



Program for Evaluating Payment Patterns Electronic Report

Short-Term Hospital State-Level Surgical DRG Report

Q1FY22

The bottom half of the page features several abstract, light-green geometric shapes, including rectangles and irregular polygons, some of which are overlapping or partially cut off by the page edges.

**Discharges for most recent 4 quarters, ending Q1FY22
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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 76 | 91 | 83.5% | 1.4 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 76 | 421 | 18.1% | 2.6 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 46 | 153 | 30.1% | 2.4 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 36 | 62 | 58.1% | 2.5 |
| 483 : Major joint or limb reattachment procs of upper extremities | 32 | 60 | 53.3% | 4.8 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 30 | 60 | 50.0% | 5.1 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 16 | 27 | 59.3% | 2.1 |
| 039 : Extracranial procs w/o CC/MCC | 15 | 43 | 34.9% | 1.8 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 15 | 47 | 31.9% | 2.7 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 12 | 18 | 66.7% | 2.1 |
| 243 : Permanent cardiac pacemaker implant w CC | 12 | 36 | 33.3% | 3.7 |
| Top Surgical DRGs | 366 | 1,018 | 36.0% | 2.7 |
| All Surgical DRGs | 636 | 4,210 | 15.1% | 7.3 |

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 Q1FY22
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 | 670 | 1,486 | 45.1% | 2.0 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 646 | 729 | 88.6% | 1.3 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 318 | 443 | 71.8% | 1.5 |
| 039 : Extracranial procs w/o CC/MCC | 281 | 371 | 75.7% | 1.5 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 238 | 369 | 64.5% | 2.7 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 150 | 813 | 18.5% | 2.7 |
| 483 : Major joint or limb reattachment procs of upper extremities | 150 | 276 | 54.3% | 2.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 114 | 212 | 53.8% | 2.5 |
| 460 : Spinal fusion except cervical w/o MCC | 113 | 590 | 19.2% | 3.1 |
| 621 : OR procs for obesity w/o CC/MCC | 88 | 122 | 72.1% | 1.4 |
| 038 : Extracranial procs w CC | 78 | 164 | 47.6% | 3.0 |
| 036 : Carotid artery stent procs w/o CC/MCC | 70 | 83 | 84.3% | 1.2 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 62 | 314 | 19.7% | 2.6 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 60 | 113 | 53.1% | 2.5 |
| 254 : Other vascular procs w/o CC/MCC | 59 | 130 | 45.4% | 2.2 |
| 472 : Cervical spinal fusion w CC | 49 | 144 | 34.0% | 3.5 |
| 473 : Cervical spinal fusion w/o CC/MCC | 44 | 75 | 58.7% | 1.7 |
| 253 : Other vascular procs w CC | 43 | 318 | 13.5% | 5.1 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 42 | 142 | 29.6% | 2.4 |
| 035 : Carotid artery stent procs w CC | 41 | 69 | 59.4% | 2.7 |
| Top Surgical DRGs | 3,316 | 6,963 | 47.6% | 2.3 |
| All Surgical DRGs | 4,719 | 28,170 | 16.8% | 6.2 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 492 | 1,664 | 29.6% | 2.0 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 457 | 519 | 88.1% | 1.3 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 253 | 792 | 31.9% | 2.3 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 252 | 298 | 84.6% | 1.3 |
| 039 : Extracranial procs w/o CC/MCC | 176 | 237 | 74.3% | 1.5 |
| 483 : Major joint or limb reattachment procs of upper extremities | 175 | 272 | 64.3% | 1.9 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 149 | 227 | 65.6% | 2.6 |
| 621 : OR procs for obesity w/o CC/MCC | 125 | 168 | 74.4% | 1.3 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 94 | 142 | 66.2% | 2.0 |
| 038 : Extracranial procs w CC | 75 | 143 | 52.4% | 2.6 |
| 036 : Carotid artery stent procs w/o CC/MCC | 69 | 85 | 81.2% | 1.3 |
| 460 : Spinal fusion except cervical w/o MCC | 57 | 293 | 19.5% | 2.9 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 47 | 568 | 8.3% | 4.6 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 41 | 117 | 35.0% | 2.0 |
| 473 : Cervical spinal fusion w/o CC/MCC | 41 | 81 | 50.6% | 2.0 |
| 253 : Other vascular procs w CC | 38 | 207 | 18.4% | 4.0 |
| 472 : Cervical spinal fusion w CC | 38 | 106 | 35.8% | 2.9 |
| 035 : Carotid artery stent procs w CC | 36 | 61 | 59.0% | 2.0 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 36 | 111 | 32.4% | 2.2 |
| 215 : Other heart assist system implant | 34 | 138 | 24.6% | 7.8 |
| Top Surgical DRGs | 2,685 | 6,229 | 43.1% | 2.4 |
| All Surgical DRGs | 3,767 | 21,624 | 17.4% | 5.4 |

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 Q1FY22
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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 274 : Percutaneous and other intracardiac procs w/o MCC | 1,106 | 1,248 | 88.6% | 1.3 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 938 | 2,075 | 45.2% | 1.8 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 794 | 1,054 | 75.3% | 1.5 |
| 483 : Major joint or limb reattachment procs of upper extremities | 324 | 464 | 69.8% | 1.8 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 294 | 1,107 | 26.6% | 2.3 |
| 039 : Extracranial procs w/o CC/MCC | 235 | 280 | 83.9% | 1.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 190 | 287 | 66.2% | 1.9 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 144 | 403 | 35.7% | 5.2 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 119 | 236 | 50.4% | 2.1 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 108 | 448 | 24.1% | 2.5 |
| 036 : Carotid artery stent procs w/o CC/MCC | 95 | 116 | 81.9% | 1.4 |
| 460 : Spinal fusion except cervical w/o MCC | 93 | 514 | 18.1% | 3.3 |
| 621 : OR procs for obesity w/o CC/MCC | 73 | 109 | 67.0% | 1.4 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 67 | 200 | 33.5% | 2.3 |
| 038 : Extracranial procs w CC | 65 | 154 | 42.2% | 3.0 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 65 | 323 | 20.1% | 3.3 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 63 | 212 | 29.7% | 2.0 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 60 | 234 | 25.6% | 2.2 |
| 454 : Combined anterior and posterior spinal fusion w CC | 60 | 552 | 10.9% | 3.7 |
| 472 : Cervical spinal fusion w CC | 56 | 253 | 22.1% | 3.3 |
| Top Surgical DRGs | 4,949 | 10,269 | 48.2% | 2.2 |
| All Surgical DRGs | 7,047 | 37,015 | 19.0% | 5.5 |

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 Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - California, 284 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 | 3,273 | 8,668 | 37.8% | 2.0 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 2,074 | 2,885 | 71.9% | 1.6 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 2,040 | 2,482 | 82.2% | 1.5 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 882 | 3,571 | 24.7% | 2.4 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 817 | 1,985 | 41.2% | 4.7 |
| 039 : Extracranial procs w/o CC/MCC | 608 | 785 | 77.5% | 1.4 |
| 483 : Major joint or limb reattachment procs of upper extremities | 590 | 1,326 | 44.5% | 2.3 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 360 | 599 | 60.1% | 2.2 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 251 | 589 | 42.6% | 2.4 |
| 621 : OR procs for obesity w/o CC/MCC | 248 | 421 | 58.9% | 1.5 |
| 036 : Carotid artery stent procs w/o CC/MCC | 241 | 329 | 73.3% | 1.5 |
| 038 : Extracranial procs w CC | 219 | 484 | 45.2% | 3.0 |
| 472 : Cervical spinal fusion w CC | 192 | 1,092 | 17.6% | 3.8 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 176 | 2,788 | 6.3% | 5.2 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 162 | 535 | 30.3% | 2.3 |
| 460 : Spinal fusion except cervical w/o MCC | 155 | 2,117 | 7.3% | 3.9 |
| 273 : Percutaneous and other intracardiac procs w MCC | 154 | 498 | 30.9% | 5.0 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 148 | 510 | 29.0% | 2.3 |
| 253 : Other vascular procs w CC | 135 | 1,126 | 12.0% | 5.0 |
| 243 : Permanent cardiac pacemaker implant w CC | 132 | 1,363 | 9.7% | 3.7 |
| Top Surgical DRGs | 12,857 | 34,153 | 37.6% | 2.8 |
| All Surgical DRGs | 19,817 | 140,923 | 14.1% | 6.3 |

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

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**Discharges for most recent 4 quarters, ending Q1FY22
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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 527 | 1,090 | 48.3% | 1.9 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 496 | 570 | 87.0% | 1.3 |
| 483 : Major joint or limb reattachment procs of upper extremities | 304 | 486 | 62.6% | 1.8 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 276 | 362 | 76.2% | 1.4 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 251 | 765 | 32.8% | 2.1 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 145 | 265 | 54.7% | 3.6 |
| 039 : Extracranial procs w/o CC/MCC | 112 | 143 | 78.3% | 1.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 103 | 159 | 64.8% | 1.9 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 94 | 177 | 53.1% | 2.2 |
| 621 : OR procs for obesity w/o CC/MCC | 60 | 114 | 52.6% | 1.6 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 57 | 553 | 10.3% | 2.9 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 56 | 146 | 38.4% | 2.1 |
| 460 : Spinal fusion except cervical w/o MCC | 49 | 463 | 10.6% | 3.5 |
| 472 : Cervical spinal fusion w CC | 46 | 228 | 20.2% | 3.4 |
| 038 : Extracranial procs w CC | 43 | 77 | 55.8% | 2.2 |
| 708 : Major male pelvic procs w/o CC/MCC | 43 | 58 | 74.1% | 1.4 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 42 | 452 | 9.3% | 4.5 |
| 036 : Carotid artery stent procs w/o CC/MCC | 39 | 56 | 69.6% | 1.6 |
| 273 : Percutaneous and other intracardiac procs w MCC | 38 | 110 | 34.5% | 5.5 |
| 473 : Cervical spinal fusion w/o CC/MCC | 35 | 86 | 40.7% | 2.3 |
| Top Surgical DRGs | 2,816 | 6,360 | 44.3% | 2.4 |
| All Surgical DRGs | 4,094 | 23,691 | 17.3% | 5.9 |

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 Q1FY22
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 | 844 | 1,585 | 53.2% | 1.8 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 195 | 287 | 67.9% | 1.7 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 170 | 239 | 71.1% | 1.9 |
| 483 : Major joint or limb reattachment procs of upper extremities | 135 | 194 | 69.6% | 1.6 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 94 | 468 | 20.1% | 2.6 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 92 | 229 | 40.2% | 4.5 |
| 039 : Extracranial procs w/o CC/MCC | 75 | 101 | 74.3% | 1.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 73 | 110 | 66.4% | 2.0 |
| 036 : Carotid artery stent procs w/o CC/MCC | 41 | 60 | 68.3% | 1.6 |
| 621 : OR procs for obesity w/o CC/MCC | 41 | 75 | 54.7% | 1.6 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 39 | 100 | 39.0% | 2.0 |
| 038 : Extracranial procs w CC | 36 | 64 | 56.3% | 2.5 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 35 | 79 | 44.3% | 2.2 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 32 | 196 | 16.3% | 4.0 |
| 460 : Spinal fusion except cervical w/o MCC | 30 | 344 | 8.7% | 3.4 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 27 | 119 | 22.7% | 2.4 |
| 254 : Other vascular procs w/o CC/MCC | 26 | 63 | 41.3% | 2.2 |
| 243 : Permanent cardiac pacemaker implant w CC | 25 | 241 | 10.4% | 3.5 |
| 253 : Other vascular procs w CC | 25 | 172 | 14.5% | 4.7 |
| 035 : Carotid artery stent procs w CC | 23 | 40 | 57.5% | 2.2 |
| Top Surgical DRGs | 2,058 | 4,766 | 43.2% | 2.4 |
| All Surgical DRGs | 2,779 | 18,316 | 15.2% | 6.6 |

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**Discharges for most recent 4 quarters, ending Q1FY22
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 | 111 | 155 | 71.6% | 2.0 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 79 | 252 | 31.3% | 2.2 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 38 | 139 | 27.3% | 2.5 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 33 | 143 | 23.1% | 2.7 |
| 708 : Major male pelvic procs w/o CC/MCC | 29 | 33 | 87.9% | 1.3 |
| 472 : Cervical spinal fusion w CC | 22 | 126 | 17.5% | 4.7 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 20 | 46 | 43.5% | 2.6 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 19 | 51 | 37.3% | 3.2 |
| 460 : Spinal fusion except cervical w/o MCC | 19 | 319 | 6.0% | 4.6 |
| 483 : Major joint or limb reattachment procs of upper extremities | 18 | 36 | 50.0% | 3.2 |
| 039 : Extracranial procs w/o CC/MCC | 17 | 22 | 77.3% | 1.6 |
| 036 : Carotid artery stent procs w/o CC/MCC | 16 | 23 | 69.6% | 2.0 |
| 035 : Carotid artery stent procs w CC | 12 | 19 | 63.2% | 2.3 |
| 273 : Percutaneous and other intracardiac procs w MCC | 11 | 57 | 19.3% | 6.9 |
| 621 : OR procs for obesity w/o CC/MCC | 11 | 20 | 55.0% | 1.8 |
| 658 : Kidney and ureter procs for neoplasm w/o CC/MCC | 11 | 45 | 24.4% | 2.0 |
| Top Surgical DRGs | 466 | 1,486 | 31.4% | 3.2 |
| All Surgical DRGs | 859 | 7,911 | 10.9% | 8.8 |

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**Discharges for most recent 4 quarters, ending Q1FY22
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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 166 | 197 | 84.3% | 1.5 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 90 | 110 | 81.8% | 1.9 |
| 039 : Extracranial procs w/o CC/MCC | 85 | 98 | 86.7% | 1.3 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 70 | 159 | 44.0% | 2.2 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 39 | 217 | 18.0% | 2.8 |
| 036 : Carotid artery stent procs w/o CC/MCC | 30 | 38 | 78.9% | 1.4 |
| 165 : Major chest procs w/o CC/MCC | 27 | 54 | 50.0% | 2.2 |
| 621 : OR procs for obesity w/o CC/MCC | 26 | 29 | 89.7% | 1.1 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 24 | 49 | 49.0% | 2.2 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 21 | 52 | 40.4% | 7.0 |
| 254 : Other vascular procs w/o CC/MCC | 18 | 35 | 51.4% | 2.3 |
| 038 : Extracranial procs w CC | 13 | 31 | 41.9% | 3.7 |
| 164 : Major chest procs w CC | 13 | 61 | 21.3% | 3.9 |
| 035 : Carotid artery stent procs w CC | 12 | 23 | 52.2% | 5.0 |
| Top Surgical DRGs | 634 | 1,153 | 55.0% | 2.5 |
| All Surgical DRGs | 894 | 6,769 | 13.2% | 7.7 |

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 Q1FY22
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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 274 : Percutaneous and other intracardiac procs w/o MCC | 2,472 | 3,477 | 71.1% | 1.8 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 2,216 | 6,162 | 36.0% | 2.2 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 1,356 | 2,313 | 58.6% | 1.9 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 983 | 4,251 | 23.1% | 2.6 |
| 483 : Major joint or limb reattachment procs of upper extremities | 922 | 1,671 | 55.2% | 2.1 |
| 039 : Extracranial procs w/o CC/MCC | 837 | 1,029 | 81.3% | 1.4 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 669 | 1,672 | 40.0% | 4.7 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 471 | 757 | 62.2% | 2.3 |
| 036 : Carotid artery stent procs w/o CC/MCC | 353 | 434 | 81.3% | 1.3 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 308 | 526 | 58.6% | 2.0 |
| 038 : Extracranial procs w CC | 273 | 580 | 47.1% | 3.1 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 269 | 956 | 28.1% | 2.4 |
| 621 : OR procs for obesity w/o CC/MCC | 244 | 418 | 58.4% | 1.5 |
| 460 : Spinal fusion except cervical w/o MCC | 218 | 2,032 | 10.7% | 3.6 |
| 472 : Cervical spinal fusion w CC | 213 | 805 | 26.5% | 3.5 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 181 | 2,944 | 6.1% | 5.6 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 180 | 1,481 | 12.2% | 4.2 |
| 254 : Other vascular procs w/o CC/MCC | 174 | 428 | 40.7% | 2.3 |
| 473 : Cervical spinal fusion w/o CC/MCC | 173 | 362 | 47.8% | 2.0 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 165 | 848 | 19.5% | 2.6 |
| Top Surgical DRGs | 12,677 | 33,146 | 38.2% | 2.8 |
| All Surgical DRGs | 18,681 | 133,507 | 14.0% | 6.3 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 |
|---|---|---------------------------------|---|---|
| 274 : Percutaneous and other intracardiac procs w/o MCC | 814 | 976 | 83.4% | 1.6 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 370 | 474 | 78.1% | 1.5 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 341 | 1,466 | 23.3% | 2.6 |
| 039 : Extracranial procs w/o CC/MCC | 340 | 411 | 82.7% | 1.3 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 282 | 762 | 37.0% | 2.6 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 228 | 536 | 42.5% | 4.3 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 187 | 269 | 69.5% | 1.9 |
| 483 : Major joint or limb reattachment procs of upper extremities | 173 | 291 | 59.5% | 2.3 |
| 621 : OR procs for obesity w/o CC/MCC | 148 | 176 | 84.1% | 1.2 |
| 038 : Extracranial procs w CC | 115 | 230 | 50.0% | 3.0 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 80 | 361 | 22.2% | 2.8 |
| 036 : Carotid artery stent procs w/o CC/MCC | 78 | 89 | 87.6% | 1.2 |
| 460 : Spinal fusion except cervical w/o MCC | 70 | 714 | 9.8% | 3.9 |
| 254 : Other vascular procs w/o CC/MCC | 65 | 162 | 40.1% | 2.3 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 63 | 153 | 41.2% | 2.8 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 58 | 1,069 | 5.4% | 5.5 |
| 328 : Stomach, esophageal and duodenal procs w/o CC/MCC | 53 | 125 | 42.4% | 2.6 |
| 272 : Other major cardiovascular procs w/o CC/MCC | 52 | 105 | 49.5% | 2.3 |
| 473 : Cervical spinal fusion w/o CC/MCC | 50 | 117 | 42.7% | 2.4 |
| 165 : Major chest procs w/o CC/MCC | 47 | 219 | 21.5% | 2.9 |
| Top Surgical DRGs | 3,614 | 8,705 | 41.5% | 2.9 |
| All Surgical DRGs | 5,504 | 41,907 | 13.1% | 7.2 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Hawaii, 12 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 | 65 | 77 | 84.4% | 1.3 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 62 | 148 | 41.9% | 2.6 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 30 | 36 | 83.3% | 1.4 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 22 | 114 | 19.3% | 3.1 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 16 | 29 | 55.2% | 2.3 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 15 | 44 | 34.1% | 2.4 |
| 039 : Extracranial procs w/o CC/MCC | 12 | 20 | 60.0% | 1.7 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 12 | 30 | 40.0% | 5.0 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 11 | 25 | 44.0% | 2.6 |
| Top Surgical DRGs | 245 | 523 | 46.8% | 2.5 |
| All Surgical DRGs | 504 | 4,505 | 11.2% | 8.4 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 746 | 1,513 | 49.3% | 1.9 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 321 | 439 | 73.1% | 1.4 |
| 483 : Major joint or limb reattachment procs of upper extremities | 311 | 439 | 70.8% | 1.6 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 245 | 281 | 87.2% | 1.3 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 228 | 676 | 33.7% | 2.3 |
| 039 : Extracranial procs w/o CC/MCC | 207 | 238 | 87.0% | 1.2 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 112 | 145 | 77.2% | 1.6 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 76 | 205 | 37.1% | 4.4 |
| 038 : Extracranial procs w CC | 70 | 107 | 65.4% | 1.8 |
| 036 : Carotid artery stent procs w/o CC/MCC | 67 | 75 | 89.3% | 1.2 |
| 708 : Major male pelvic procs w/o CC/MCC | 60 | 81 | 74.1% | 1.3 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 58 | 108 | 53.7% | 2.1 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 55 | 442 | 12.4% | 4.6 |
| 460 : Spinal fusion except cervical w/o MCC | 53 | 351 | 15.1% | 3.4 |
| 621 : OR procs for obesity w/o CC/MCC | 41 | 61 | 67.2% | 1.3 |
| 254 : Other vascular procs w/o CC/MCC | 40 | 79 | 50.6% | 1.8 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 32 | 67 | 47.8% | 1.8 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 30 | 181 | 16.6% | 4.2 |
| 243 : Permanent cardiac pacemaker implant w CC | 29 | 204 | 14.2% | 3.6 |
| 035 : Carotid artery stent procs w CC | 26 | 39 | 66.7% | 2.2 |
| Top Surgical DRGs | 2,807 | 5,731 | 49.0% | 2.3 |
| All Surgical DRGs | 3,682 | 18,431 | 20.0% | 5.5 |

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 Q1FY22
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 | 255 | 275 | 92.7% | 1.2 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 163 | 190 | 85.8% | 1.2 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 133 | 360 | 36.9% | 1.9 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 90 | 188 | 47.9% | 1.9 |
| 483 : Major joint or limb reattachment procs of upper extremities | 58 | 81 | 71.6% | 1.9 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 47 | 57 | 82.5% | 1.3 |
| 039 : Extracranial procs w/o CC/MCC | 40 | 46 | 87.0% | 1.4 |
| 621 : OR procs for obesity w/o CC/MCC | 34 | 46 | 73.9% | 1.3 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 30 | 195 | 15.4% | 3.8 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 23 | 143 | 16.1% | 2.6 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 19 | 57 | 33.3% | 4.7 |
| 454 : Combined anterior and posterior spinal fusion w CC | 19 | 161 | 11.8% | 3.5 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 18 | 32 | 56.3% | 2.6 |
| 472 : Cervical spinal fusion w CC | 18 | 55 | 32.7% | 2.8 |
| 254 : Other vascular procs w/o CC/MCC | 17 | 31 | 54.8% | 1.6 |
| 460 : Spinal fusion except cervical w/o MCC | 17 | 96 | 17.7% | 3.4 |
| 253 : Other vascular procs w CC | 16 | 67 | 23.9% | 3.3 |
| 658 : Kidney and ureter procs for neoplasm w/o CC/MCC | 16 | 29 | 55.2% | 1.6 |
| 038 : Extracranial procs w CC | 15 | 30 | 50.0% | 2.2 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 15 | 33 | 45.5% | 2.2 |
| Top Surgical DRGs | 1,043 | 2,172 | 48.0% | 2.3 |
| All Surgical DRGs | 1,471 | 7,193 | 20.5% | 4.9 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Illinois, 120 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 | 1,675 | 4,328 | 38.7% | 2.1 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 1,039 | 1,468 | 70.8% | 1.5 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 825 | 1,047 | 78.8% | 1.6 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 476 | 2,039 | 23.3% | 2.5 |
| 039 : Extracranial procs w/o CC/MCC | 400 | 483 | 82.8% | 1.4 |
| 483 : Major joint or limb reattachment procs of upper extremities | 380 | 692 | 54.9% | 2.1 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 313 | 471 | 66.5% | 2.1 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 194 | 563 | 34.5% | 5.5 |
| 038 : Extracranial procs w CC | 169 | 336 | 50.3% | 2.7 |
| 460 : Spinal fusion except cervical w/o MCC | 141 | 993 | 14.2% | 3.6 |
| 165 : Major chest procs w/o CC/MCC | 137 | 324 | 42.3% | 2.1 |
| 036 : Carotid artery stent procs w/o CC/MCC | 131 | 161 | 81.4% | 1.3 |
| 621 : OR procs for obesity w/o CC/MCC | 119 | 210 | 56.7% | 1.6 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 119 | 715 | 16.6% | 3.8 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 106 | 336 | 31.5% | 2.2 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 99 | 345 | 28.7% | 2.3 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 98 | 220 | 44.5% | 2.3 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 98 | 357 | 27.5% | 2.4 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 97 | 1,468 | 6.6% | 5.5 |
| 164 : Major chest procs w CC | 86 | 597 | 14.4% | 4.3 |
| Top Surgical DRGs | 6,702 | 17,153 | 39.1% | 2.7 |
| All Surgical DRGs | 9,973 | 67,503 | 14.8% | 6.3 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 1,223 | 2,195 | 55.7% | 1.7 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 682 | 822 | 83.0% | 1.4 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 449 | 654 | 68.7% | 1.6 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 351 | 1,376 | 25.5% | 2.4 |
| 483 : Major joint or limb reattachment procs of upper extremities | 322 | 530 | 60.8% | 1.9 |
| 039 : Extracranial procs w/o CC/MCC | 317 | 367 | 86.4% | 1.3 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 221 | 312 | 70.8% | 2.0 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 189 | 387 | 48.8% | 3.8 |
| 038 : Extracranial procs w CC | 134 | 212 | 63.2% | 2.3 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 113 | 198 | 57.1% | 1.9 |
| 036 : Carotid artery stent procs w/o CC/MCC | 102 | 140 | 72.9% | 1.4 |
| 708 : Major male pelvic procs w/o CC/MCC | 94 | 135 | 69.6% | 1.4 |
| 460 : Spinal fusion except cervical w/o MCC | 92 | 860 | 10.7% | 3.5 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 82 | 383 | 21.4% | 2.5 |
| 254 : Other vascular procs w/o CC/MCC | 77 | 185 | 41.6% | 2.5 |
| 035 : Carotid artery stent procs w CC | 66 | 124 | 53.2% | 2.9 |
| 331 : Major small and large bowel procs w/o CC/MCC | 64 | 453 | 14.1% | 3.3 |
| 253 : Other vascular procs w CC | 61 | 411 | 14.8% | 5.1 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 60 | 222 | 27.0% | 2.3 |
| 467 : Revision of hip or knee replacement w CC | 57 | 332 | 17.2% | 4.1 |
| Top Surgical DRGs | 4,756 | 10,298 | 46.2% | 2.4 |
| All Surgical DRGs | 6,792 | 38,222 | 17.8% | 5.6 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 |
|---|---|---------------------------------|---|---|
| 274 : Percutaneous and other intracardiac procs w/o MCC | 666 | 771 | 86.4% | 1.4 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 625 | 3,184 | 19.6% | 2.1 |
| 039 : Extracranial procs w/o CC/MCC | 304 | 363 | 83.7% | 1.3 |
| 483 : Major joint or limb reattachment procs of upper extremities | 248 | 627 | 39.6% | 2.0 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 191 | 420 | 45.5% | 3.4 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 183 | 334 | 54.8% | 1.9 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 149 | 652 | 22.9% | 2.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 95 | 139 | 68.3% | 2.1 |
| 621 : OR procs for obesity w/o CC/MCC | 88 | 140 | 62.9% | 1.5 |
| 038 : Extracranial procs w CC | 61 | 115 | 53.0% | 2.2 |
| 708 : Major male pelvic procs w/o CC/MCC | 47 | 80 | 58.8% | 1.5 |
| 331 : Major small and large bowel procs w/o CC/MCC | 42 | 298 | 14.1% | 3.0 |
| 254 : Other vascular procs w/o CC/MCC | 39 | 66 | 59.1% | 1.6 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 38 | 98 | 38.8% | 1.9 |
| 460 : Spinal fusion except cervical w/o MCC | 37 | 472 | 7.8% | 3.4 |
| 036 : Carotid artery stent procs w/o CC/MCC | 36 | 41 | 87.8% | 1.2 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 34 | 83 | 41.0% | 3.2 |
| 229 : Other cardiothoracic procs w/o MCC | 34 | 98 | 34.7% | 3.5 |
| 243 : Permanent cardiac pacemaker implant w CC | 32 | 219 | 14.6% | 3.3 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 32 | 459 | 7.0% | 5.0 |
| Top Surgical DRGs | 2,981 | 8,659 | 34.4% | 2.4 |
| All Surgical DRGs | 4,128 | 24,559 | 16.8% | 5.1 |

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 Q1FY22
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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 274 : Percutaneous and other intracardiac procs w/o MCC | 297 | 366 | 81.1% | 1.5 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 283 | 353 | 80.2% | 1.4 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 258 | 1,038 | 24.9% | 2.5 |
| 039 : Extracranial procs w/o CC/MCC | 196 | 256 | 76.6% | 1.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 171 | 238 | 71.8% | 1.7 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 171 | 655 | 26.1% | 2.5 |
| 036 : Carotid artery stent procs w/o CC/MCC | 107 | 131 | 81.7% | 1.5 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 104 | 206 | 50.5% | 4.3 |
| 621 : OR procs for obesity w/o CC/MCC | 102 | 138 | 73.9% | 1.3 |
| 483 : Major joint or limb reattachment procs of upper extremities | 99 | 221 | 44.8% | 3.6 |
| 038 : Extracranial procs w CC | 75 | 167 | 44.9% | 2.9 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 66 | 682 | 9.7% | 5.1 |
| 035 : Carotid artery stent procs w CC | 61 | 122 | 50.0% | 3.3 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 49 | 83 | 59.0% | 1.8 |
| 254 : Other vascular procs w/o CC/MCC | 40 | 110 | 36.4% | 2.4 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 36 | 122 | 29.5% | 2.4 |
| 026 : Craniotomy and endovascular intracranial procs w CC | 35 | 111 | 31.5% | 5.2 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 32 | 82 | 39.0% | 2.5 |
| 243 : Permanent cardiac pacemaker implant w CC | 30 | 253 | 11.9% | 3.7 |
| 253 : Other vascular procs w CC | 30 | 335 | 9.0% | 4.9 |
| Top Surgical DRGs | 2,242 | 5,669 | 39.5% | 2.9 |
| All Surgical DRGs | 3,394 | 25,959 | 13.1% | 6.5 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Louisiana, 86 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 | 291 | 1,001 | 29.1% | 2.2 |
| 039 : Extracranial procs w/o CC/MCC | 281 | 364 | 77.2% | 1.4 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 277 | 369 | 75.1% | 1.5 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 249 | 306 | 81.4% | 1.4 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 165 | 709 | 23.3% | 2.6 |
| 473 : Cervical spinal fusion w/o CC/MCC | 131 | 193 | 67.9% | 1.6 |
| 483 : Major joint or limb reattachment procs of upper extremities | 128 | 241 | 53.1% | 2.3 |
| 621 : OR procs for obesity w/o CC/MCC | 107 | 157 | 68.2% | 1.4 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 92 | 201 | 45.8% | 3.9 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 87 | 141 | 61.7% | 2.4 |
| 038 : Extracranial procs w CC | 80 | 162 | 49.4% | 2.7 |
| 036 : Carotid artery stent procs w/o CC/MCC | 73 | 86 | 84.9% | 1.2 |
| 472 : Cervical spinal fusion w CC | 56 | 191 | 29.3% | 3.8 |
| 460 : Spinal fusion except cervical w/o MCC | 55 | 451 | 12.2% | 3.6 |
| 254 : Other vascular procs w/o CC/MCC | 53 | 136 | 39.0% | 2.4 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 39 | 122 | 32.0% | 3.1 |
| 328 : Stomach, esophageal and duodenal procs w/o CC/MCC | 39 | 115 | 33.9% | 3.0 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 38 | 113 | 33.6% | 2.4 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 36 | 472 | 7.6% | 2.6 |
| 708 : Major male pelvic procs w/o CC/MCC | 34 | 84 | 40.5% | 2.0 |
| Top Surgical DRGs | 2,311 | 5,614 | 41.2% | 2.4 |
| All Surgical DRGs | 3,409 | 24,095 | 14.1% | 6.1 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 1,812 | 5,342 | 33.9% | 2.1 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 631 | 1,125 | 56.1% | 1.9 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 486 | 657 | 74.0% | 1.9 |
| 483 : Major joint or limb reattachment procs of upper extremities | 272 | 646 | 42.1% | 2.2 |
| 039 : Extracranial procs w/o CC/MCC | 246 | 339 | 72.6% | 1.5 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 225 | 1,417 | 15.9% | 3.1 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 146 | 291 | 50.2% | 2.5 |
| 621 : OR procs for obesity w/o CC/MCC | 144 | 220 | 65.5% | 1.4 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 113 | 314 | 36.0% | 2.2 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 101 | 583 | 17.3% | 7.7 |
| 165 : Major chest procs w/o CC/MCC | 96 | 426 | 22.5% | 2.4 |
| 708 : Major male pelvic procs w/o CC/MCC | 95 | 137 | 69.3% | 1.4 |
| 038 : Extracranial procs w CC | 89 | 238 | 37.4% | 3.6 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 87 | 226 | 38.5% | 2.3 |
| 036 : Carotid artery stent procs w/o CC/MCC | 87 | 106 | 82.1% | 1.3 |
| 328 : Stomach, esophageal and duodenal procs w/o CC/MCC | 81 | 226 | 35.8% | 2.4 |
| 254 : Other vascular procs w/o CC/MCC | 74 | 242 | 30.6% | 2.8 |
| 164 : Major chest procs w CC | 67 | 678 | 9.9% | 4.2 |
| 460 : Spinal fusion except cervical w/o MCC | 67 | 974 | 6.9% | 3.7 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 64 | 499 | 12.8% | 3.6 |
| Top Surgical DRGs | 4,983 | 14,686 | 33.9% | 2.7 |
| All Surgical DRGs | 7,411 | 52,050 | 14.2% | 6.3 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Maryland, 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 | 523 | 1,161 | 45.0% | 2.2 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 434 | 690 | 62.9% | 2.1 |
| 483 : Major joint or limb reattachment procs of upper extremities | 317 | 491 | 64.6% | 1.9 |
| 039 : Extracranial procs w/o CC/MCC | 251 | 302 | 83.1% | 1.3 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 226 | 922 | 24.5% | 2.6 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 179 | 246 | 72.8% | 1.9 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 169 | 249 | 67.9% | 2.2 |
| 460 : Spinal fusion except cervical w/o MCC | 142 | 896 | 15.8% | 3.7 |
| 038 : Extracranial procs w CC | 135 | 199 | 67.8% | 2.3 |
| 472 : Cervical spinal fusion w CC | 120 | 382 | 31.4% | 3.5 |
| 036 : Carotid artery stent procs w/o CC/MCC | 99 | 124 | 79.8% | 1.5 |
| 621 : OR procs for obesity w/o CC/MCC | 76 | 121 | 62.8% | 1.5 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 74 | 172 | 43.0% | 2.3 |
| 473 : Cervical spinal fusion w/o CC/MCC | 65 | 131 | 49.6% | 2.2 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 53 | 603 | 8.8% | 5.3 |
| 658 : Kidney and ureter procs for neoplasm w/o CC/MCC | 53 | 108 | 49.1% | 1.8 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 53 | 158 | 33.5% | 2.4 |
| 033 : Ventricular shunt procs w/o CC/MCC | 45 | 68 | 66.2% | 1.8 |
| 467 : Revision of hip or knee replacement w CC | 45 | 309 | 14.6% | 5.1 |
| 243 : Permanent cardiac pacemaker implant w CC | 42 | 331 | 12.7% | 3.9 |
| Top Surgical DRGs | 3,101 | 7,663 | 40.5% | 2.8 |
| All Surgical DRGs | 4,846 | 33,978 | 14.3% | 6.6 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 109 | 191 | 57.1% | 1.8 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 98 | 163 | 60.1% | 1.9 |
| 483 : Major joint or limb reattachment procs of upper extremities | 57 | 68 | 83.8% | 1.6 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 50 | 67 | 74.6% | 1.8 |
| 039 : Extracranial procs w/o CC/MCC | 46 | 56 | 82.1% | 1.6 |
| 038 : Extracranial procs w CC | 32 | 42 | 76.2% | 1.9 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 31 | 244 | 12.7% | 3.0 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 27 | 36 | 75.0% | 1.7 |
| 036 : Carotid artery stent procs w/o CC/MCC | 21 | 24 | 87.5% | 1.2 |
| 621 : OR procs for obesity w/o CC/MCC | 18 | 21 | 85.7% | 1.1 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 15 | 27 | 55.6% | 2.5 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 15 | 25 | 60.0% | 2.1 |
| 460 : Spinal fusion except cervical w/o MCC | 14 | 46 | 30.4% | 3.1 |
| Top Surgical DRGs | 533 | 1,010 | 52.8% | 2.1 |
| All Surgical DRGs | 897 | 5,826 | 15.4% | 7.1 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Michigan, 93 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 | 1,102 | 1,936 | 56.9% | 1.8 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 945 | 1,144 | 82.6% | 1.5 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 778 | 1,237 | 62.9% | 1.7 |
| 483 : Major joint or limb reattachment procs of upper extremities | 373 | 601 | 62.1% | 2.0 |
| 039 : Extracranial procs w/o CC/MCC | 305 | 356 | 85.7% | 1.3 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 266 | 1,591 | 16.7% | 2.7 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 231 | 353 | 65.4% | 2.1 |
| 621 : OR procs for obesity w/o CC/MCC | 130 | 220 | 59.1% | 1.5 |
| 038 : Extracranial procs w CC | 122 | 240 | 50.8% | 3.1 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 119 | 435 | 27.4% | 6.1 |
| 036 : Carotid artery stent procs w/o CC/MCC | 112 | 144 | 77.8% | 1.5 |
| 460 : Spinal fusion except cervical w/o MCC | 101 | 816 | 12.4% | 3.6 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 97 | 185 | 52.4% | 2.0 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 85 | 245 | 34.7% | 2.1 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 79 | 168 | 47.0% | 2.2 |
| 254 : Other vascular procs w/o CC/MCC | 77 | 198 | 38.9% | 2.2 |
| 472 : Cervical spinal fusion w CC | 73 | 364 | 20.1% | 3.7 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 69 | 483 | 14.3% | 3.9 |
| 035 : Carotid artery stent procs w CC | 68 | 117 | 58.1% | 2.6 |
| 473 : Cervical spinal fusion w/o CC/MCC | 68 | 143 | 47.6% | 2.2 |
| Top Surgical DRGs | 5,200 | 10,976 | 47.4% | 2.4 |
| All Surgical DRGs | 7,392 | 47,437 | 15.6% | 6.4 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 855 | 1,679 | 50.9% | 1.9 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 792 | 1,044 | 75.9% | 1.4 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 461 | 588 | 78.4% | 1.6 |
| 483 : Major joint or limb reattachment procs of upper extremities | 246 | 379 | 64.9% | 1.9 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 212 | 929 | 22.8% | 2.3 |
| 039 : Extracranial procs w/o CC/MCC | 157 | 194 | 80.9% | 1.3 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 146 | 395 | 37.0% | 5.2 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 137 | 228 | 60.1% | 2.2 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 75 | 144 | 52.1% | 2.1 |
| 038 : Extracranial procs w CC | 71 | 154 | 46.1% | 2.7 |
| 472 : Cervical spinal fusion w CC | 63 | 235 | 26.8% | 3.4 |
| 253 : Other vascular procs w CC | 60 | 369 | 16.3% | 4.5 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 54 | 270 | 20.0% | 3.2 |
| 033 : Ventricular shunt procs w/o CC/MCC | 51 | 68 | 75.0% | 1.5 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 51 | 725 | 7.0% | 5.1 |
| 165 : Major chest procs w/o CC/MCC | 46 | 120 | 38.3% | 2.4 |
| 164 : Major chest procs w CC | 44 | 288 | 15.3% | 4.4 |
| 036 : Carotid artery stent procs w/o CC/MCC | 43 | 54 | 79.6% | 1.7 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 43 | 107 | 40.2% | 2.1 |
| 026 : Craniotomy and endovascular intracranial procs w CC | 42 | 141 | 29.8% | 3.8 |
| Top Surgical DRGs | 3,649 | 8,111 | 45.0% | 2.7 |
| All Surgical DRGs | 5,266 | 29,931 | 17.6% | 5.8 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 646 | 840 | 76.9% | 1.5 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 534 | 1,756 | 30.4% | 2.2 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 492 | 605 | 81.3% | 1.6 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 331 | 1,293 | 25.6% | 2.5 |
| 039 : Extracranial procs w/o CC/MCC | 278 | 356 | 78.1% | 1.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 205 | 325 | 63.1% | 2.1 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 150 | 387 | 38.8% | 4.7 |
| 483 : Major joint or limb reattachment procs of upper extremities | 149 | 332 | 44.9% | 2.4 |
| 621 : OR procs for obesity w/o CC/MCC | 141 | 209 | 67.5% | 1.4 |
| 038 : Extracranial procs w CC | 112 | 216 | 51.9% | 2.6 |
| 036 : Carotid artery stent procs w/o CC/MCC | 104 | 128 | 81.3% | 1.3 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 83 | 163 | 50.9% | 2.3 |
| 254 : Other vascular procs w/o CC/MCC | 79 | 230 | 34.3% | 2.5 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 72 | 902 | 8.0% | 5.0 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 63 | 382 | 16.5% | 4.2 |
| 620 : OR procs for obesity w CC | 62 | 119 | 52.1% | 1.8 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 61 | 185 | 33.0% | 2.3 |
| 253 : Other vascular procs w CC | 56 | 457 | 12.3% | 4.7 |
| 460 : Spinal fusion except cervical w/o MCC | 52 | 565 | 9.2% | 3.9 |
| 035 : Carotid artery stent procs w CC | 48 | 96 | 50.0% | 3.0 |
| Top Surgical DRGs | 3,718 | 9,546 | 38.9% | 2.8 |
| All Surgical DRGs | 5,504 | 38,827 | 14.2% | 6.3 |

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 Q1FY22
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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 274 : Percutaneous and other intracardiac procs w/o MCC | 331 | 392 | 84.4% | 1.5 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 288 | 350 | 82.3% | 1.3 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 269 | 921 | 29.2% | 2.4 |
| 039 : Extracranial procs w/o CC/MCC | 217 | 267 | 81.3% | 1.3 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 192 | 703 | 27.3% | 2.3 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 100 | 127 | 78.7% | 1.5 |
| 621 : OR procs for obesity w/o CC/MCC | 99 | 147 | 67.3% | 1.3 |
| 483 : Major joint or limb reattachment procs of upper extremities | 90 | 166 | 54.2% | 2.2 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 79 | 148 | 53.4% | 3.2 |
| 038 : Extracranial procs w CC | 67 | 124 | 54.0% | 2.5 |
| 036 : Carotid artery stent procs w/o CC/MCC | 50 | 58 | 86.2% | 1.3 |
| 460 : Spinal fusion except cervical w/o MCC | 44 | 197 | 22.3% | 3.3 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 43 | 457 | 9.4% | 5.2 |
| 254 : Other vascular procs w/o CC/MCC | 34 | 80 | 42.5% | 2.2 |
| 473 : Cervical spinal fusion w/o CC/MCC | 33 | 64 | 51.6% | 2.3 |
| 472 : Cervical spinal fusion w CC | 31 | 119 | 26.1% | 4.1 |
| 035 : Carotid artery stent procs w CC | 30 | 46 | 65.2% | 2.5 |
| 253 : Other vascular procs w CC | 27 | 159 | 17.0% | 4.7 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 27 | 88 | 30.7% | 2.4 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 25 | 120 | 20.8% | 2.7 |
| Top Surgical DRGs | 2,076 | 4,733 | 43.9% | 2.5 |
| All Surgical DRGs | 3,067 | 20,416 | 15.0% | 6.2 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 270 | 520 | 51.9% | 2.1 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 183 | 209 | 87.6% | 1.3 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 149 | 170 | 87.6% | 1.2 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 140 | 210 | 66.7% | 2.4 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 124 | 358 | 34.6% | 2.1 |
| 039 : Extracranial procs w/o CC/MCC | 86 | 104 | 82.7% | 1.3 |
| 460 : Spinal fusion except cervical w/o MCC | 85 | 226 | 37.6% | 2.7 |
| 483 : Major joint or limb reattachment procs of upper extremities | 81 | 132 | 61.4% | 2.0 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 40 | 65 | 61.5% | 2.1 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 34 | 62 | 54.8% | 1.9 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 30 | 69 | 43.5% | 2.2 |
| 254 : Other vascular procs w/o CC/MCC | 27 | 65 | 41.5% | 2.4 |
| 038 : Extracranial procs w CC | 24 | 49 | 49.0% | 2.5 |
| 708 : Major male pelvic procs w/o CC/MCC | 24 | 31 | 77.4% | 1.3 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 22 | 50 | 44.0% | 2.2 |
| 243 : Permanent cardiac pacemaker implant w CC | 20 | 87 | 23.0% | 3.3 |
| 331 : Major small and large bowel procs w/o CC/MCC | 19 | 134 | 14.2% | 3.3 |
| 165 : Major chest procs w/o CC/MCC | 17 | 47 | 36.2% | 2.4 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 17 | 182 | 9.3% | 4.1 |
| 273 : Percutaneous and other intracardiac procs w MCC | 16 | 37 | 43.2% | 4.2 |
| Top Surgical DRGs | 1,408 | 2,807 | 50.2% | 2.3 |
| All Surgical DRGs | 1,895 | 8,113 | 23.4% | 5.3 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 1,287 | 3,151 | 40.8% | 2.1 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 605 | 969 | 62.4% | 1.7 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 598 | 876 | 68.3% | 1.8 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 430 | 1,888 | 22.8% | 2.5 |
| 039 : Extracranial procs w/o CC/MCC | 427 | 516 | 82.8% | 1.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 265 | 441 | 60.1% | 2.4 |
| 483 : Major joint or limb reattachment procs of upper extremities | 182 | 452 | 40.3% | 2.8 |
| 621 : OR procs for obesity w/o CC/MCC | 168 | 225 | 74.7% | 1.3 |
| 038 : Extracranial procs w CC | 160 | 292 | 54.8% | 2.6 |
| 036 : Carotid artery stent procs w/o CC/MCC | 126 | 161 | 78.3% | 1.4 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 120 | 366 | 32.8% | 4.7 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 113 | 271 | 41.7% | 2.3 |
| 253 : Other vascular procs w CC | 83 | 661 | 12.6% | 5.3 |
| 331 : Major small and large bowel procs w/o CC/MCC | 78 | 788 | 9.9% | 3.5 |
| 033 : Ventricular shunt procs w/o CC/MCC | 77 | 106 | 72.6% | 1.9 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 77 | 1,188 | 6.5% | 5.0 |
| 708 : Major male pelvic procs w/o CC/MCC | 76 | 128 | 59.4% | 1.6 |
| 254 : Other vascular procs w/o CC/MCC | 72 | 232 | 31.0% | 2.7 |
| 658 : Kidney and ureter procs for neoplasm w/o CC/MCC | 72 | 212 | 34.0% | 2.2 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 68 | 487 | 14.0% | 4.0 |
| Top Surgical DRGs | 5,084 | 13,410 | 37.9% | 2.8 |
| All Surgical DRGs | 7,493 | 55,709 | 13.5% | 6.4 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 230 | 332 | 69.3% | 1.7 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 191 | 297 | 64.3% | 1.5 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 145 | 151 | 96.0% | 1.1 |
| 039 : Extracranial procs w/o CC/MCC | 90 | 110 | 81.8% | 1.3 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 87 | 230 | 37.8% | 2.1 |
| 483 : Major joint or limb reattachment procs of upper extremities | 86 | 117 | 73.5% | 1.7 |
| 038 : Extracranial procs w CC | 50 | 84 | 59.5% | 2.0 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 48 | 66 | 72.7% | 1.7 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 34 | 202 | 16.8% | 4.5 |
| 254 : Other vascular procs w/o CC/MCC | 19 | 46 | 41.3% | 2.1 |
| 036 : Carotid artery stent procs w/o CC/MCC | 18 | 21 | 85.7% | 1.1 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 18 | 44 | 40.9% | 2.2 |
| 467 : Revision of hip or knee replacement w CC | 17 | 99 | 17.2% | 3.8 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 14 | 23 | 60.9% | 1.8 |
| 273 : Percutaneous and other intracardiac procs w MCC | 14 | 19 | 73.7% | 2.3 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 14 | 68 | 20.6% | 3.3 |
| 253 : Other vascular procs w CC | 13 | 80 | 16.3% | 3.9 |
| Top Surgical DRGs | 1,088 | 1,989 | 54.7% | 2.2 |
| All Surgical DRGs | 1,410 | 6,933 | 20.3% | 5.5 |

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 Q1FY22
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 | 747 | 781 | 95.6% | 1.1 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 242 | 691 | 35.0% | 2.0 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 203 | 454 | 44.7% | 1.8 |
| 483 : Major joint or limb reattachment procs of upper extremities | 194 | 298 | 65.1% | 1.7 |
| 039 : Extracranial procs w/o CC/MCC | 141 | 159 | 88.7% | 1.2 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 105 | 362 | 29.0% | 2.1 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 85 | 121 | 70.2% | 1.9 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 77 | 149 | 51.7% | 3.1 |
| 038 : Extracranial procs w CC | 71 | 106 | 67.0% | 1.8 |
| 229 : Other cardiothoracic procs w/o MCC | 68 | 108 | 63.0% | 2.2 |
| 036 : Carotid artery stent procs w/o CC/MCC | 56 | 65 | 86.2% | 1.2 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 40 | 76 | 52.6% | 1.7 |
| 254 : Other vascular procs w/o CC/MCC | 39 | 69 | 56.5% | 1.7 |
| 253 : Other vascular procs w CC | 31 | 154 | 20.1% | 4.0 |
| 035 : Carotid artery stent procs w CC | 29 | 45 | 64.4% | 1.9 |
| 467 : Revision of hip or knee replacement w CC | 29 | 166 | 17.5% | 3.8 |
| 243 : Permanent cardiac pacemaker implant w CC | 28 | 136 | 20.6% | 2.9 |
| 460 : Spinal fusion except cervical w/o MCC | 27 | 214 | 12.6% | 3.2 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 24 | 47 | 51.1% | 2.3 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 23 | 74 | 31.1% | 2.0 |
| Top Surgical DRGs | 2,259 | 4,275 | 52.8% | 2.0 |
| All Surgical DRGs | 2,965 | 14,455 | 20.5% | 5.4 |

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 Q1FY22
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 | 225 | 310 | 72.6% | 1.7 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 139 | 164 | 84.8% | 1.4 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 112 | 225 | 49.8% | 2.0 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 82 | 455 | 18.0% | 2.5 |
| 039 : Extracranial procs w/o CC/MCC | 75 | 110 | 68.2% | 1.5 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 52 | 151 | 34.4% | 5.8 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 47 | 76 | 61.8% | 1.7 |
| 621 : OR procs for obesity w/o CC/MCC | 33 | 53 | 62.3% | 1.4 |
| 483 : Major joint or limb reattachment procs of upper extremities | 25 | 55 | 45.5% | 3.0 |
| 038 : Extracranial procs w CC | 24 | 56 | 42.9% | 3.3 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 21 | 88 | 23.9% | 3.2 |
| 419 : Laparoscopic cholecystectomy w/o CDE w/o CC/MCC | 19 | 63 | 30.2% | 2.5 |
| 460 : Spinal fusion except cervical w/o MCC | 19 | 147 | 12.9% | 3.3 |
| 036 : Carotid artery stent procs w/o CC/MCC | 18 | 27 | 66.7% | 1.8 |
| 272 : Other major cardiovascular procs w/o CC/MCC | 18 | 33 | 54.5% | 2.1 |
| 165 : Major chest procs w/o CC/MCC | 17 | 45 | 37.8% | 2.4 |
| 254 : Other vascular procs w/o CC/MCC | 16 | 46 | 34.8% | 2.5 |
| 253 : Other vascular procs w CC | 15 | 138 | 10.9% | 5.6 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 15 | 40 | 37.5% | 2.3 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 14 | 30 | 46.7% | 2.8 |
| Top Surgical DRGs | 986 | 2,312 | 42.6% | 2.7 |
| All Surgical DRGs | 1,486 | 8,998 | 16.5% | 6.4 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 923 | 2,125 | 43.4% | 2.0 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 880 | 1,342 | 65.6% | 1.7 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 584 | 799 | 73.1% | 1.8 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 275 | 1,505 | 18.3% | 2.9 |
| 039 : Extracranial procs w/o CC/MCC | 227 | 280 | 81.1% | 1.5 |
| 621 : OR procs for obesity w/o CC/MCC | 188 | 274 | 68.6% | 1.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 175 | 272 | 64.3% | 2.2 |
| 483 : Major joint or limb reattachment procs of upper extremities | 119 | 252 | 47.2% | 3.0 |
| 165 : Major chest procs w/o CC/MCC | 92 | 208 | 44.2% | 2.1 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 80 | 999 | 8.0% | 5.8 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 78 | 431 | 18.1% | 7.1 |
| 038 : Extracranial procs w CC | 77 | 187 | 41.2% | 3.6 |
| 036 : Carotid artery stent procs w/o CC/MCC | 62 | 83 | 74.7% | 1.5 |
| 164 : Major chest procs w CC | 62 | 385 | 16.1% | 4.4 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 59 | 255 | 23.1% | 2.5 |
| 460 : Spinal fusion except cervical w/o MCC | 57 | 585 | 9.7% | 3.7 |
| 328 : Stomach, esophageal and duodenal procs w/o CC/MCC | 48 | 137 | 35.0% | 3.0 |
| 252 : Other vascular procs w MCC | 47 | 690 | 6.8% | 8.8 |
| 243 : Permanent cardiac pacemaker implant w CC | 44 | 580 | 7.6% | 4.2 |
| 620 : OR procs for obesity w CC | 44 | 89 | 49.4% | 2.0 |
| Top Surgical DRGs | 4,121 | 11,478 | 35.9% | 3.3 |
| All Surgical DRGs | 5,907 | 45,928 | 12.9% | 6.9 |

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 Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - New Mexico, 29 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 | 216 | 332 | 65.1% | 1.6 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 76 | 101 | 75.2% | 1.7 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 75 | 338 | 22.2% | 2.4 |
| 483 : Major joint or limb reattachment procs of upper extremities | 52 | 72 | 72.2% | 1.6 |
| 460 : Spinal fusion except cervical w/o MCC | 29 | 90 | 32.2% | 2.9 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 27 | 37 | 73.0% | 1.9 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 25 | 62 | 40.3% | 5.3 |
| 039 : Extracranial procs w/o CC/MCC | 24 | 35 | 68.6% | 1.5 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 19 | 37 | 51.4% | 2.1 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 18 | 24 | 75.0% | 2.3 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 16 | 67 | 23.9% | 2.5 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 15 | 217 | 6.9% | 5.1 |
| 243 : Permanent cardiac pacemaker implant w CC | 11 | 67 | 16.4% | 2.9 |
| 419 : Laparoscopic cholecystectomy w/o CDE w/o CC/MCC | 11 | 55 | 20.0% | 2.8 |
| Top Surgical DRGs | 614 | 1,534 | 40.0% | 2.7 |
| All Surgical DRGs | 935 | 7,551 | 12.4% | 6.1 |

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 Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Nevada, 21 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 | 182 | 226 | 80.5% | 1.3 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 181 | 738 | 24.5% | 2.5 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 127 | 223 | 57.0% | 3.6 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 95 | 446 | 21.3% | 2.6 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 88 | 134 | 65.7% | 1.8 |
| 039 : Extracranial procs w/o CC/MCC | 77 | 97 | 79.4% | 1.3 |
| 621 : OR procs for obesity w/o CC/MCC | 70 | 86 | 81.4% | 1.2 |
| 483 : Major joint or limb reattachment procs of upper extremities | 69 | 139 | 49.6% | 2.5 |
| 473 : Cervical spinal fusion w/o CC/MCC | 39 | 71 | 54.9% | 1.9 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 36 | 90 | 40.0% | 2.9 |
| 460 : Spinal fusion except cervical w/o MCC | 36 | 230 | 15.7% | 3.3 |
| 254 : Other vascular procs w/o CC/MCC | 32 | 70 | 45.7% | 2.2 |
| 472 : Cervical spinal fusion w CC | 30 | 122 | 24.6% | 3.1 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 27 | 166 | 16.3% | 3.2 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 24 | 350 | 6.9% | 5.8 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 23 | 50 | 46.0% | 2.4 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 23 | 65 | 35.4% | 2.4 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 22 | 79 | 27.8% | 2.1 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 22 | 82 | 26.8% | 2.5 |
| 708 : Major male pelvic procs w/o CC/MCC | 21 | 38 | 55.3% | 1.5 |
| Top Surgical DRGs | 1,224 | 3,502 | 35.0% | 2.8 |
| All Surgical DRGs | 1,949 | 14,176 | 13.7% | 6.8 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - New York, 138 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 | 2,952 | 8,841 | 33.4% | 2.3 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 1,617 | 2,824 | 57.3% | 1.9 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 1,423 | 2,056 | 69.2% | 1.9 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 1,017 | 3,259 | 31.2% | 2.5 |
| 483 : Major joint or limb reattachment procs of upper extremities | 777 | 1,232 | 63.1% | 2.0 |
| 039 : Extracranial procs w/o CC/MCC | 492 | 630 | 78.1% | 1.5 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 408 | 1,396 | 29.2% | 5.8 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 325 | 506 | 64.2% | 2.3 |
| 621 : OR procs for obesity w/o CC/MCC | 246 | 381 | 64.6% | 1.5 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 208 | 347 | 59.9% | 2.0 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 194 | 1,831 | 10.6% | 5.7 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 189 | 560 | 33.8% | 2.3 |
| 038 : Extracranial procs w CC | 164 | 358 | 45.8% | 3.3 |
| 036 : Carotid artery stent procs w/o CC/MCC | 159 | 204 | 77.9% | 1.5 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 149 | 448 | 33.3% | 2.5 |
| 253 : Other vascular procs w CC | 130 | 1,135 | 11.5% | 6.0 |
| 254 : Other vascular procs w/o CC/MCC | 130 | 408 | 31.9% | 2.6 |
| 743 : Uterine and adnexa procs for non-malignancy w/o CC/MCC | 126 | 248 | 50.8% | 1.6 |
| 271 : Other major cardiovascular procs w CC | 121 | 745 | 16.2% | 5.7 |
| 708 : Major male pelvic procs w/o CC/MCC | 119 | 209 | 56.9% | 1.6 |
| Top Surgical DRGs | 10,946 | 27,618 | 39.6% | 2.9 |
| All Surgical DRGs | 16,242 | 98,997 | 16.4% | 7.1 |

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 Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Ohio, 123 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 | 1,078 | 1,410 | 76.5% | 1.7 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 1,070 | 1,362 | 78.6% | 1.5 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 1,051 | 2,222 | 47.3% | 1.9 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 607 | 2,233 | 27.2% | 2.5 |
| 483 : Major joint or limb reattachment procs of upper extremities | 561 | 849 | 66.1% | 1.8 |
| 039 : Extracranial procs w/o CC/MCC | 431 | 523 | 82.4% | 1.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 329 | 494 | 66.6% | 2.2 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 320 | 700 | 45.7% | 5.4 |
| 038 : Extracranial procs w CC | 155 | 307 | 50.5% | 2.7 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 148 | 302 | 49.0% | 2.4 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 142 | 363 | 39.1% | 2.1 |
| 036 : Carotid artery stent procs w/o CC/MCC | 141 | 164 | 86.0% | 1.3 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 121 | 1,449 | 8.4% | 5.1 |
| 460 : Spinal fusion except cervical w/o MCC | 114 | 1,274 | 8.9% | 3.7 |
| 621 : OR procs for obesity w/o CC/MCC | 114 | 210 | 54.3% | 1.6 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 105 | 247 | 42.5% | 2.2 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 103 | 639 | 16.1% | 3.8 |
| 254 : Other vascular procs w/o CC/MCC | 101 | 257 | 39.3% | 2.3 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 91 | 520 | 17.5% | 2.8 |
| 243 : Permanent cardiac pacemaker implant w CC | 86 | 686 | 12.5% | 3.6 |
| Top Surgical DRGs | 6,868 | 16,211 | 42.4% | 2.7 |
| All Surgical DRGs | 10,029 | 61,898 | 16.2% | 6.0 |

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 Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Oklahoma, 79 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 | 1,074 | 3,651 | 29.4% | 2.1 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 322 | 442 | 72.9% | 1.5 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 311 | 358 | 86.9% | 1.3 |
| 483 : Major joint or limb reattachment procs of upper extremities | 306 | 630 | 48.6% | 2.0 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 230 | 669 | 34.4% | 2.1 |
| 039 : Extracranial procs w/o CC/MCC | 198 | 226 | 87.6% | 1.2 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 122 | 174 | 70.1% | 2.0 |
| 036 : Carotid artery stent procs w/o CC/MCC | 115 | 130 | 88.5% | 1.2 |
| 038 : Extracranial procs w CC | 87 | 152 | 57.2% | 2.6 |
| 473 : Cervical spinal fusion w/o CC/MCC | 79 | 163 | 48.5% | 1.9 |
| 035 : Carotid artery stent procs w CC | 71 | 111 | 64.0% | 2.0 |
| 621 : OR procs for obesity w/o CC/MCC | 60 | 90 | 66.7% | 1.4 |
| 460 : Spinal fusion except cervical w/o MCC | 56 | 714 | 7.8% | 3.0 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 55 | 102 | 53.9% | 2.0 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 55 | 457 | 12.0% | 2.5 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 52 | 178 | 29.2% | 2.3 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 51 | 178 | 28.7% | 4.7 |
| 253 : Other vascular procs w CC | 43 | 226 | 19.0% | 4.4 |
| 472 : Cervical spinal fusion w CC | 43 | 159 | 27.0% | 3.4 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 40 | 102 | 39.2% | 2.0 |
| Top Surgical DRGs | 3,370 | 8,912 | 37.8% | 2.2 |
| All Surgical DRGs | 4,563 | 26,726 | 17.1% | 5.3 |

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 Q1FY22
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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 364 | 670 | 54.3% | 1.9 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 245 | 364 | 67.3% | 1.7 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 143 | 182 | 78.6% | 1.7 |
| 039 : Extracranial procs w/o CC/MCC | 139 | 162 | 85.8% | 1.2 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 139 | 278 | 50.0% | 3.5 |
| 483 : Major joint or limb reattachment procs of upper extremities | 134 | 202 | 66.3% | 2.2 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 132 | 535 | 24.7% | 2.2 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 101 | 139 | 72.7% | 2.0 |
| 621 : OR procs for obesity w/o CC/MCC | 50 | 77 | 64.9% | 1.5 |
| 038 : Extracranial procs w CC | 47 | 75 | 62.7% | 2.3 |
| 036 : Carotid artery stent procs w/o CC/MCC | 41 | 53 | 77.4% | 1.5 |
| 253 : Other vascular procs w CC | 41 | 206 | 19.9% | 4.6 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 39 | 76 | 51.3% | 2.3 |
| 254 : Other vascular procs w/o CC/MCC | 39 | 97 | 40.2% | 2.6 |
| 331 : Major small and large bowel procs w/o CC/MCC | 36 | 232 | 15.5% | 3.0 |
| 035 : Carotid artery stent procs w CC | 32 | 59 | 54.2% | 2.6 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 32 | 131 | 24.4% | 2.7 |
| 330 : Major small and large bowel procs w CC | 30 | 409 | 7.3% | 5.7 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 27 | 331 | 8.2% | 4.9 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 26 | 68 | 38.2% | 2.4 |
| Top Surgical DRGs | 1,837 | 4,346 | 42.3% | 2.8 |
| All Surgical DRGs | 2,821 | 15,988 | 17.6% | 6.3 |

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 Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Pennsylvania, 143 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 | 3,458 | 6,296 | 54.9% | 1.7 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 1,006 | 1,595 | 63.1% | 1.8 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 911 | 1,281 | 71.1% | 1.8 |
| 483 : Major joint or limb reattachment procs of upper extremities | 661 | 1,013 | 65.3% | 1.9 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 430 | 2,314 | 18.6% | 2.7 |
| 039 : Extracranial procs w/o CC/MCC | 402 | 487 | 82.5% | 1.3 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 399 | 994 | 40.1% | 4.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 297 | 476 | 62.4% | 2.1 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 162 | 422 | 38.4% | 2.3 |
| 036 : Carotid artery stent procs w/o CC/MCC | 149 | 195 | 76.4% | 1.5 |
| 460 : Spinal fusion except cervical w/o MCC | 149 | 1,355 | 11.0% | 3.5 |
| 038 : Extracranial procs w CC | 146 | 306 | 47.7% | 3.1 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 137 | 256 | 53.5% | 2.2 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 127 | 478 | 26.6% | 2.2 |
| 621 : OR procs for obesity w/o CC/MCC | 124 | 236 | 52.5% | 1.7 |
| 708 : Major male pelvic procs w/o CC/MCC | 100 | 179 | 55.9% | 1.6 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 97 | 831 | 11.7% | 3.9 |
| 254 : Other vascular procs w/o CC/MCC | 89 | 289 | 30.8% | 2.6 |
| 472 : Cervical spinal fusion w CC | 78 | 416 | 18.8% | 3.7 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 77 | 1,352 | 5.7% | 5.5 |
| Top Surgical DRGs | 8,999 | 20,771 | 43.3% | 2.5 |
| All Surgical DRGs | 12,045 | 73,372 | 16.4% | 6.2 |

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 Q1FY22
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 | 132 | 375 | 35.2% | 2.1 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 34 | 210 | 16.2% | 3.8 |
| 483 : Major joint or limb reattachment procs of upper extremities | 26 | 46 | 56.5% | 2.1 |
| 743 : Uterine and adnexa procs for non-malignancy w/o CC/MCC | 24 | 54 | 44.4% | 2.0 |
| 419 : Laparoscopic cholecystectomy w/o CDE w/o CC/MCC | 14 | 87 | 16.1% | 4.2 |
| 473 : Cervical spinal fusion w/o CC/MCC | 13 | 26 | 50.0% | 2.5 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 11 | 30 | 36.7% | 2.1 |
| 581 : Other skin, subcutaneous tissue and breast procs w/o CC/MCC | 11 | 24 | 45.8% | 3.3 |
| Top Surgical DRGs | 265 | 852 | 31.1% | 2.8 |
| All Surgical DRGs | 509 | 3,953 | 12.9% | 8.2 |

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 Q1FY22
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 | 277 | 473 | 58.6% | 1.6 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 66 | 92 | 71.7% | 1.6 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 50 | 58 | 86.2% | 1.5 |
| 483 : Major joint or limb reattachment procs of upper extremities | 33 | 71 | 46.5% | 2.1 |
| 039 : Extracranial procs w/o CC/MCC | 23 | 30 | 76.7% | 1.4 |
| 036 : Carotid artery stent procs w/o CC/MCC | 19 | 27 | 70.4% | 1.5 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 17 | 27 | 63.0% | 2.1 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 12 | 133 | 9.0% | 2.6 |
| 473 : Cervical spinal fusion w/o CC/MCC | 12 | 22 | 54.5% | 1.5 |
| 460 : Spinal fusion except cervical w/o MCC | 11 | 167 | 6.6% | 3.7 |
| Top Surgical DRGs | 520 | 1,100 | 47.3% | 2.1 |
| All Surgical DRGs | 715 | 4,905 | 14.6% | 5.8 |

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 Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - South Carolina, 53 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 | 638 | 812 | 78.6% | 1.5 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 431 | 930 | 46.3% | 2.0 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 350 | 449 | 78.0% | 1.4 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 284 | 435 | 65.3% | 3.1 |
| 039 : Extracranial procs w/o CC/MCC | 280 | 346 | 80.9% | 1.4 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 249 | 936 | 26.6% | 2.3 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 171 | 235 | 72.8% | 1.8 |
| 036 : Carotid artery stent procs w/o CC/MCC | 144 | 168 | 85.7% | 1.3 |
| 483 : Major joint or limb reattachment procs of upper extremities | 101 | 212 | 47.6% | 2.4 |
| 621 : OR procs for obesity w/o CC/MCC | 84 | 149 | 56.4% | 1.5 |
| 473 : Cervical spinal fusion w/o CC/MCC | 78 | 119 | 65.5% | 1.6 |
| 038 : Extracranial procs w CC | 68 | 127 | 53.5% | 2.4 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 66 | 171 | 38.6% | 2.6 |
| 254 : Other vascular procs w/o CC/MCC | 66 | 157 | 42.0% | 2.3 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 64 | 601 | 10.6% | 4.5 |
| 273 : Percutaneous and other intracardiac procs w MCC | 59 | 143 | 41.3% | 4.5 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 54 | 281 | 19.2% | 2.6 |
| 272 : Other major cardiovascular procs w/o CC/MCC | 49 | 89 | 55.1% | 2.3 |
| 331 : Major small and large bowel procs w/o CC/MCC | 46 | 419 | 11.0% | 3.4 |
| 460 : Spinal fusion except cervical w/o MCC | 45 | 414 | 10.9% | 3.7 |
| Top Surgical DRGs | 3,327 | 7,193 | 46.3% | 2.5 |
| All Surgical DRGs | 4,801 | 28,639 | 16.8% | 6.2 |

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 Q1FY22
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 | 551 | 1,539 | 35.8% | 2.0 |
| 483 : Major joint or limb reattachment procs of upper extremities | 274 | 359 | 76.3% | 1.5 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 135 | 172 | 78.5% | 1.5 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 125 | 188 | 66.5% | 1.6 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 83 | 335 | 24.8% | 2.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 80 | 91 | 87.9% | 1.3 |
| 039 : Extracranial procs w/o CC/MCC | 74 | 88 | 84.1% | 1.3 |
| 036 : Carotid artery stent procs w/o CC/MCC | 58 | 79 | 73.4% | 1.7 |
| 621 : OR procs for obesity w/o CC/MCC | 42 | 55 | 76.4% | 1.3 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 30 | 107 | 28.0% | 3.4 |
| 469 : Major hip and knee joint replacement or reattachment of lower extremity w MC | 30 | 60 | 50.0% | 3.0 |
| 038 : Extracranial procs w CC | 28 | 52 | 53.8% | 2.6 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 24 | 77 | 31.2% | 2.1 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 23 | 241 | 9.5% | 4.5 |
| 331 : Major small and large bowel procs w/o CC/MCC | 15 | 148 | 10.1% | 3.1 |
| 489 : Knee procs w/o PDx of infection w/o CC/MCC | 15 | 23 | 65.2% | 1.5 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 15 | 46 | 32.6% | 2.0 |
| 254 : Other vascular procs w/o CC/MCC | 14 | 46 | 30.4% | 2.1 |
| 328 : Stomach, esophageal and duodenal procs w/o CC/MCC | 14 | 29 | 48.3% | 2.7 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 13 | 36 | 36.1% | 3.1 |
| Top Surgical DRGs | 1,643 | 3,771 | 43.6% | 2.2 |
| All Surgical DRGs | 2,146 | 10,519 | 20.4% | 4.9 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Tennessee, 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 | 927 | 1,807 | 51.3% | 2.0 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 716 | 869 | 82.4% | 1.5 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 539 | 717 | 75.2% | 1.6 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 360 | 1,365 | 26.4% | 2.4 |
| 483 : Major joint or limb reattachment procs of upper extremities | 316 | 484 | 65.3% | 2.0 |
| 039 : Extracranial procs w/o CC/MCC | 306 | 396 | 77.3% | 1.4 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 237 | 508 | 46.7% | 4.2 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 222 | 320 | 69.4% | 1.9 |
| 036 : Carotid artery stent procs w/o CC/MCC | 192 | 224 | 85.7% | 1.2 |
| 460 : Spinal fusion except cervical w/o MCC | 174 | 881 | 19.8% | 3.2 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 122 | 508 | 24.0% | 2.8 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 111 | 193 | 57.5% | 2.2 |
| 621 : OR procs for obesity w/o CC/MCC | 102 | 155 | 65.8% | 1.4 |
| 038 : Extracranial procs w CC | 91 | 178 | 51.1% | 2.9 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 82 | 173 | 47.4% | 2.1 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 77 | 930 | 8.3% | 5.1 |
| 254 : Other vascular procs w/o CC/MCC | 76 | 206 | 36.9% | 2.3 |
| 035 : Carotid artery stent procs w CC | 74 | 142 | 52.1% | 3.0 |
| 658 : Kidney and ureter procs for neoplasm w/o CC/MCC | 66 | 166 | 39.8% | 1.9 |
| 473 : Cervical spinal fusion w/o CC/MCC | 62 | 120 | 51.7% | 2.1 |
| Top Surgical DRGs | 4,852 | 10,342 | 46.9% | 2.5 |
| All Surgical DRGs | 7,308 | 42,807 | 17.1% | 6.1 |

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 Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Texas, 291 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 | 3,067 | 7,737 | 39.6% | 1.9 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 2,143 | 2,796 | 76.6% | 1.6 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 1,227 | 1,736 | 70.7% | 1.7 |
| 039 : Extracranial procs w/o CC/MCC | 817 | 1,006 | 81.2% | 1.4 |
| 483 : Major joint or limb reattachment procs of upper extremities | 793 | 1,436 | 55.2% | 2.1 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 745 | 3,400 | 21.9% | 2.6 |
| 621 : OR procs for obesity w/o CC/MCC | 512 | 679 | 75.4% | 1.3 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 510 | 1,352 | 37.7% | 4.3 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 392 | 618 | 63.4% | 2.3 |
| 036 : Carotid artery stent procs w/o CC/MCC | 356 | 434 | 82.0% | 1.3 |
| 473 : Cervical spinal fusion w/o CC/MCC | 306 | 559 | 54.7% | 1.8 |
| 460 : Spinal fusion except cervical w/o MCC | 297 | 2,169 | 13.7% | 3.3 |
| 472 : Cervical spinal fusion w CC | 268 | 960 | 27.9% | 3.1 |
| 038 : Extracranial procs w CC | 266 | 539 | 49.4% | 2.9 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 254 | 498 | 51.0% | 2.3 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 197 | 2,830 | 7.0% | 5.2 |
| 254 : Other vascular procs w/o CC/MCC | 161 | 472 | 34.1% | 2.4 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 160 | 1,331 | 12.0% | 2.7 |
| 243 : Permanent cardiac pacemaker implant w CC | 156 | 1,183 | 13.2% | 3.6 |
| 273 : Percutaneous and other intracardiac procs w MCC | 155 | 609 | 25.5% | 5.5 |
| Top Surgical DRGs | 12,782 | 32,344 | 39.5% | 2.6 |
| All Surgical DRGs | 18,684 | 126,599 | 14.8% | 6.2 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Utah, 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 |
|---|---|---------------------------------|---|---|
| 483 : Major joint or limb reattachment procs of upper extremities | 234 | 308 | 76.0% | 1.5 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 217 | 308 | 70.5% | 1.5 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 209 | 239 | 87.4% | 1.2 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 155 | 586 | 26.5% | 2.1 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 151 | 425 | 35.5% | 2.0 |
| 039 : Extracranial procs w/o CC/MCC | 58 | 71 | 81.7% | 1.3 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 55 | 309 | 17.8% | 4.0 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 50 | 154 | 32.5% | 4.8 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 46 | 58 | 79.3% | 1.3 |
| 460 : Spinal fusion except cervical w/o MCC | 41 | 325 | 12.6% | 3.1 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 41 | 104 | 39.4% | 1.9 |
| 621 : OR procs for obesity w/o CC/MCC | 40 | 54 | 74.1% | 1.3 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 34 | 71 | 47.9% | 2.3 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 32 | 66 | 48.5% | 1.7 |
| 243 : Permanent cardiac pacemaker implant w CC | 30 | 127 | 23.6% | 2.7 |
| 036 : Carotid artery stent procs w/o CC/MCC | 28 | 30 | 93.3% | 1.1 |
| 328 : Stomach, esophageal and duodenal procs w/o CC/MCC | 27 | 57 | 47.4% | 2.2 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 27 | 256 | 10.5% | 2.5 |
| 038 : Extracranial procs w CC | 26 | 43 | 60.5% | 1.9 |
| 467 : Revision of hip or knee replacement w CC | 24 | 185 | 13.0% | 3.6 |
| Top Surgical DRGs | 1,525 | 3,776 | 40.4% | 2.4 |
| All Surgical DRGs | 2,372 | 12,158 | 19.5% | 4.7 |

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 Q1FY22
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 | 1,255 | 2,072 | 60.6% | 1.7 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 803 | 1,224 | 65.6% | 1.7 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 748 | 957 | 78.2% | 1.5 |
| 039 : Extracranial procs w/o CC/MCC | 372 | 437 | 85.1% | 1.2 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 323 | 1,517 | 21.3% | 2.5 |
| 483 : Major joint or limb reattachment procs of upper extremities | 318 | 488 | 65.2% | 2.0 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 204 | 314 | 65.0% | 2.3 |
| 036 : Carotid artery stent procs w/o CC/MCC | 187 | 223 | 83.9% | 1.3 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 182 | 599 | 30.4% | 5.4 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 104 | 185 | 56.2% | 2.2 |
| 621 : OR procs for obesity w/o CC/MCC | 101 | 140 | 72.1% | 1.3 |
| 038 : Extracranial procs w CC | 98 | 195 | 50.3% | 2.5 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 83 | 220 | 37.7% | 2.2 |
| 035 : Carotid artery stent procs w CC | 81 | 132 | 61.4% | 2.7 |
| 254 : Other vascular procs w/o CC/MCC | 79 | 251 | 31.5% | 2.4 |
| 165 : Major chest procs w/o CC/MCC | 73 | 228 | 32.0% | 2.5 |
| 253 : Other vascular procs w CC | 71 | 540 | 13.1% | 4.6 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 71 | 223 | 31.8% | 2.2 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 70 | 595 | 11.8% | 3.0 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 63 | 920 | 6.8% | 5.2 |
| Top Surgical DRGs | 5,286 | 11,460 | 46.1% | 2.6 |
| All Surgical DRGs | 7,261 | 45,149 | 16.1% | 6.2 |

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 Q1FY22
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 |
|---|---|---------------------------------|---|---|
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 85 | 148 | 57.4% | 1.9 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 85 | 182 | 46.7% | 2.0 |
| 483 : Major joint or limb reattachment procs of upper extremities | 45 | 59 | 76.3% | 1.4 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 31 | 47 | 66.0% | 1.9 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 23 | 131 | 17.6% | 2.7 |
| 039 : Extracranial procs w/o CC/MCC | 18 | 23 | 78.3% | 1.5 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 13 | 18 | 72.2% | 1.9 |
| 460 : Spinal fusion except cervical w/o MCC | 13 | 82 | 15.9% | 5.0 |
| Top Surgical DRGs | 313 | 690 | 45.4% | 2.4 |
| All Surgical DRGs | 511 | 3,356 | 15.2% | 6.4 |

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 Q1FY22
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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 660 | 822 | 80.3% | 1.5 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 635 | 726 | 87.5% | 1.4 |
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 426 | 805 | 52.9% | 2.0 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 377 | 702 | 53.7% | 3.9 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 328 | 1,185 | 27.7% | 2.2 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 187 | 264 | 70.8% | 1.7 |
| 483 : Major joint or limb reattachment procs of upper extremities | 178 | 291 | 61.2% | 2.3 |
| 039 : Extracranial procs w/o CC/MCC | 170 | 210 | 81.0% | 1.3 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 147 | 237 | 62.0% | 1.9 |
| 036 : Carotid artery stent procs w/o CC/MCC | 92 | 109 | 84.4% | 1.4 |
| 038 : Extracranial procs w CC | 91 | 163 | 55.8% | 2.5 |
| 331 : Major small and large bowel procs w/o CC/MCC | 82 | 429 | 19.1% | 3.0 |
| 165 : Major chest procs w/o CC/MCC | 75 | 175 | 42.9% | 2.1 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 75 | 859 | 8.7% | 4.8 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 64 | 390 | 16.4% | 2.9 |
| 621 : OR procs for obesity w/o CC/MCC | 64 | 91 | 70.3% | 1.4 |
| 254 : Other vascular procs w/o CC/MCC | 59 | 146 | 40.4% | 2.2 |
| 253 : Other vascular procs w CC | 58 | 340 | 17.1% | 4.7 |
| 035 : Carotid artery stent procs w CC | 56 | 104 | 53.8% | 2.9 |
| 708 : Major male pelvic procs w/o CC/MCC | 55 | 70 | 78.6% | 1.2 |
| Top Surgical DRGs | 3,879 | 8,118 | 47.8% | 2.6 |
| All Surgical DRGs | 5,834 | 31,607 | 18.5% | 6.4 |

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: 26MAY2022

**Discharges for most recent 4 quarters, ending Q1FY22
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 | 717 | 1,543 | 46.5% | 1.9 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 415 | 652 | 63.7% | 1.7 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 251 | 908 | 27.6% | 2.3 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 232 | 299 | 77.6% | 1.5 |
| 039 : Extracranial procs w/o CC/MCC | 193 | 239 | 80.8% | 1.3 |
| 483 : Major joint or limb reattachment procs of upper extremities | 176 | 288 | 61.1% | 1.9 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 133 | 198 | 67.2% | 2.3 |
| 038 : Extracranial procs w CC | 98 | 179 | 54.7% | 2.4 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 92 | 301 | 30.6% | 5.4 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 55 | 631 | 8.7% | 4.9 |
| 468 : Revision of hip or knee replacement w/o CC/MCC | 50 | 108 | 46.3% | 2.1 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 43 | 88 | 48.9% | 2.7 |
| 164 : Major chest procs w CC | 43 | 245 | 17.6% | 4.0 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 41 | 170 | 24.1% | 2.3 |
| 660 : Kidney and ureter procs for non-neoplasm w CC | 41 | 247 | 16.6% | 3.6 |
| 036 : Carotid artery stent procs w/o CC/MCC | 39 | 49 | 79.6% | 1.3 |
| 165 : Major chest procs w/o CC/MCC | 37 | 95 | 38.9% | 2.3 |
| 253 : Other vascular procs w CC | 37 | 338 | 10.9% | 5.0 |
| 455 : Combined anterior and posterior spinal fusion w/o CC/MCC | 37 | 119 | 31.1% | 2.5 |
| 254 : Other vascular procs w/o CC/MCC | 35 | 104 | 33.7% | 2.4 |
| Top Surgical DRGs | 2,765 | 6,801 | 40.7% | 2.7 |
| All Surgical DRGs | 4,002 | 26,166 | 15.3% | 6.3 |

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 Q1FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - West Virginia, 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 |
|---|-----------------------------|---------------------------|---|--------------------------------|
| 470 : Major hip and knee joint replacement or reattachment of lower extremity w/o | 493 | 889 | 55.5% | 1.8 |
| 274 : Percutaneous and other intracardiac procs w/o MCC | 176 | 246 | 71.5% | 1.9 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 160 | 214 | 74.8% | 1.5 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 148 | 683 | 21.7% | 2.8 |
| 039 : Extracranial procs w/o CC/MCC | 103 | 128 | 80.5% | 1.3 |
| 483 : Major joint or limb reattachment procs of upper extremities | 75 | 121 | 62.0% | 2.4 |
| 036 : Carotid artery stent procs w/o CC/MCC | 68 | 79 | 86.1% | 1.4 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 57 | 104 | 54.8% | 2.3 |
| 254 : Other vascular procs w/o CC/MCC | 39 | 95 | 41.1% | 2.5 |
| 027 : Craniotomy and endovascular intracranial procs w/o CC/MCC | 35 | 56 | 62.5% | 2.1 |
| 038 : Extracranial procs w CC | 34 | 75 | 45.3% | 3.7 |
| 246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries | 34 | 399 | 8.5% | 5.7 |
| 035 : Carotid artery stent procs w CC | 27 | 58 | 46.6% | 2.9 |
| 244 : Permanent cardiac pacemaker implant w/o CC/MCC | 27 | 105 | 25.7% | 2.8 |
| 266 : Endovascular cardiac valve replacement and supplement procs w MCC | 23 | 74 | 31.1% | 7.0 |
| 621 : OR procs for obesity w/o CC/MCC | 21 | 39 | 53.8% | 1.5 |
| 661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC | 21 | 80 | 26.3% | 2.4 |
| 243 : Permanent cardiac pacemaker implant w CC | 20 | 152 | 13.2% | 4.0 |
| 462 : Bilateral or multiple major joint procs of lower extremity w/o MCC | 20 | 30 | 66.7% | 2.2 |
| 460 : Spinal fusion except cervical w/o MCC | 19 | 119 | 16.0% | 4.5 |
| Top Surgical DRGs | 1,600 | 3,746 | 42.7% | 2.8 |
| All Surgical DRGs | 2,135 | 13,784 | 15.5% | 6.4 |

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 Q1FY22
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 | 94 | 184 | 51.1% | 1.9 |
| 247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC | 50 | 134 | 37.3% | 2.0 |
| 039 : Extracranial procs w/o CC/MCC | 25 | 38 | 65.8% | 1.4 |
| 483 : Major joint or limb reattachment procs of upper extremities | 22 | 39 | 56.4% | 2.5 |
| 269 : Aortic and heart assist procs except pulsation balloon w/o MCC | 14 | 29 | 48.3% | 2.9 |
| 267 : Endovascular cardiac valve replacement and supplement procs w/o MCC | 11 | 16 | 68.8% | 1.7 |
| Top Surgical DRGs | 216 | 440 | 49.1% | 2.0 |
| All Surgical DRGs | 426 | 2,515 | 16.9% | 5.2 |

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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