

## Section 4

### **Medicare Post-Acute Care Episode Payment and Utilization, By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, By MS-DRG, Top 20 MS-DRGs by Volume of Discharges to PAC**

The following tables include data on Medicare post-acute care (PAC) utilization and payments for the top 20 MS-DRGs for beneficiaries discharged to PAC (by volume of discharges). Utilization and payment data are presented separately for each of the 18 PAC episode definitions included in our analysis (Tables 1 -18). See Introduction, Table 1 for a complete list of episode definitions.

In Section 3, the percent of beneficiaries with at least one claim for each type of PAC service, the mean length of stay per service type, and the mean payments per service type for beneficiaries discharged to PAC are shown. In Section 4, mean payments for each type of PAC service are calculated using three different denominators: payments per service user, payments per PAC user, and payments per hospital discharge to demonstrate the differences in mean payments across different beneficiary samples. Note that comparing mean payments across these different denominators is an important policy consideration. For example, setting a payment per hospital discharge payment versus per PAC user payment will have different implications for different MS-DRGs depending on the proportion of beneficiaries in the MS-DRG discharged to PAC, the availability of PAC services, and utilization of different services within episodes of care.

- Payments per service user indicate the mean Medicare payments for those beneficiaries who use the specific PAC service (average payments per SNF admission for those who had a SNF admission).
- Payments per PAC user indicate the mean Medicare payments across all beneficiaries who use any PAC, regardless of whether or not they use a specific PAC service.
- Payments per hospital discharge indicate the mean Medicare payments across all beneficiaries with an index acute hospital stay, regardless of whether they use a PAC service.

Payments are calculated across all MS-DRGs, and for each of the top 20 MS-DRGs for each episode definition.

#### **Key findings**

- These tables allow for comparison of mean payments across episode definitions by MS-DRG. In Episode Definition A (30 Day Fixed) the mean payment per service user for HHA is \$2,582, the mean payment per PAC user is \$1,371, and the mean payment per index acute hospital discharge is \$524. The differences in these payments amounts reflect both the percent of beneficiaries using PAC services overall and the percent of beneficiaries using specific types of PAC services

- In Episode Definition A (30 Day Fixed), the mean LTCH payment per service user is \$36,098. In contrast, the mean payment per PAC user is much smaller at \$831 and the mean payment per hospital discharge is even smaller at \$311. The difference in these values is attributable to the way in which payment per service user, payment per PAC user, and payment per hospital discharge are calculated, each using a different denominator. As stated above, payment per service reflects beneficiaries who use that service. Payment per PAC user is calculated as dollars spent on a service divided by all PAC users (N=109,236 across all MS-DRGs). Payment per hospital discharge is calculated as dollars spent on a service divided by all acute hospital discharges (N=310,629 across all MS-DRGs).
- Note that beneficiaries who are not defined as PAC users (defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days) may still have acute hospital readmissions. This utilization is included in the in the per hospital discharge calculations. For example, mean readmission payments per PAC user are \$1,625 across all MS-DRGs in Episode Definition A. Mean readmission payments per hospital discharge are \$1,507. The small difference in these two calculations is due to the fact that beneficiaries not using PAC also have readmissions after an index acute stay. In contrast, we see larger differences in the per PAC user and per hospital discharge calculations for HHA, IRF, SNF, and LTCH.
- In Episode Definition A (30 Day Fixed) MS-DRG 470, HHA payment per service user is \$3,131; payment per PAC user is \$2,057; and payment per index acute hospital discharge is \$1,839. In comparison for MS-DRG 194 HHA payment per service user is \$2,268; payment per PAC user is \$1,092; and payment per index acute hospital discharge is \$413. The relative difference between MS-DRGs is related to the percent of beneficiaries with at least one claim for each type of service and percent of beneficiaries in each MS-DRG discharged to PAC as shown in Section 1. Over 87 percent of beneficiaries in MS-DRG 470 are discharged to PAC compared to 34.2 percent of beneficiaries in MS-DRG 194 (see Section 1, Table 1).
- Results examining episode definitions B through R are also presented here. Similar results are observed across definitions. Note that as the percent of beneficiaries using each service increases across episode definitions as show in Section 3, there are differences in mean payments. For example, with the increase in the percent of beneficiaries using HHA observed from Episode Definition A (30 Day Fixed) to Episode Definition M (30 Day Variable Length), 53.1 percent to 60.2 percent, the mean payment per service user increased from \$2,582 to \$3,525 reflecting both additional service users under the broader episode definition and increased utilization for all beneficiaries over the longer time period.

**Section 4 - Table 1**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, and Per Hospital Discharge, 2006. Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition A: 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge**

MS-DRG Descriptor	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions			
	Number of PAC Users	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$2,582</b>	<b>\$1,371</b>	<b>\$524</b>	<b>\$15,330</b>	<b>\$1,668</b>	<b>\$614</b>	<b>\$9,682</b>	<b>\$4,320</b>	<b>\$1,597</b>	<b>\$36,098</b>	<b>\$831</b>	<b>\$311</b>	<b>\$610</b>	<b>\$92</b>	<b>\$38</b>	<b>\$10,482</b>	<b>\$1,625</b>	<b>\$1,507</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,131	\$2,057	\$1,839	\$11,603	\$2,246	\$1,978	\$7,288	\$2,823	\$2,500	\$20,333	\$63	\$62	\$601	\$152	\$138	\$9,892	\$610	\$616
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,268	\$1,092	\$413	\$16,608	\$381	\$141	\$8,634	\$4,312	\$1,566	\$29,055	\$404	\$180	\$444	\$68	\$28	\$8,696	\$1,464	\$1,354
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$3,553	\$1,222	\$900	\$20,029	\$8,112	\$5,691	\$13,435	\$6,447	\$4,585	\$26,897	\$500	\$357	\$754	\$118	\$86	\$9,280	\$1,285	\$1,232
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$3,619	\$1,156	\$1,086	\$15,353	\$3,955	\$3,532	\$13,558	\$9,723	\$8,821	\$35,639	\$367	\$327	\$560	\$39	\$36	\$8,960	\$1,209	\$1,229
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$2,649	\$937	\$425	\$16,872	\$349	\$152	\$9,917	\$6,296	\$2,569	\$18,971	\$125	\$61	\$682	\$90	\$40	\$8,294	\$1,307	\$1,199
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,210	\$1,477	\$882	\$18,308	\$5,742	\$3,306	\$11,576	\$4,157	\$2,423	\$30,454	\$346	\$261	\$667	\$150	\$90	\$9,932	\$1,202	\$1,082
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$2,477	\$1,072	\$403	\$13,027	\$419	\$183	\$10,421	\$5,764	\$2,073	\$28,720	\$157	\$63	\$557	\$75	\$31	\$9,750	\$1,545	\$1,327
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,294	\$1,344	\$561	\$15,220	\$272	\$135	\$9,249	\$4,140	\$1,651	\$31,822	\$314	\$141	\$459	\$48	\$24	\$9,841	\$2,111	\$2,370
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$2,473	\$812	\$467	\$16,022	\$556	\$306	\$9,581	\$5,960	\$3,146	\$32,512	\$1,504	\$820	\$760	\$103	\$56	\$11,066	\$2,126	\$1,946
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$3,494	\$1,372	\$1,246	\$14,891	\$4,352	\$3,799	\$13,019	\$8,369	\$7,378	\$25,795	\$186	\$162	\$598	\$54	\$51	\$8,628	\$990	\$1,075
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,237	\$1,087	\$344	\$13,390	\$160	\$64	\$8,400	\$3,928	\$1,209	\$22,652	\$90	\$45	\$466	\$84	\$27	\$7,661	\$979	\$1,000
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$2,870	\$1,412	\$803	\$14,763	\$1,586	\$895	\$9,721	\$5,264	\$2,808	\$26,119	\$109	\$76	\$617	\$92	\$56	\$9,815	\$1,589	\$1,616
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,258	\$1,319	\$475	\$13,949	\$208	\$85	\$9,740	\$3,768	\$1,372	\$22,033	\$414	\$162	\$439	\$72	\$30	\$9,289	\$1,237	\$934
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,396	\$1,251	\$586	\$16,433	\$656	\$305	\$9,360	\$4,553	\$2,033	\$34,376	\$769	\$360	\$856	\$96	\$46	\$10,870	\$2,770	\$2,761
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$2,601	\$1,521	\$397	\$14,700	\$661	\$183	\$10,105	\$3,977	\$1,015	\$22,843	\$92	\$22	\$544	\$85	\$25	\$8,243	\$907	\$861
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,266	\$1,183	\$196	\$14,306	\$372	\$68	\$9,222	\$3,698	\$586	\$25,043	\$81	\$20	\$422	\$77	\$13	\$9,071	\$1,296	\$1,018
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,154	\$1,436	\$445	\$14,318	\$118	\$41	\$9,069	\$2,963	\$930	\$19,182	\$142	\$48	\$438	\$51	\$17	\$10,271	\$1,927	\$2,039
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,017	\$1,310	\$309	\$14,703	\$295	\$75	\$8,407	\$2,404	\$571	\$24,771	\$451	\$138	\$356	\$57	\$18	\$7,845	\$1,257	\$1,260
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$2,351	\$976	\$422	\$15,345	\$397	\$156	\$9,864	\$5,616	\$2,247	\$29,326	\$379	\$157	\$1,196	\$166	\$75	\$9,938	\$1,993	\$1,826
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,173	\$1,264	\$1,128	\$14,191	\$2,258	\$1,948	\$10,880	\$7,630	\$6,577	\$22,689	\$98	\$83	\$846	\$80	\$69	\$10,571	\$1,407	\$1,378

NOTES:  
1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 2**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition B: 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions.**

MS-DRG Descriptor	Number of PAC Users	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$2,568</b>	<b>\$1,340</b>	<b>\$489</b>	<b>\$14,714</b>	<b>\$1,562</b>	<b>\$552</b>	<b>\$8,870</b>	<b>\$3,851</b>	<b>\$1,374</b>	<b>\$35,523</b>	<b>\$750</b>	<b>\$265</b>	<b>\$604</b>	<b>\$89</b>	<b>\$36</b>	-	-	-
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,126	\$2,024	\$1,805	\$11,379	\$2,182	\$1,916	\$6,943	\$2,665	\$2,353	\$18,519	\$45	\$39	\$599	\$150	\$135	-	-	-
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,250	\$1,069	\$384	\$14,947	\$315	\$112	\$7,934	\$3,828	\$1,327	\$29,490	\$355	\$124	\$429	\$65	\$26	-	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$3,550	\$1,192	\$868	\$19,169	\$7,714	\$5,372	\$12,470	\$5,795	\$4,082	\$26,903	\$466	\$323	\$746	\$114	\$83	-	-	-
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$3,602	\$1,107	\$1,031	\$14,987	\$3,847	\$3,429	\$12,575	\$8,941	\$8,059	\$32,085	\$255	\$228	\$577	\$38	\$36	-	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$2,614	\$922	\$388	\$16,436	\$340	\$132	\$9,154	\$5,669	\$2,228	\$18,405	\$95	\$37	\$655	\$85	\$37	-	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,202	\$1,448	\$840	\$17,512	\$5,403	\$3,066	\$10,786	\$3,720	\$2,125	\$32,311	\$294	\$166	\$661	\$146	\$87	-	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$2,459	\$1,048	\$364	\$12,798	\$373	\$125	\$9,499	\$5,127	\$1,753	\$18,581	\$79	\$26	\$554	\$73	\$29	-	-	-
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,289	\$1,325	\$517	\$15,243	\$263	\$97	\$8,301	\$3,557	\$1,327	\$26,372	\$211	\$78	\$457	\$46	\$20	-	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$2,465	\$795	\$438	\$14,518	\$494	\$256	\$8,665	\$5,296	\$2,763	\$30,748	\$1,205	\$628	\$758	\$100	\$55	-	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$3,487	\$1,332	\$1,208	\$14,678	\$4,271	\$3,728	\$12,363	\$7,834	\$6,906	\$26,020	\$171	\$149	\$597	\$53	\$49	-	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,223	\$1,070	\$320	\$13,334	\$159	\$46	\$7,942	\$3,608	\$1,064	\$20,305	\$54	\$34	\$454	\$82	\$26	-	-	-
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$2,856	\$1,357	\$730	\$14,318	\$1,419	\$725	\$8,714	\$4,628	\$2,398	\$15,171	\$53	\$27	\$616	\$89	\$53	-	-	-
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,242	\$1,291	\$450	\$13,863	\$185	\$67	\$8,767	\$3,268	\$1,117	\$21,881	\$360	\$120	\$433	\$71	\$28	-	-	-
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,384	\$1,223	\$534	\$16,065	\$590	\$256	\$8,413	\$3,958	\$1,698	\$34,661	\$747	\$316	\$844	\$91	\$43	-	-	-
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$2,581	\$1,497	\$371	\$13,917	\$615	\$147	\$9,647	\$3,673	\$882	\$18,560	\$60	\$14	\$545	\$83	\$24	-	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,258	\$1,167	\$172	\$13,792	\$347	\$48	\$8,475	\$3,275	\$456	\$33,857	\$55	\$7	\$416	\$75	\$12	-	-	-
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,142	\$1,417	\$401	\$13,162	\$97	\$27	\$8,385	\$2,616	\$741	\$17,945	\$103	\$28	\$428	\$50	\$16	-	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,018	\$1,300	\$277	\$14,703	\$295	\$60	\$7,475	\$2,002	\$428	\$24,771	\$451	\$92	\$359	\$57	\$16	-	-	-
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$2,334	\$954	\$385	\$14,654	\$325	\$125	\$8,870	\$4,910	\$1,907	\$29,739	\$302	\$116	\$1,138	\$156	\$70	-	-	-
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,171	\$1,218	\$1,077	\$13,822	\$2,139	\$1,813	\$10,222	\$7,025	\$6,013	\$22,689	\$98	\$83	\$872	\$78	\$68	-	-	-

NOTES:  
1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 3**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition C: 30 Day Fixed Following Hospital Discharge (pro rated)**

MS-DRG Descriptor	Number of PAC Users	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$1,801</b>	<b>\$956</b>	<b>\$352</b>	<b>\$14,839</b>	<b>\$1,615</b>	<b>\$89</b>	<b>\$6,499</b>	<b>\$2,900</b>	<b>\$1,057</b>	<b>\$27,541</b>	<b>\$634</b>	<b>\$231</b>	<b>\$462</b>	<b>\$70</b>	<b>\$28</b>	<b>\$9,043</b>	<b>\$1,402</b>	<b>\$1,328</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$2,481	\$1,630	\$1,445	\$11,525	\$2,231	\$1,965	\$5,871	\$2,274	\$2,006	\$15,610	\$49	\$46	\$398	\$101	\$91	\$8,924	\$550	\$557
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$1,605	\$773	\$280	\$15,066	\$345	\$126	\$6,060	\$3,026	\$1,081	\$22,191	\$309	\$122	\$372	\$57	\$22	\$7,696	\$1,296	\$1,179
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$1,962	\$675	\$483	\$19,242	\$7,793	\$5,468	\$6,871	\$3,297	\$2,320	\$23,554	\$438	\$304	\$478	\$75	\$54	\$7,899	\$1,094	\$1,084
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$1,758	\$561	\$519	\$15,243	\$3,927	\$3,506	\$7,994	\$5,733	\$5,168	\$24,715	\$255	\$227	\$428	\$29	\$27	\$7,815	\$1,054	\$1,081
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$1,683	\$596	\$253	\$16,703	\$346	\$145	\$6,651	\$4,222	\$1,705	\$16,473	\$109	\$44	\$552	\$73	\$31	\$7,462	\$1,176	\$1,064
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$2,066	\$951	\$558	\$17,804	\$5,584	\$3,213	\$6,629	\$2,380	\$1,377	\$23,926	\$272	\$187	\$468	\$105	\$63	\$8,469	\$1,025	\$957
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$1,650	\$714	\$253	\$12,690	\$408	\$170	\$6,925	\$3,830	\$1,339	\$19,534	\$107	\$38	\$470	\$64	\$24	\$8,333	\$1,320	\$1,192
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$1,534	\$898	\$352	\$14,756	\$264	\$122	\$6,220	\$2,784	\$1,084	\$20,597	\$203	\$95	\$375	\$39	\$18	\$8,014	\$1,719	\$1,930
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$1,625	\$534	\$291	\$15,460	\$537	\$289	\$6,256	\$3,892	\$2,043	\$23,589	\$1,092	\$585	\$646	\$88	\$47	\$9,970	\$1,916	\$1,748
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$1,904	\$747	\$670	\$14,862	\$4,344	\$3,792	\$7,885	\$5,069	\$4,459	\$21,842	\$157	\$137	\$406	\$37	\$33	\$8,008	\$918	\$955
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$1,627	\$791	\$240	\$13,390	\$160	\$61	\$6,039	\$2,824	\$857	\$17,687	\$70	\$29	\$394	\$71	\$22	\$6,927	\$885	\$827
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$1,772	\$872	\$476	\$14,298	\$1,537	\$848	\$6,860	\$3,715	\$1,971	\$14,966	\$63	\$47	\$510	\$76	\$46	\$8,404	\$1,361	\$1,443
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$1,594	\$931	\$324	\$13,318	\$198	\$79	\$6,121	\$2,368	\$838	\$19,441	\$365	\$137	\$384	\$63	\$25	\$7,710	\$1,026	\$815
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$1,594	\$833	\$372	\$15,482	\$618	\$283	\$6,294	\$3,062	\$1,349	\$30,126	\$674	\$305	\$633	\$71	\$32	\$9,475	\$2,414	\$2,417
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$1,766	\$1,032	\$259	\$14,232	\$640	\$170	\$7,219	\$2,841	\$717	\$18,753	\$75	\$18	\$430	\$67	\$19	\$7,607	\$837	\$800
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$1,585	\$827	\$127	\$14,048	\$365	\$65	\$6,565	\$2,632	\$394	\$17,091	\$55	\$13	\$355	\$65	\$11	\$7,973	\$1,139	\$917
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$1,472	\$982	\$286	\$12,304	\$101	\$37	\$6,378	\$2,084	\$624	\$17,801	\$132	\$40	\$388	\$45	\$15	\$8,986	\$1,686	\$1,824
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$1,450	\$942	\$207	\$14,703	\$295	\$74	\$5,478	\$1,566	\$359	\$22,782	\$415	\$98	\$305	\$49	\$15	\$7,320	\$1,173	\$1,132
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$1,561	\$648	\$268	\$14,243	\$369	\$145	\$6,526	\$3,716	\$1,475	\$23,322	\$302	\$123	\$828	\$115	\$47	\$8,100	\$1,625	\$1,587
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$1,710	\$681	\$600	\$13,947	\$2,219	\$1,909	\$7,605	\$5,333	\$4,569	\$19,673	\$85	\$72	\$668	\$63	\$54	\$9,474	\$1,261	\$1,249

NOTES:  
1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 4**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition D: 30 Day Fixed Following Hospital Discharge (pro rated) Excluding Acute Hospital Readmissions**

MS-DRG Descriptor	Number of PAC Users	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$1,755</b>	<b>\$916</b>	<b>\$327</b>	<b>\$14,435</b>	<b>\$1,532</b>	<b>\$541</b>	<b>\$6,238</b>	<b>\$2,708</b>	<b>\$961</b>	<b>\$28,231</b>	<b>\$596</b>	<b>\$211</b>	<b>\$457</b>	<b>\$68</b>	<b>\$26</b>	-	-	-
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$2,467	\$1,598	\$1,413	\$11,325	\$2,171	\$1,907	\$5,742	\$2,204	\$1,941	\$17,728	\$43	\$38	\$398	\$99	\$89	-	-	-
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$1,558	\$740	\$259	\$14,256	\$300	\$107	\$5,852	\$2,824	\$974	\$24,620	\$296	\$103	\$357	\$54	\$21	-	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$1,929	\$648	\$460	\$18,596	\$7,484	\$5,212	\$6,649	\$3,090	\$2,164	\$24,603	\$426	\$295	\$479	\$73	\$53	-	-	-
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$1,762	\$541	\$497	\$14,848	\$3,811	\$3,397	\$7,672	\$5,455	\$4,902	\$26,786	\$213	\$190	\$441	\$29	\$27	-	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$1,630	\$574	\$232	\$16,436	\$340	\$132	\$6,393	\$3,959	\$1,553	\$16,185	\$84	\$32	\$535	\$69	\$29	-	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$2,035	\$920	\$528	\$17,106	\$5,278	\$2,995	\$6,458	\$2,227	\$1,269	\$26,906	\$245	\$138	\$464	\$103	\$60	-	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$1,604	\$684	\$231	\$12,798	\$373	\$124	\$6,606	\$3,566	\$1,198	\$18,581	\$79	\$26	\$463	\$61	\$23	-	-	-
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$1,444	\$836	\$315	\$15,243	\$263	\$97	\$5,938	\$2,544	\$949	\$23,914	\$192	\$71	\$375	\$37	\$16	-	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$1,577	\$509	\$269	\$14,293	\$487	\$252	\$5,912	\$3,613	\$1,884	\$24,183	\$948	\$495	\$638	\$84	\$45	-	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$1,906	\$728	\$651	\$14,584	\$4,243	\$3,704	\$7,696	\$4,877	\$4,286	\$23,437	\$154	\$134	\$410	\$37	\$32	-	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$1,584	\$763	\$224	\$13,334	\$159	\$46	\$5,881	\$2,672	\$784	\$20,305	\$54	\$25	\$382	\$69	\$21	-	-	-
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$1,748	\$831	\$435	\$14,065	\$1,394	\$713	\$6,485	\$3,444	\$1,773	\$15,171	\$53	\$27	\$516	\$75	\$44	-	-	-
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$1,551	\$893	\$304	\$13,863	\$185	\$66	\$5,866	\$2,187	\$743	\$19,717	\$324	\$109	\$376	\$61	\$24	-	-	-
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$1,501	\$770	\$329	\$15,433	\$567	\$246	\$5,961	\$2,804	\$1,196	\$30,940	\$667	\$282	\$635	\$68	\$30	-	-	-
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$1,726	\$1,001	\$243	\$13,917	\$615	\$147	\$7,074	\$2,693	\$645	\$18,560	\$60	\$14	\$427	\$65	\$18	-	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$1,529	\$791	\$111	\$13,767	\$346	\$48	\$6,297	\$2,433	\$334	\$30,551	\$50	\$7	\$352	\$63	\$10	-	-	-
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$1,412	\$935	\$257	\$12,494	\$93	\$25	\$6,104	\$1,904	\$533	\$15,161	\$87	\$24	\$357	\$41	\$13	-	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$1,413	\$910	\$189	\$14,703	\$295	\$60	\$5,230	\$1,400	\$296	\$22,228	\$405	\$83	\$303	\$48	\$13	-	-	-
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$1,481	\$605	\$238	\$14,196	\$315	\$121	\$6,183	\$3,423	\$1,325	\$26,612	\$271	\$104	\$795	\$109	\$45	-	-	-
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$1,739	\$668	\$585	\$13,799	\$2,136	\$1,810	\$7,422	\$5,101	\$4,342	\$19,673	\$85	\$72	\$690	\$62	\$54	-	-	-

NOTES:  
1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 5**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition E: 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge**

MS-DRG Descriptor	Number of PAC Users	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$2,704</b>	<b>\$1,568</b>	<b>\$632</b>	<b>\$15,652</b>	<b>\$1,752</b>	<b>\$666</b>	<b>\$10,375</b>	<b>\$4,761</b>	<b>\$1,807</b>	<b>\$37,100</b>	<b>\$928</b>	<b>\$366</b>	<b>\$778</b>	<b>\$149</b>	<b>\$69</b>	<b>\$11,610</b>	<b>\$2,669</b>	<b>\$2,480</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,177	\$2,198	\$1,976	\$11,723	\$2,281	\$2,012	\$7,540	\$2,938	\$2,607	\$22,013	\$79	\$79	\$788	\$266	\$242	\$10,309	\$973	\$969
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,379	\$1,213	\$491	\$16,631	\$431	\$186	\$9,184	\$4,687	\$1,762	\$30,600	\$448	\$211	\$547	\$97	\$44	\$9,825	\$2,400	\$2,289
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$3,729	\$1,569	\$1,185	\$20,338	\$8,325	\$5,863	\$14,667	\$7,419	\$5,306	\$27,123	\$552	\$392	\$1,053	\$226	\$170	\$9,797	\$2,166	\$2,055
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$3,709	\$1,666	\$1,574	\$15,525	\$4,036	\$3,622	\$14,357	\$10,436	\$9,482	\$34,052	\$399	\$355	\$721	\$80	\$78	\$9,631	\$1,962	\$1,982
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$2,793	\$1,115	\$541	\$17,813	\$411	\$191	\$10,546	\$6,779	\$2,837	\$23,337	\$209	\$98	\$816	\$124	\$61	\$9,817	\$2,351	\$2,055
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,323	\$1,697	\$1,035	\$18,684	\$5,902	\$3,447	\$12,463	\$4,652	\$2,746	\$35,846	\$407	\$304	\$885	\$241	\$149	\$9,941	\$1,937	\$1,853
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$2,620	\$1,260	\$518	\$13,842	\$479	\$242	\$11,142	\$6,305	\$2,343	\$30,485	\$259	\$139	\$702	\$110	\$52	\$10,624	\$2,522	\$2,212
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,400	\$1,493	\$680	\$15,296	\$368	\$191	\$9,800	\$4,544	\$1,900	\$34,286	\$423	\$212	\$612	\$75	\$43	\$11,170	\$3,478	\$3,905
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$2,622	\$971	\$584	\$16,450	\$624	\$341	\$10,186	\$6,455	\$3,477	\$33,743	\$1,670	\$941	\$911	\$146	\$87	\$13,118	\$3,634	\$3,321
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$3,581	\$1,833	\$1,676	\$15,127	\$4,431	\$3,868	\$13,602	\$8,842	\$7,820	\$25,575	\$201	\$176	\$796	\$107	\$101	\$9,539	\$1,575	\$1,675
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,343	\$1,206	\$413	\$13,109	\$174	\$94	\$8,911	\$4,243	\$1,349	\$27,491	\$146	\$91	\$569	\$117	\$45	\$8,952	\$1,861	\$1,722
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$2,982	\$1,706	\$996	\$14,936	\$1,626	\$987	\$10,439	\$5,791	\$3,163	\$24,196	\$186	\$123	\$673	\$127	\$87	\$10,585	\$2,541	\$2,482
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,370	\$1,453	\$564	\$13,614	\$245	\$112	\$10,387	\$4,116	\$1,556	\$34,105	\$566	\$231	\$537	\$99	\$46	\$10,468	\$2,139	\$1,672
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,495	\$1,387	\$714	\$16,573	\$702	\$344	\$10,096	\$5,040	\$2,330	\$34,250	\$821	\$413	\$1,047	\$138	\$80	\$12,475	\$4,474	\$4,506
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$2,744	\$1,741	\$494	\$14,929	\$743	\$229	\$11,103	\$4,477	\$1,201	\$23,802	\$96	\$30	\$645	\$117	\$43	\$9,488	\$1,799	\$1,517
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,387	\$1,331	\$264	\$15,424	\$438	\$91	\$10,063	\$4,158	\$719	\$39,627	\$225	\$54	\$524	\$107	\$24	\$10,192	\$2,341	\$1,861
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,255	\$1,556	\$541	\$14,880	\$184	\$104	\$9,826	\$3,388	\$1,141	\$23,253	\$211	\$72	\$519	\$71	\$30	\$11,339	\$3,220	\$3,408
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,078	\$1,381	\$362	\$14,361	\$327	\$119	\$8,955	\$2,716	\$694	\$28,572	\$572	\$202	\$455	\$78	\$39	\$9,299	\$2,329	\$2,277
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$2,446	\$1,106	\$524	\$15,974	\$443	\$211	\$10,551	\$6,134	\$2,535	\$33,391	\$525	\$248	\$1,515	\$246	\$129	\$11,315	\$3,514	\$3,097
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,247	\$1,739	\$1,557	\$14,261	\$2,330	\$2,026	\$11,653	\$8,235	\$7,128	\$22,689	\$98	\$83	\$911	\$120	\$113	\$10,477	\$2,052	\$1,953

NOTES:  
1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 6**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition F: 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions.**

MS-DRG Descriptor	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions			
	Number of PAC Users	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$2,649</b>	<b>\$1,480</b>	<b>\$552</b>	<b>\$14,771</b>	<b>\$1,578</b>	<b>\$559</b>	<b>\$8,990</b>	<b>\$3,931</b>	<b>\$1,405</b>	<b>\$35,583</b>	<b>\$757</b>	<b>\$269</b>	<b>\$759</b>	<b>\$139</b>	<b>\$61</b>	-	-	-
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,152	\$2,132	\$1,909	\$11,393	\$2,186	\$1,921	\$6,970	\$2,676	\$2,364	\$18,768	\$48	\$42	\$783	\$257	\$232	-	-	-
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,301	\$1,142	\$419	\$15,097	\$323	\$115	\$8,026	\$3,873	\$1,344	\$29,490	\$355	\$124	\$514	\$87	\$37	-	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$3,694	\$1,486	\$1,094	\$19,198	\$7,775	\$5,427	\$12,840	\$6,095	\$4,297	\$26,903	\$466	\$323	\$1,023	\$209	\$155	-	-	-
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$3,659	\$1,541	\$1,443	\$15,062	\$3,880	\$3,459	\$12,777	\$9,114	\$8,221	\$31,522	\$266	\$237	\$715	\$75	\$73	-	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$2,734	\$1,054	\$465	\$16,436	\$340	\$132	\$9,248	\$5,727	\$2,253	\$18,756	\$106	\$41	\$763	\$110	\$53	-	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,292	\$1,618	\$952	\$17,618	\$5,446	\$3,090	\$11,026	\$3,878	\$2,217	\$32,311	\$294	\$166	\$876	\$228	\$139	-	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$2,570	\$1,195	\$432	\$12,798	\$373	\$130	\$9,640	\$5,215	\$1,797	\$18,581	\$79	\$34	\$684	\$103	\$46	-	-	-
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,349	\$1,427	\$576	\$15,243	\$263	\$97	\$8,379	\$3,595	\$1,345	\$27,351	\$236	\$87	\$566	\$64	\$32	-	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$2,581	\$909	\$517	\$14,443	\$501	\$259	\$8,711	\$5,369	\$2,801	\$30,748	\$1,205	\$628	\$893	\$138	\$79	-	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$3,555	\$1,731	\$1,573	\$14,697	\$4,276	\$3,733	\$12,509	\$7,968	\$7,046	\$26,020	\$171	\$149	\$781	\$101	\$95	-	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,281	\$1,144	\$356	\$13,334	\$159	\$46	\$8,027	\$3,647	\$1,079	\$20,305	\$54	\$34	\$544	\$110	\$39	-	-	-
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$2,925	\$1,572	\$852	\$14,344	\$1,431	\$732	\$8,794	\$4,676	\$2,423	\$15,171	\$53	\$27	\$678	\$119	\$79	-	-	-
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,315	\$1,376	\$496	\$13,611	\$192	\$72	\$8,848	\$3,298	\$1,132	\$22,176	\$382	\$128	\$517	\$93	\$40	-	-	-
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,412	\$1,285	\$577	\$16,065	\$590	\$256	\$8,518	\$4,021	\$1,725	\$34,661	\$747	\$316	\$1,024	\$124	\$68	-	-	-
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$2,679	\$1,670	\$426	\$14,334	\$645	\$157	\$9,886	\$3,764	\$904	\$18,560	\$60	\$14	\$649	\$113	\$37	-	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,315	\$1,257	\$199	\$14,003	\$364	\$50	\$8,572	\$3,312	\$461	\$33,857	\$55	\$7	\$507	\$98	\$20	-	-	-
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,193	\$1,487	\$443	\$13,294	\$109	\$30	\$8,363	\$2,616	\$743	\$17,945	\$103	\$28	\$500	\$65	\$23	-	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,042	\$1,337	\$297	\$14,703	\$295	\$60	\$7,551	\$2,029	\$434	\$24,771	\$451	\$92	\$446	\$74	\$33	-	-	-
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$2,403	\$1,039	\$444	\$14,654	\$325	\$125	\$8,961	\$4,969	\$1,943	\$29,739	\$302	\$116	\$1,373	\$208	\$109	-	-	-
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,216	\$1,615	\$1,437	\$13,821	\$2,154	\$1,827	\$10,380	\$7,145	\$6,135	\$22,689	\$98	\$83	\$934	\$114	\$107	-	-	-

NOTES:

1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 7**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition G: 60 Day Fixed Following Hospital Discharge (pro rated)**

MS-DRG Descriptor	Number of PAC Users	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$2,455</b>	<b>\$1,424</b>	<b>\$556</b>	<b>\$15,474</b>	<b>\$1,732</b>	<b>\$654</b>	<b>\$8,872</b>	<b>\$4,071</b>	<b>\$1,526</b>	<b>\$33,524</b>	<b>\$839</b>	<b>\$323</b>	<b>\$689</b>	<b>\$132</b>	<b>\$60</b>	<b>\$10,901</b>	<b>\$2,506</b>	<b>\$2,333</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,035	\$2,100	\$1,882	\$11,675	\$2,272	\$2,003	\$7,015	\$2,733	\$2,421	\$19,977	\$72	\$72	\$692	\$233	\$212	\$9,837	\$929	\$925
194 Single pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,201	\$1,123	\$438	\$16,187	\$420	\$178	\$8,010	\$4,088	\$1,509	\$28,244	\$414	\$192	\$506	\$90	\$40	\$9,387	\$2,293	\$2,107
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$3,101	\$1,304	\$973	\$20,181	\$8,261	\$5,818	\$11,064	\$5,597	\$3,983	\$26,070	\$530	\$373	\$872	\$187	\$139	\$9,567	\$2,116	\$2,008
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$2,881	\$1,294	\$1,222	\$15,477	\$4,023	\$3,601	\$12,090	\$8,789	\$7,967	\$30,229	\$354	\$316	\$620	\$69	\$66	\$9,204	\$1,875	\$1,885
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$2,484	\$991	\$460	\$17,022	\$393	\$180	\$9,172	\$5,896	\$2,434	\$19,216	\$172	\$83	\$765	\$116	\$56	\$8,702	\$2,084	\$1,919
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$2,986	\$1,525	\$921	\$18,635	\$5,887	\$3,413	\$9,958	\$3,717	\$2,180	\$31,183	\$354	\$259	\$780	\$212	\$131	\$9,378	\$1,828	\$1,661
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$2,376	\$1,142	\$442	\$13,019	\$451	\$224	\$9,520	\$5,387	\$1,961	\$21,647	\$184	\$103	\$617	\$97	\$45	\$10,228	\$2,428	\$2,099
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,200	\$1,369	\$593	\$14,192	\$341	\$176	\$8,471	\$3,927	\$1,600	\$25,081	\$309	\$153	\$553	\$68	\$40	\$10,308	\$3,209	\$3,619
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$2,302	\$852	\$497	\$16,450	\$624	\$341	\$8,663	\$5,489	\$2,923	\$29,662	\$1,468	\$807	\$840	\$135	\$77	\$11,473	\$3,178	\$2,961
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$2,964	\$1,517	\$1,379	\$15,088	\$4,420	\$3,858	\$11,593	\$7,536	\$6,648	\$25,278	\$199	\$174	\$647	\$87	\$82	\$9,218	\$1,522	\$1,620
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,173	\$1,118	\$367	\$12,722	\$169	\$80	\$7,901	\$3,762	\$1,179	\$18,480	\$98	\$70	\$501	\$103	\$39	\$8,478	\$1,763	\$1,588
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$2,638	\$1,510	\$864	\$14,895	\$1,621	\$975	\$9,134	\$5,067	\$2,742	\$15,701	\$121	\$90	\$624	\$118	\$79	\$9,845	\$2,363	\$2,339
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,199	\$1,349	\$500	\$13,614	\$245	\$109	\$8,570	\$3,396	\$1,264	\$21,395	\$503	\$201	\$498	\$92	\$42	\$9,974	\$2,039	\$1,608
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,304	\$1,281	\$621	\$16,476	\$697	\$342	\$8,756	\$4,371	\$1,995	\$33,509	\$803	\$392	\$969	\$128	\$69	\$11,829	\$4,242	\$4,261
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$2,471	\$1,568	\$429	\$14,929	\$743	\$220	\$9,635	\$3,885	\$1,020	\$23,802	\$96	\$27	\$597	\$108	\$39	\$8,834	\$1,675	\$1,446
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,196	\$1,225	\$217	\$15,095	\$429	\$87	\$8,896	\$3,675	\$606	\$24,212	\$138	\$37	\$480	\$98	\$21	\$9,658	\$2,218	\$1,738
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,102	\$1,450	\$470	\$13,680	\$169	\$92	\$8,538	\$2,944	\$949	\$22,644	\$205	\$69	\$470	\$64	\$25	\$10,852	\$3,082	\$3,257
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$1,968	\$1,308	\$319	\$13,979	\$318	\$110	\$7,530	\$2,284	\$570	\$25,270	\$506	\$170	\$425	\$73	\$37	\$8,853	\$2,217	\$2,108
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$2,213	\$1,000	\$449	\$15,874	\$440	\$203	\$9,064	\$5,269	\$2,140	\$31,200	\$490	\$224	\$1,322	\$215	\$108	\$10,534	\$3,271	\$2,911
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$2,764	\$1,481	\$1,319	\$14,154	\$2,313	\$2,000	\$10,438	\$7,377	\$6,356	\$22,689	\$98	\$83	\$809	\$107	\$99	\$10,086	\$1,976	\$1,888

NOTES:

1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 8**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition H: 60 Day Fixed Following Hospital Discharge (pro rated) Excluding Acute Hospital Readmissions**

MS-DRG Descriptor	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions			
	Number of PAC Users	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
All MS-DRGs	109,236	\$10,297	\$10,297	\$8,287	\$2,315	\$1,294	\$475	\$14,674	\$1,568	\$555	\$8,057	\$3,523	\$1,257	\$33,276	\$708	\$251	\$675	\$123	\$53	-	-	-
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$2,979	\$2,015	\$1,800	\$11,362	\$2,180	\$1,915	\$6,643	\$2,551	\$2,251	\$17,336	\$44	\$39	\$689	\$226	\$204	-	-	-
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,043	\$1,014	\$367	\$14,638	\$314	\$112	\$7,339	\$3,541	\$1,227	\$27,524	\$331	\$116	\$471	\$80	\$34	-	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$2,984	\$1,201	\$879	\$19,081	\$7,728	\$5,395	\$10,233	\$4,857	\$3,421	\$26,903	\$466	\$323	\$862	\$176	\$130	-	-	-
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$2,833	\$1,193	\$1,115	\$14,987	\$3,861	\$3,442	\$11,143	\$7,949	\$7,171	\$28,972	\$244	\$218	\$617	\$65	\$62	-	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$2,321	\$895	\$384	\$16,436	\$340	\$132	\$8,368	\$5,182	\$2,036	\$16,247	\$92	\$36	\$719	\$104	\$48	-	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$2,879	\$1,415	\$825	\$17,506	\$5,411	\$3,070	\$9,196	\$3,234	\$1,847	\$32,270	\$293	\$166	\$775	\$202	\$123	-	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$2,233	\$1,038	\$365	\$12,798	\$373	\$129	\$8,630	\$4,669	\$1,592	\$18,581	\$79	\$32	\$606	\$91	\$40	-	-	-
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$1,962	\$1,191	\$471	\$15,243	\$263	\$97	\$7,550	\$3,240	\$1,210	\$25,275	\$218	\$81	\$529	\$60	\$30	-	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$2,149	\$757	\$421	\$14,443	\$501	\$259	\$7,748	\$4,775	\$2,492	\$28,422	\$1,114	\$581	\$812	\$125	\$70	-	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$2,918	\$1,421	\$1,288	\$14,613	\$4,252	\$3,712	\$10,916	\$6,953	\$6,133	\$26,020	\$171	\$149	\$638	\$82	\$77	-	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,058	\$1,032	\$313	\$13,334	\$159	\$46	\$7,402	\$3,363	\$993	\$20,305	\$54	\$34	\$478	\$97	\$35	-	-	-
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$2,523	\$1,356	\$730	\$14,153	\$1,412	\$722	\$8,124	\$4,320	\$2,235	\$15,171	\$53	\$27	\$632	\$111	\$73	-	-	-
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,053	\$1,220	\$430	\$13,611	\$192	\$70	\$7,771	\$2,897	\$993	\$21,906	\$377	\$126	\$487	\$87	\$37	-	-	-
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,038	\$1,085	\$478	\$16,065	\$590	\$256	\$7,715	\$3,642	\$1,564	\$34,661	\$747	\$316	\$933	\$113	\$57	-	-	-
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$2,328	\$1,451	\$364	\$14,334	\$645	\$157	\$9,040	\$3,442	\$826	\$18,560	\$60	\$14	\$603	\$105	\$33	-	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,063	\$1,120	\$167	\$14,003	\$364	\$50	\$8,027	\$3,101	\$428	\$33,857	\$55	\$7	\$466	\$90	\$18	-	-	-
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$1,893	\$1,284	\$368	\$13,294	\$109	\$30	\$7,707	\$2,411	\$680	\$15,161	\$87	\$24	\$449	\$58	\$21	-	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$1,831	\$1,199	\$257	\$14,703	\$295	\$60	\$6,739	\$1,811	\$389	\$23,498	\$428	\$87	\$409	\$68	\$31	-	-	-
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$2,015	\$871	\$359	\$14,196	\$315	\$121	\$8,056	\$4,467	\$1,738	\$29,575	\$301	\$115	\$1,242	\$188	\$95	-	-	-
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$2,722	\$1,367	\$1,209	\$13,794	\$2,150	\$1,823	\$9,642	\$6,636	\$5,674	\$22,689	\$98	\$83	\$830	\$102	\$94	-	-	-

NOTES:

1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 9**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition 1: 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge**

MS-DRG Descriptor	Number of PAC Users	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$3,047</b>	<b>\$1,820</b>	<b>\$750</b>	<b>\$15,861</b>	<b>\$1,809</b>	<b>\$703</b>	<b>\$10,791</b>	<b>\$5,034</b>	<b>\$1,948</b>	<b>\$37,521</b>	<b>\$985</b>	<b>\$402</b>	<b>\$883</b>	<b>\$190</b>	<b>\$92</b>	<b>\$12,438</b>	<b>\$3,462</b>	<b>\$3,168</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,284	\$2,305	\$2,075	\$11,862	\$2,319	\$2,046	\$7,676	\$3,004	\$2,671	\$23,845	\$99	\$99	\$890	\$319	\$290	\$10,678	\$1,258	\$1,247
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,777	\$1,448	\$597	\$18,128	\$511	\$224	\$9,470	\$4,911	\$1,890	\$32,075	\$482	\$233	\$634	\$127	\$62	\$10,866	\$3,189	\$2,983
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$4,185	\$1,885	\$1,427	\$20,596	\$8,466	\$5,961	\$15,182	\$7,778	\$5,583	\$26,497	\$573	\$407	\$1,272	\$318	\$240	\$10,839	\$2,950	\$2,789
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$4,005	\$2,065	\$1,956	\$15,680	\$4,113	\$3,690	\$14,713	\$10,743	\$9,766	\$33,060	\$403	\$384	\$778	\$120	\$117	\$10,485	\$2,583	\$2,587
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$3,210	\$1,337	\$666	\$17,764	\$460	\$214	\$10,967	\$7,184	\$3,114	\$21,203	\$210	\$115	\$886	\$157	\$81	\$10,468	\$3,079	\$2,737
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,696	\$1,961	\$1,209	\$18,898	\$6,002	\$3,533	\$12,969	\$4,974	\$2,957	\$34,554	\$412	\$316	\$1,076	\$324	\$205	\$10,375	\$2,488	\$2,370
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$3,117	\$1,552	\$653	\$14,245	\$510	\$271	\$11,533	\$6,659	\$2,544	\$30,200	\$293	\$187	\$753	\$132	\$68	\$11,284	\$3,254	\$2,908
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,927	\$1,860	\$863	\$15,854	\$411	\$226	\$10,151	\$4,832	\$2,077	\$34,049	\$441	\$249	\$727	\$102	\$66	\$11,767	\$4,469	\$5,032
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$3,104	\$1,187	\$721	\$16,933	\$707	\$400	\$10,605	\$6,754	\$3,672	\$35,399	\$1,820	\$1,018	\$985	\$179	\$110	\$14,333	\$4,698	\$4,155
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$3,862	\$2,154	\$1,965	\$15,197	\$4,452	\$3,903	\$13,867	\$9,033	\$7,993	\$25,593	\$218	\$190	\$864	\$153	\$145	\$9,831	\$1,958	\$2,046
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,622	\$1,370	\$481	\$13,174	\$183	\$111	\$9,334	\$4,500	\$1,470	\$30,940	\$246	\$167	\$615	\$142	\$58	\$9,345	\$2,377	\$2,160
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$3,292	\$1,946	\$1,155	\$15,889	\$1,841	\$1,123	\$11,030	\$6,235	\$3,445	\$32,630	\$296	\$208	\$726	\$157	\$112	\$11,473	\$3,491	\$3,266
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,781	\$1,729	\$699	\$15,149	\$308	\$152	\$10,912	\$4,401	\$1,709	\$25,943	\$650	\$259	\$638	\$130	\$62	\$11,185	\$2,996	\$2,363
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,960	\$1,691	\$879	\$17,163	\$781	\$395	\$10,681	\$5,460	\$2,570	\$33,351	\$826	\$468	\$1,196	\$181	\$119	\$13,513	\$5,893	\$5,906
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$3,046	\$1,979	\$588	\$14,767	\$771	\$266	\$11,569	\$4,795	\$1,354	\$23,802	\$96	\$30	\$743	\$148	\$58	\$9,826	\$2,502	\$2,116
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,824	\$1,625	\$338	\$15,791	\$513	\$121	\$10,765	\$4,570	\$840	\$39,627	\$225	\$61	\$586	\$128	\$35	\$10,464	\$3,032	\$2,436
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,775	\$1,937	\$702	\$14,954	\$222	\$139	\$10,265	\$3,667	\$1,304	\$26,981	\$266	\$117	\$594	\$89	\$41	\$12,369	\$4,510	\$4,580
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,515	\$1,688	\$467	\$15,787	\$374	\$138	\$9,507	\$3,004	\$821	\$28,392	\$621	\$235	\$548	\$104	\$55	\$10,569	\$3,388	\$3,049
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$2,974	\$1,383	\$672	\$16,114	\$536	\$253	\$11,134	\$6,637	\$2,803	\$31,826	\$588	\$273	\$1,672	\$309	\$175	\$12,291	\$4,487	\$4,060
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,500	\$2,046	\$1,842	\$14,579	\$2,430	\$2,110	\$11,965	\$8,481	\$7,341	\$22,689	\$98	\$83	\$1,021	\$163	\$155	\$11,282	\$2,698	\$2,561

NOTES:

1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 10**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition J: 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions**

MS-DRG Descriptor	Number of PAC Users	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH		Hospital Outpatient Therapy			Acute Hospital Readmissions			
		Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$2,851</b>	<b>\$1,624</b>	<b>\$610</b>	<b>\$14,786</b>	<b>\$1,583</b>	<b>\$561</b>	<b>\$9,029</b>	<b>\$3,953</b>	<b>\$1,414</b>	<b>\$35,776</b>	<b>\$764</b>	<b>\$272</b>	<b>\$851</b>	<b>\$170</b>	<b>\$78</b>	-	-	-
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,206	\$2,186	\$1,960	\$11,399	\$2,187	\$1,921	\$6,989	\$2,683	\$2,370	\$18,768	\$48	\$42	\$877	\$303	\$275	-	-	-
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,559	\$1,286	\$474	\$15,097	\$323	\$115	\$8,064	\$3,891	\$1,352	\$29,490	\$355	\$124	\$593	\$110	\$50	-	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$4,018	\$1,706	\$1,259	\$19,234	\$7,799	\$5,443	\$12,905	\$6,132	\$4,325	\$26,903	\$466	\$323	\$1,232	\$288	\$216	-	-	-
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$3,895	\$1,841	\$1,727	\$15,081	\$3,899	\$3,476	\$12,829	\$9,158	\$8,260	\$31,522	\$266	\$237	\$765	\$107	\$104	-	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$3,006	\$1,193	\$527	\$16,436	\$340	\$132	\$9,287	\$5,756	\$2,266	\$18,756	\$106	\$51	\$811	\$133	\$66	-	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,560	\$1,798	\$1,062	\$17,618	\$5,446	\$3,090	\$11,031	\$3,880	\$2,218	\$32,311	\$294	\$166	\$1,057	\$297	\$183	-	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$2,859	\$1,352	\$495	\$12,798	\$373	\$130	\$9,670	\$5,232	\$1,805	\$18,581	\$79	\$34	\$723	\$118	\$59	-	-	-
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,638	\$1,618	\$656	\$15,338	\$274	\$101	\$8,414	\$3,610	\$1,350	\$27,351	\$236	\$87	\$651	\$81	\$46	-	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$2,874	\$1,036	\$594	\$14,443	\$501	\$259	\$8,747	\$5,391	\$2,813	\$30,748	\$1,205	\$628	\$945	\$161	\$96	-	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$3,782	\$1,978	\$1,797	\$14,697	\$4,276	\$3,733	\$12,557	\$7,999	\$7,073	\$26,020	\$171	\$149	\$834	\$134	\$128	-	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,469	\$1,252	\$392	\$13,334	\$159	\$51	\$8,062	\$3,663	\$1,086	\$20,305	\$54	\$34	\$592	\$129	\$48	-	-	-
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$3,086	\$1,684	\$922	\$14,386	\$1,446	\$739	\$8,829	\$4,695	\$2,433	\$15,171	\$53	\$27	\$726	\$139	\$94	-	-	-
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,559	\$1,537	\$563	\$13,611	\$192	\$72	\$8,899	\$3,317	\$1,138	\$22,176	\$382	\$128	\$590	\$114	\$50	-	-	-
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,648	\$1,434	\$648	\$16,065	\$590	\$256	\$8,594	\$4,057	\$1,744	\$34,661	\$747	\$316	\$1,114	\$150	\$90	-	-	-
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$2,885	\$1,821	\$473	\$14,334	\$645	\$159	\$9,925	\$3,779	\$909	\$18,560	\$60	\$14	\$711	\$135	\$47	-	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,608	\$1,448	\$230	\$14,003	\$364	\$50	\$8,637	\$3,337	\$464	\$33,857	\$55	\$7	\$545	\$109	\$26	-	-	-
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,521	\$1,728	\$518	\$13,294	\$109	\$30	\$8,388	\$2,623	\$745	\$17,945	\$103	\$28	\$559	\$76	\$30	-	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,277	\$1,497	\$337	\$14,703	\$295	\$60	\$7,538	\$2,032	\$436	\$24,771	\$451	\$92	\$478	\$85	\$42	-	-	-
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$2,696	\$1,186	\$507	\$14,567	\$337	\$129	\$8,990	\$4,985	\$1,949	\$28,963	\$321	\$123	\$1,486	\$249	\$134	-	-	-
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,406	\$1,832	\$1,639	\$13,821	\$2,154	\$1,827	\$10,421	\$7,173	\$6,158	\$22,689	\$98	\$83	\$1,062	\$152	\$144	-	-	-

NOTES:  
1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 11**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition K: 90 Day Fixed Following Hospital Discharge (pro rated)**

MS-DRG Descriptor	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions			
	Number of PAC Users	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$2,797</b>	<b>\$1,671</b>	<b>\$678</b>	<b>\$15,737</b>	<b>\$1,795</b>	<b>\$695</b>	<b>\$10,179</b>	<b>\$4,748</b>	<b>\$1,817</b>	<b>\$35,462</b>	<b>\$931</b>	<b>\$373</b>	<b>\$827</b>	<b>\$178</b>	<b>\$86</b>	<b>\$11,994</b>	<b>\$3,338</b>	<b>\$3,079</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,193	\$2,241	\$2,016	\$11,819	\$2,310	\$2,039	\$7,502	\$2,936	\$2,607	\$21,045	\$87	\$87	\$852	\$305	\$278	\$10,541	\$1,242	\$1,233
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,511	\$1,310	\$534	\$17,805	\$502	\$220	\$8,990	\$4,662	\$1,771	\$30,282	\$455	\$219	\$590	\$118	\$57	\$10,415	\$3,057	\$2,886
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$3,680	\$1,657	\$1,253	\$20,547	\$8,446	\$5,947	\$13,858	\$7,100	\$5,080	\$26,360	\$570	\$405	\$1,137	\$284	\$214	\$10,343	\$2,815	\$2,673
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$3,482	\$1,796	\$1,700	\$15,592	\$4,090	\$3,670	\$14,107	\$10,301	\$9,356	\$32,360	\$394	\$369	\$687	\$106	\$104	\$10,180	\$2,508	\$2,515
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$2,891	\$1,204	\$588	\$17,271	\$447	\$209	\$10,439	\$6,838	\$2,899	\$21,203	\$210	\$111	\$834	\$148	\$76	\$10,176	\$2,993	\$2,653
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,393	\$1,801	\$1,102	\$18,824	\$5,979	\$3,514	\$11,937	\$4,578	\$2,714	\$31,820	\$380	\$293	\$981	\$295	\$186	\$10,276	\$2,464	\$2,282
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$2,796	\$1,392	\$572	\$13,864	\$497	\$265	\$10,898	\$6,293	\$2,363	\$27,200	\$264	\$157	\$725	\$127	\$64	\$10,895	\$3,142	\$2,825
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,613	\$1,661	\$759	\$15,457	\$400	\$217	\$9,685	\$4,609	\$1,941	\$31,353	\$406	\$207	\$664	\$93	\$61	\$11,280	\$4,284	\$4,881
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$2,758	\$1,055	\$634	\$16,695	\$697	\$395	\$9,996	\$6,366	\$3,440	\$32,640	\$1,678	\$936	\$926	\$168	\$103	\$13,137	\$4,306	\$3,908
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$3,485	\$1,943	\$1,774	\$15,183	\$4,447	\$3,894	\$13,365	\$8,706	\$7,701	\$25,593	\$218	\$190	\$780	\$138	\$132	\$9,687	\$1,930	\$2,021
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,433	\$1,271	\$438	\$13,174	\$183	\$109	\$8,919	\$4,300	\$1,382	\$23,324	\$185	\$120	\$587	\$136	\$54	\$9,220	\$2,345	\$2,145
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$3,038	\$1,795	\$1,056	\$15,471	\$1,792	\$1,098	\$10,350	\$5,850	\$3,212	\$23,460	\$213	\$149	\$687	\$149	\$106	\$11,098	\$3,377	\$3,195
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,550	\$1,585	\$624	\$13,356	\$272	\$139	\$10,120	\$4,081	\$1,565	\$33,475	\$588	\$238	\$618	\$126	\$59	\$10,842	\$2,904	\$2,307
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,661	\$1,520	\$779	\$16,461	\$749	\$379	\$10,062	\$5,144	\$2,394	\$33,351	\$826	\$452	\$1,073	\$163	\$100	\$13,069	\$5,699	\$5,716
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$2,842	\$1,847	\$533	\$14,564	\$760	\$256	\$10,903	\$4,519	\$1,240	\$23,802	\$96	\$30	\$693	\$138	\$53	\$9,491	\$2,417	\$2,022
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,532	\$1,457	\$291	\$14,635	\$475	\$114	\$10,025	\$4,256	\$751	\$34,669	\$197	\$53	\$560	\$122	\$33	\$10,120	\$2,933	\$2,381
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,478	\$1,729	\$606	\$14,258	\$211	\$133	\$9,680	\$3,458	\$1,193	\$23,029	\$227	\$92	\$576	\$87	\$38	\$11,929	\$4,349	\$4,507
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,274	\$1,526	\$408	\$15,787	\$374	\$135	\$8,816	\$2,786	\$737	\$25,778	\$563	\$207	\$524	\$99	\$53	\$10,161	\$3,257	\$2,940
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$2,653	\$1,234	\$583	\$15,631	\$520	\$246	\$10,435	\$6,220	\$2,579	\$29,808	\$551	\$256	\$1,571	\$290	\$161	\$11,728	\$4,281	\$3,872
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,162	\$1,848	\$1,656	\$14,509	\$2,418	\$2,100	\$11,627	\$8,242	\$7,131	\$22,689	\$98	\$83	\$962	\$153	\$146	\$10,594	\$2,534	\$2,406

NOTES:

1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 12**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition L: 90 Day Fixed Following Hospital Discharge (pro rated) Excluding Acute Hospital Readmissions**

MS-DRG Descriptor	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions			
	Number of PAC Users	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
All MS-DRGs	109,236	\$10,297	\$10,297	\$8,287	\$2,536	\$1,444	\$539	\$14,716	\$1,575	\$558	\$8,828	\$3,865	\$1,381	\$34,241	\$731	\$260	\$800	\$160	\$73	-	-	-
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,085	\$2,103	\$1,883	\$11,367	\$2,181	\$1,916	\$6,933	\$2,662	\$2,351	\$18,121	\$46	\$41	\$843	\$291	\$264	-	-	-
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,236	\$1,124	\$412	\$14,638	\$314	\$112	\$7,921	\$3,822	\$1,326	\$29,209	\$351	\$123	\$545	\$101	\$46	-	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$3,445	\$1,462	\$1,081	\$19,155	\$7,767	\$5,421	\$12,237	\$5,814	\$4,099	\$26,903	\$466	\$323	\$1,103	\$258	\$192	-	-	-
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$3,338	\$1,578	\$1,482	\$14,974	\$3,871	\$3,451	\$12,576	\$8,977	\$8,099	\$30,089	\$254	\$226	\$691	\$96	\$95	-	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$2,613	\$1,037	\$455	\$16,436	\$340	\$132	\$9,128	\$5,657	\$2,227	\$16,912	\$96	\$44	\$778	\$127	\$63	-	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,199	\$1,616	\$950	\$17,517	\$5,414	\$3,072	\$10,586	\$3,723	\$2,129	\$32,311	\$294	\$166	\$974	\$274	\$168	-	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$2,523	\$1,193	\$431	\$12,798	\$373	\$130	\$9,471	\$5,124	\$1,760	\$18,581	\$79	\$34	\$698	\$114	\$56	-	-	-
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,208	\$1,354	\$544	\$15,097	\$270	\$100	\$8,279	\$3,553	\$1,328	\$27,351	\$236	\$87	\$600	\$75	\$44	-	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$2,451	\$884	\$504	\$14,443	\$501	\$259	\$8,547	\$5,268	\$2,749	\$29,150	\$1,143	\$595	\$896	\$153	\$90	-	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$3,378	\$1,766	\$1,605	\$14,613	\$4,252	\$3,712	\$12,280	\$7,822	\$6,914	\$26,020	\$171	\$149	\$769	\$124	\$119	-	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,208	\$1,120	\$348	\$13,334	\$159	\$51	\$7,959	\$3,616	\$1,070	\$20,305	\$54	\$34	\$563	\$123	\$46	-	-	-
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$2,809	\$1,533	\$835	\$14,197	\$1,427	\$729	\$8,710	\$4,632	\$2,399	\$15,171	\$53	\$27	\$694	\$133	\$91	-	-	-
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,251	\$1,352	\$491	\$13,611	\$192	\$72	\$8,685	\$3,237	\$1,111	\$22,176	\$382	\$128	\$567	\$109	\$48	-	-	-
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,204	\$1,194	\$538	\$16,065	\$590	\$256	\$8,434	\$3,981	\$1,712	\$34,661	\$747	\$316	\$1,019	\$138	\$75	-	-	-
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$2,597	\$1,640	\$421	\$14,334	\$645	\$158	\$9,773	\$3,721	\$895	\$18,560	\$60	\$14	\$665	\$127	\$43	-	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,275	\$1,263	\$197	\$14,003	\$364	\$50	\$8,512	\$3,289	\$456	\$33,857	\$55	\$7	\$529	\$106	\$25	-	-	-
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,111	\$1,448	\$428	\$13,294	\$109	\$30	\$8,285	\$2,591	\$735	\$15,161	\$87	\$24	\$521	\$71	\$28	-	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,004	\$1,318	\$291	\$14,703	\$295	\$60	\$7,386	\$1,991	\$427	\$23,498	\$428	\$87	\$455	\$81	\$40	-	-	-
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$2,272	\$1,000	\$424	\$14,128	\$326	\$125	\$8,847	\$4,906	\$1,914	\$27,619	\$306	\$117	\$1,389	\$232	\$125	-	-	-
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,041	\$1,636	\$1,460	\$13,821	\$2,154	\$1,827	\$10,319	\$7,102	\$6,093	\$22,689	\$98	\$83	\$1,010	\$144	\$137	-	-	-

NOTES:  
1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 13**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition M: 30 Day Variable Length**

MS-DRG Descriptor	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions			
	Number of PAC Users	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$3,525</b>	<b>\$2,122</b>	<b>\$822</b>	<b>\$16,070</b>	<b>\$1,851</b>	<b>\$695</b>	<b>\$11,126</b>	<b>\$5,220</b>	<b>\$1,965</b>	<b>\$38,250</b>	<b>\$1,052</b>	<b>\$413</b>	<b>\$1,127</b>	<b>\$248</b>	<b>\$100</b>	<b>\$14,136</b>	<b>\$3,854</b>	<b>\$2,527</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,419	\$2,404	\$2,150	\$11,920	\$2,337	\$2,059	\$7,873	\$3,088	\$2,739	\$25,091	\$111	\$110	\$998	\$352	\$317	\$11,905	\$1,330	\$1,265
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$3,269	\$1,697	\$655	\$17,566	\$482	\$195	\$9,629	\$5,034	\$1,863	\$31,440	\$520	\$254	\$696	\$134	\$59	\$11,596	\$3,277	\$2,215
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$5,207	\$2,458	\$1,786	\$20,865	\$8,604	\$6,040	\$15,782	\$8,154	\$5,824	\$27,456	\$630	\$446	\$2,090	\$611	\$437	\$12,557	\$3,706	\$3,011
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$4,649	\$2,509	\$2,317	\$15,791	\$4,149	\$3,714	\$14,921	\$10,930	\$9,924	\$32,106	\$436	\$406	\$1,105	\$201	\$183	\$11,830	\$3,219	\$3,068
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$4,002	\$1,661	\$735	\$17,769	\$460	\$204	\$11,312	\$7,383	\$3,079	\$24,906	\$293	\$137	\$1,007	\$183	\$81	\$11,421	\$3,305	\$2,180
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$4,235	\$2,281	\$1,363	\$18,988	\$6,063	\$3,495	\$13,312	\$5,151	\$3,032	\$36,587	\$457	\$345	\$1,462	\$464	\$277	\$11,439	\$2,814	\$2,147
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$3,900	\$1,939	\$728	\$14,554	\$530	\$245	\$11,917	\$6,903	\$2,538	\$40,391	\$466	\$208	\$863	\$151	\$62	\$14,046	\$3,983	\$2,356
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$3,563	\$2,273	\$953	\$16,022	\$464	\$218	\$10,675	\$5,134	\$2,096	\$38,479	\$641	\$339	\$885	\$130	\$62	\$14,465	\$5,387	\$4,023
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$3,796	\$1,478	\$852	\$19,377	\$872	\$478	\$10,887	\$6,969	\$3,753	\$38,459	\$2,076	\$1,151	\$1,257	\$232	\$126	\$15,535	\$4,912	\$3,633
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$4,325	\$2,451	\$2,210	\$15,240	\$4,464	\$3,913	\$14,091	\$9,197	\$8,111	\$25,210	\$248	\$216	\$1,159	\$216	\$194	\$10,876	\$2,281	\$2,249
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$3,002	\$1,559	\$511	\$14,027	\$214	\$103	\$9,494	\$4,577	\$1,455	\$31,278	\$249	\$138	\$683	\$149	\$49	\$10,267	\$2,346	\$1,552
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$3,690	\$2,189	\$1,235	\$16,159	\$1,861	\$1,088	\$11,424	\$6,458	\$3,480	\$31,489	\$352	\$210	\$1,003	\$232	\$135	\$13,326	\$3,804	\$2,863
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$3,292	\$2,052	\$763	\$16,082	\$340	\$141	\$11,213	\$4,654	\$1,725	\$27,195	\$767	\$286	\$858	\$183	\$73	\$13,805	\$3,611	\$1,889
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$3,475	\$1,998	\$965	\$18,127	\$840	\$405	\$11,108	\$5,732	\$2,635	\$34,287	\$876	\$446	\$1,440	\$227	\$124	\$15,009	\$6,581	\$4,883
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$3,667	\$2,371	\$633	\$15,538	\$824	\$234	\$11,909	\$4,898	\$1,285	\$24,519	\$138	\$39	\$862	\$167	\$50	\$10,974	\$2,609	\$1,391
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$3,413	\$1,961	\$336	\$16,554	\$564	\$105	\$11,203	\$4,856	\$802	\$38,670	\$251	\$59	\$647	\$146	\$28	\$11,906	\$3,344	\$1,497
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$3,444	\$2,410	\$765	\$16,468	\$271	\$127	\$10,547	\$3,846	\$1,254	\$29,848	\$442	\$131	\$930	\$151	\$48	\$14,354	\$5,139	\$3,273
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$3,008	\$2,022	\$484	\$16,085	\$396	\$115	\$9,861	\$3,143	\$770	\$32,497	\$710	\$235	\$665	\$130	\$39	\$11,553	\$3,399	\$2,029
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$3,774	\$1,765	\$772	\$15,974	\$487	\$214	\$11,723	\$7,032	\$2,886	\$33,916	\$690	\$311	\$1,794	\$351	\$164	\$14,244	\$5,082	\$3,337
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,984	\$2,346	\$2,070	\$14,674	\$2,414	\$2,080	\$12,108	\$8,570	\$7,385	\$27,324	\$118	\$100	\$1,205	\$197	\$170	\$12,568	\$2,965	\$2,711

NOTES:  
1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 14**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition N: 30 Day Variable Length Excluding Acute Hospital Readmission**

MS-DRG	Descriptor	Number of PAC Users	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
			Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>		<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$3,087</b>	<b>\$1,760</b>	<b>\$641</b>	<b>\$14,806</b>	<b>\$1,586</b>	<b>\$561</b>	<b>\$9,033</b>	<b>\$3,955</b>	<b>\$1,412</b>	<b>\$35,803</b>	<b>\$763</b>	<b>\$270</b>	<b>\$973</b>	<b>\$191</b>	<b>\$74</b>	-	-	-
470	Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,276	\$2,235	\$1,992	\$11,402	\$2,189	\$1,922	\$6,996	\$2,687	\$2,373	\$18,768	\$48	\$42	\$949	\$320	\$287	-	-	-
194	Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,760	\$1,379	\$493	\$15,097	\$323	\$115	\$8,040	\$3,879	\$1,344	\$29,490	\$355	\$124	\$588	\$102	\$40	-	-	-
65	Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$4,556	\$1,969	\$1,414	\$19,252	\$7,814	\$5,441	\$12,911	\$6,140	\$4,329	\$26,903	\$466	\$323	\$1,805	\$466	\$331	-	-	-
481	Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$4,254	\$2,060	\$1,893	\$15,056	\$3,893	\$3,470	\$12,829	\$9,157	\$8,255	\$31,522	\$266	\$237	\$975	\$148	\$136	-	-	-
690	Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$3,471	\$1,367	\$567	\$16,436	\$340	\$132	\$9,287	\$5,755	\$2,264	\$18,756	\$106	\$41	\$851	\$136	\$59	-	-	-
66	Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,859	\$1,956	\$1,132	\$17,601	\$5,450	\$3,093	\$11,061	\$3,890	\$2,221	\$32,311	\$294	\$166	\$1,343	\$388	\$229	-	-	-
641	Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$3,307	\$1,558	\$539	\$12,798	\$373	\$125	\$9,658	\$5,213	\$1,785	\$18,581	\$79	\$27	\$789	\$125	\$50	-	-	-
292	Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,938	\$1,804	\$699	\$15,243	\$263	\$97	\$8,414	\$3,610	\$1,347	\$27,351	\$236	\$87	\$677	\$83	\$35	-	-	-
871	Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$3,266	\$1,180	\$646	\$14,443	\$501	\$259	\$8,783	\$5,419	\$2,827	\$30,748	\$1,205	\$628	\$1,044	\$176	\$94	-	-	-
482	Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$4,027	\$2,111	\$1,895	\$14,697	\$4,276	\$3,733	\$12,544	\$7,990	\$7,047	\$26,020	\$171	\$149	\$985	\$159	\$144	-	-	-
195	Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,621	\$1,325	\$396	\$13,334	\$159	\$46	\$8,070	\$3,666	\$1,081	\$20,305	\$54	\$34	\$639	\$130	\$41	-	-	-
552	Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$3,267	\$1,787	\$955	\$14,403	\$1,447	\$740	\$8,829	\$4,695	\$2,433	\$15,171	\$53	\$27	\$797	\$157	\$91	-	-	-
603	Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,841	\$1,704	\$596	\$13,611	\$192	\$69	\$8,890	\$3,314	\$1,132	\$22,176	\$382	\$128	\$728	\$140	\$53	-	-	-
291	Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,822	\$1,539	\$672	\$16,065	\$590	\$256	\$8,594	\$4,057	\$1,742	\$34,661	\$747	\$316	\$1,198	\$160	\$73	-	-	-
312	Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$3,234	\$2,034	\$501	\$14,334	\$645	\$154	\$9,911	\$3,773	\$906	\$18,560	\$60	\$14	\$798	\$145	\$41	-	-	-
392	Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,860	\$1,583	\$230	\$13,792	\$347	\$48	\$8,638	\$3,337	\$464	\$33,857	\$55	\$7	\$551	\$111	\$18	-	-	-
293	Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,870	\$1,965	\$554	\$13,294	\$109	\$30	\$8,389	\$2,624	\$743	\$17,945	\$103	\$28	\$587	\$82	\$25	-	-	-
192	Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,546	\$1,674	\$358	\$14,703	\$295	\$60	\$7,589	\$2,046	\$437	\$24,771	\$451	\$92	\$492	\$87	\$25	-	-	-
683	Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$3,076	\$1,359	\$542	\$14,567	\$337	\$129	\$8,999	\$4,990	\$1,938	\$28,963	\$321	\$123	\$1,452	\$240	\$110	-	-	-
536	Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,793	\$2,044	\$1,795	\$13,821	\$2,154	\$1,826	\$10,401	\$7,159	\$6,127	\$22,689	\$98	\$83	\$1,151	\$161	\$138	-	-	-

NOTES:

1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 15**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition O: 45 Day Variable Length**

MS-DRG Descriptor	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions			
	Number of PAC Users	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$3,734</b>	<b>\$2,263</b>	<b>\$894</b>	<b>\$16,181</b>	<b>\$1,881</b>	<b>\$716</b>	<b>\$11,269</b>	<b>\$5,340</b>	<b>\$2,034</b>	<b>\$38,398</b>	<b>\$1,091</b>	<b>\$434</b>	<b>\$1,188</b>	<b>\$276</b>	<b>\$116</b>	<b>\$14,942</b>	<b>\$4,417</b>	<b>\$3,073</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,475	\$2,451	\$2,201	\$11,991	\$2,357	\$2,079	\$7,950	\$3,123	\$2,773	\$26,053	\$128	\$125	\$1,017	\$370	\$334	\$12,259	\$1,528	\$1,461
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$3,490	\$1,828	\$719	\$17,768	\$514	\$214	\$9,829	\$5,190	\$1,947	\$30,784	\$532	\$268	\$761	\$156	\$70	\$12,373	\$3,789	\$2,703
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$5,494	\$2,641	\$1,947	\$20,892	\$8,615	\$6,064	\$15,837	\$8,244	\$5,897	\$28,518	\$728	\$515	\$2,137	\$654	\$473	\$12,816	\$4,048	\$3,362
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$4,807	\$2,621	\$2,443	\$15,899	\$4,185	\$3,745	\$15,056	\$11,037	\$10,028	\$32,483	\$456	\$432	\$1,173	\$230	\$214	\$12,258	\$3,468	\$3,336
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$4,338	\$1,829	\$838	\$17,769	\$460	\$204	\$11,446	\$7,536	\$3,174	\$25,085	\$319	\$146	\$1,082	\$208	\$95	\$12,096	\$3,803	\$2,650
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$4,364	\$2,376	\$1,433	\$19,077	\$6,102	\$3,570	\$13,579	\$5,324	\$3,149	\$36,154	\$493	\$373	\$1,504	\$492	\$298	\$11,828	\$3,112	\$2,446
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$4,106	\$2,064	\$797	\$14,616	\$541	\$256	\$12,056	\$7,071	\$2,644	\$39,367	\$478	\$237	\$949	\$177	\$76	\$14,315	\$4,337	\$2,805
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$3,901	\$2,499	\$1,071	\$16,244	\$481	\$234	\$10,861	\$5,317	\$2,227	\$37,794	\$699	\$363	\$952	\$149	\$74	\$15,871	\$6,487	\$5,007
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$4,226	\$1,659	\$960	\$19,377	\$872	\$478	\$10,999	\$7,090	\$3,842	\$39,994	\$2,288	\$1,260	\$1,346	\$260	\$144	\$16,416	\$5,623	\$4,363
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$4,447	\$2,553	\$2,307	\$15,271	\$4,473	\$3,921	\$14,202	\$9,269	\$8,189	\$25,210	\$248	\$216	\$1,234	\$247	\$224	\$11,154	\$2,514	\$2,482
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$3,186	\$1,673	\$559	\$14,027	\$214	\$109	\$9,661	\$4,696	\$1,504	\$30,776	\$285	\$174	\$764	\$178	\$62	\$10,819	\$2,809	\$1,959
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$3,908	\$2,356	\$1,356	\$16,550	\$1,940	\$1,151	\$11,696	\$6,684	\$3,637	\$35,819	\$450	\$261	\$1,038	\$254	\$155	\$13,906	\$4,425	\$3,404
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$3,547	\$2,211	\$838	\$16,960	\$372	\$157	\$11,411	\$4,763	\$1,793	\$29,249	\$825	\$311	\$1,022	\$230	\$91	\$14,991	\$4,156	\$2,392
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$3,796	\$2,192	\$1,079	\$18,127	\$840	\$405	\$11,338	\$5,941	\$2,769	\$33,994	\$896	\$464	\$1,453	\$249	\$150	\$16,620	\$7,700	\$5,932
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$3,859	\$2,505	\$687	\$15,369	\$852	\$264	\$12,172	\$5,133	\$1,392	\$28,295	\$159	\$44	\$958	\$195	\$63	\$11,586	\$3,062	\$1,777
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$3,693	\$2,143	\$389	\$16,953	\$605	\$122	\$11,382	\$4,989	\$862	\$38,670	\$251	\$67	\$694	\$163	\$35	\$12,325	\$3,802	\$2,001
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$3,830	\$2,686	\$877	\$16,525	\$299	\$147	\$10,817	\$4,024	\$1,366	\$32,345	\$506	\$167	\$967	\$166	\$57	\$15,950	\$6,118	\$4,149
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$3,325	\$2,238	\$556	\$17,213	\$439	\$142	\$10,229	\$3,400	\$865	\$32,196	\$792	\$251	\$678	\$141	\$49	\$13,523	\$4,520	\$2,678
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$4,063	\$1,923	\$861	\$15,828	\$541	\$244	\$11,799	\$7,143	\$2,954	\$34,515	\$766	\$341	\$1,898	\$391	\$201	\$14,591	\$5,704	\$3,905
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$4,095	\$2,455	\$2,174	\$14,732	\$2,439	\$2,117	\$12,253	\$8,686	\$7,510	\$27,324	\$118	\$100	\$1,242	\$226	\$204	\$12,724	\$3,209	\$2,936

NOTES:

1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 16**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition P: 45 Day Variable Length Excluding Acute Hospital Readmission**

MS-DRG Descriptor	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions			
	Number of PAC Users	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$3,123</b>	<b>\$1,787</b>	<b>\$658</b>	<b>\$14,810</b>	<b>\$1,588</b>	<b>\$562</b>	<b>\$9,036</b>	<b>\$3,958</b>	<b>\$1,415</b>	<b>\$35,801</b>	<b>\$765</b>	<b>\$272</b>	<b>\$1,000</b>	<b>\$204</b>	<b>\$83</b>	-	-	-
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,285	\$2,245	\$2,009	\$11,402	\$2,189	\$1,923	\$6,996	\$2,687	\$2,373	\$18,768	\$48	\$42	\$955	\$330	\$298	-	-	-
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,803	\$1,408	\$509	\$15,097	\$323	\$115	\$8,064	\$3,891	\$1,349	\$29,490	\$355	\$124	\$638	\$117	\$48	-	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$4,635	\$2,030	\$1,472	\$19,252	\$7,814	\$5,454	\$12,911	\$6,140	\$4,329	\$26,903	\$466	\$323	\$1,816	\$487	\$350	-	-	-
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$4,272	\$2,079	\$1,922	\$15,081	\$3,899	\$3,476	\$12,833	\$9,160	\$8,262	\$32,147	\$286	\$255	\$1,050	\$170	\$159	-	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$3,546	\$1,408	\$600	\$16,436	\$340	\$132	\$9,287	\$5,755	\$2,266	\$18,602	\$114	\$44	\$904	\$150	\$68	-	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,886	\$1,976	\$1,154	\$17,601	\$5,450	\$3,093	\$11,061	\$3,890	\$2,224	\$32,311	\$294	\$166	\$1,364	\$402	\$239	-	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$3,339	\$1,579	\$554	\$12,798	\$373	\$127	\$9,676	\$5,234	\$1,797	\$18,581	\$79	\$34	\$806	\$134	\$57	-	-	-
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$2,986	\$1,839	\$726	\$15,243	\$263	\$97	\$8,414	\$3,610	\$1,350	\$27,351	\$236	\$87	\$684	\$86	\$40	-	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$3,419	\$1,241	\$689	\$14,443	\$501	\$259	\$8,783	\$5,419	\$2,827	\$30,748	\$1,205	\$628	\$1,151	\$199	\$109	-	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$4,071	\$2,150	\$1,936	\$14,697	\$4,276	\$3,733	\$12,544	\$7,990	\$7,059	\$26,020	\$171	\$149	\$1,032	\$177	\$162	-	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,653	\$1,347	\$410	\$13,334	\$159	\$46	\$8,070	\$3,666	\$1,082	\$20,305	\$54	\$34	\$707	\$153	\$50	-	-	-
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$3,336	\$1,837	\$991	\$14,445	\$1,462	\$747	\$8,829	\$4,695	\$2,433	\$15,171	\$53	\$27	\$800	\$162	\$100	-	-	-
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,879	\$1,727	\$609	\$13,611	\$192	\$69	\$8,890	\$3,314	\$1,137	\$22,176	\$382	\$128	\$843	\$166	\$64	-	-	-
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,850	\$1,557	\$692	\$16,065	\$590	\$256	\$8,594	\$4,057	\$1,742	\$34,661	\$747	\$316	\$1,228	\$170	\$87	-	-	-
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$3,284	\$2,068	\$518	\$14,334	\$645	\$159	\$9,910	\$3,781	\$908	\$18,560	\$60	\$14	\$827	\$155	\$46	-	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$2,927	\$1,625	\$244	\$14,003	\$364	\$50	\$8,638	\$3,337	\$464	\$33,857	\$55	\$7	\$587	\$120	\$23	-	-	-
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,917	\$2,002	\$579	\$13,294	\$109	\$30	\$8,389	\$2,624	\$743	\$17,945	\$103	\$28	\$582	\$83	\$28	-	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,583	\$1,699	\$369	\$14,703	\$295	\$60	\$7,589	\$2,046	\$438	\$24,771	\$451	\$92	\$493	\$88	\$29	-	-	-
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$3,135	\$1,391	\$568	\$14,567	\$337	\$129	\$8,999	\$4,990	\$1,951	\$28,963	\$321	\$123	\$1,523	\$259	\$129	-	-	-
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,792	\$2,073	\$1,826	\$13,821	\$2,154	\$1,826	\$10,413	\$7,168	\$6,154	\$22,689	\$98	\$83	\$1,175	\$181	\$164	-	-	-

NOTES:

1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 17**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition Q: 60 Day Variable Length**

MS-DRG Descriptor	Number of PAC Users	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$3,912</b>	<b>\$2,383</b>	<b>\$950</b>	<b>\$16,290</b>	<b>\$1,913</b>	<b>\$736</b>	<b>\$11,404</b>	<b>\$5,450</b>	<b>\$2,090</b>	<b>\$38,583</b>	<b>\$1,124</b>	<b>\$451</b>	<b>\$1,224</b>	<b>\$297</b>	<b>\$128</b>	<b>\$15,513</b>	<b>\$4,892</b>	<b>\$3,489</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,530	\$2,495	\$2,241	\$12,073	\$2,381	\$2,101	\$8,023	\$3,158	\$2,806	\$26,724	\$135	\$131	\$1,035	\$384	\$347	\$12,654	\$1,739	\$1,657
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$3,677	\$1,936	\$771	\$18,171	\$553	\$235	\$9,990	\$5,319	\$2,016	\$30,597	\$540	\$278	\$802	\$174	\$80	\$13,276	\$4,370	\$3,183
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$5,682	\$2,749	\$2,029	\$21,007	\$8,663	\$6,097	\$15,889	\$8,319	\$5,957	\$28,758	\$747	\$527	\$2,168	\$685	\$498	\$12,916	\$4,259	\$3,583
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$4,996	\$2,745	\$2,567	\$15,957	\$4,215	\$3,782	\$15,141	\$11,106	\$10,097	\$32,619	\$474	\$447	\$1,197	\$249	\$232	\$12,615	\$3,752	\$3,646
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$4,583	\$1,941	\$901	\$17,877	\$471	\$217	\$11,575	\$7,681	\$3,267	\$25,085	\$331	\$152	\$1,123	\$229	\$108	\$12,682	\$4,267	\$3,004
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$4,583	\$2,523	\$1,528	\$19,130	\$6,130	\$3,599	\$13,689	\$5,437	\$3,225	\$36,154	\$493	\$373	\$1,536	\$522	\$318	\$12,209	\$3,476	\$2,830
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$4,368	\$2,214	\$862	\$14,616	\$541	\$274	\$12,151	\$7,178	\$2,712	\$40,652	\$494	\$242	\$977	\$190	\$86	\$14,627	\$4,707	\$3,169
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$4,255	\$2,750	\$1,185	\$16,418	\$496	\$248	\$10,918	\$5,466	\$2,317	\$35,638	\$725	\$376	\$1,013	\$167	\$83	\$16,962	\$7,508	\$5,859
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$4,513	\$1,784	\$1,043	\$19,474	\$876	\$493	\$11,041	\$7,153	\$3,888	\$40,297	\$2,357	\$1,296	\$1,369	\$276	\$157	\$17,202	\$6,202	\$4,880
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$4,533	\$2,611	\$2,369	\$15,340	\$4,493	\$3,939	\$14,288	\$9,335	\$8,257	\$23,862	\$250	\$218	\$1,275	\$271	\$247	\$11,306	\$2,682	\$2,654
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$3,285	\$1,730	\$588	\$14,721	\$244	\$128	\$9,760	\$4,777	\$1,547	\$30,776	\$285	\$178	\$788	\$192	\$69	\$10,900	\$3,111	\$2,224
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$4,180	\$2,541	\$1,467	\$16,755	\$1,999	\$1,205	\$11,955	\$6,900	\$3,775	\$36,629	\$486	\$305	\$1,109	\$281	\$175	\$14,330	\$4,910	\$3,855
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$3,769	\$2,364	\$906	\$16,341	\$397	\$176	\$11,694	\$4,936	\$1,877	\$30,659	\$864	\$331	\$1,129	\$264	\$105	\$15,634	\$4,640	\$2,729
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$4,152	\$2,414	\$1,200	\$18,893	\$890	\$444	\$11,458	\$6,150	\$2,879	\$34,383	\$1,044	\$572	\$1,538	\$276	\$171	\$17,820	\$8,682	\$6,862
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$4,087	\$2,666	\$742	\$15,925	\$921	\$284	\$12,671	\$5,486	\$1,496	\$28,295	\$159	\$46	\$1,030	\$220	\$72	\$12,042	\$3,637	\$2,130
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$3,893	\$2,275	\$425	\$17,696	\$632	\$134	\$11,558	\$5,141	\$907	\$42,277	\$309	\$78	\$754	\$181	\$41	\$12,756	\$4,224	\$2,307
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$4,143	\$2,906	\$963	\$16,563	\$327	\$169	\$10,930	\$4,129	\$1,422	\$33,362	\$549	\$185	\$986	\$173	\$62	\$17,347	\$7,024	\$4,826
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$3,506	\$2,366	\$599	\$17,213	\$439	\$151	\$10,433	\$3,506	\$906	\$31,053	\$792	\$269	\$698	\$153	\$63	\$14,324	\$5,036	\$3,154
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$4,334	\$2,063	\$939	\$15,601	\$548	\$263	\$12,007	\$7,313	\$3,054	\$35,475	\$820	\$362	\$1,956	\$419	\$222	\$15,299	\$6,349	\$4,512
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$4,241	\$2,566	\$2,280	\$14,928	\$2,520	\$2,187	\$12,389	\$8,782	\$7,592	\$27,324	\$118	\$100	\$1,269	\$245	\$223	\$13,573	\$3,658	\$3,325

NOTES:

1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).

**Section 4 - Table 18**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, Per Service User, Per PAC User, and Per Hospital Discharge, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition R: 60 Day Variable Length Excluding Acute Hospital Readmission**

MS-DRG Descriptor	Number of PAC Users	Index Acute Hospital <sup>1</sup>			Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge	Mean Payment Per Service User	Mean Payment Per PAC User	Mean Payment Per Hospital Discharge
<b>All MS-DRGs</b>	<b>109,236</b>	<b>\$10,297</b>	<b>\$10,297</b>	<b>\$8,287</b>	<b>\$3,156</b>	<b>\$1,810</b>	<b>\$671</b>	<b>\$14,814</b>	<b>\$1,588</b>	<b>\$563</b>	<b>\$9,041</b>	<b>\$3,961</b>	<b>\$1,416</b>	<b>\$35,802</b>	<b>\$765</b>	<b>\$272</b>	<b>\$1,021</b>	<b>\$214</b>	<b>\$90</b>	-	-	-
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	\$10,463	\$10,463	\$10,434	\$3,290	\$2,250	\$2,015	\$11,402	\$2,190	\$1,924	\$6,999	\$2,688	\$2,374	\$18,768	\$48	\$42	\$965	\$338	\$306	-	-	-
194 Simple pneumonia & pleurisy w CC	2,661	\$5,107	\$5,107	\$5,028	\$2,866	\$1,443	\$524	\$15,097	\$323	\$115	\$8,064	\$3,891	\$1,350	\$29,490	\$355	\$124	\$674	\$129	\$54	-	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	\$6,307	\$6,307	\$6,291	\$4,680	\$2,055	\$1,495	\$19,252	\$7,814	\$5,454	\$12,912	\$6,140	\$4,331	\$26,903	\$466	\$323	\$1,832	\$501	\$363	-	-	-
481 Hip & femur procedures except major joint w CC	2,135	\$9,698	\$9,698	\$9,739	\$4,328	\$2,121	\$1,964	\$15,081	\$3,899	\$3,476	\$12,854	\$9,176	\$8,276	\$32,147	\$286	\$255	\$1,053	\$179	\$168	-	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	\$4,025	\$4,025	\$3,896	\$3,563	\$1,420	\$612	\$16,436	\$340	\$132	\$9,285	\$5,759	\$2,267	\$18,602	\$114	\$44	\$928	\$162	\$75	-	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	\$5,985	\$5,985	\$6,044	\$3,936	\$2,013	\$1,180	\$17,601	\$5,450	\$3,093	\$11,061	\$3,890	\$2,224	\$32,311	\$294	\$166	\$1,365	\$412	\$247	-	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	\$3,700	\$3,700	\$3,457	\$3,383	\$1,606	\$572	\$12,798	\$373	\$130	\$9,676	\$5,234	\$1,803	\$18,581	\$79	\$34	\$805	\$137	\$62	-	-	-
292 Heart failure & shock w CC	1,622	\$5,299	\$5,299	\$5,179	\$3,091	\$1,908	\$757	\$15,243	\$263	\$97	\$8,415	\$3,611	\$1,350	\$27,351	\$236	\$87	\$745	\$96	\$45	-	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	\$9,475	\$9,475	\$9,217	\$3,460	\$1,256	\$704	\$14,443	\$501	\$259	\$8,783	\$5,419	\$2,827	\$30,748	\$1,205	\$628	\$1,183	\$211	\$119	-	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	\$8,304	\$8,304	\$8,288	\$4,078	\$2,157	\$1,950	\$14,697	\$4,276	\$3,733	\$12,571	\$8,007	\$7,081	\$26,020	\$171	\$149	\$1,072	\$193	\$178	-	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	\$4,512	\$4,512	\$4,368	\$2,667	\$1,357	\$419	\$13,334	\$159	\$46	\$8,078	\$3,670	\$1,086	\$20,305	\$54	\$34	\$726	\$162	\$55	-	-	-
552 Medical back problems w/o MCC	1,433	\$3,827	\$3,827	\$3,795	\$3,364	\$1,859	\$1,005	\$14,445	\$1,462	\$747	\$8,829	\$4,695	\$2,433	\$15,171	\$53	\$27	\$863	\$178	\$111	-	-	-
603 Cellulitis w/o MCC	1,277	\$3,905	\$3,905	\$3,759	\$2,926	\$1,757	\$631	\$13,611	\$192	\$72	\$8,890	\$3,314	\$1,137	\$22,176	\$382	\$128	\$879	\$176	\$69	-	-	-
291 Heart failure & shock w MCC	1,252	\$5,884	\$5,884	\$5,621	\$2,892	\$1,582	\$707	\$16,065	\$590	\$256	\$8,594	\$4,057	\$1,742	\$34,661	\$747	\$316	\$1,278	\$181	\$97	-	-	-
312 Syncope & collapse	1,245	\$3,595	\$3,595	\$3,352	\$3,302	\$2,082	\$527	\$14,334	\$645	\$159	\$9,912	\$3,790	\$910	\$18,560	\$60	\$14	\$872	\$167	\$52	-	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	\$3,849	\$3,849	\$3,498	\$3,006	\$1,669	\$256	\$14,003	\$364	\$50	\$8,638	\$3,337	\$464	\$33,857	\$55	\$7	\$620	\$128	\$26	-	-	-
293 Heart failure & shock w/o CC/MCC	1,215	\$4,987	\$4,987	\$4,978	\$2,966	\$2,036	\$597	\$13,294	\$109	\$30	\$8,389	\$2,624	\$745	\$17,945	\$103	\$28	\$601	\$86	\$30	-	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	\$4,288	\$4,288	\$4,134	\$2,606	\$1,716	\$378	\$14,703	\$295	\$60	\$7,589	\$2,046	\$438	\$24,771	\$451	\$92	\$496	\$91	\$38	-	-	-
683 Renal failure w CC	1,082	\$6,590	\$6,590	\$6,649	\$3,186	\$1,417	\$590	\$14,567	\$337	\$129	\$8,999	\$4,990	\$1,951	\$28,963	\$321	\$123	\$1,609	\$284	\$145	-	-	-
536 Fractures of hip & pelvis w/o MCC	924	\$3,416	\$3,416	\$3,422	\$3,802	\$2,086	\$1,850	\$13,821	\$2,154	\$1,827	\$10,421	\$7,173	\$6,158	\$22,689	\$98	\$83	\$1,158	\$185	\$172	-	-	-

NOTES:

1. Index acute hospitalizations are defined as hospital admissions following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use. The study sample is limited to live discharges from index acute hospitalizations.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y235).