintenance, overnight admitted						
2501	Admit for assessment only	0	4	0.1298	0.0424	0.0221
2502	Respite, RUG 15-18	0	0	0.0000	0.0000	0.0565
2503	Respite, RUG 5-14	0	0	0.0000	0.0000	0.0485
2504	Respite, RUG 4	0	0	0.0000	0.0000	0.0388
2505	Nursing Home Type, RUG 11-18	0	0	0.0000	0.0000	0.0510
2506	Nursing Home Type, RUG 4-10	0	0	0.0000	0.0000	0.0451
2507	Convalescent care	0	0	0.0000	0.0000	0.0489
2508	Other Maintenance, RUG 14-18	0	0	0.0000	0.0000	0.0559
2509	Other Maintenance, RUG 4-13	0	0	0.0000	0.0000	0.0518
2510	Long term care, RUG 17-18	0	0	0.0000	0.0000	0.0331
2511	Long term care, RUG 10-16	0	0	0.0000	0.0000	0.0302
2512	Long term care, RUG 4-9	0	0	0.0000	0.0000	0.0221

Appendix 4: Cost Group Inclusions and Exclusions

Source: NSW Health Department. (2008b2008b). NSW Program and Product Data Collection Standards 2007-2008. Sydney: Casemix Policy Unit, NSW Health Department.

Appendix 4:

Cost Group Inclusions and Exclusions

CLINICAL DEPARTMENT COST GROUP

The cost group includes expenditure directly related to the operation of medical and surgical clinical departments with the exception of the Anaesthetics Department, ED and ICU. This includes medical salaries and wages, VMO payments, secretarial and other administrative support related to the functioning of clinical departments.

Inclusions

- Medical salary costs and VMO payments of all clinical department services including:
 - Respiratory function testing
 - Cardiology laboratories
 - Neurology laboratory
 - Services closely aligned with individual clinical departments
 - Medical salary and VMO costs associated with the clinical department activities of Haematology and Clinical Immunology
- Medical salary and VMO costs reported in ward cost centres.
- All other costs of cost centres which directly relate to the activities of clinical departments. This may include nursing and other salaries, goods & services, administration support etc if these relate to clinical departments and cannot sensibly be associated with one of the other cost groups (e.g. specialty based Clinical Nurse Consultants).
- Pain Management or other non-theatre activities of Anaesthetics Department

Exclusions

- Non-medical costs associated with Specialised Procedure Suites or Operating Room services.
- All medical salaries and VMO payment costs of the Anaesthetics Department that relate to the Operating Room and Specialised Procedure Suite Cost Groups.
- All costs associated with the Anaesthetics Department that relate to Operating Room and Specialised Procedure Suite Cost Group.
- Any medical salary and VMO payments that are included in the following cost groups: Imaging, Pathology, ICU and Emergency Departments.
- Any nursing salaries expenditure that relates directly to ward activities (include in Ward cost group).
- Any Allied Health staff costs.
- Prostheses, depreciation, employee related oncosts, pathology, imaging and drugs (include in their respective cost group).
- Haematology and Clinical Immunology laboratories. Costs associated with these services should be included in the pathology cost group with the exception of specific clinical department functions of these departments which should be included in this cost group.

Appendix 4:

Cost Group Inclusions and Exclusions

INVASIVE PROCEDURE COST GROUPS

The cost group comprises two sub-groups: 'operating suites' and 'other invasive procedure suites'. Ideally, costs for each of these sub-groups will be reported in separate cost groups. However, it is recognised that some sites will not be able to identify activity separately and the costs associated with other invasive procedure suites.

The protocol for this data collection is that other invasive procedure suites should be reported in a separate cost group only where data are routinely available. The cost group definitions, inclusions and exclusions provided below refer to each sub-group for sites that are able to report separately.

Sites not able to report each sub-group separately should report all invasive procedure costs as a single group using the definitions, inclusions and exclusions provided under operating suites.

Operating Suite

This sub-group includes all expenses related to the running of the operating room, recovery, day surgery and surgical delivery suite.

Inclusions

- Nursing and other non-medical salaries, goods and services (including medical surgical supplies) and RMR associated with the operating suite.
- Anaesthetics Department costs associated with operating suite.

Exclusions

- Pain Management or other non-operating room activities of Anaesthetics Department (e.g. Anaesthetists attending patients in the Delivery Suite or for imaging procedures).
- Non-Anaesthetics Department medical salary and VMO costs (include in the Clinical Departments cost group).
- Peri-operative wards (include in the Wards cost group).
- Prostheses, Depreciation, Employee related on-costs, imaging, pathology, drugs, and allied health (include in their respective cost groups).

OTHER INVASIVE PROCEDURE SUITES

This sub-group includes all costs centres associated with the following invasive procedure suites only where the costs and activity associated with these services can be separated from operating suite services: Cardiac Catheter Suite, Endoscopy, Bronchoscopy and Vascular Angiography. Note that all other Angiography services should be reported under the Imaging cost group.

Inclusions

- Nursing and other non-medical salaries, goods and services (including medical and surgical supplies) and RMR associated with the Specialised Procedure Suites.
- Anaesthetic costs associated with Specialised Procedure Suites.

Exclusions

- Pain Management or other non Specialised Procedure Suite activities of Anaesthetics Department.
- Non-Anaesthetics Department medical salary and VMO costs (include in the Clinical Departments cost group).
- Peri-operative wards (include in the Wards cost group).
- Prostheses, depreciation, employee related oncosts, imaging, pathology, drugs, and allied health (include in their respective cost groups).

Appendix 4:

Cost Group Inclusions and Exclusions

PATHOLOGY COST GROUP

Pathology Costs are to be reported in three separate cost groups:

Pathology ICU

Pathology ED

Pathology DRG

This is to facilitate the development and implementation of the Episode Funding. Sites not able to report each subgroup separately should report all pathology costs under the Pathology DRG Cost Group using the definitions of the inclusions and exclusions of that group.

These cost groups comprises costs associated with pathology laboratory services including but not limited to:

- Biochemistry (or Clinical Chemistry)
- Haematology
- Anatomical Pathology (or Histopathology)
- Microbiology
- Immunology
- Cytology
- Blood Bank (including associated cost centres such as Blood Collections)

Costs associated with the administration of pathology laboratory services should also be included in this cost group.

Note: All direct patient care services such as Clinical Haematology and Clinical Immunology should be separated and reported in the relevant clinical department cost group.

In some cases, such as where an external pathology service is provided, expenditure may recorded as a charge to individual clinical areas. These costs should be included in a separate pathology cost component, or rolled up into a 'pathology' cost centre to allow costs to be reported in these groups.

Pathology ICU

Inclusions

- All salaries and wages, VMO payments and goods and services costs in Pathology cost centres (where in house services exist) or charges relating to pathology tests ordered for patients in Level 5 or 6 ICU and larger level 4 Rural ICUs in scope for ICU Funding Model from 2003/4.

Exclusions

- Prostheses, depreciation, Employee related on-costs, imaging, drugs and allied health (include in their respective cost group)

Pathology ED

Inclusions

- All salaries and wages, VMO payments and goods and services costs in Pathology cost centres (where in house services exist) or charges relating to pathology tests ordered for patients admitted and discharged from Level 4 and above Emergency Departments and larger level 3 EDs in scope for the ED Funding Model.

Exclusions

- Prostheses, depreciation, Employee related on-costs, imaging, drugs and allied health (include in their respective cost group)

Pathology DRG

Inclusions

- All salaries and wages, VMO payments and goods and services costs in Pathology cost centres (where in house services exist) or charges relating to pathology tests ordered for all patients not included in pathology ED or Pathology ICU
- Where ED and ICU pathology costs are unable to be identified, all pathology expenses should be reported in this cost group.

Exclusions

- Prostheses, depreciation, Employee related on-costs, imaging, drugs and allied health (include in their respective cost group)

Appendix 4:

Cost Group Inclusions and Exclusions

IMAGING COST GROUP

Imaging costs are to be reported in three separate cost groups.

Imaging ICU

Imaging ED

Imaging DRG

This is to facilitate the development and implementation of the Episode Funding. Sites not able to report each subgroup separately should report all imaging costs under the Imaging DRG Cost Groups using the definitions of the inclusions and exclusions of that group.

These cost groups comprises costs associated with diagnostic imaging including but not limited to:

- General Radiology
- CT Scanning
- Angiography
- Nuclear Medicine
- Ultrasound
- MRI services
- PET services

Costs associated with the administration of diagnostic imaging services should also be included in this cost group.

In some cases, such as where an external imaging service is provided, expenditure may be recorded as a charge to individual clinical areas. These costs should be included in a separate imaging cost component or rolled up into an 'imaging' cost centre, to allow the costs to be reported in these cost groups.

Imaging ICU

Inclusions

- All salaries and wages, VMO payments and goods and services costs in Imaging cost centres (where in house services exist) or charges relating to imaging tests ordered for patients in Level 5 or 6 ICUs and larger level 4 Rural ICUs in scope for ICU Funding Model from 2003/4.

Exclusions

- Prostheses, depreciation, Employee related on-costs, pathology, drugs and allied health (include in their respective cost group).

Imaging ED

Inclusions

- All salaries and wages, VMO payments and goods and services costs in Imaging cost centres (where in house services exist) or charges relating to imaging tests ordered for patients admitted and discharged from Level 4 and above Emergency Departments and larger level 3 EDs in scope for the ED Funding Model.

Exclusions

- Prostheses, depreciation, Employee related on-costs, pathology, drugs and allied health (include in their respective cost group).

Imaging DRG

Inclusions

- All salaries and wages, VMO payments and goods and services costs in imaging cost centres (where in house services exist) or charges relating to imaging tests ordered for all patients not included in Imaging ED or Imaging ICU.
- Where ED and ICU imaging costs are unable to be identified, all imaging expenses should be reported in this cost group.

Exclusions

- Prostheses, depreciation, Employee related on-costs, pathology, drugs and allied health (include in their respective cost group).
- Invasive Imaging procedures performed in a specialised procedure suite (include in Specialised Procedure Suite cost group).

Appendix 4:

Cost Group Inclusions and Exclusions

WARD COST GROUP

This cost group can be defined as areas to which a hospital's patient administration system can admit patients to beds. It includes high dependency units, step down wards, dialysis units, radiotherapy and chemotherapy wards, day stay and peri-operative wards, level three and below emergency departments, level four and below ICU and CCUs (except larger level 3 EDs and level 4 rural ICUs to be included in scope for the ED and ICU Funding Model and treated like level 4 and above EDs and level 5/6 ICUs for costing purposes).

Inclusions

- Salary and wages of nursing and other non-medical staff.
- Goods and services costs associated with ward cost centres including medical supplies.
- Costs from level three and below Emergency Departments (except larger level 3 EDs in scope for the ED Funding Model).
- Costs from level four and below ICUs (except larger rural ICUs in scope for the ICU Funding Model in 2003/4).
- Costs associated with high dependency units

Exclusions

- Day surgery areas that are part of an operating suite (should be included in Operating Room or Specialised Procedure cost groups)
- Imaging day stay procedure areas, Bronchoscopy and Endoscopy day stay areas and other areas that undertake invasive procedures (should be included in the Specialised Procedure Suite cost group)
- Medical and VMO payment costs (include in Clinical Department cost groups)
- Salary and wage costs of Allied Health staff (include in Allied Health cost groups)
- Prostheses, Depreciation, Employee related on-costs, diagnostics, drugs and allied health (include in their respective cost group)

EMERGENCY DEPARTMENT COST GROUP

This cost group includes all costs associated with designated Level 4 and above Emergency Departments (plus larger level 3 EDs in scope for the ED Funding Model).

Other Emergency Departments are considered wards for the purposes of this study.

Inclusions

- All costs recorded in Emergency Department cost centres including medical salaries and wages, VMO payments, nursing and other salary and wage costs.
- An appropriate share of medical costs estimated as belonging to the Emergency Department where medical salary and/or VMO payments are held in centralised cost centers.
- Costs for goods and services associated with emergency departments.

Exclusions

- Level 3 and below Emergency Departments unless they have been included in the ED Funding Model; medical costs for level 3 and below emergency departments will be included in the Clinical Departments cost group. Other costs related to level 2 and below emergency departments will be included in the Ward cost group.
- Imaging expenses charged to Intensive Care (include in ICU).
- Imaging expenses charged to Emergency Departments where patients is Admitted and Discharged from ED or Not Admitted. (Include in ED).
- Prostheses, Depreciation, Employee related oncosts, drugs and allied health (include in their respective cost group).

Appendix 4:

Cost Group Inclusions and Exclusions

INTENSIVE CARE COST GROUP

This cost group includes all costs associated with designated level five and six Intensive Care Units plus larger level 4 Rural ICUs in scope for ICU Funding Model from 2003/4. Lower Level Intensive Care Units are considered wards for the purposes of this study.

Where the hospital has established virtual wards to split ICU activity into Intensive Care (IC) and High Dependency (HD) patients and can assign costs to these virtual wards this cost bucket should only relate to the IC ward. The virtual HD ward should be considered a ward for the purposes of the NSW PPDC.

Inclusions

- All costs recorded in Intensive Care cost centres (for units at level five or above). Including medical salaries and wages, VMO payments, nursing and other salary and wage costs.
- All costs for goods and services associated with ICU.
- Include Pathology and Drugs used in ICU.

Exclusions

- ICUs with a role delineation of Level four and below (except larger level 4 Rural ICUs in scope for ICU Funding Model from 2003/4), High dependency units, Coronary Care units (include in Ward cost group).
- Prostheses, Depreciation, Employee related on-costs, drugs and allied health (include in their respective cost group).

ALLIED HEALTH COST GROUP

Allied Health Costs are to be reported in three separate cost groups.

Allied Health ICU

Allied Health ED

Allied Health DRG

This is to facilitate the development and implementation of the Episode Funding. Sites not able to report each subgroups separately should report all allied health costs under the Allied Health DRG Cost Groups using the definitions of the inclusions and exclusions of that group.

These cost groups include all costs associated with providing allied health services where these services can be separately identified.

Allied Health ICU

Inclusions

- All salaries and wages and goods and services costs in Allied Health Cost Centres relating to services provided to patients in Level 5 or 6 ICU and larger level 4 Rural ICUs in scope for ICU Funding Model from 2003/4.
- Allied Health salaries and wages held within an ICU cost centre.

Exclusions

- Prostheses, depreciation, employee related oncosts, imaging, pathology and drugs.

Allied Health ED

Inclusions

- All salaries and wages and goods and services costs in Allied Health Cost Centres relating to services provided to patients admitted and discharged from Level 4 and above Emergency Departments and larger level 3 EDs in scope for the ED Funding Model.
- Allied Health salaries and wages held within an ED cost centre. (This includes services where patients are admitted and discharged from ED, or admitted and transferred to a general ward.).

Exclusions

- Prostheses, depreciation, employee related oncosts, imaging, pathology and drugs.

Appendix 4:

Cost Group Inclusions and Exclusions

Allied Health DRG

Inclusions

- All salaries and wages and goods and services costs in allied health cost centres not included in columns 16 and 17.
- Allied health salaries and wages held within cost centres other than ED and ICU.

Exclusions

- Prostheses, Depreciation, Employee related on-costs, imaging, pathology and drugs (include in the respective cost group).

PHARMACY/DRUGS COST GROUP

Pharmacy/Drug Costs are to be reported in three separate cost groups.

Drugs ICU

Drugs ED

Pharmacy/Drugs DRG

This is to facilitate the development and implementation of the Episode Funding. Sites not able to report each subgroups separately should report all pharmacy/drugs costs under the Pharmacy/Drugs DRG Cost Groups using the definitions of the inclusions and exclusions of that group.

These groups will include all costs associated with drugs and pharmacy services.

Drugs ICU

Inclusions

- All imprest and dispensed drug costs ordered for patients in Level 5 or 6 ICU and larger level 4 Rural ICUs in scope for ICU Funding Model from 2003/4.

Drugs ED

Inclusions

- All imprest drug costs for patients treated within Level 4 and above Emergency Departments and larger level 3 EDs in scope for the ED Funding Model.
- All dispensed drug costs for patients admitted and discharged from Level 4 and above Emergency Departments.

Pharmacy/Drugs DRG

Includes all costs not included in Drugs ED or ICU that is:

- All salaries and wages of pharmacy department staff
- Costs of goods and services within Pharmacy departments
- All imprest and dispensed drug costs for general inpatient wards.
- All dispensed drug costs for patients admitted to ED and transferred to a general inpatient ward.

Exclusions

- Prostheses, Depreciation, Employee related on-costs, imaging, and pathology (include in the respective cost group)

Appendix 4:

Cost Group Inclusions and Exclusions

PROSTHESES COST GROUP

This cost group includes all costs associated with inpatient prostheses recorded in study cost centres. The term study cost centre includes cost component level expenditure.

DEPRECIATION COST GROUP

This cost group includes all costs associated with depreciation recorded in study cost centres.

EMPLOYEE RELATED ON COSTS COST GROUP

This cost group includes all superannuation and workers compensation expenditure.

Appendix 5: Methodology to Determine Transfer Cost Weights

Appendix 5:

Methodology to Determine Transfer Cost Weights

The methodology introduced in 2003/04 to determine the transfer cost weights is as follows:

Step One

If the DRG is defined by its length of stay it has a transfer weight equal to its standard weight excluding ED and ICU. This includes the 14 DRGs which are defined as being same day or <5 days (see G42B in table A1 below).

If the DRG is a surgical DRG and it has a separate same day cost weight, then set the transfer weight equal to the same day cost weight (excluding ED and ICU) plus 0.5 x the outlier per diem (see E02A in table A1).

If the DRG is a surgical DRG and it does not have a separate same day cost weight, then set the transfer weight equal to the smaller of:

- the weight needed to cover the operating room and prostheses components + 1.5 x the outlier per diem (see E01B in table A1). (The weight needed to cover the operating room and prostheses components = cost of these two components divided by the cost base), and
- the standard cost weight excluding ED and ICU (see C10Z in table A1).

If the DRG is not a surgical DRG and it has a separate same day cost weight, then set the transfer weight equal to the same day cost weight (excluding ED and ICU) plus 0.5 x the outlier per diem (see E60B in table A1).

If the DRG is not a surgical DRG and it does not have a separate same day weight, then set the transfer weight equal to the smaller of:

- 1.5 x the outlier per diem (see E60A in table A1), and
- the standard cost weight excluding ED and ICU (see L66Z in table A1).

Table A1 Example of Step 1 of Transfer weight calculation

DRG	Cost Weight w/o Emerg & ICU	Same Day weight	Procedures + prostheses weight	Outlier per diem weight	New transfer weight
C10Z	0.59	#N/A	0.32	0.25	0.59
E01B	3.05	#N/A	0.65	0.21	0.96
E02A	4.58	0.77	0.24	0.25	0.89
E60A	4.09	#N/A	0.06	0.25	0.38
E60B	3.02	0.62	0.04	0.25	0.74
G42B	0.30	#N/A	0.13	0.21	0.30
L66Z	0.39	#N/A	0.13	0.29	0.39

Appendix 5:

Methodology to Determine Transfer Cost Weights

Step Two

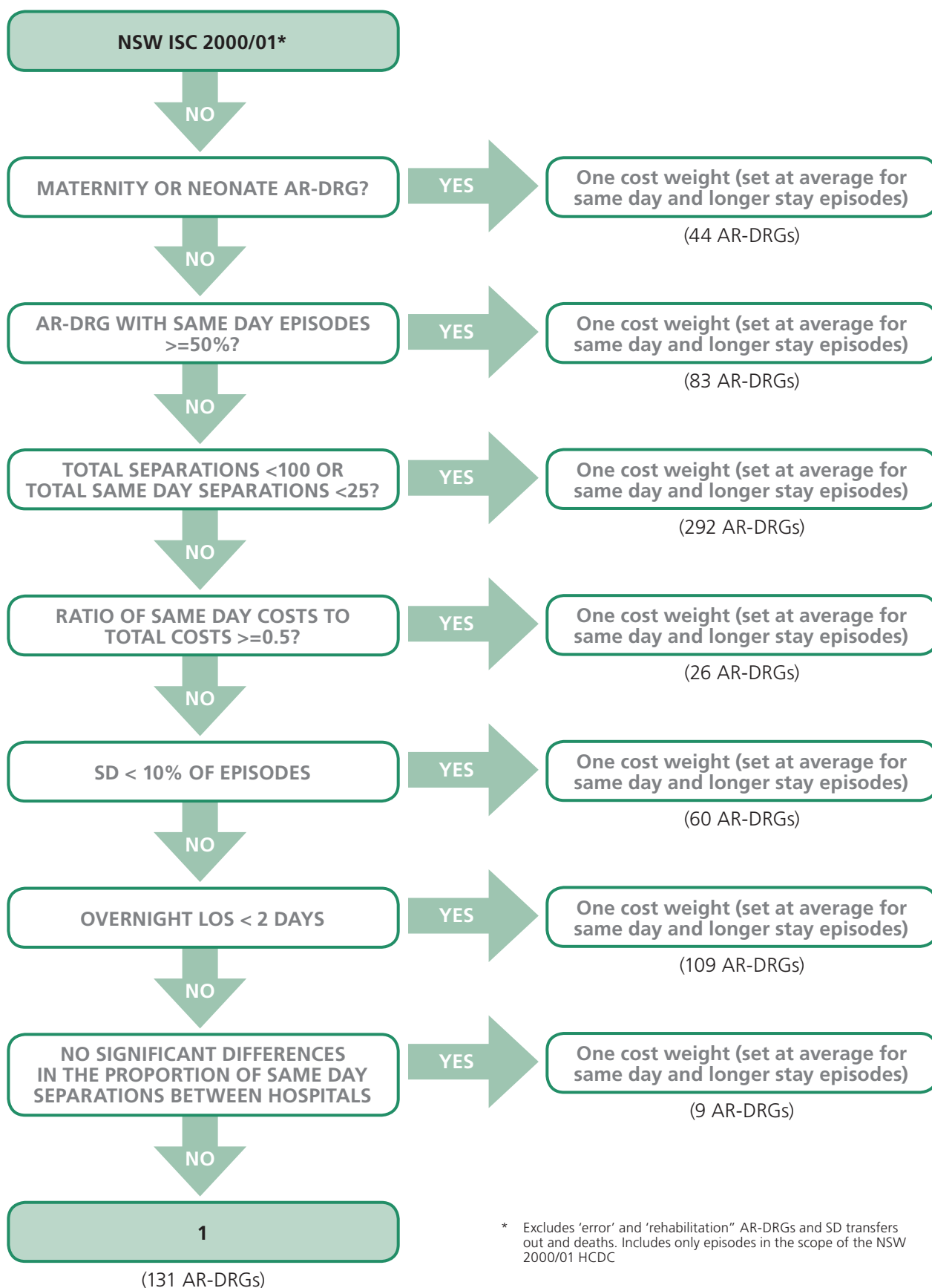
Check to see if there are any DRGs at a lower level in the adjacent DRG which have a higher cost weight. If so, set the cost weight to this weight except where this would take the transfer weight higher than the standard weight excluding ED and ICU.

Table A2
Example of Step 2 of Transfer weight calculation

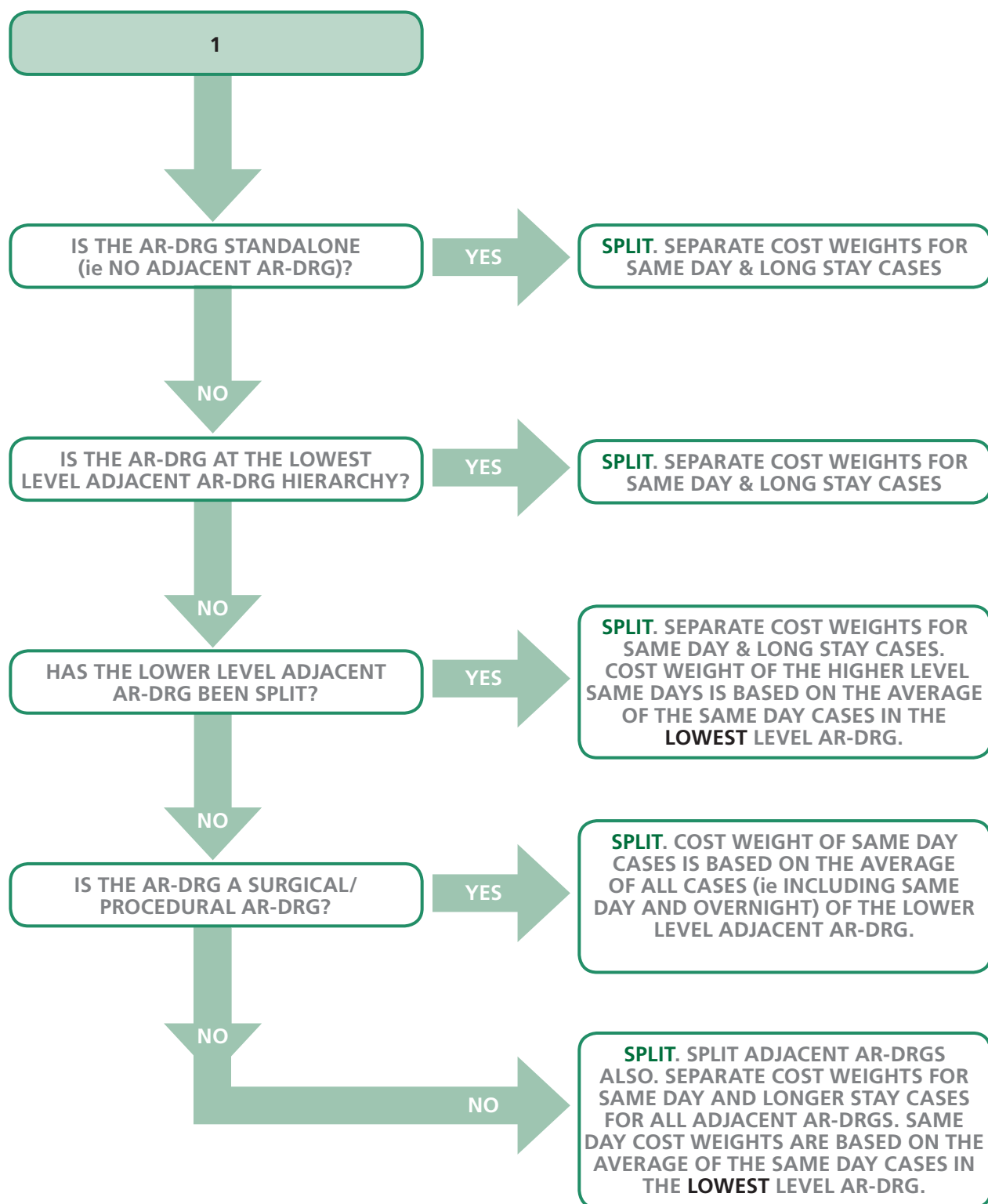
DRG	Step 1 Weight	Final Weight
B70A	0.31	0.69
B70B	0.53	0.69
B70C	0.53	0.69
B70D	0.69	0.69
E60A	0.38	0.74
E60B	0.74	0.74
I76A	0.22	0.31
I76B	0.31	0.31
I76C	0.28	0.28
L09A	1.14	1.14
L09B	0.93	1.01
L09C	1.01	1.01

Appendix 6: Methodology to Determine AR-DRGs to have separate Same Day Cost weights

Appendix 6: Methodology to Determine AR-DRGs to have separate same day cost weights



Appendix 6: Methodology to Determine AR-DRGs to have separate same day cost weights



After this analysis there was a consultation process with clinicians to confirm which AR-DRGs should have separate cost weights where some were added to the list and others removed from it.

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