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# Short-Term Hospital State-Level Surgical DRG Report

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Q3FY21

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Alaska, 8 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	122	544	22.4%	2.7
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	85	98	86.7%	1.3
483 : Major joint or limb reattachment procs of upper extremities	74	119	62.2%	2.9
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	57	165	34.5%	2.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	35	71	49.3%	5.3
274 : Percutaneous and other intracardiac procs w/o MCC	31	66	47.0%	2.6
468 : Revision of hip or knee replacement w/o CC/MCC	22	53	41.5%	2.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	14	21	66.7%	2.0
039 : Extracranial procs w/o CC/MCC	14	37	37.8%	1.7
460 : Spinal fusion except cervical w/o MCC	13	66	19.7%	2.9
<b>Top Surgical DRGs</b>	<b>467</b>	<b>1,240</b>	<b>37.7%</b>	<b>2.6</b>
<b>All Surgical DRGs</b>	<b>762</b>	<b>4,526</b>	<b>16.8%</b>	<b>7.0</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Alabama, 82 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	840	2,304	36.5%	2.3
274 : Percutaneous and other intracardiac procs w/o MCC	509	609	83.6%	1.4
483 : Major joint or limb reattachment procs of upper extremities	462	638	72.4%	1.8
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	318	432	73.6%	1.5
039 : Extracranial procs w/o CC/MCC	255	351	72.6%	1.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	250	393	63.6%	2.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	195	974	20.0%	2.6
460 : Spinal fusion except cervical w/o MCC	181	736	24.6%	2.8
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	132	229	57.6%	2.2
621 : OR procs for obesity w/o CC/MCC	102	135	75.6%	1.3
473 : Cervical spinal fusion w/o CC/MCC	89	127	70.1%	1.6
472 : Cervical spinal fusion w CC	87	196	44.4%	2.9
468 : Revision of hip or knee replacement w/o CC/MCC	83	191	43.5%	2.1
038 : Extracranial procs w CC	79	182	43.4%	3.0
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	72	121	59.5%	2.3
036 : Carotid artery stent procs w/o CC/MCC	65	77	84.4%	1.2
254 : Other vascular procs w/o CC/MCC	62	148	41.9%	2.4
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	61	344	17.7%	2.7
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	52	643	8.1%	5.5
253 : Other vascular procs w CC	48	307	15.6%	5.2
<b>Top Surgical DRGs</b>	<b>3,942</b>	<b>9,137</b>	<b>43.1%</b>	<b>2.5</b>
<b>All Surgical DRGs</b>	<b>5,550</b>	<b>31,587</b>	<b>17.6%</b>	<b>6.1</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Arkansas, 45 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	592	2,209	26.8%	2.2
483 : Major joint or limb reattachment procs of upper extremities	489	632	77.4%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	426	512	83.2%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	289	863	33.5%	2.2
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	214	252	84.9%	1.3
039 : Extracranial procs w/o CC/MCC	190	253	75.1%	1.5
621 : OR procs for obesity w/o CC/MCC	163	202	80.7%	1.2
266 : Endovascular cardiac valve replacement and supplement procs w MCC	153	221	69.2%	2.5
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	111	172	64.5%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	109	200	54.5%	1.8
038 : Extracranial procs w CC	89	166	53.6%	2.7
460 : Spinal fusion except cervical w/o MCC	78	344	22.7%	2.8
473 : Cervical spinal fusion w/o CC/MCC	71	119	59.7%	1.9
036 : Carotid artery stent procs w/o CC/MCC	61	77	79.2%	1.3
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	55	567	9.7%	4.6
472 : Cervical spinal fusion w CC	51	129	39.5%	2.6
215 : Other heart assist system implant	45	158	28.5%	6.9
035 : Carotid artery stent procs w CC	40	70	57.1%	2.0
253 : Other vascular procs w CC	40	207	19.3%	3.7
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	40	121	33.1%	2.2
<b>Top Surgical DRGs</b>	<b>3,306</b>	<b>7,474</b>	<b>44.2%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>4,589</b>	<b>23,374</b>	<b>19.6%</b>	<b>5.2</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Arizona, 64 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,167	2,699	43.2%	1.9
274 : Percutaneous and other intracardiac procs w/o MCC	916	1,067	85.8%	1.3
483 : Major joint or limb reattachment procs of upper extremities	909	1,121	81.1%	1.4
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	748	1,040	71.9%	1.6
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	291	1,155	25.2%	2.3
039 : Extracranial procs w/o CC/MCC	266	310	85.8%	1.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	199	294	67.7%	1.8
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	190	620	30.6%	2.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	152	437	34.8%	5.1
460 : Spinal fusion except cervical w/o MCC	139	628	22.1%	3.2
468 : Revision of hip or knee replacement w/o CC/MCC	127	301	42.2%	2.0
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	121	254	47.6%	2.1
036 : Carotid artery stent procs w/o CC/MCC	95	118	80.5%	1.5
473 : Cervical spinal fusion w/o CC/MCC	76	169	45.0%	2.0
621 : OR procs for obesity w/o CC/MCC	72	110	65.5%	1.4
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	72	230	31.3%	2.1
454 : Combined anterior and posterior spinal fusion w CC	66	534	12.4%	3.8
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	63	717	8.8%	4.9
472 : Cervical spinal fusion w CC	63	278	22.7%	3.4
660 : Kidney and ureter procs for non-neoplasm w CC	63	325	19.4%	3.3
<b>Top Surgical DRGs</b>	<b>5,795</b>	<b>12,407</b>	<b>46.7%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>8,018</b>	<b>39,460</b>	<b>20.3%</b>	<b>5.3</b>

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\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - California, 286 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	3,014	9,699	31.1%	2.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	1,942	2,727	71.2%	1.6
483 : Major joint or limb reattachment procs of upper extremities	1,805	2,753	65.6%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	1,599	2,004	79.8%	1.5
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	865	3,576	24.2%	2.4
266 : Endovascular cardiac valve replacement and supplement procs w MCC	864	1,986	43.5%	4.5
039 : Extracranial procs w/o CC/MCC	629	807	77.9%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	356	595	59.8%	2.2
468 : Revision of hip or knee replacement w/o CC/MCC	328	804	40.8%	2.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	282	615	45.9%	2.3
038 : Extracranial procs w CC	266	525	50.7%	2.7
472 : Cervical spinal fusion w CC	251	1,166	21.5%	3.5
621 : OR procs for obesity w/o CC/MCC	225	383	58.7%	1.6
460 : Spinal fusion except cervical w/o MCC	212	2,203	9.6%	3.7
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	205	2,655	7.7%	5.1
036 : Carotid artery stent procs w/o CC/MCC	188	265	70.9%	1.5
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	186	1,479	12.6%	2.9
467 : Revision of hip or knee replacement w CC	155	1,330	11.7%	4.1
473 : Cervical spinal fusion w/o CC/MCC	139	405	34.3%	2.3
273 : Percutaneous and other intracardiac procs w MCC	138	487	28.3%	5.3
<b>Top Surgical DRGs</b>	<b>13,649</b>	<b>36,464</b>	<b>37.4%</b>	<b>2.7</b>
<b>All Surgical DRGs</b>	<b>20,671</b>	<b>142,854</b>	<b>14.5%</b>	<b>6.2</b>

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Colorado, 50 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
483 : Major joint or limb reattachment procs of upper extremities	882	1,142	77.2%	1.4
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	827	1,924	43.0%	2.0
274 : Percutaneous and other intracardiac procs w/o MCC	385	462	83.3%	1.4
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	291	397	73.3%	1.5
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	255	787	32.4%	2.0
468 : Revision of hip or knee replacement w/o CC/MCC	134	260	51.5%	1.8
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	120	196	61.2%	1.9
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	102	185	55.1%	2.2
039 : Extracranial procs w/o CC/MCC	100	127	78.7%	1.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	99	230	43.0%	4.2
460 : Spinal fusion except cervical w/o MCC	89	555	16.0%	3.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	69	695	9.9%	2.8
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	65	216	30.1%	3.6
473 : Cervical spinal fusion w/o CC/MCC	57	117	48.7%	2.1
472 : Cervical spinal fusion w CC	56	257	21.8%	3.3
621 : OR procs for obesity w/o CC/MCC	48	103	46.6%	1.7
038 : Extracranial procs w CC	44	85	51.8%	2.3
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	42	451	9.3%	4.7
036 : Carotid artery stent procs w/o CC/MCC	41	56	73.2%	1.6
467 : Revision of hip or knee replacement w CC	41	317	12.9%	3.7
<b>Top Surgical DRGs</b>	<b>3,747</b>	<b>8,562</b>	<b>43.8%</b>	<b>2.4</b>
<b>All Surgical DRGs</b>	<b>5,163</b>	<b>26,327</b>	<b>19.6%</b>	<b>5.4</b>

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Connecticut, 26 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,081	2,151	50.3%	1.9
483 : Major joint or limb reattachment procs of upper extremities	316	430	73.5%	1.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	189	290	65.2%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	132	184	71.7%	1.9
266 : Endovascular cardiac valve replacement and supplement procs w MCC	101	250	40.4%	4.8
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	85	474	17.9%	2.6
039 : Extracranial procs w/o CC/MCC	77	104	74.0%	1.5
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	64	106	60.4%	2.3
468 : Revision of hip or knee replacement w/o CC/MCC	55	104	52.9%	1.9
460 : Spinal fusion except cervical w/o MCC	42	395	10.6%	3.5
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	36	80	45.0%	1.9
036 : Carotid artery stent procs w/o CC/MCC	34	47	72.3%	1.5
621 : OR procs for obesity w/o CC/MCC	33	70	47.1%	1.6
467 : Revision of hip or knee replacement w CC	32	198	16.2%	4.3
038 : Extracranial procs w CC	27	59	45.8%	2.8
244 : Permanent cardiac pacemaker implant w/o CC/MCC	27	113	23.9%	2.3
660 : Kidney and ureter procs for non-neoplasm w CC	26	178	14.6%	3.9
253 : Other vascular procs w CC	25	201	12.4%	4.8
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	22	124	17.7%	4.8
035 : Carotid artery stent procs w CC	21	33	63.6%	2.1
<b>Top Surgical DRGs</b>	<b>2,425</b>	<b>5,591</b>	<b>43.4%</b>	<b>2.5</b>
<b>All Surgical DRGs</b>	<b>3,272</b>	<b>19,705</b>	<b>16.6%</b>	<b>6.3</b>

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - District of Columbia, 6 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	105	150	70.0%	2.0
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	64	211	30.3%	2.4
483 : Major joint or limb reattachment procs of upper extremities	62	82	75.6%	1.9
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	44	176	25.0%	3.1
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	39	138	28.3%	2.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	34	54	63.0%	2.2
460 : Spinal fusion except cervical w/o MCC	29	332	8.7%	4.3
472 : Cervical spinal fusion w CC	28	117	23.9%	4.3
708 : Major male pelvic procs w/o CC/MCC	25	28	89.3%	1.3
036 : Carotid artery stent procs w/o CC/MCC	20	31	64.5%	2.3
039 : Extracranial procs w/o CC/MCC	17	21	81.0%	1.6
468 : Revision of hip or knee replacement w/o CC/MCC	16	64	25.0%	3.1
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	15	42	35.7%	4.3
621 : OR procs for obesity w/o CC/MCC	14	25	56.0%	1.7
658 : Kidney and ureter procs for neoplasm w/o CC/MCC	14	42	33.3%	2.0
165 : Major chest procs w/o CC/MCC	13	41	31.7%	2.6
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	13	131	9.9%	5.3
273 : Percutaneous and other intracardiac procs w MCC	11	52	21.2%	7.2
<b>Top Surgical DRGs</b>	<b>563</b>	<b>1,737</b>	<b>32.4%</b>	<b>3.3</b>
<b>All Surgical DRGs</b>	<b>959</b>	<b>8,105</b>	<b>11.8%</b>	<b>8.7</b>

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\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Delaware, 6 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	178	352	50.6%	2.3
483 : Major joint or limb reattachment procs of upper extremities	155	189	82.0%	1.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	139	182	76.4%	2.0
039 : Extracranial procs w/o CC/MCC	109	121	90.1%	1.3
274 : Percutaneous and other intracardiac procs w/o MCC	76	94	80.9%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	52	70	74.3%	1.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	42	232	18.1%	2.7
621 : OR procs for obesity w/o CC/MCC	38	48	79.2%	1.2
165 : Major chest procs w/o CC/MCC	34	63	54.0%	2.3
036 : Carotid artery stent procs w/o CC/MCC	29	35	82.9%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	24	48	50.0%	2.2
254 : Other vascular procs w/o CC/MCC	20	44	45.5%	2.7
460 : Spinal fusion except cervical w/o MCC	18	161	11.2%	3.0
038 : Extracranial procs w CC	17	35	48.6%	3.5
164 : Major chest procs w CC	14	55	25.5%	3.2
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	13	55	23.6%	2.6
467 : Revision of hip or knee replacement w CC	12	65	18.5%	4.6
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	11	22	50.0%	3.0
266 : Endovascular cardiac valve replacement and supplement procs w MCC	11	31	35.5%	7.2
<b>Top Surgical DRGs</b>	<b>992</b>	<b>1,902</b>	<b>52.2%</b>	<b>2.4</b>
<b>All Surgical DRGs</b>	<b>1,310</b>	<b>7,594</b>	<b>17.3%</b>	<b>6.8</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Florida, 166 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	2,740	8,546	32.1%	2.3
483 : Major joint or limb reattachment procs of upper extremities	2,265	3,292	68.8%	1.7
274 : Percutaneous and other intracardiac procs w/o MCC	2,051	3,072	66.8%	1.9
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	1,245	2,226	55.9%	2.0
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	1,040	4,459	23.3%	2.6
039 : Extracranial procs w/o CC/MCC	905	1,127	80.3%	1.4
266 : Endovascular cardiac valve replacement and supplement procs w MCC	695	1,758	39.5%	4.7
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	523	848	61.7%	2.3
460 : Spinal fusion except cervical w/o MCC	375	2,323	16.1%	3.4
036 : Carotid artery stent procs w/o CC/MCC	349	435	80.2%	1.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	331	557	59.4%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	308	780	39.5%	2.2
038 : Extracranial procs w CC	296	642	46.1%	3.1
472 : Cervical spinal fusion w CC	287	871	33.0%	3.3
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	275	1,017	27.0%	2.4
621 : OR procs for obesity w/o CC/MCC	273	474	57.6%	1.5
473 : Cervical spinal fusion w/o CC/MCC	228	457	49.9%	2.0
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	198	3,001	6.6%	5.4
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	189	985	19.2%	2.7
254 : Other vascular procs w/o CC/MCC	182	454	40.1%	2.4
<b>Top Surgical DRGs</b>	<b>14,755</b>	<b>37,324</b>	<b>39.5%</b>	<b>2.7</b>
<b>All Surgical DRGs</b>	<b>21,715</b>	<b>143,249</b>	<b>15.2%</b>	<b>6.1</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

Date prepared: 09NOV2021

**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Georgia, 99 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	734	1,672	43.9%	2.7
274 : Percutaneous and other intracardiac procs w/o MCC	631	818	77.1%	1.7
483 : Major joint or limb reattachment procs of upper extremities	603	763	79.0%	1.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	388	489	79.3%	1.4
039 : Extracranial procs w/o CC/MCC	367	456	80.5%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	309	1,517	20.4%	2.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	241	557	43.3%	4.0
621 : OR procs for obesity w/o CC/MCC	187	222	84.2%	1.2
460 : Spinal fusion except cervical w/o MCC	182	893	20.4%	3.5
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	180	269	66.9%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	157	294	53.4%	2.0
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	124	420	29.5%	2.7
038 : Extracranial procs w CC	121	233	51.9%	2.8
473 : Cervical spinal fusion w/o CC/MCC	97	187	51.9%	2.0
472 : Cervical spinal fusion w CC	79	295	26.8%	3.9
036 : Carotid artery stent procs w/o CC/MCC	77	87	88.5%	1.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	73	159	45.9%	2.7
254 : Other vascular procs w/o CC/MCC	65	191	34.0%	2.4
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	57	1,138	5.0%	5.5
253 : Other vascular procs w CC	55	400	13.8%	5.3
<b>Top Surgical DRGs</b>	<b>4,727</b>	<b>11,060</b>	<b>42.7%</b>	<b>2.9</b>
<b>All Surgical DRGs</b>	<b>6,865</b>	<b>46,131</b>	<b>14.9%</b>	<b>7.0</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Hawaii, 12 Hospitals**

<b>DRG Code and Description</b>	<b>Same- and 1-Day Stay Count*</b>	<b>Total Discharges for DRG*</b>	<b>Proportion of Same- and 1-Day Stays to Total Discharges</b>	<b>Average Length of Stay for DRG</b>
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	95	227	41.9%	2.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	60	81	74.1%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	33	37	89.2%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	21	112	18.8%	2.9
483 : Major joint or limb reattachment procs of upper extremities	18	37	48.6%	2.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	15	24	62.5%	2.4
038 : Extracranial procs w CC	12	22	54.5%	2.2
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	12	36	33.3%	2.7
266 : Endovascular cardiac valve replacement and supplement procs w MCC	11	33	33.3%	7.4
<b>Top Surgical DRGs</b>	<b>277</b>	<b>609</b>	<b>45.5%</b>	<b>2.7</b>
<b>All Surgical DRGs</b>	<b>552</b>	<b>4,664</b>	<b>11.8%</b>	<b>8.3</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Iowa, 33 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	896	1,996	44.9%	2.0
483 : Major joint or limb reattachment procs of upper extremities	575	739	77.8%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	286	410	69.8%	1.5
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	226	719	31.4%	2.3
039 : Extracranial procs w/o CC/MCC	210	240	87.5%	1.2
274 : Percutaneous and other intracardiac procs w/o MCC	153	185	82.7%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	114	150	76.0%	1.7
266 : Endovascular cardiac valve replacement and supplement procs w MCC	92	231	39.8%	4.2
460 : Spinal fusion except cervical w/o MCC	87	413	21.1%	3.1
468 : Revision of hip or knee replacement w/o CC/MCC	81	143	56.6%	2.0
036 : Carotid artery stent procs w/o CC/MCC	59	70	84.3%	1.3
038 : Extracranial procs w CC	59	91	64.8%	2.0
708 : Major male pelvic procs w/o CC/MCC	57	80	71.3%	1.3
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	43	437	9.8%	4.8
467 : Revision of hip or knee replacement w CC	39	217	18.0%	4.0
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	39	171	22.8%	4.6
621 : OR procs for obesity w/o CC/MCC	39	56	69.6%	1.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	37	79	46.8%	2.5
254 : Other vascular procs w/o CC/MCC	36	83	43.4%	1.9
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	31	81	38.3%	2.1
<b>Top Surgical DRGs</b>	<b>3,159</b>	<b>6,591</b>	<b>47.9%</b>	<b>2.4</b>
<b>All Surgical DRGs</b>	<b>4,168</b>	<b>19,918</b>	<b>20.9%</b>	<b>5.4</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Idaho, 16 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	237	270	87.8%	1.3
483 : Major joint or limb reattachment procs of upper extremities	226	285	79.3%	1.5
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	183	359	51.0%	2.0
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	154	188	81.9%	1.2
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	126	374	33.7%	1.9
468 : Revision of hip or knee replacement w/o CC/MCC	58	88	65.9%	1.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	48	56	85.7%	1.2
039 : Extracranial procs w/o CC/MCC	45	54	83.3%	1.4
621 : OR procs for obesity w/o CC/MCC	35	59	59.3%	1.5
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	31	201	15.4%	2.5
266 : Endovascular cardiac valve replacement and supplement procs w MCC	27	64	42.2%	4.7
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	25	189	13.2%	3.6
460 : Spinal fusion except cervical w/o MCC	24	150	16.0%	3.1
254 : Other vascular procs w/o CC/MCC	23	39	59.0%	1.6
467 : Revision of hip or knee replacement w CC	23	84	27.4%	3.7
473 : Cervical spinal fusion w/o CC/MCC	23	36	63.9%	1.4
472 : Cervical spinal fusion w CC	21	57	36.8%	2.6
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	18	32	56.3%	2.5
454 : Combined anterior and posterior spinal fusion w CC	17	176	9.7%	3.7
036 : Carotid artery stent procs w/o CC/MCC	15	15	100%	1.0
<b>Top Surgical DRGs</b>	<b>1,359</b>	<b>2,776</b>	<b>49.0%</b>	<b>2.2</b>
<b>All Surgical DRGs</b>	<b>1,832</b>	<b>8,067</b>	<b>22.7%</b>	<b>4.7</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Illinois, 122 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,926	5,569	34.6%	2.3
483 : Major joint or limb reattachment procs of upper extremities	1,043	1,479	70.5%	1.7
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	975	1,446	67.4%	1.6
274 : Percutaneous and other intracardiac procs w/o MCC	643	883	72.8%	1.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	526	2,117	24.8%	2.5
039 : Extracranial procs w/o CC/MCC	429	528	81.3%	1.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	318	506	62.8%	2.2
460 : Spinal fusion except cervical w/o MCC	211	1,172	18.0%	3.4
038 : Extracranial procs w CC	195	391	49.9%	2.8
468 : Revision of hip or knee replacement w/o CC/MCC	195	407	47.9%	2.0
266 : Endovascular cardiac valve replacement and supplement procs w MCC	171	552	31.0%	5.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	149	447	33.3%	2.3
165 : Major chest procs w/o CC/MCC	142	316	44.9%	2.1
036 : Carotid artery stent procs w/o CC/MCC	133	180	73.9%	1.5
473 : Cervical spinal fusion w/o CC/MCC	122	204	59.8%	1.9
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	121	252	48.0%	2.3
660 : Kidney and ureter procs for non-neoplasm w CC	120	759	15.8%	3.8
621 : OR procs for obesity w/o CC/MCC	118	229	51.5%	1.6
467 : Revision of hip or knee replacement w CC	102	778	13.1%	4.3
472 : Cervical spinal fusion w CC	102	448	22.8%	3.7
<b>Top Surgical DRGs</b>	<b>7,741</b>	<b>18,663</b>	<b>41.5%</b>	<b>2.5</b>
<b>All Surgical DRGs</b>	<b>11,381</b>	<b>72,043</b>	<b>15.8%</b>	<b>6.1</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Indiana, 82 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	2,073	3,739	55.4%	1.8
483 : Major joint or limb reattachment procs of upper extremities	984	1,272	77.4%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	536	677	79.2%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	420	644	65.2%	1.6
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	372	1,484	25.1%	2.4
039 : Extracranial procs w/o CC/MCC	327	390	83.8%	1.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	213	472	45.1%	3.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	207	309	67.0%	2.2
468 : Revision of hip or knee replacement w/o CC/MCC	186	313	59.4%	1.8
038 : Extracranial procs w CC	148	237	62.4%	2.2
460 : Spinal fusion except cervical w/o MCC	131	1,004	13.0%	3.2
708 : Major male pelvic procs w/o CC/MCC	123	166	74.1%	1.3
036 : Carotid artery stent procs w/o CC/MCC	119	165	72.1%	1.4
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	109	453	24.1%	2.4
467 : Revision of hip or knee replacement w CC	94	432	21.8%	4.0
254 : Other vascular procs w/o CC/MCC	85	195	43.6%	2.3
473 : Cervical spinal fusion w/o CC/MCC	75	133	56.4%	1.8
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	72	902	8.0%	5.2
621 : OR procs for obesity w/o CC/MCC	72	132	54.5%	1.5
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	72	232	31.0%	2.3
<b>Top Surgical DRGs</b>	<b>6,418</b>	<b>13,351</b>	<b>48.1%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>8,722</b>	<b>43,058</b>	<b>20.3%</b>	<b>5.3</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Kansas, 49 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	683	3,648	18.7%	2.2
483 : Major joint or limb reattachment procs of upper extremities	422	850	49.6%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	415	544	76.3%	1.5
039 : Extracranial procs w/o CC/MCC	279	337	82.8%	1.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	172	394	43.7%	3.2
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	163	711	22.9%	2.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	127	299	42.5%	2.1
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	100	153	65.4%	2.4
621 : OR procs for obesity w/o CC/MCC	94	139	67.6%	1.4
038 : Extracranial procs w CC	60	115	52.2%	2.2
473 : Cervical spinal fusion w/o CC/MCC	54	105	51.4%	1.8
460 : Spinal fusion except cervical w/o MCC	53	564	9.4%	3.1
036 : Carotid artery stent procs w/o CC/MCC	47	49	95.9%	1.1
708 : Major male pelvic procs w/o CC/MCC	47	75	62.7%	1.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	43	92	46.7%	3.1
254 : Other vascular procs w/o CC/MCC	36	68	52.9%	1.9
468 : Revision of hip or knee replacement w/o CC/MCC	36	175	20.6%	2.3
331 : Major small and large bowel procs w/o CC/MCC	35	310	11.3%	3.1
660 : Kidney and ureter procs for non-neoplasm w CC	35	171	20.5%	3.5
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	34	476	7.1%	5.0
<b>Top Surgical DRGs</b>	<b>2,935</b>	<b>9,275</b>	<b>31.6%</b>	<b>2.4</b>
<b>All Surgical DRGs</b>	<b>4,228</b>	<b>26,030</b>	<b>16.2%</b>	<b>5.1</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Kentucky, 62 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
483 : Major joint or limb reattachment procs of upper extremities	542	761	71.2%	1.8
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	417	1,366	30.5%	2.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	311	373	83.4%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	296	1,120	26.4%	2.4
274 : Percutaneous and other intracardiac procs w/o MCC	233	326	71.5%	1.8
039 : Extracranial procs w/o CC/MCC	220	291	75.6%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	182	261	69.7%	1.8
621 : OR procs for obesity w/o CC/MCC	108	145	74.5%	1.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	99	208	47.6%	4.3
468 : Revision of hip or knee replacement w/o CC/MCC	98	191	51.3%	2.0
036 : Carotid artery stent procs w/o CC/MCC	90	110	81.8%	1.3
038 : Extracranial procs w CC	84	174	48.3%	2.7
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	64	667	9.6%	4.9
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	58	99	58.6%	2.2
035 : Carotid artery stent procs w CC	52	91	57.1%	2.6
460 : Spinal fusion except cervical w/o MCC	49	315	15.6%	3.4
467 : Revision of hip or knee replacement w CC	49	264	18.6%	4.2
254 : Other vascular procs w/o CC/MCC	45	129	34.9%	2.4
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	44	147	29.9%	2.5
253 : Other vascular procs w CC	40	391	10.2%	5.0
<b>Top Surgical DRGs</b>	<b>3,081</b>	<b>7,429</b>	<b>41.5%</b>	<b>2.7</b>
<b>All Surgical DRGs</b>	<b>4,421</b>	<b>29,058</b>	<b>15.2%</b>	<b>6.2</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Louisiana, 87 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
483 : Major joint or limb reattachment procs of upper extremities	416	596	69.8%	1.7
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	348	1,381	25.2%	2.6
039 : Extracranial procs w/o CC/MCC	314	401	78.3%	1.4
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	275	374	73.5%	1.6
274 : Percutaneous and other intracardiac procs w/o MCC	215	290	74.1%	1.5
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	183	756	24.2%	2.5
473 : Cervical spinal fusion w/o CC/MCC	173	272	63.6%	1.6
621 : OR procs for obesity w/o CC/MCC	115	160	71.9%	1.4
266 : Endovascular cardiac valve replacement and supplement procs w MCC	105	232	45.3%	3.9
036 : Carotid artery stent procs w/o CC/MCC	96	112	85.7%	1.2
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	93	153	60.8%	2.1
460 : Spinal fusion except cervical w/o MCC	89	510	17.5%	3.2
038 : Extracranial procs w CC	76	170	44.7%	2.9
472 : Cervical spinal fusion w CC	76	205	37.1%	3.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	55	501	11.0%	2.6
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	54	138	39.1%	3.0
468 : Revision of hip or knee replacement w/o CC/MCC	51	148	34.5%	2.3
708 : Major male pelvic procs w/o CC/MCC	49	97	50.5%	1.7
254 : Other vascular procs w/o CC/MCC	43	125	34.4%	2.6
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	40	127	31.5%	2.4
<b>Top Surgical DRGs</b>	<b>2,866</b>	<b>6,748</b>	<b>42.5%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>4,238</b>	<b>26,909</b>	<b>15.7%</b>	<b>6.1</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Massachusetts, 54 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	2,176	6,860	31.7%	2.2
483 : Major joint or limb reattachment procs of upper extremities	739	1,187	62.3%	1.7
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	559	1,070	52.2%	2.0
274 : Percutaneous and other intracardiac procs w/o MCC	416	591	70.4%	2.0
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	284	1,541	18.4%	2.8
039 : Extracranial procs w/o CC/MCC	275	381	72.2%	1.5
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	143	296	48.3%	2.7
621 : OR procs for obesity w/o CC/MCC	142	233	60.9%	1.5
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	113	326	34.7%	2.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	107	235	45.5%	2.2
165 : Major chest procs w/o CC/MCC	107	390	27.4%	2.3
038 : Extracranial procs w CC	105	259	40.5%	3.4
468 : Revision of hip or knee replacement w/o CC/MCC	105	322	32.6%	2.4
460 : Spinal fusion except cervical w/o MCC	95	1,037	9.2%	3.7
708 : Major male pelvic procs w/o CC/MCC	79	121	65.3%	1.5
254 : Other vascular procs w/o CC/MCC	71	233	30.5%	2.7
660 : Kidney and ureter procs for non-neoplasm w CC	70	515	13.6%	3.8
164 : Major chest procs w CC	69	712	9.7%	4.3
517 : Other musculoskeletal system and connective tissue OR procs w/o CC/MCC	65	263	24.7%	2.8
472 : Cervical spinal fusion w CC	64	387	16.5%	3.7
<b>Top Surgical DRGs</b>	<b>5,784</b>	<b>16,959</b>	<b>34.1%</b>	<b>2.5</b>
<b>All Surgical DRGs</b>	<b>8,426</b>	<b>55,569</b>	<b>15.2%</b>	<b>6.1</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Maryland, 46 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	929	1,939	47.9%	2.3
483 : Major joint or limb reattachment procs of upper extremities	577	783	73.7%	1.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	412	695	59.3%	2.2
039 : Extracranial procs w/o CC/MCC	288	351	82.1%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	207	921	22.5%	2.7
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	167	258	64.7%	2.3
274 : Percutaneous and other intracardiac procs w/o MCC	158	235	67.2%	2.1
038 : Extracranial procs w CC	150	233	64.4%	2.3
460 : Spinal fusion except cervical w/o MCC	150	1,017	14.7%	3.6
468 : Revision of hip or knee replacement w/o CC/MCC	137	283	48.4%	2.1
472 : Cervical spinal fusion w CC	115	378	30.4%	3.3
621 : OR procs for obesity w/o CC/MCC	90	138	65.2%	1.5
467 : Revision of hip or knee replacement w CC	75	340	22.1%	4.4
473 : Cervical spinal fusion w/o CC/MCC	75	147	51.0%	2.0
036 : Carotid artery stent procs w/o CC/MCC	73	94	77.7%	1.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	62	145	42.8%	2.7
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	59	627	9.4%	4.9
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	58	210	27.6%	4.8
658 : Kidney and ureter procs for neoplasm w/o CC/MCC	58	116	50.0%	1.9
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	53	145	36.6%	2.2
<b>Top Surgical DRGs</b>	<b>3,893</b>	<b>9,055</b>	<b>43.0%</b>	<b>2.7</b>
<b>All Surgical DRGs</b>	<b>5,872</b>	<b>36,312</b>	<b>16.2%</b>	<b>6.3</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Maine, 17 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	298	522	57.1%	1.9
483 : Major joint or limb reattachment procs of upper extremities	157	186	84.4%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	99	168	58.9%	1.9
039 : Extracranial procs w/o CC/MCC	43	49	87.8%	1.3
274 : Percutaneous and other intracardiac procs w/o MCC	41	62	66.1%	2.0
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	33	301	11.0%	2.8
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	32	44	72.7%	1.7
460 : Spinal fusion except cervical w/o MCC	30	58	51.7%	2.2
038 : Extracranial procs w CC	23	35	65.7%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	22	36	61.1%	1.9
036 : Carotid artery stent procs w/o CC/MCC	21	23	91.3%	1.1
621 : OR procs for obesity w/o CC/MCC	20	27	74.1%	1.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	15	27	55.6%	2.2
328 : Stomach, esophageal and duodenal procs w/o CC/MCC	15	23	65.2%	2.1
494 : Lower extremity and humerus procs except hip, foot and femur w/o CC/MCC	12	39	30.8%	3.0
467 : Revision of hip or knee replacement w CC	11	49	22.4%	3.9
708 : Major male pelvic procs w/o CC/MCC	11	13	84.6%	2.0
<b>Top Surgical DRGs</b>	<b>883</b>	<b>1,662</b>	<b>53.1%</b>	<b>2.1</b>
<b>All Surgical DRGs</b>	<b>1,276</b>	<b>6,858</b>	<b>18.6%</b>	<b>6.4</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Michigan, 93 Hospitals**

<b>DRG Code and Description</b>	<b>Same- and 1-Day Stay Count*</b>	<b>Total Discharges for DRG*</b>	<b>Proportion of Same- and 1-Day Stays to Total Discharges</b>	<b>Average Length of Stay for DRG</b>
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,775	3,247	54.7%	2.0
483 : Major joint or limb reattachment procs of upper extremities	961	1,297	74.1%	1.6
274 : Percutaneous and other intracardiac procs w/o MCC	746	960	77.7%	1.7
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	695	1,163	59.8%	1.9
039 : Extracranial procs w/o CC/MCC	338	409	82.6%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	310	1,780	17.4%	2.7
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	227	371	61.2%	2.4
460 : Spinal fusion except cervical w/o MCC	196	990	19.8%	3.4
468 : Revision of hip or knee replacement w/o CC/MCC	185	306	60.5%	1.7
621 : OR procs for obesity w/o CC/MCC	159	254	62.6%	1.5
038 : Extracranial procs w CC	127	260	48.8%	3.0
472 : Cervical spinal fusion w CC	110	425	25.9%	3.5
036 : Carotid artery stent procs w/o CC/MCC	105	141	74.5%	1.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	105	419	25.1%	6.0
473 : Cervical spinal fusion w/o CC/MCC	105	215	48.8%	2.0
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	96	281	34.2%	2.1
254 : Other vascular procs w/o CC/MCC	90	250	36.0%	2.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	83	177	46.9%	2.3
252 : Other vascular procs w MCC	75	757	9.9%	7.5
467 : Revision of hip or knee replacement w CC	74	457	16.2%	4.3
<b>Top Surgical DRGs</b>	<b>6,562</b>	<b>14,159</b>	<b>46.3%</b>	<b>2.6</b>
<b>All Surgical DRGs</b>	<b>9,182</b>	<b>52,749</b>	<b>17.4%</b>	<b>6.2</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Minnesota, 48 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,151	2,546	45.2%	2.1
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	736	1,023	71.9%	1.5
483 : Major joint or limb reattachment procs of upper extremities	709	937	75.7%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	408	549	74.3%	1.6
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	211	973	21.7%	2.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	157	243	64.6%	1.9
039 : Extracranial procs w/o CC/MCC	146	183	79.8%	1.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	109	190	57.4%	2.1
266 : Endovascular cardiac valve replacement and supplement procs w MCC	107	382	28.0%	4.9
468 : Revision of hip or knee replacement w/o CC/MCC	92	195	47.2%	1.9
038 : Extracranial procs w CC	80	156	51.3%	2.4
472 : Cervical spinal fusion w CC	76	269	28.3%	3.2
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	68	225	30.2%	4.1
467 : Revision of hip or knee replacement w CC	66	480	13.8%	3.5
660 : Kidney and ureter procs for non-neoplasm w CC	65	305	21.3%	3.1
253 : Other vascular procs w CC	60	418	14.4%	4.6
036 : Carotid artery stent procs w/o CC/MCC	55	61	90.2%	1.2
164 : Major chest procs w CC	47	317	14.8%	4.5
033 : Ventricular shunt procs w/o CC/MCC	45	67	67.2%	1.5
254 : Other vascular procs w/o CC/MCC	45	98	45.9%	1.9
<b>Top Surgical DRGs</b>	<b>4,433</b>	<b>9,617</b>	<b>46.1%</b>	<b>2.4</b>
<b>All Surgical DRGs</b>	<b>6,315</b>	<b>33,093</b>	<b>19.1%</b>	<b>5.4</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

Date prepared: 09NOV2021

**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Missouri, 68 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
483 : Major joint or limb reattachment procs of upper extremities	792	1,095	72.3%	1.6
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	653	2,548	25.6%	2.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	598	820	72.9%	1.6
274 : Percutaneous and other intracardiac procs w/o MCC	380	486	78.2%	1.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	331	1,365	24.2%	2.4
039 : Extracranial procs w/o CC/MCC	304	390	77.9%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	227	337	67.4%	1.9
621 : OR procs for obesity w/o CC/MCC	130	217	59.9%	1.5
038 : Extracranial procs w CC	127	240	52.9%	2.7
266 : Endovascular cardiac valve replacement and supplement procs w MCC	126	353	35.7%	4.6
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	110	194	56.7%	2.2
468 : Revision of hip or knee replacement w/o CC/MCC	105	268	39.2%	2.0
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	86	948	9.1%	5.0
460 : Spinal fusion except cervical w/o MCC	85	703	12.1%	3.8
036 : Carotid artery stent procs w/o CC/MCC	83	103	80.6%	1.4
253 : Other vascular procs w CC	81	521	15.5%	4.7
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	74	429	17.2%	2.8
254 : Other vascular procs w/o CC/MCC	65	225	28.9%	2.4
660 : Kidney and ureter procs for non-neoplasm w CC	63	411	15.3%	3.9
473 : Cervical spinal fusion w/o CC/MCC	61	127	48.0%	2.0
<b>Top Surgical DRGs</b>	<b>4,481</b>	<b>11,780</b>	<b>38.0%</b>	<b>2.7</b>
<b>All Surgical DRGs</b>	<b>6,638</b>	<b>42,488</b>	<b>15.6%</b>	<b>6.1</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

Date prepared: 09NOV2021

**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Mississippi, 59 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	320	1,134	28.2%	2.6
483 : Major joint or limb reattachment procs of upper extremities	281	387	72.6%	1.7
274 : Percutaneous and other intracardiac procs w/o MCC	278	349	79.7%	1.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	265	323	82.0%	1.3
039 : Extracranial procs w/o CC/MCC	222	276	80.4%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	214	788	27.2%	2.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	116	145	80.0%	1.7
460 : Spinal fusion except cervical w/o MCC	110	328	33.5%	2.7
621 : OR procs for obesity w/o CC/MCC	96	159	60.4%	1.4
038 : Extracranial procs w CC	83	145	57.2%	2.4
266 : Endovascular cardiac valve replacement and supplement procs w MCC	80	163	49.1%	3.4
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	68	149	45.6%	2.1
036 : Carotid artery stent procs w/o CC/MCC	60	67	89.6%	1.3
473 : Cervical spinal fusion w/o CC/MCC	51	90	56.7%	2.3
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	50	494	10.1%	4.9
254 : Other vascular procs w/o CC/MCC	46	103	44.7%	2.4
468 : Revision of hip or knee replacement w/o CC/MCC	45	95	47.4%	2.0
472 : Cervical spinal fusion w CC	37	117	31.6%	3.7
035 : Carotid artery stent procs w CC	33	47	70.2%	2.1
272 : Other major cardiovascular procs w/o CC/MCC	33	58	56.9%	2.2
<b>Top Surgical DRGs</b>	<b>2,488</b>	<b>5,417</b>	<b>45.9%</b>	<b>2.4</b>
<b>All Surgical DRGs</b>	<b>3,575</b>	<b>21,997</b>	<b>16.3%</b>	<b>6.1</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Montana, 13 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	271	575	47.1%	2.3
483 : Major joint or limb reattachment procs of upper extremities	243	311	78.1%	1.6
274 : Percutaneous and other intracardiac procs w/o MCC	156	183	85.2%	1.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	155	183	84.7%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	120	378	31.7%	2.2
266 : Endovascular cardiac valve replacement and supplement procs w MCC	113	188	60.1%	2.8
039 : Extracranial procs w/o CC/MCC	101	120	84.2%	1.3
460 : Spinal fusion except cervical w/o MCC	88	260	33.8%	2.7
468 : Revision of hip or knee replacement w/o CC/MCC	48	93	51.6%	2.0
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	37	65	56.9%	2.1
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	34	63	54.0%	2.3
254 : Other vascular procs w/o CC/MCC	25	60	41.7%	2.4
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	22	70	31.4%	4.3
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	21	198	10.6%	4.3
708 : Major male pelvic procs w/o CC/MCC	21	28	75.0%	1.3
253 : Other vascular procs w CC	20	72	27.8%	4.4
473 : Cervical spinal fusion w/o CC/MCC	20	34	58.8%	1.9
472 : Cervical spinal fusion w CC	17	44	38.6%	2.8
244 : Permanent cardiac pacemaker implant w/o CC/MCC	16	68	23.5%	2.2
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	16	40	40.0%	2.3
<b>Top Surgical DRGs</b>	<b>1,544</b>	<b>3,033</b>	<b>50.9%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>2,037</b>	<b>8,630</b>	<b>23.6%</b>	<b>5.2</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - North Carolina, 85 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,679	4,571	36.7%	2.3
483 : Major joint or limb reattachment procs of upper extremities	1,002	1,428	70.2%	1.7
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	509	864	58.9%	1.7
274 : Percutaneous and other intracardiac procs w/o MCC	499	763	65.4%	1.8
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	462	2,046	22.6%	2.5
039 : Extracranial procs w/o CC/MCC	441	540	81.7%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	267	425	62.8%	2.2
468 : Revision of hip or knee replacement w/o CC/MCC	202	469	43.1%	2.1
621 : OR procs for obesity w/o CC/MCC	173	254	68.1%	1.4
038 : Extracranial procs w CC	160	305	52.5%	2.9
460 : Spinal fusion except cervical w/o MCC	144	1,127	12.8%	3.5
266 : Endovascular cardiac valve replacement and supplement procs w MCC	143	432	33.1%	4.6
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	136	284	47.9%	2.1
036 : Carotid artery stent procs w/o CC/MCC	122	159	76.7%	1.5
473 : Cervical spinal fusion w/o CC/MCC	120	241	49.8%	2.0
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	112	849	13.2%	2.9
472 : Cervical spinal fusion w CC	103	391	26.3%	3.9
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	99	400	24.8%	5.1
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	91	1,178	7.7%	5.2
254 : Other vascular procs w/o CC/MCC	85	279	30.5%	2.7
<b>Top Surgical DRGs</b>	<b>6,549</b>	<b>17,005</b>	<b>38.5%</b>	<b>2.7</b>
<b>All Surgical DRGs</b>	<b>9,524</b>	<b>62,040</b>	<b>15.4%</b>	<b>6.2</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

Date prepared: 09NOV2021

**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - North Dakota, 8 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	289	478	60.5%	1.8
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	219	325	67.4%	1.5
483 : Major joint or limb reattachment procs of upper extremities	214	265	80.8%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	130	140	92.9%	1.2
039 : Extracranial procs w/o CC/MCC	106	130	81.5%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	92	253	36.4%	2.0
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	68	89	76.4%	1.7
038 : Extracranial procs w CC	51	84	60.7%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	31	69	44.9%	2.0
467 : Revision of hip or knee replacement w CC	26	108	24.1%	3.4
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	24	193	12.4%	4.5
253 : Other vascular procs w CC	16	85	18.8%	4.3
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	16	58	27.6%	5.0
660 : Kidney and ureter procs for non-neoplasm w CC	16	72	22.2%	3.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	15	34	44.1%	2.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	14	64	21.9%	4.5
273 : Percutaneous and other intracardiac procs w MCC	13	17	76.5%	1.5
621 : OR procs for obesity w/o CC/MCC	13	16	81.3%	1.2
036 : Carotid artery stent procs w/o CC/MCC	12	15	80.0%	1.2
254 : Other vascular procs w/o CC/MCC	12	39	30.8%	2.6
<b>Top Surgical DRGs</b>	<b>1,377</b>	<b>2,534</b>	<b>54.3%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>1,692</b>	<b>7,446</b>	<b>22.7%</b>	<b>5.3</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Nebraska, 24 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	563	598	94.1%	1.1
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	433	1,254	34.5%	2.2
483 : Major joint or limb reattachment procs of upper extremities	338	507	66.7%	1.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	175	400	43.8%	1.8
039 : Extracranial procs w/o CC/MCC	137	161	85.1%	1.2
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	121	395	30.6%	2.1
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	85	117	72.6%	1.8
266 : Endovascular cardiac valve replacement and supplement procs w MCC	67	146	45.9%	4.1
468 : Revision of hip or knee replacement w/o CC/MCC	67	113	59.3%	1.7
036 : Carotid artery stent procs w/o CC/MCC	66	76	86.8%	1.2
038 : Extracranial procs w CC	63	93	67.7%	2.1
229 : Other cardiothoracic procs w/o MCC	54	97	55.7%	2.4
467 : Revision of hip or knee replacement w CC	33	194	17.0%	3.7
460 : Spinal fusion except cervical w/o MCC	32	247	13.0%	3.1
253 : Other vascular procs w CC	31	144	21.5%	3.7
254 : Other vascular procs w/o CC/MCC	31	77	40.3%	2.0
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	30	54	55.6%	2.5
035 : Carotid artery stent procs w CC	26	46	56.5%	1.9
026 : Craniotomy and endovascular intracranial procs w CC	24	84	28.6%	4.5
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	23	215	10.7%	4.4
<b>Top Surgical DRGs</b>	<b>2,399</b>	<b>5,018</b>	<b>47.8%</b>	<b>2.2</b>
<b>All Surgical DRGs</b>	<b>3,192</b>	<b>15,406</b>	<b>20.7%</b>	<b>5.2</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - New Hampshire, 13 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	228	325	70.2%	1.7
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	171	405	42.2%	2.5
274 : Percutaneous and other intracardiac procs w/o MCC	154	180	85.6%	1.4
483 : Major joint or limb reattachment procs of upper extremities	134	193	69.4%	1.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	88	493	17.8%	2.5
039 : Extracranial procs w/o CC/MCC	77	108	71.3%	1.5
266 : Endovascular cardiac valve replacement and supplement procs w MCC	44	151	29.1%	6.2
468 : Revision of hip or knee replacement w/o CC/MCC	44	64	68.8%	1.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	42	76	55.3%	2.1
621 : OR procs for obesity w/o CC/MCC	35	58	60.3%	1.4
460 : Spinal fusion except cervical w/o MCC	27	152	17.8%	3.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	22	40	55.0%	2.4
038 : Extracranial procs w CC	21	53	39.6%	3.2
165 : Major chest procs w/o CC/MCC	21	42	50.0%	2.3
164 : Major chest procs w CC	20	98	20.4%	4.5
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	19	266	7.1%	5.3
243 : Permanent cardiac pacemaker implant w CC	18	115	15.7%	3.4
418 : Laparoscopic cholecystectomy w/o CDE w CC	18	106	17.0%	3.5
254 : Other vascular procs w/o CC/MCC	17	56	30.4%	2.6
660 : Kidney and ureter procs for non-neoplasm w CC	17	92	18.5%	3.3
<b>Top Surgical DRGs</b>	<b>1,217</b>	<b>3,073</b>	<b>39.6%</b>	<b>2.8</b>
<b>All Surgical DRGs</b>	<b>1,826</b>	<b>9,861</b>	<b>18.5%</b>	<b>6.1</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

Date prepared: 09NOV2021



**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - New Jersey, 63 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,144	3,075	37.2%	2.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	747	1,149	65.0%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	490	697	70.3%	1.8
483 : Major joint or limb reattachment procs of upper extremities	403	592	68.1%	2.0
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	306	1,557	19.7%	2.9
039 : Extracranial procs w/o CC/MCC	241	300	80.3%	1.4
621 : OR procs for obesity w/o CC/MCC	180	276	65.2%	1.5
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	172	270	63.7%	2.3
165 : Major chest procs w/o CC/MCC	92	202	45.5%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	81	171	47.4%	2.0
038 : Extracranial procs w CC	75	185	40.5%	3.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	73	409	17.8%	7.4
036 : Carotid artery stent procs w/o CC/MCC	66	91	72.5%	1.5
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	66	975	6.8%	5.8
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	65	291	22.3%	2.6
460 : Spinal fusion except cervical w/o MCC	64	582	11.0%	3.6
164 : Major chest procs w CC	57	342	16.7%	4.3
243 : Permanent cardiac pacemaker implant w CC	53	648	8.2%	4.0
254 : Other vascular procs w/o CC/MCC	52	160	32.5%	2.8
473 : Cervical spinal fusion w/o CC/MCC	51	108	47.2%	2.3
<b>Top Surgical DRGs</b>	<b>4,478</b>	<b>12,080</b>	<b>37.1%</b>	<b>2.9</b>
<b>All Surgical DRGs</b>	<b>6,471</b>	<b>47,926</b>	<b>13.5%</b>	<b>6.8</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - New Mexico, 30 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	340	581	58.5%	1.9
483 : Major joint or limb reattachment procs of upper extremities	140	173	80.9%	1.3
274 : Percutaneous and other intracardiac procs w/o MCC	87	117	74.4%	1.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	86	350	24.6%	2.3
460 : Spinal fusion except cervical w/o MCC	38	104	36.5%	2.8
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	33	42	78.6%	1.6
468 : Revision of hip or knee replacement w/o CC/MCC	29	52	55.8%	1.9
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	25	31	80.6%	1.6
039 : Extracranial procs w/o CC/MCC	22	29	75.9%	1.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	22	55	40.0%	4.9
254 : Other vascular procs w/o CC/MCC	15	30	50.0%	1.9
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	14	214	6.5%	5.0
243 : Permanent cardiac pacemaker implant w CC	13	77	16.9%	3.1
244 : Permanent cardiac pacemaker implant w/o CC/MCC	13	64	20.3%	2.5
419 : Laparoscopic cholecystectomy w/o CDE w/o CC/MCC	13	70	18.6%	2.8
467 : Revision of hip or knee replacement w CC	12	80	15.0%	4.4
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	12	51	23.5%	2.4
621 : OR procs for obesity w/o CC/MCC	11	25	44.0%	1.8
660 : Kidney and ureter procs for non-neoplasm w CC	11	65	16.9%	3.2
<b>Top Surgical DRGs</b>	<b>936</b>	<b>2,210</b>	<b>42.4%</b>	<b>2.5</b>
<b>All Surgical DRGs</b>	<b>1,283</b>	<b>8,261</b>	<b>15.5%</b>	<b>6.0</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Nevada, 22 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
483 : Major joint or limb reattachment procs of upper extremities	225	306	73.5%	1.6
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	173	947	18.3%	2.7
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	156	210	74.3%	1.5
266 : Endovascular cardiac valve replacement and supplement procs w MCC	135	214	63.1%	3.2
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	88	446	19.7%	2.4
039 : Extracranial procs w/o CC/MCC	84	116	72.4%	1.4
621 : OR procs for obesity w/o CC/MCC	71	90	78.9%	1.3
274 : Percutaneous and other intracardiac procs w/o MCC	63	105	60.0%	1.9
468 : Revision of hip or knee replacement w/o CC/MCC	53	118	44.9%	2.2
473 : Cervical spinal fusion w/o CC/MCC	52	78	66.7%	1.6
460 : Spinal fusion except cervical w/o MCC	43	333	12.9%	3.5
472 : Cervical spinal fusion w CC	38	135	28.1%	3.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	35	91	38.5%	3.1
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	34	178	19.1%	3.0
254 : Other vascular procs w/o CC/MCC	28	79	35.4%	2.5
708 : Major male pelvic procs w/o CC/MCC	28	46	60.9%	1.4
660 : Kidney and ureter procs for non-neoplasm w CC	25	100	25.0%	3.9
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	25	81	30.9%	2.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	23	48	47.9%	2.9
517 : Other musculoskeletal system and connective tissue OR procs w/o CC/MCC	22	74	29.7%	2.4
<b>Top Surgical DRGs</b>	<b>1,401</b>	<b>3,795</b>	<b>36.9%</b>	<b>2.5</b>
<b>All Surgical DRGs</b>	<b>2,153</b>	<b>14,840</b>	<b>14.5%</b>	<b>6.5</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - New York, 140 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	3,234	10,238	31.6%	2.4
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	1,491	2,741	54.4%	2.0
483 : Major joint or limb reattachment procs of upper extremities	1,310	1,851	70.8%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	1,306	1,925	67.8%	1.9
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	1,108	3,493	31.7%	2.5
039 : Extracranial procs w/o CC/MCC	549	701	78.3%	1.5
266 : Endovascular cardiac valve replacement and supplement procs w MCC	410	1,412	29.0%	5.9
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	351	561	62.6%	2.3
621 : OR procs for obesity w/o CC/MCC	265	420	63.1%	1.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	247	417	59.2%	2.0
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	230	1,863	12.3%	5.6
468 : Revision of hip or knee replacement w/o CC/MCC	211	575	36.7%	2.4
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	194	594	32.7%	2.3
038 : Extracranial procs w CC	177	373	47.5%	3.3
036 : Carotid artery stent procs w/o CC/MCC	169	208	81.3%	1.5
460 : Spinal fusion except cervical w/o MCC	153	1,287	11.9%	4.1
708 : Major male pelvic procs w/o CC/MCC	149	233	63.9%	1.5
743 : Uterine and adnexa procs for non-malignancy w/o CC/MCC	147	270	54.4%	1.6
472 : Cervical spinal fusion w CC	144	597	24.1%	3.9
165 : Major chest procs w/o CC/MCC	141	517	27.3%	2.6
<b>Top Surgical DRGs</b>	<b>11,986</b>	<b>30,276</b>	<b>39.6%</b>	<b>2.7</b>
<b>All Surgical DRGs</b>	<b>18,105</b>	<b>104,274</b>	<b>17.4%</b>	<b>6.9</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Ohio, 124 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
483 : Major joint or limb reattachment procs of upper extremities	1,591	2,053	77.5%	1.5
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,453	3,432	42.3%	2.2
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	1,038	1,345	77.2%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	1,018	1,358	75.0%	1.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	639	2,411	26.5%	2.5
039 : Extracranial procs w/o CC/MCC	460	575	80.0%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	335	496	67.5%	2.1
266 : Endovascular cardiac valve replacement and supplement procs w MCC	288	678	42.5%	5.4
468 : Revision of hip or knee replacement w/o CC/MCC	227	437	51.9%	1.9
038 : Extracranial procs w CC	190	355	53.5%	2.5
460 : Spinal fusion except cervical w/o MCC	159	1,463	10.9%	3.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	155	318	48.7%	2.4
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	144	374	38.5%	2.0
621 : OR procs for obesity w/o CC/MCC	143	268	53.4%	1.6
036 : Carotid artery stent procs w/o CC/MCC	133	161	82.6%	1.3
467 : Revision of hip or knee replacement w CC	126	689	18.3%	3.8
254 : Other vascular procs w/o CC/MCC	118	271	43.5%	2.2
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	114	1,492	7.6%	5.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	103	598	17.2%	2.9
660 : Kidney and ureter procs for non-neoplasm w CC	102	662	15.4%	3.8
<b>Top Surgical DRGs</b>	<b>8,536</b>	<b>19,436</b>	<b>43.9%</b>	<b>2.6</b>
<b>All Surgical DRGs</b>	<b>12,140</b>	<b>68,052</b>	<b>17.8%</b>	<b>5.8</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Oklahoma, 78 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,184	4,276	27.7%	2.2
483 : Major joint or limb reattachment procs of upper extremities	520	940	55.3%	1.9
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	314	428	73.4%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	281	332	84.6%	1.4
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	236	726	32.5%	2.3
039 : Extracranial procs w/o CC/MCC	230	270	85.2%	1.2
460 : Spinal fusion except cervical w/o MCC	127	853	14.9%	2.8
473 : Cervical spinal fusion w/o CC/MCC	113	192	58.9%	1.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	111	172	64.5%	2.1
036 : Carotid artery stent procs w/o CC/MCC	102	119	85.7%	1.2
038 : Extracranial procs w CC	81	147	55.1%	2.5
468 : Revision of hip or knee replacement w/o CC/MCC	73	211	34.6%	2.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	72	191	37.7%	4.6
621 : OR procs for obesity w/o CC/MCC	62	117	53.0%	1.6
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	60	466	12.9%	2.5
035 : Carotid artery stent procs w CC	58	98	59.2%	2.3
472 : Cervical spinal fusion w CC	55	174	31.6%	3.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	47	104	45.2%	2.2
331 : Major small and large bowel procs w/o CC/MCC	41	338	12.1%	3.4
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	40	433	9.2%	4.9
<b>Top Surgical DRGs</b>	<b>3,807</b>	<b>10,587</b>	<b>36.0%</b>	<b>2.4</b>
<b>All Surgical DRGs</b>	<b>5,095</b>	<b>28,986</b>	<b>17.6%</b>	<b>5.3</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Oregon, 34 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
483 : Major joint or limb reattachment procs of upper extremities	455	584	77.9%	1.6
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	418	1,021	40.9%	2.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	237	383	61.9%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	145	182	79.7%	1.6
039 : Extracranial procs w/o CC/MCC	139	182	76.4%	1.4
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	131	551	23.8%	2.2
266 : Endovascular cardiac valve replacement and supplement procs w MCC	115	250	46.0%	3.8
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	102	151	67.5%	2.0
468 : Revision of hip or knee replacement w/o CC/MCC	66	133	49.6%	2.0
038 : Extracranial procs w CC	50	86	58.1%	2.4
621 : OR procs for obesity w/o CC/MCC	48	84	57.1%	1.5
460 : Spinal fusion except cervical w/o MCC	47	205	22.9%	3.2
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	44	209	21.1%	2.7
254 : Other vascular procs w/o CC/MCC	41	122	33.6%	2.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	38	83	45.8%	2.4
253 : Other vascular procs w CC	37	228	16.2%	4.7
036 : Carotid artery stent procs w/o CC/MCC	34	44	77.3%	1.6
660 : Kidney and ureter procs for non-neoplasm w CC	33	144	22.9%	3.4
035 : Carotid artery stent procs w CC	32	56	57.1%	2.3
473 : Cervical spinal fusion w/o CC/MCC	31	66	47.0%	1.9
<b>Top Surgical DRGs</b>	<b>2,243</b>	<b>4,764</b>	<b>47.1%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>3,400</b>	<b>18,398</b>	<b>18.5%</b>	<b>5.8</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Pennsylvania, 142 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	4,088	8,085	50.6%	1.9
483 : Major joint or limb reattachment procs of upper extremities	1,362	1,841	74.0%	1.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	901	1,561	57.7%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	736	1,110	66.3%	1.9
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	472	2,453	19.2%	2.6
039 : Extracranial procs w/o CC/MCC	403	510	79.0%	1.4
266 : Endovascular cardiac valve replacement and supplement procs w MCC	329	888	37.0%	4.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	290	479	60.5%	2.3
468 : Revision of hip or knee replacement w/o CC/MCC	262	570	46.0%	2.1
460 : Spinal fusion except cervical w/o MCC	185	1,508	12.3%	3.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	154	281	54.8%	2.1
036 : Carotid artery stent procs w/o CC/MCC	150	192	78.1%	1.5
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	142	515	27.6%	2.3
038 : Extracranial procs w CC	137	307	44.6%	3.1
621 : OR procs for obesity w/o CC/MCC	132	266	49.6%	1.7
467 : Revision of hip or knee replacement w CC	121	815	14.8%	4.3
708 : Major male pelvic procs w/o CC/MCC	115	201	57.2%	1.6
473 : Cervical spinal fusion w/o CC/MCC	112	227	49.3%	2.1
660 : Kidney and ureter procs for non-neoplasm w CC	111	850	13.1%	4.0
472 : Cervical spinal fusion w CC	100	475	21.1%	3.6
<b>Top Surgical DRGs</b>	<b>10,302</b>	<b>23,134</b>	<b>44.5%</b>	<b>2.4</b>
<b>All Surgical DRGs</b>	<b>13,861</b>	<b>77,934</b>	<b>17.8%</b>	<b>5.9</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Puerto Rico, 50 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	121	372	32.5%	2.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	57	240	23.8%	3.6
483 : Major joint or limb reattachment procs of upper extremities	32	54	59.3%	1.9
743 : Uterine and adnexa procs for non-malignancy w/o CC/MCC	17	54	31.5%	2.1
581 : Other skin, subcutaneous tissue and breast procs w/o CC/MCC	14	38	36.8%	3.1
419 : Laparoscopic cholecystectomy w/o CDE w/o CC/MCC	13	92	14.1%	3.9
512 : Shoulder, elbow or forearm procs, except major joint procs w/o CC/MCC	12	33	36.4%	2.1
<b>Top Surgical DRGs</b>	<b>266</b>	<b>883</b>	<b>30.1%</b>	<b>2.8</b>
<b>All Surgical DRGs</b>	<b>532</b>	<b>4,415</b>	<b>12.0%</b>	<b>8.4</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Rhode Island, 10 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	271	580	46.7%	1.9
483 : Major joint or limb reattachment procs of upper extremities	74	114	64.9%	1.8
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	51	80	63.8%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	37	42	88.1%	1.4
039 : Extracranial procs w/o CC/MCC	31	37	83.8%	1.4
468 : Revision of hip or knee replacement w/o CC/MCC	16	39	41.0%	2.3
621 : OR procs for obesity w/o CC/MCC	14	24	58.3%	1.7
036 : Carotid artery stent procs w/o CC/MCC	12	15	80.0%	1.3
460 : Spinal fusion except cervical w/o MCC	12	187	6.4%	4.1
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	11	141	7.8%	2.7
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	11	21	52.4%	2.9
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	11	41	26.8%	2.0
<b>Top Surgical DRGs</b>	<b>551</b>	<b>1,321</b>	<b>41.7%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>771</b>	<b>5,277</b>	<b>14.6%</b>	<b>5.7</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - South Carolina, 54 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	887	1,747	50.8%	2.2
483 : Major joint or limb reattachment procs of upper extremities	618	792	78.0%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	542	721	75.2%	1.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	318	416	76.4%	1.4
039 : Extracranial procs w/o CC/MCC	305	375	81.3%	1.4
266 : Endovascular cardiac valve replacement and supplement procs w MCC	277	433	64.0%	3.1
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	267	1,022	26.1%	2.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	182	252	72.2%	1.9
468 : Revision of hip or knee replacement w/o CC/MCC	128	252	50.8%	2.1
036 : Carotid artery stent procs w/o CC/MCC	127	154	82.5%	1.3
460 : Spinal fusion except cervical w/o MCC	103	534	19.3%	3.3
473 : Cervical spinal fusion w/o CC/MCC	98	153	64.1%	1.7
621 : OR procs for obesity w/o CC/MCC	97	186	52.2%	1.5
254 : Other vascular procs w/o CC/MCC	84	197	42.6%	2.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	82	345	23.8%	2.4
038 : Extracranial procs w CC	77	141	54.6%	2.3
273 : Percutaneous and other intracardiac procs w MCC	76	172	44.2%	4.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	73	151	48.3%	2.4
472 : Cervical spinal fusion w CC	69	215	32.1%	3.1
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	65	622	10.5%	4.6
<b>Top Surgical DRGs</b>	<b>4,475</b>	<b>8,880</b>	<b>50.4%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>6,166</b>	<b>31,608</b>	<b>19.5%</b>	<b>6.0</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - South Dakota, 19 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	742	1,807	41.1%	1.9
483 : Major joint or limb reattachment procs of upper extremities	402	511	78.7%	1.4
274 : Percutaneous and other intracardiac procs w/o MCC	108	141	76.6%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	107	161	66.5%	1.6
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	95	341	27.9%	2.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	74	87	85.1%	1.4
039 : Extracranial procs w/o CC/MCC	73	82	89.0%	1.2
036 : Carotid artery stent procs w/o CC/MCC	52	66	78.8%	1.6
468 : Revision of hip or knee replacement w/o CC/MCC	50	111	45.0%	2.0
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	38	89	42.7%	3.6
473 : Cervical spinal fusion w/o CC/MCC	36	59	61.0%	1.6
621 : OR procs for obesity w/o CC/MCC	35	50	70.0%	1.3
038 : Extracranial procs w CC	30	48	62.5%	2.5
266 : Endovascular cardiac valve replacement and supplement procs w MCC	28	109	25.7%	3.8
489 : Knee procs w/o PDx of infection w/o CC/MCC	26	32	81.3%	1.2
467 : Revision of hip or knee replacement w CC	20	125	16.0%	4.0
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	18	209	8.6%	2.5
460 : Spinal fusion except cervical w/o MCC	16	229	7.0%	3.1
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	14	232	6.0%	4.8
272 : Other major cardiovascular procs w/o CC/MCC	13	30	43.3%	2.2
<b>Top Surgical DRGs</b>	<b>1,977</b>	<b>4,519</b>	<b>43.7%</b>	<b>2.2</b>
<b>All Surgical DRGs</b>	<b>2,472</b>	<b>11,119</b>	<b>22.2%</b>	<b>4.8</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Tennessee, 82 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,273	2,796	45.5%	2.2
483 : Major joint or limb reattachment procs of upper extremities	882	1,128	78.2%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	667	866	77.0%	1.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	533	743	71.7%	1.8
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	379	1,469	25.8%	2.4
039 : Extracranial procs w/o CC/MCC	356	469	75.9%	1.4
266 : Endovascular cardiac valve replacement and supplement procs w MCC	259	564	45.9%	4.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	222	342	64.9%	2.1
036 : Carotid artery stent procs w/o CC/MCC	181	207	87.4%	1.2
468 : Revision of hip or knee replacement w/o CC/MCC	159	295	53.9%	2.0
460 : Spinal fusion except cervical w/o MCC	146	896	16.3%	3.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	136	222	61.3%	2.3
473 : Cervical spinal fusion w/o CC/MCC	122	196	62.2%	1.7
621 : OR procs for obesity w/o CC/MCC	116	183	63.4%	1.5
467 : Revision of hip or knee replacement w CC	97	488	19.9%	4.0
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	96	1,033	9.3%	4.9
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	93	541	17.2%	3.0
038 : Extracranial procs w CC	91	201	45.3%	3.3
254 : Other vascular procs w/o CC/MCC	73	224	32.6%	2.4
035 : Carotid artery stent procs w CC	71	137	51.8%	3.1
<b>Top Surgical DRGs</b>	<b>5,952</b>	<b>13,000</b>	<b>45.8%</b>	<b>2.6</b>
<b>All Surgical DRGs</b>	<b>8,709</b>	<b>47,616</b>	<b>18.3%</b>	<b>5.9</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Texas, 293 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	3,426	9,838	34.8%	2.1
483 : Major joint or limb reattachment procs of upper extremities	1,829	2,657	68.8%	1.7
274 : Percutaneous and other intracardiac procs w/o MCC	1,705	2,383	71.5%	1.8
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	1,089	1,560	69.8%	1.7
039 : Extracranial procs w/o CC/MCC	818	1,022	80.0%	1.4
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	784	3,622	21.6%	2.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	520	1,359	38.3%	4.4
621 : OR procs for obesity w/o CC/MCC	491	676	72.6%	1.4
460 : Spinal fusion except cervical w/o MCC	439	2,401	18.3%	3.2
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	415	640	64.8%	2.3
473 : Cervical spinal fusion w/o CC/MCC	390	684	57.0%	1.8
472 : Cervical spinal fusion w CC	339	1,024	33.1%	2.8
036 : Carotid artery stent procs w/o CC/MCC	334	409	81.7%	1.3
038 : Extracranial procs w CC	260	553	47.0%	3.1
468 : Revision of hip or knee replacement w/o CC/MCC	258	718	35.9%	2.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	226	473	47.8%	2.5
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	219	1,327	16.5%	2.7
467 : Revision of hip or knee replacement w CC	205	1,290	15.9%	4.2
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	192	2,867	6.7%	5.2
254 : Other vascular procs w/o CC/MCC	182	522	34.9%	2.3
<b>Top Surgical DRGs</b>	<b>14,121</b>	<b>36,025</b>	<b>39.2%</b>	<b>2.6</b>
<b>All Surgical DRGs</b>	<b>20,620</b>	<b>133,691</b>	<b>15.4%</b>	<b>6.1</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Utah, 32 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
483 : Major joint or limb reattachment procs of upper extremities	563	681	82.7%	1.3
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	196	819	23.9%	2.3
274 : Percutaneous and other intracardiac procs w/o MCC	175	209	83.7%	1.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	168	269	62.5%	1.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	152	448	33.9%	2.0
468 : Revision of hip or knee replacement w/o CC/MCC	108	225	48.0%	1.8
266 : Endovascular cardiac valve replacement and supplement procs w MCC	62	177	35.0%	4.7
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	57	72	79.2%	1.4
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	55	331	16.6%	3.9
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	53	366	14.5%	2.5
460 : Spinal fusion except cervical w/o MCC	48	352	13.6%	3.1
039 : Extracranial procs w/o CC/MCC	44	54	81.5%	1.2
621 : OR procs for obesity w/o CC/MCC	42	66	63.6%	1.4
467 : Revision of hip or knee replacement w CC	41	212	19.3%	3.3
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	34	88	38.6%	2.7
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	30	58	51.7%	2.3
036 : Carotid artery stent procs w/o CC/MCC	30	34	88.2%	1.2
243 : Permanent cardiac pacemaker implant w CC	29	115	25.2%	2.6
244 : Permanent cardiac pacemaker implant w/o CC/MCC	27	64	42.2%	1.7
331 : Major small and large bowel procs w/o CC/MCC	25	162	15.4%	3.1
<b>Top Surgical DRGs</b>	<b>1,939</b>	<b>4,802</b>	<b>40.4%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>2,868</b>	<b>13,278</b>	<b>21.6%</b>	<b>4.5</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Virginia, 73 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,914	3,361	56.9%	1.9
483 : Major joint or limb reattachment procs of upper extremities	965	1,227	78.6%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	775	1,185	65.4%	1.7
274 : Percutaneous and other intracardiac procs w/o MCC	615	844	72.9%	1.6
039 : Extracranial procs w/o CC/MCC	376	442	85.1%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	349	1,611	21.7%	2.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	219	335	65.4%	2.3
468 : Revision of hip or knee replacement w/o CC/MCC	176	346	50.9%	2.0
036 : Carotid artery stent procs w/o CC/MCC	175	204	85.8%	1.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	172	601	28.6%	5.6
460 : Spinal fusion except cervical w/o MCC	137	916	15.0%	3.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	136	231	58.9%	2.0
038 : Extracranial procs w CC	108	207	52.2%	2.4
621 : OR procs for obesity w/o CC/MCC	99	146	67.8%	1.4
472 : Cervical spinal fusion w CC	97	311	31.2%	3.3
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	86	236	36.4%	2.0
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	82	640	12.8%	3.0
473 : Cervical spinal fusion w/o CC/MCC	81	175	46.3%	2.0
165 : Major chest procs w/o CC/MCC	76	245	31.0%	2.7
254 : Other vascular procs w/o CC/MCC	76	257	29.6%	2.4
<b>Top Surgical DRGs</b>	<b>6,714</b>	<b>13,520</b>	<b>49.7%</b>	<b>2.3</b>
<b>All Surgical DRGs</b>	<b>9,149</b>	<b>49,777</b>	<b>18.4%</b>	<b>6.0</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Vermont, 6 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	121	284	42.6%	2.1
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	87	159	54.7%	2.2
483 : Major joint or limb reattachment procs of upper extremities	55	76	72.4%	1.5
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	28	153	18.3%	2.6
274 : Percutaneous and other intracardiac procs w/o MCC	26	43	60.5%	1.9
039 : Extracranial procs w/o CC/MCC	25	31	80.6%	1.4
460 : Spinal fusion except cervical w/o MCC	14	81	17.3%	4.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	11	20	55.0%	3.4
<b>Top Surgical DRGs</b>	<b>367</b>	<b>847</b>	<b>43.3%</b>	<b>2.4</b>
<b>All Surgical DRGs</b>	<b>573</b>	<b>3,548</b>	<b>16.1%</b>	<b>6.4</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Washington, 47 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
483 : Major joint or limb reattachment procs of upper extremities	692	899	77.0%	1.6
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	677	1,472	46.0%	2.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	595	773	77.0%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	562	663	84.8%	1.4
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	357	1,240	28.8%	2.2
266 : Endovascular cardiac valve replacement and supplement procs w MCC	334	678	49.3%	3.7
039 : Extracranial procs w/o CC/MCC	196	226	86.7%	1.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	189	283	66.8%	1.9
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	148	256	57.8%	1.9
468 : Revision of hip or knee replacement w/o CC/MCC	106	214	49.5%	2.0
036 : Carotid artery stent procs w/o CC/MCC	94	116	81.0%	1.3
038 : Extracranial procs w CC	87	159	54.7%	2.5
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	86	497	17.3%	2.8
621 : OR procs for obesity w/o CC/MCC	86	119	72.3%	1.3
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	83	888	9.3%	4.8
331 : Major small and large bowel procs w/o CC/MCC	74	476	15.5%	3.1
254 : Other vascular procs w/o CC/MCC	70	177	39.5%	2.2
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	67	229	29.3%	5.4
472 : Cervical spinal fusion w CC	63	201	31.3%	3.5
460 : Spinal fusion except cervical w/o MCC	60	384	15.6%	3.5
<b>Top Surgical DRGs</b>	<b>4,626</b>	<b>9,950</b>	<b>46.5%</b>	<b>2.6</b>
<b>All Surgical DRGs</b>	<b>6,891</b>	<b>34,818</b>	<b>19.8%</b>	<b>6.0</b>

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Wisconsin, 66 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	985	2,205	44.7%	2.0
483 : Major joint or limb reattachment procs of upper extremities	555	725	76.6%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	397	650	61.1%	1.8
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	276	975	28.3%	2.3
039 : Extracranial procs w/o CC/MCC	196	250	78.4%	1.4
274 : Percutaneous and other intracardiac procs w/o MCC	152	230	66.1%	1.8
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	140	213	65.7%	2.5
038 : Extracranial procs w CC	110	194	56.7%	2.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	106	337	31.5%	5.3
468 : Revision of hip or knee replacement w/o CC/MCC	68	139	48.9%	1.9
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	53	655	8.1%	4.9
467 : Revision of hip or knee replacement w CC	52	342	15.2%	3.8
164 : Major chest procs w CC	48	228	21.1%	4.0
244 : Permanent cardiac pacemaker implant w/o CC/MCC	47	180	26.1%	2.4
254 : Other vascular procs w/o CC/MCC	40	99	40.4%	2.4
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	39	123	31.7%	2.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	38	96	39.6%	2.8
253 : Other vascular procs w CC	38	360	10.6%	5.7
460 : Spinal fusion except cervical w/o MCC	38	391	9.7%	3.4
243 : Permanent cardiac pacemaker implant w CC	37	320	11.6%	3.2
<b>Top Surgical DRGs</b>	<b>3,415</b>	<b>8,712</b>	<b>39.2%</b>	<b>2.7</b>
<b>All Surgical DRGs</b>	<b>4,840</b>	<b>28,309</b>	<b>17.1%</b>	<b>6.0</b>

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\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - West Virginia, 26 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	549	1,187	46.3%	2.1
483 : Major joint or limb reattachment procs of upper extremities	199	264	75.4%	1.7
274 : Percutaneous and other intracardiac procs w/o MCC	159	239	66.5%	2.1
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	150	251	59.8%	1.9
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	148	795	18.6%	2.9
039 : Extracranial procs w/o CC/MCC	118	145	81.4%	1.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	70	113	61.9%	2.0
036 : Carotid artery stent procs w/o CC/MCC	65	80	81.3%	1.5
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	35	465	7.5%	5.6
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	32	56	57.1%	2.1
038 : Extracranial procs w CC	32	73	43.8%	3.4
254 : Other vascular procs w/o CC/MCC	29	89	32.6%	3.0
460 : Spinal fusion except cervical w/o MCC	28	135	20.7%	4.4
035 : Carotid artery stent procs w CC	26	57	45.6%	2.7
266 : Endovascular cardiac valve replacement and supplement procs w MCC	24	107	22.4%	7.9
243 : Permanent cardiac pacemaker implant w CC	23	206	11.2%	4.4
621 : OR procs for obesity w/o CC/MCC	23	39	59.0%	1.4
658 : Kidney and ureter procs for neoplasm w/o CC/MCC	23	49	46.9%	1.9
244 : Permanent cardiac pacemaker implant w/o CC/MCC	21	111	18.9%	3.0
472 : Cervical spinal fusion w CC	21	81	25.9%	3.9
<b>Top Surgical DRGs</b>	<b>1,775</b>	<b>4,542</b>	<b>39.1%</b>	<b>2.9</b>
<b>All Surgical DRGs</b>	<b>2,395</b>	<b>15,287</b>	<b>15.7%</b>	<b>6.4</b>

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**Discharges for most recent 4 quarters, ending Q3FY21  
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

**Top Surgical DRGs for Same- and 1-Day Stays - Wyoming, 10 Hospitals**

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	100	233	42.9%	2.2
483 : Major joint or limb reattachment procs of upper extremities	100	122	82.0%	1.5
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	55	134	41.0%	2.0
039 : Extracranial procs w/o CC/MCC	20	43	46.5%	1.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	19	39	48.7%	2.1
460 : Spinal fusion except cervical w/o MCC	12	64	18.8%	2.9
<b>Top Surgical DRGs</b>	<b>306</b>	<b>635</b>	<b>48.2%</b>	<b>2.1</b>
<b>All Surgical DRGs</b>	<b>540</b>	<b>2,741</b>	<b>19.7%</b>	<b>5.0</b>

Note: Statistics are only displayed when there are 3 or more providers in the state and the DRG count is greater than 10.

\*Excludes claims w/patient discharge status codes: 02 (transfers to short-term hospital for inpatient care), 20 (deaths), 07 (leaves against medical advice), 82 (transfers to a short-term general hospital with planned acute care hospital inpatient admission), excludes claims with occurrence span code 72 (identifying outpatient time associated with an inpatient admission) with through date on or day prior to inpatient admission.

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