



Short-Term Hospital State-Level Surgical DRG Report

Q4FY20

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**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	165	663	24.9%	3.1
483 : Major joint/limb reattachment procedure of upper extremities	101	145	69.7%	1.9
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	72	86	83.7%	1.3
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	37	52	71.2%	2.7
274 : Percutaneous intracardiac procedures w/o MCC	26	50	52.0%	2.0
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	23	126	18.3%	2.3
468 : Revision of hip or knee replacement w/o CC/MCC	18	59	30.5%	2.8
460 : Spinal fusion except cervical w/o MCC	16	76	21.1%	2.9
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	12	22	54.5%	1.9
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	11	19	57.9%	2.3
039 : Extracranial procedures w/o CC/MCC	11	35	31.4%	2.2
244 : Permanent cardiac pacemaker implant w/o CC/MCC	11	21	52.4%	2.2
Top Surgical DRGs	503	1,354	37.1%	2.7
All Surgical DRGs	766	4,367	17.5%	7.0

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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	1,179	4,605	25.6%	2.6
483 : Major joint/limb reattachment procedure of upper extremities	709	1,008	70.3%	1.7
039 : Extracranial procedures w/o CC/MCC	325	450	72.2%	1.5
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	292	519	56.3%	3.4
274 : Percutaneous intracardiac procedures w/o MCC	292	393	74.3%	1.8
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	251	370	67.8%	1.7
460 : Spinal fusion except cervical w/o MCC	240	934	25.7%	2.7
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	237	1,197	19.8%	2.6
473 : Cervical spinal fusion w/o CC/MCC	150	195	76.9%	1.4
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	136	233	58.4%	2.0
472 : Cervical spinal fusion w CC	131	275	47.6%	2.7
621 : OR procedures for obesity w/o CC/MCC	113	147	76.9%	1.3
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	92	141	65.2%	2.1
036 : Carotid artery stent procedure w/o CC/MCC	87	102	85.3%	1.2
038 : Extracranial procedures w CC	82	201	40.8%	3.0
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	78	406	19.2%	2.6
468 : Revision of hip or knee replacement w/o CC/MCC	74	211	35.1%	2.2
254 : Other vascular procedures w/o CC/MCC	62	161	38.5%	2.3
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	54	117	46.2%	2.3
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	50	730	6.8%	5.2
Top Surgical DRGs	4,634	12,395	37.4%	2.5
All Surgical DRGs	6,432	36,529	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	752	3,335	22.5%	2.5
483 : Major joint/limb reattachment procedure of upper extremities	662	867	76.4%	1.5
274 : Percutaneous intracardiac procedures w/o MCC	407	539	75.5%	1.4
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	299	992	30.1%	2.2
039 : Extracranial procedures w/o CC/MCC	248	317	78.2%	1.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	188	236	79.7%	1.4
621 : OR procedures for obesity w/o CC/MCC	179	225	79.6%	1.2
468 : Revision of hip or knee replacement w/o CC/MCC	161	295	54.6%	1.7
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	143	221	64.7%	2.5
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	119	186	64.0%	2.0
473 : Cervical spinal fusion w/o CC/MCC	93	146	63.7%	1.7
460 : Spinal fusion except cervical w/o MCC	88	363	24.2%	2.6
038 : Extracranial procedures w CC	81	157	51.6%	2.5
472 : Cervical spinal fusion w CC	76	159	47.8%	2.5
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	72	176	40.9%	2.1
036 : Carotid artery stent procedure w/o CC/MCC	66	83	79.5%	1.4
467 : Revision of hip or knee replacement w CC	61	253	24.1%	3.4
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	54	537	10.1%	4.4
620 : OR procedures for obesity w CC	47	61	77.0%	1.3
253 : Other vascular procedures w CC	42	224	18.8%	3.9
Top Surgical DRGs	3,838	9,372	41.0%	2.3
All Surgical DRGs	5,150	25,803	20.0%	5.0

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 Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Arizona, 61 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	1,953	5,213	37.5%	2.2
483 : Major joint/limb reattachment procedure of upper extremities	1,275	1,591	80.1%	1.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	711	1,020	69.7%	1.6
274 : Percutaneous intracardiac procedures w/o MCC	664	809	82.1%	1.4
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	326	1,307	24.9%	2.3
039 : Extracranial procedures w/o CC/MCC	293	361	81.2%	1.3
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	255	753	33.9%	2.2
468 : Revision of hip or knee replacement w/o CC/MCC	226	470	48.1%	2.0
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	184	292	63.0%	1.9
460 : Spinal fusion except cervical w/o MCC	182	791	23.0%	3.1
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	139	417	33.3%	4.8
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	135	263	51.3%	2.0
036 : Carotid artery stent procedure w/o CC/MCC	106	133	79.7%	1.4
473 : Cervical spinal fusion w/o CC/MCC	99	195	50.8%	1.9
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	97	257	37.7%	2.0
621 : OR procedures for obesity w/o CC/MCC	86	138	62.3%	1.4
472 : Cervical spinal fusion w CC	75	318	23.6%	3.2
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	73	445	16.4%	5.1
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	60	746	8.0%	5.1
038 : Extracranial procedures w CC	56	153	36.6%	2.9
Top Surgical DRGs	6,995	15,672	44.6%	2.4
All Surgical DRGs	9,242	43,842	21.1%	5.1

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Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - California, 290 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	4,681	17,308	27.0%	2.5
483 : Major joint/limb reattachment procedure of upper extremities	2,439	3,634	67.1%	1.7
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	1,808	2,690	67.2%	1.7
274 : Percutaneous intracardiac procedures w/o MCC	1,196	1,615	74.1%	1.7
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	923	3,828	24.1%	2.4
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	763	1,941	39.3%	4.6
039 : Extracranial procedures w/o CC/MCC	688	916	75.1%	1.5
468 : Revision of hip or knee replacement w/o CC/MCC	413	991	41.7%	2.1
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	376	634	59.3%	2.3
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	311	689	45.1%	2.3
460 : Spinal fusion except cervical w/o MCC	288	2,362	12.2%	3.5
472 : Cervical spinal fusion w CC	275	1,238	22.2%	3.4
621 : OR procedures for obesity w/o CC/MCC	273	460	59.3%	1.5
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	237	1,485	16.0%	2.9
038 : Extracranial procedures w CC	219	512	42.8%	2.9
473 : Cervical spinal fusion w/o CC/MCC	200	510	39.2%	2.3
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	190	2,742	6.9%	5.1
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	177	1,666	10.6%	5.7
467 : Revision of hip or knee replacement w CC	160	1,401	11.4%	4.1
036 : Carotid artery stent procedure w/o CC/MCC	155	210	73.8%	1.5
Top Surgical DRGs	15,772	46,832	33.7%	2.8
All Surgical DRGs	22,877	153,271	14.9%	6.0

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**Discharges for most recent 4 quarters, ending Q4FY20
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	1,661	4,396	37.8%	2.2
483 : Major joint/limb reattachment procedure of upper extremities	1,136	1,493	76.1%	1.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	292	413	70.7%	1.5
274 : Percutaneous intracardiac procedures w/o MCC	282	365	77.3%	1.6
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	253	806	31.4%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	144	323	44.6%	1.9
460 : Spinal fusion except cervical w/o MCC	114	619	18.4%	3.2
039 : Extracranial procedures w/o CC/MCC	106	126	84.1%	1.3
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	98	169	58.0%	2.2
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	89	171	52.0%	2.4
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	85	214	39.7%	4.4
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	85	378	22.5%	4.3
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	78	726	10.7%	2.8
473 : Cervical spinal fusion w/o CC/MCC	78	166	47.0%	2.0
472 : Cervical spinal fusion w CC	77	260	29.6%	3.0
467 : Revision of hip or knee replacement w CC	61	389	15.7%	3.9
036 : Carotid artery stent procedure w/o CC/MCC	51	60	85.0%	1.5
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	48	423	11.3%	4.6
621 : OR procedures for obesity w/o CC/MCC	48	119	40.3%	1.7
708 : Major male pelvic procedures w/o CC/MCC	42	62	67.7%	1.6
Top Surgical DRGs	4,828	11,678	41.3%	2.4
All Surgical DRGs	6,532	29,697	22.0%	5.1

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Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Connecticut, 28 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	1,297	2,996	43.3%	2.2
483 : Major joint/limb reattachment procedure of upper extremities	435	574	75.8%	1.6
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	152	248	61.3%	2.0
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	90	511	17.6%	2.6
274 : Percutaneous intracardiac procedures w/o MCC	86	136	63.2%	2.1
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	74	267	27.7%	5.2
039 : Extracranial procedures w/o CC/MCC	67	89	75.3%	1.5
468 : Revision of hip or knee replacement w/o CC/MCC	65	130	50.0%	2.0
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	59	96	61.5%	2.4
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	36	93	38.7%	1.9
460 : Spinal fusion except cervical w/o MCC	35	401	8.7%	3.4
621 : OR procedures for obesity w/o CC/MCC	35	71	49.3%	1.7
036 : Carotid artery stent procedure w/o CC/MCC	34	45	75.6%	1.4
473 : Cervical spinal fusion w/o CC/MCC	34	69	49.3%	1.9
467 : Revision of hip or knee replacement w CC	32	217	14.7%	4.1
243 : Permanent cardiac pacemaker implant w CC	27	221	12.2%	3.7
472 : Cervical spinal fusion w CC	27	120	22.5%	3.6
038 : Extracranial procedures w CC	26	58	44.8%	3.3
253 : Other vascular procedures w CC	25	229	10.9%	4.9
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	24	257	9.3%	5.7
Top Surgical DRGs	2,660	6,828	39.0%	2.7
All Surgical DRGs	3,526	20,413	17.3%	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.

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Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	118	331	35.6%	3.3
274 : Percutaneous intracardiac procedures w/o MCC	65	119	54.6%	2.1
483 : Major joint/limb reattachment procedure of upper extremities	65	97	67.0%	2.2
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	46	202	22.8%	2.7
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	31	148	20.9%	2.6
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	26	51	51.0%	3.3
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	21	38	55.3%	2.7
472 : Cervical spinal fusion w CC	18	86	20.9%	4.1
039 : Extracranial procedures w/o CC/MCC	17	20	85.0%	1.4
473 : Cervical spinal fusion w/o CC/MCC	16	41	39.0%	2.0
460 : Spinal fusion except cervical w/o MCC	15	275	5.5%	4.2
468 : Revision of hip or knee replacement w/o CC/MCC	15	64	23.4%	3.3
036 : Carotid artery stent procedure w/o CC/MCC	13	22	59.1%	2.5
708 : Major male pelvic procedures w/o CC/MCC	13	16	81.3%	1.3
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	11	144	7.6%	5.4
Top Surgical DRGs	490	1,654	29.6%	3.3
All Surgical DRGs	866	7,863	11.0%	8.8

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	344	731	47.1%	2.4
483 : Major joint/limb reattachment procedure of upper extremities	236	260	90.8%	1.2
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	105	161	65.2%	2.2
039 : Extracranial procedures w/o CC/MCC	97	113	85.8%	1.3
274 : Percutaneous intracardiac procedures w/o MCC	67	93	72.0%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	63	86	73.3%	1.7
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	49	236	20.8%	2.7
621 : OR procedures for obesity w/o CC/MCC	39	55	70.9%	1.3
460 : Spinal fusion except cervical w/o MCC	30	182	16.5%	3.1
165 : Major chest procedures w/o CC/MCC	26	57	45.6%	2.3
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	21	52	40.4%	2.6
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	21	123	17.1%	3.0
036 : Carotid artery stent procedure w/o CC/MCC	19	25	76.0%	1.3
038 : Extracranial procedures w CC	19	46	41.3%	3.8
467 : Revision of hip or knee replacement w CC	15	57	26.3%	4.2
164 : Major chest procedures w CC	14	61	23.0%	3.5
473 : Cervical spinal fusion w/o CC/MCC	13	49	26.5%	2.3
254 : Other vascular procedures w/o CC/MCC	12	51	23.5%	3.2
Top Surgical DRGs	1,190	2,438	48.8%	2.4
All Surgical DRGs	1,517	8,099	18.7%	6.6

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**Discharges for most recent 4 quarters, ending Q4FY20
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Top Surgical DRGs for Same- and 1-Day Stays - Florida, 165 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	4,335	16,463	26.3%	2.6
483 : Major joint/limb reattachment procedure of upper extremities	3,026	4,503	67.2%	1.7
274 : Percutaneous intracardiac procedures w/o MCC	1,371	2,404	57.0%	2.1
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	1,072	4,858	22.1%	2.6
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	1,049	2,111	49.7%	2.1
039 : Extracranial procedures w/o CC/MCC	933	1,219	76.5%	1.5
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	635	1,619	39.2%	4.7
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	506	889	56.9%	2.4
460 : Spinal fusion except cervical w/o MCC	493	2,595	19.0%	3.2
468 : Revision of hip or knee replacement w/o CC/MCC	405	1,009	40.1%	2.1
473 : Cervical spinal fusion w/o CC/MCC	334	636	52.5%	1.9
036 : Carotid artery stent procedure w/o CC/MCC	322	397	81.1%	1.4
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	315	1,088	29.0%	2.3
621 : OR procedures for obesity w/o CC/MCC	310	551	56.3%	1.5
038 : Extracranial procedures w CC	276	708	39.0%	3.4
472 : Cervical spinal fusion w CC	276	894	30.9%	3.5
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	265	498	53.2%	2.4
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	205	2,991	6.9%	5.6
467 : Revision of hip or knee replacement w CC	200	1,496	13.4%	4.3
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	195	1,140	17.1%	2.7
Top Surgical DRGs	16,523	48,069	34.4%	2.8
All Surgical DRGs	23,508	154,938	15.2%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Georgia, 100 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	1,894	4,565	41.5%	2.8
483 : Major joint/limb reattachment procedure of upper extremities	929	1,156	80.4%	1.5
274 : Percutaneous intracardiac procedures w/o MCC	492	672	73.2%	1.7
039 : Extracranial procedures w/o CC/MCC	409	502	81.5%	1.3
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	384	492	78.0%	1.4
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	305	1,630	18.7%	2.7
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	283	610	46.4%	3.7
468 : Revision of hip or knee replacement w/o CC/MCC	242	473	51.2%	2.1
460 : Spinal fusion except cervical w/o MCC	215	1,013	21.2%	3.2
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	207	311	66.6%	2.2
621 : OR procedures for obesity w/o CC/MCC	187	236	79.2%	1.3
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	167	617	27.1%	2.6
473 : Cervical spinal fusion w/o CC/MCC	151	273	55.3%	2.0
038 : Extracranial procedures w CC	141	285	49.5%	3.0
472 : Cervical spinal fusion w CC	93	341	27.3%	3.6
036 : Carotid artery stent procedure w/o CC/MCC	85	95	89.5%	1.2
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	83	183	45.4%	2.5
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	76	1,170	6.5%	5.5
254 : Other vascular procedures w/o CC/MCC	73	205	35.6%	2.5
467 : Revision of hip or knee replacement w CC	66	382	17.3%	4.6
Top Surgical DRGs	6,482	15,211	42.6%	2.8
All Surgical DRGs	8,745	51,741	16.9%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	147	424	34.7%	3.0
483 : Major joint/limb reattachment procedure of upper extremities	35	57	61.4%	1.6
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	33	60	55.0%	1.5
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	28	61	45.9%	3.3
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	19	107	17.8%	2.6
274 : Percutaneous intracardiac procedures w/o MCC	19	21	90.5%	1.2
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	16	29	55.2%	2.3
039 : Extracranial procedures w/o CC/MCC	12	19	63.2%	1.8
468 : Revision of hip or knee replacement w/o CC/MCC	12	26	46.2%	2.4
Top Surgical DRGs	321	804	39.9%	2.6
All Surgical DRGs	565	4,677	12.1%	8.1

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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	1,404	3,669	38.3%	2.3
483 : Major joint/limb reattachment procedure of upper extremities	650	885	73.4%	1.6
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	222	772	28.8%	2.4
039 : Extracranial procedures w/o CC/MCC	198	222	89.2%	1.1
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	190	319	59.6%	1.7
274 : Percutaneous intracardiac procedures w/o MCC	113	145	77.9%	1.6
460 : Spinal fusion except cervical w/o MCC	108	437	24.7%	2.9
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	106	147	72.1%	1.8
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	95	215	44.2%	3.9
468 : Revision of hip or knee replacement w/o CC/MCC	87	175	49.7%	2.1
708 : Major male pelvic procedures w/o CC/MCC	58	80	72.5%	1.3
038 : Extracranial procedures w CC	57	80	71.3%	2.3
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	54	90	60.0%	2.3
036 : Carotid artery stent procedure w/o CC/MCC	47	56	83.9%	1.3
621 : OR procedures for obesity w/o CC/MCC	43	58	74.1%	1.3
467 : Revision of hip or knee replacement w CC	42	276	15.2%	4.3
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	40	374	10.7%	5.4
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	36	435	8.3%	4.7
254 : Other vascular procedures w/o CC/MCC	33	81	40.7%	2.0
215 : Other heart assist system implant	31	112	27.7%	5.9
Top Surgical DRGs	3,614	8,628	41.9%	2.6
All Surgical DRGs	4,618	21,710	21.3%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Idaho, 15 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	1,073	49.1%	2.1
483 : Major joint/limb reattachment procedure of upper extremities	345	451	76.5%	1.4
274 : Percutaneous intracardiac procedures w/o MCC	163	198	82.3%	1.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	119	169	70.4%	1.5
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	111	380	29.2%	2.0
468 : Revision of hip or knee replacement w/o CC/MCC	64	105	61.0%	1.7
039 : Extracranial procedures w/o CC/MCC	57	67	85.1%	1.3
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	50	67	74.6%	1.5
621 : OR procedures for obesity w/o CC/MCC	50	74	67.6%	1.4
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	40	258	15.5%	2.6
472 : Cervical spinal fusion w CC	37	89	41.6%	2.5
467 : Revision of hip or knee replacement w CC	32	99	32.3%	3.0
473 : Cervical spinal fusion w/o CC/MCC	32	62	51.6%	1.8
460 : Spinal fusion except cervical w/o MCC	29	177	16.4%	2.8
254 : Other vascular procedures w/o CC/MCC	26	41	63.4%	1.7
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	24	49	49.0%	2.3
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	20	115	17.4%	5.3
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	19	74	25.7%	5.1
038 : Extracranial procedures w CC	16	31	51.6%	2.2
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	15	40	37.5%	2.1
Top Surgical DRGs	1,776	3,619	49.1%	2.1
All Surgical DRGs	2,357	9,348	25.2%	4.3

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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	3,008	10,628	28.3%	2.5
483 : Major joint/limb reattachment procedure of upper extremities	1,535	2,148	71.5%	1.6
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	827	1,353	61.1%	1.7
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	581	2,404	24.2%	2.5
274 : Percutaneous intracardiac procedures w/o MCC	432	678	63.7%	1.9
039 : Extracranial procedures w/o CC/MCC	415	529	78.4%	1.4
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	281	444	63.3%	2.1
460 : Spinal fusion except cervical w/o MCC	227	1,308	17.4%	3.4
468 : Revision of hip or knee replacement w/o CC/MCC	226	506	44.7%	2.1
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	167	478	34.9%	2.3
038 : Extracranial procedures w CC	164	327	50.2%	2.7
473 : Cervical spinal fusion w/o CC/MCC	153	269	56.9%	1.8
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	123	259	47.5%	2.4
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	123	478	25.7%	5.0
472 : Cervical spinal fusion w CC	123	502	24.5%	3.6
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	119	381	31.2%	2.2
165 : Major chest procedures w/o CC/MCC	117	303	38.6%	2.2
467 : Revision of hip or knee replacement w CC	112	876	12.8%	4.2
036 : Carotid artery stent procedure w/o CC/MCC	106	147	72.1%	1.6
660 : Kidney & ureter procedures for non-neoplasm w CC	101	755	13.4%	3.8
Top Surgical DRGs	8,940	24,773	36.1%	2.5
All Surgical DRGs	12,764	79,474	16.1%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Indiana, 81 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	3,047	6,691	45.5%	2.1
483 : Major joint/limb reattachment procedure of upper extremities	1,198	1,594	75.2%	1.5
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	382	1,644	23.2%	2.4
039 : Extracranial procedures w/o CC/MCC	352	416	84.6%	1.3
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	335	551	60.8%	1.7
274 : Percutaneous intracardiac procedures w/o MCC	320	442	72.4%	1.7
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	232	337	68.8%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	222	366	60.7%	1.7
460 : Spinal fusion except cervical w/o MCC	145	1,094	13.3%	3.1
038 : Extracranial procedures w CC	140	237	59.1%	2.5
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	139	418	33.3%	4.1
708 : Major male pelvic procedures w/o CC/MCC	125	180	69.4%	1.5
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	119	540	22.0%	2.5
473 : Cervical spinal fusion w/o CC/MCC	110	170	64.7%	1.7
036 : Carotid artery stent procedure w/o CC/MCC	108	133	81.2%	1.3
467 : Revision of hip or knee replacement w CC	97	489	19.8%	3.6
472 : Cervical spinal fusion w CC	82	261	31.4%	3.2
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	74	183	40.4%	2.7
254 : Other vascular procedures w/o CC/MCC	69	194	35.6%	2.4
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	66	925	7.1%	5.1
Top Surgical DRGs	7,362	16,865	43.7%	2.4
All Surgical DRGs	9,686	47,381	20.4%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Kansas, 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	754	4,984	15.1%	2.4
483 : Major joint/limb reattachment procedure of upper extremities	481	959	50.2%	1.8
274 : Percutaneous intracardiac procedures w/o MCC	282	399	70.7%	1.6
039 : Extracranial procedures w/o CC/MCC	264	321	82.2%	1.3
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	173	754	22.9%	2.5
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	115	391	29.4%	4.0
621 : OR procedures for obesity w/o CC/MCC	112	156	71.8%	1.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	99	299	33.1%	2.3
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	94	158	59.5%	2.0
472 : Cervical spinal fusion w CC	54	160	33.8%	2.8
038 : Extracranial procedures w CC	51	106	48.1%	2.6
473 : Cervical spinal fusion w/o CC/MCC	51	103	49.5%	1.9
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	49	170	28.8%	2.5
036 : Carotid artery stent procedure w/o CC/MCC	44	45	97.8%	1.0
460 : Spinal fusion except cervical w/o MCC	43	526	8.2%	3.1
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	40	87	46.0%	2.8
244 : Permanent cardiac pacemaker implant w/o CC/MCC	39	137	28.5%	2.4
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	39	480	8.1%	4.7
468 : Revision of hip or knee replacement w/o CC/MCC	38	209	18.2%	2.4
328 : Stomach, esophageal & duodenal proc w/o CC/MCC	36	98	36.7%	3.2
Top Surgical DRGs	2,858	10,542	27.1%	2.5
All Surgical DRGs	4,158	27,162	15.3%	4.8

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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	996	3,181	31.3%	2.8
483 : Major joint/limb reattachment procedure of upper extremities	873	1,212	72.0%	1.7
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	295	1,181	25.0%	2.5
039 : Extracranial procedures w/o CC/MCC	249	331	75.2%	1.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	233	289	80.6%	1.5
274 : Percutaneous intracardiac procedures w/o MCC	166	257	64.6%	2.0
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	147	233	63.1%	2.1
621 : OR procedures for obesity w/o CC/MCC	142	194	73.2%	1.4
468 : Revision of hip or knee replacement w/o CC/MCC	107	250	42.8%	2.1
038 : Extracranial procedures w CC	89	198	44.9%	2.9
460 : Spinal fusion except cervical w/o MCC	76	409	18.6%	3.3
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	72	163	44.2%	4.2
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	70	125	56.0%	2.3
036 : Carotid artery stent procedure w/o CC/MCC	68	95	71.6%	1.5
473 : Cervical spinal fusion w/o CC/MCC	63	105	60.0%	1.7
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	63	159	39.6%	2.1
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	56	730	7.7%	5.1
472 : Cervical spinal fusion w CC	50	180	27.8%	3.2
254 : Other vascular procedures w/o CC/MCC	48	129	37.2%	2.5
467 : Revision of hip or knee replacement w CC	47	315	14.9%	4.0
Top Surgical DRGs	3,910	9,736	40.2%	2.7
All Surgical DRGs	5,323	32,310	16.5%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Louisiana, 88 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	647	2,605	24.8%	2.8
483 : Major joint/limb reattachment procedure of upper extremities	604	820	73.7%	1.6
039 : Extracranial procedures w/o CC/MCC	277	373	74.3%	1.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	217	336	64.6%	1.8
473 : Cervical spinal fusion w/o CC/MCC	182	281	64.8%	1.6
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	172	856	20.1%	2.5
274 : Percutaneous intracardiac procedures w/o MCC	155	240	64.6%	2.0
460 : Spinal fusion except cervical w/o MCC	122	519	23.5%	3.2
621 : OR procedures for obesity w/o CC/MCC	112	172	65.1%	1.4
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	110	231	47.6%	3.8
472 : Cervical spinal fusion w CC	106	248	42.7%	2.8
036 : Carotid artery stent procedure w/o CC/MCC	97	116	83.6%	1.2
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	91	167	54.5%	2.5
468 : Revision of hip or knee replacement w/o CC/MCC	75	206	36.4%	2.3
038 : Extracranial procedures w CC	70	170	41.2%	3.3
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	64	133	48.1%	2.5
708 : Major male pelvic procedures w/o CC/MCC	62	105	59.0%	1.5
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	48	501	9.6%	2.6
252 : Other vascular procedures w MCC	41	465	8.8%	6.6
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	41	134	30.6%	2.5
Top Surgical DRGs	3,293	8,678	37.9%	2.7
All Surgical DRGs	4,741	29,376	16.1%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Massachusetts, 55 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	1,901	8,303	22.9%	2.5
483 : Major joint/limb reattachment procedure of upper extremities	792	1,255	63.1%	1.7
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	500	942	53.1%	2.1
274 : Percutaneous intracardiac procedures w/o MCC	319	462	69.0%	1.9
039 : Extracranial procedures w/o CC/MCC	297	417	71.2%	1.7
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	252	1,485	17.0%	2.8
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	149	306	48.7%	2.6
621 : OR procedures for obesity w/o CC/MCC	147	275	53.5%	1.6
460 : Spinal fusion except cervical w/o MCC	118	997	11.8%	3.6
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	116	351	33.0%	2.3
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	97	232	41.8%	2.5
038 : Extracranial procedures w CC	90	239	37.7%	3.0
708 : Major male pelvic procedures w/o CC/MCC	90	144	62.5%	1.5
468 : Revision of hip or knee replacement w/o CC/MCC	85	337	25.2%	2.6
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	77	277	27.8%	2.7
165 : Major chest procedures w/o CC/MCC	66	317	20.8%	2.5
164 : Major chest procedures w CC	64	633	10.1%	4.3
660 : Kidney & ureter procedures for non-neoplasm w CC	63	476	13.2%	3.8
419 : Laparoscopic cholecystectomy w/o CDE w/o CC/MCC	60	327	18.3%	2.8
254 : Other vascular procedures w/o CC/MCC	55	227	24.2%	2.9
Top Surgical DRGs	5,338	18,002	29.7%	2.6
All Surgical DRGs	7,762	55,272	14.0%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,955	4,372	44.7%	2.4
483 : Major joint/limb reattachment procedure of upper extremities	768	1,026	74.9%	1.6
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	350	617	56.7%	2.3
039 : Extracranial procedures w/o CC/MCC	289	349	82.8%	1.3
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	219	1,032	21.2%	2.7
468 : Revision of hip or knee replacement w/o CC/MCC	179	366	48.9%	2.2
460 : Spinal fusion except cervical w/o MCC	156	998	15.6%	3.5
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	143	237	60.3%	2.4
274 : Percutaneous intracardiac procedures w/o MCC	139	211	65.9%	1.9
038 : Extracranial procedures w CC	137	230	59.6%	2.4
621 : OR procedures for obesity w/o CC/MCC	111	156	71.2%	1.4
472 : Cervical spinal fusion w CC	105	367	28.6%	3.2
473 : Cervical spinal fusion w/o CC/MCC	84	191	44.0%	2.1
467 : Revision of hip or knee replacement w CC	78	336	23.2%	3.9
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	68	157	43.3%	2.5
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	63	153	41.2%	2.1
708 : Major male pelvic procedures w/o CC/MCC	60	94	63.8%	1.4
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	57	598	9.5%	5.3
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	55	416	13.2%	6.2
658 : Kidney & ureter procedures for neoplasm w/o CC/MCC	55	126	43.7%	1.9
Top Surgical DRGs	5,071	12,032	42.1%	2.7
All Surgical DRGs	7,162	38,662	18.5%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	512	1,081	47.4%	2.3
483 : Major joint/limb reattachment procedure of upper extremities	199	245	81.2%	1.5
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	94	174	54.0%	2.0
039 : Extracranial procedures w/o CC/MCC	49	56	87.5%	1.4
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	40	331	12.1%	2.9
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	32	46	69.6%	1.8
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	27	46	58.7%	1.5
274 : Percutaneous intracardiac procedures w/o MCC	26	50	52.0%	2.7
460 : Spinal fusion except cervical w/o MCC	26	66	39.4%	2.5
621 : OR procedures for obesity w/o CC/MCC	22	36	61.1%	1.4
468 : Revision of hip or knee replacement w/o CC/MCC	21	49	42.9%	2.1
036 : Carotid artery stent procedure w/o CC/MCC	16	18	88.9%	1.2
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	16	30	53.3%	2.5
038 : Extracranial procedures w CC	15	39	38.5%	3.3
254 : Other vascular procedures w/o CC/MCC	15	46	32.6%	2.6
472 : Cervical spinal fusion w CC	15	39	38.5%	5.9
331 : Major small & large bowel procedures w/o CC/MCC	13	103	12.6%	3.8
467 : Revision of hip or knee replacement w CC	12	85	14.1%	3.6
473 : Cervical spinal fusion w/o CC/MCC	12	17	70.6%	1.8
481 : Hip & femur procedures except major joint w CC	12	347	3.5%	4.5
Top Surgical DRGs	1,174	2,904	40.4%	2.7
All Surgical DRGs	1,647	8,052	20.5%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	2,820	6,183	45.6%	2.3
483 : Major joint/limb reattachment procedure of upper extremities	1,364	1,848	73.8%	1.6
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	493	1,052	46.9%	2.0
274 : Percutaneous intracardiac procedures w/o MCC	463	672	68.9%	2.1
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	359	1,965	18.3%	2.8
039 : Extracranial procedures w/o CC/MCC	340	422	80.6%	1.3
468 : Revision of hip or knee replacement w/o CC/MCC	237	402	59.0%	1.8
460 : Spinal fusion except cervical w/o MCC	214	1,034	20.7%	3.3
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	213	353	60.3%	2.3
038 : Extracranial procedures w CC	157	299	52.5%	2.8
621 : OR procedures for obesity w/o CC/MCC	156	278	56.1%	1.5
473 : Cervical spinal fusion w/o CC/MCC	141	310	45.5%	2.1
036 : Carotid artery stent procedure w/o CC/MCC	124	155	80.0%	1.4
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	124	329	37.7%	2.1
472 : Cervical spinal fusion w CC	111	456	24.3%	3.5
254 : Other vascular procedures w/o CC/MCC	95	272	34.9%	2.5
252 : Other vascular procedures w MCC	92	933	9.9%	7.0
467 : Revision of hip or knee replacement w CC	92	558	16.5%	3.8
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	87	185	47.0%	2.5
660 : Kidney & ureter procedures for non-neoplasm w CC	82	525	15.6%	3.9
Top Surgical DRGs	7,764	18,231	42.6%	2.6
All Surgical DRGs	10,595	58,747	18.0%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,516	4,714	32.2%	2.3
483 : Major joint/limb reattachment procedure of upper extremities	986	1,384	71.2%	1.5
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	587	889	66.0%	1.6
274 : Percutaneous intracardiac procedures w/o MCC	361	504	71.6%	1.7
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	284	1,074	26.4%	2.3
039 : Extracranial procedures w/o CC/MCC	148	197	75.1%	1.5
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	126	207	60.9%	2.0
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	121	205	59.0%	2.4
468 : Revision of hip or knee replacement w/o CC/MCC	94	242	38.8%	2.0
038 : Extracranial procedures w CC	85	175	48.6%	2.6
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	84	436	19.3%	4.9
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	75	366	20.5%	5.3
660 : Kidney & ureter procedures for non-neoplasm w CC	71	302	23.5%	3.5
472 : Cervical spinal fusion w CC	64	263	24.3%	3.1
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	59	127	46.5%	1.9
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	54	796	6.8%	4.7
467 : Revision of hip or knee replacement w CC	54	471	11.5%	3.4
253 : Other vascular procedures w CC	50	377	13.3%	4.4
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	50	155	32.3%	2.6
254 : Other vascular procedures w/o CC/MCC	47	125	37.6%	2.4
Top Surgical DRGs	4,916	13,009	37.8%	2.6
All Surgical DRGs	6,992	36,078	19.4%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Missouri, 69 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/limb reattachment procedure of upper extremities	1,213	1,720	70.5%	1.6
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,046	5,145	20.3%	2.7
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	497	773	64.3%	1.7
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	368	1,481	24.8%	2.4
039 : Extracranial procedures w/o CC/MCC	318	407	78.1%	1.3
274 : Percutaneous intracardiac procedures w/o MCC	277	383	72.3%	1.9
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	240	364	65.9%	2.0
038 : Extracranial procedures w CC	144	265	54.3%	2.5
621 : OR procedures for obesity w/o CC/MCC	144	262	55.0%	1.6
468 : Revision of hip or knee replacement w/o CC/MCC	119	313	38.0%	2.2
460 : Spinal fusion except cervical w/o MCC	118	762	15.5%	3.5
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	106	196	54.1%	2.2
473 : Cervical spinal fusion w/o CC/MCC	105	203	51.7%	1.8
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	98	546	17.9%	2.8
036 : Carotid artery stent procedure w/o CC/MCC	94	123	76.4%	1.5
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	92	309	29.8%	4.8
472 : Cervical spinal fusion w CC	83	298	27.9%	3.4
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	79	1,050	7.5%	4.9
253 : Other vascular procedures w CC	71	550	12.9%	4.9
328 : Stomach, esophageal & duodenal proc w/o CC/MCC	61	153	39.9%	2.5
Top Surgical DRGs	5,273	15,303	34.5%	2.7
All Surgical DRGs	7,588	47,469	16.0%	5.7

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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Mississippi, 58 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	620	2,590	23.9%	2.9
483 : Major joint/limb reattachment procedure of upper extremities	425	570	74.6%	1.5
039 : Extracranial procedures w/o CC/MCC	223	268	83.2%	1.2
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	207	862	24.0%	2.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	194	285	68.1%	1.6
274 : Percutaneous intracardiac procedures w/o MCC	192	266	72.2%	1.8
460 : Spinal fusion except cervical w/o MCC	130	387	33.6%	2.8
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	115	224	51.3%	1.9
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	108	147	73.5%	1.9
621 : OR procedures for obesity w/o CC/MCC	103	172	59.9%	1.4
038 : Extracranial procedures w CC	80	147	54.4%	2.7
468 : Revision of hip or knee replacement w/o CC/MCC	76	144	52.8%	1.8
473 : Cervical spinal fusion w/o CC/MCC	62	88	70.5%	1.8
036 : Carotid artery stent procedure w/o CC/MCC	48	54	88.9%	1.1
472 : Cervical spinal fusion w CC	45	121	37.2%	3.1
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	43	143	30.1%	4.2
254 : Other vascular procedures w/o CC/MCC	42	96	43.8%	2.5
467 : Revision of hip or knee replacement w CC	40	182	22.0%	4.1
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	38	507	7.5%	5.1
253 : Other vascular procedures w CC	30	212	14.2%	4.5
Top Surgical DRGs	2,821	7,465	37.8%	2.7
All Surgical DRGs	3,944	24,615	16.0%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	530	1,357	39.1%	2.3
483 : Major joint/limb reattachment procedure of upper extremities	358	440	81.4%	1.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	127	174	73.0%	1.5
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	116	372	31.2%	2.1
274 : Percutaneous intracardiac procedures w/o MCC	108	133	81.2%	1.5
039 : Extracranial procedures w/o CC/MCC	104	120	86.7%	1.2
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	102	186	54.8%	3.3
460 : Spinal fusion except cervical w/o MCC	75	240	31.3%	2.5
468 : Revision of hip or knee replacement w/o CC/MCC	62	151	41.1%	2.0
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	32	58	55.2%	2.1
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	32	118	27.1%	4.6
254 : Other vascular procedures w/o CC/MCC	28	70	40.0%	2.2
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	26	52	50.0%	2.4
038 : Extracranial procedures w CC	21	46	45.7%	3.1
473 : Cervical spinal fusion w/o CC/MCC	21	34	61.8%	1.6
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	20	182	11.0%	4.0
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	19	142	13.4%	3.2
472 : Cervical spinal fusion w CC	18	54	33.3%	3.6
165 : Major chest procedures w/o CC/MCC	15	46	32.6%	2.3
708 : Major male pelvic procedures w/o CC/MCC	15	20	75.0%	1.4
Top Surgical DRGs	1,829	3,995	45.8%	2.3
All Surgical DRGs	2,277	9,408	24.2%	4.8

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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - North Carolina, 84 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	2,874	8,792	32.7%	2.6
483 : Major joint/limb reattachment procedure of upper extremities	1,620	2,263	71.6%	1.7
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	511	2,170	23.5%	2.5
039 : Extracranial procedures w/o CC/MCC	444	555	80.0%	1.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	393	829	47.4%	1.9
274 : Percutaneous intracardiac procedures w/o MCC	361	632	57.1%	2.1
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	299	507	59.0%	2.5
468 : Revision of hip or knee replacement w/o CC/MCC	261	637	41.0%	2.2
460 : Spinal fusion except cervical w/o MCC	187	1,260	14.8%	3.3
473 : Cervical spinal fusion w/o CC/MCC	187	309	60.5%	1.8
472 : Cervical spinal fusion w CC	165	474	34.8%	3.5
621 : OR procedures for obesity w/o CC/MCC	159	264	60.2%	1.6
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	152	927	16.4%	2.8
038 : Extracranial procedures w CC	151	270	55.9%	2.8
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	149	304	49.0%	2.3
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	129	799	16.1%	5.7
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	121	410	29.5%	4.7
036 : Carotid artery stent procedure w/o CC/MCC	100	135	74.1%	1.6
708 : Major male pelvic procedures w/o CC/MCC	97	155	62.6%	1.6
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	96	294	32.7%	2.2
Top Surgical DRGs	8,456	21,986	38.5%	2.6
All Surgical DRGs	11,724	69,162	17.0%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - North Dakota, 7 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	603	1,058	57.0%	2.1
483 : Major joint/limb reattachment procedure of upper extremities	310	362	85.6%	1.3
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	174	257	67.7%	1.5
039 : Extracranial procedures w/o CC/MCC	92	116	79.3%	1.3
274 : Percutaneous intracardiac procedures w/o MCC	88	102	86.3%	1.4
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	77	248	31.0%	2.1
038 : Extracranial procedures w CC	55	90	61.1%	1.7
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	50	76	65.8%	2.0
468 : Revision of hip or knee replacement w/o CC/MCC	44	71	62.0%	1.6
467 : Revision of hip or knee replacement w CC	32	127	25.2%	3.6
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	24	221	10.9%	4.1
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	23	75	30.7%	3.8
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	19	129	14.7%	6.1
253 : Other vascular procedures w CC	14	95	14.7%	4.9
035 : Carotid artery stent procedure w CC	12	30	40.0%	2.7
243 : Permanent cardiac pacemaker implant w CC	11	76	14.5%	3.9
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	11	49	22.4%	2.5
621 : OR procedures for obesity w/o CC/MCC	11	14	78.6%	1.2
660 : Kidney & ureter procedures for non-neoplasm w CC	11	62	17.7%	3.3
Top Surgical DRGs	1,661	3,258	51.0%	2.4
All Surgical DRGs	2,007	7,960	25.2%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,017	2,618	38.8%	2.2
483 : Major joint/limb reattachment procedure of upper extremities	485	684	70.9%	1.5
274 : Percutaneous intracardiac procedures w/o MCC	356	387	92.0%	1.1
039 : Extracranial procedures w/o CC/MCC	125	144	86.8%	1.2
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	124	337	36.8%	1.8
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	122	424	28.8%	2.2
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	80	113	70.8%	1.5
468 : Revision of hip or knee replacement w/o CC/MCC	69	143	48.3%	1.8
036 : Carotid artery stent procedure w/o CC/MCC	64	77	83.1%	1.2
038 : Extracranial procedures w CC	54	98	55.1%	2.6
229 : Other cardiothoracic procedures w/o MCC	51	83	61.4%	2.3
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	48	129	37.2%	4.0
708 : Major male pelvic procedures w/o CC/MCC	38	75	50.7%	1.8
467 : Revision of hip or knee replacement w CC	36	233	15.5%	4.1
460 : Spinal fusion except cervical w/o MCC	34	325	10.5%	3.0
473 : Cervical spinal fusion w/o CC/MCC	31	48	64.6%	1.7
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	30	214	14.0%	5.6
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	30	73	41.1%	2.1
253 : Other vascular procedures w CC	28	179	15.6%	3.9
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	28	71	39.4%	2.2
Top Surgical DRGs	2,850	6,455	44.2%	2.3
All Surgical DRGs	3,695	17,201	21.5%	5.0

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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	472	1,068	44.2%	2.4
483 : Major joint/limb reattachment procedure of upper extremities	175	271	64.6%	1.8
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	157	279	56.3%	1.8
274 : Percutaneous intracardiac procedures w/o MCC	125	161	77.6%	1.6
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	103	526	19.6%	2.5
039 : Extracranial procedures w/o CC/MCC	72	106	67.9%	1.8
468 : Revision of hip or knee replacement w/o CC/MCC	51	95	53.7%	1.9
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	36	77	46.8%	2.7
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	31	142	21.8%	6.4
467 : Revision of hip or knee replacement w CC	30	129	23.3%	3.7
621 : OR procedures for obesity w/o CC/MCC	26	45	57.8%	1.5
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	25	48	52.1%	2.4
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	22	54	40.7%	2.1
038 : Extracranial procedures w CC	20	55	36.4%	3.0
164 : Major chest procedures w CC	18	95	18.9%	4.0
165 : Major chest procedures w/o CC/MCC	18	42	42.9%	2.4
244 : Permanent cardiac pacemaker implant w/o CC/MCC	16	90	17.8%	2.4
254 : Other vascular procedures w/o CC/MCC	16	56	28.6%	2.6
271 : Other major cardiovascular procedures w CC	16	113	14.2%	5.0
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	16	47	34.0%	2.2
Top Surgical DRGs	1,445	3,499	41.3%	2.6
All Surgical DRGs	1,987	10,607	18.7%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - New Jersey, 64 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,403	5,572	25.2%	2.6
483 : Major joint/limb reattachment procedure of upper extremities	494	729	67.8%	1.8
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	488	969	50.4%	2.1
274 : Percutaneous intracardiac procedures w/o MCC	349	523	66.7%	2.0
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	285	1,472	19.4%	2.9
039 : Extracranial procedures w/o CC/MCC	278	348	79.9%	1.5
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	187	283	66.1%	2.4
621 : OR procedures for obesity w/o CC/MCC	176	269	65.4%	1.5
468 : Revision of hip or knee replacement w/o CC/MCC	91	232	39.2%	2.1
038 : Extracranial procedures w CC	77	184	41.8%	3.2
244 : Permanent cardiac pacemaker implant w/o CC/MCC	76	350	21.7%	2.6
165 : Major chest procedures w/o CC/MCC	74	207	35.7%	2.4
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	66	933	7.1%	5.9
164 : Major chest procedures w CC	61	371	16.4%	4.0
036 : Carotid artery stent procedure w/o CC/MCC	59	77	76.6%	1.4
254 : Other vascular procedures w/o CC/MCC	59	182	32.4%	2.9
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	59	273	21.6%	2.5
743 : Uterine & adnexa proc for non-malignancy w/o CC/MCC	57	122	46.7%	1.8
460 : Spinal fusion except cervical w/o MCC	54	570	9.5%	3.5
660 : Kidney & ureter procedures for non-neoplasm w CC	49	496	9.9%	4.5
Top Surgical DRGs	4,442	14,162	31.4%	2.8
All Surgical DRGs	6,322	48,951	12.9%	6.7

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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - New Mexico, 31 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	510	1,321	38.6%	2.3
483 : Major joint/limb reattachment procedure of upper extremities	219	266	82.3%	1.3
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	92	399	23.1%	2.3
274 : Percutaneous intracardiac procedures w/o MCC	67	95	70.5%	1.8
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	42	57	73.7%	1.6
460 : Spinal fusion except cervical w/o MCC	37	90	41.1%	2.8
468 : Revision of hip or knee replacement w/o CC/MCC	33	54	61.1%	1.6
039 : Extracranial procedures w/o CC/MCC	29	41	70.7%	1.7
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	28	47	59.6%	2.1
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	27	53	50.9%	3.9
621 : OR procedures for obesity w/o CC/MCC	19	46	41.3%	1.7
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	19	62	30.6%	2.2
243 : Permanent cardiac pacemaker implant w CC	17	92	18.5%	3.5
419 : Laparoscopic cholecystectomy w/o CDE w/o CC/MCC	16	71	22.5%	2.7
467 : Revision of hip or knee replacement w CC	16	79	20.3%	3.7
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	16	135	11.9%	5.2
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	15	232	6.5%	4.7
244 : Permanent cardiac pacemaker implant w/o CC/MCC	14	55	25.5%	2.7
038 : Extracranial procedures w CC	13	27	48.1%	3.7
708 : Major male pelvic procedures w/o CC/MCC	13	37	35.1%	2.0
Top Surgical DRGs	1,242	3,259	38.1%	2.6
All Surgical DRGs	1,616	9,532	17.0%	5.7

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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	389	1,670	23.3%	2.5
483 : Major joint/limb reattachment procedure of upper extremities	353	457	77.2%	1.5
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	115	210	54.8%	3.8
039 : Extracranial procedures w/o CC/MCC	105	140	75.0%	1.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	103	152	67.8%	1.6
621 : OR procedures for obesity w/o CC/MCC	85	106	80.2%	1.3
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	75	454	16.5%	2.5
468 : Revision of hip or knee replacement w/o CC/MCC	71	150	47.3%	2.0
472 : Cervical spinal fusion w CC	57	174	32.8%	2.7
473 : Cervical spinal fusion w/o CC/MCC	56	105	53.3%	1.8
460 : Spinal fusion except cervical w/o MCC	47	390	12.1%	3.2
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	44	93	47.3%	2.8
274 : Percutaneous intracardiac procedures w/o MCC	41	71	57.7%	1.9
254 : Other vascular procedures w/o CC/MCC	33	88	37.5%	2.1
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	30	194	15.5%	2.9
038 : Extracranial procedures w CC	29	68	42.6%	2.7
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	28	188	14.9%	5.2
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	28	104	26.9%	2.1
708 : Major male pelvic procedures w/o CC/MCC	26	52	50.0%	1.5
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	23	55	41.8%	2.5
Top Surgical DRGs	1,738	4,921	35.3%	2.5
All Surgical DRGs	2,467	16,463	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	3,541	14,118	25.1%	2.6
483 : Major joint/limb reattachment procedure of upper extremities	1,325	1,952	67.9%	1.8
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	1,162	2,272	51.1%	2.0
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	1,082	3,486	31.0%	2.5
274 : Percutaneous intracardiac procedures w/o MCC	939	1,506	62.4%	2.0
039 : Extracranial procedures w/o CC/MCC	488	633	77.1%	1.5
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	371	1,368	27.1%	5.9
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	357	591	60.4%	2.3
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	258	434	59.4%	2.1
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	236	1,877	12.6%	5.3
621 : OR procedures for obesity w/o CC/MCC	232	407	57.0%	1.6
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	199	567	35.1%	2.2
468 : Revision of hip or knee replacement w/o CC/MCC	190	591	32.1%	2.4
038 : Extracranial procedures w CC	183	387	47.3%	3.5
743 : Uterine & adnexa proc for non-malignancy w/o CC/MCC	157	265	59.2%	1.5
708 : Major male pelvic procedures w/o CC/MCC	154	247	62.3%	1.5
460 : Spinal fusion except cervical w/o MCC	151	1,261	12.0%	4.0
254 : Other vascular procedures w/o CC/MCC	149	422	35.3%	2.8
472 : Cervical spinal fusion w CC	147	564	26.1%	3.6
036 : Carotid artery stent procedure w/o CC/MCC	144	185	77.8%	1.4
Top Surgical DRGs	11,465	33,133	34.6%	2.8
All Surgical DRGs	17,019	104,882	16.2%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	3,287	8,114	40.5%	2.3
483 : Major joint/limb reattachment procedure of upper extremities	2,120	2,763	76.7%	1.5
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	930	1,266	73.5%	1.5
274 : Percutaneous intracardiac procedures w/o MCC	731	1,089	67.1%	1.8
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	603	2,546	23.7%	2.5
039 : Extracranial procedures w/o CC/MCC	489	627	78.0%	1.4
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	311	468	66.5%	2.0
468 : Revision of hip or knee replacement w/o CC/MCC	292	587	49.7%	2.0
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	234	585	40.0%	5.1
038 : Extracranial procedures w CC	190	365	52.1%	2.6
460 : Spinal fusion except cervical w/o MCC	160	1,491	10.7%	3.5
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	151	300	50.3%	2.2
467 : Revision of hip or knee replacement w CC	147	799	18.4%	3.6
621 : OR procedures for obesity w/o CC/MCC	145	287	50.5%	1.7
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	141	618	22.8%	2.7
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	139	390	35.6%	2.0
036 : Carotid artery stent procedure w/o CC/MCC	136	168	81.0%	1.4
472 : Cervical spinal fusion w CC	130	517	25.1%	3.3
473 : Cervical spinal fusion w/o CC/MCC	115	258	44.6%	2.0
254 : Other vascular procedures w/o CC/MCC	109	293	37.2%	2.5
Top Surgical DRGs	10,560	23,531	44.9%	2.3
All Surgical DRGs	14,219	74,670	19.0%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,271	5,905	21.5%	2.5
483 : Major joint/limb reattachment procedure of upper extremities	626	1,103	56.8%	1.8
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	338	510	66.3%	1.6
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	274	869	31.5%	2.3
039 : Extracranial procedures w/o CC/MCC	262	297	88.2%	1.2
274 : Percutaneous intracardiac procedures w/o MCC	169	231	73.2%	1.7
460 : Spinal fusion except cervical w/o MCC	160	895	17.9%	2.9
473 : Cervical spinal fusion w/o CC/MCC	160	241	66.4%	1.5
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	136	203	67.0%	1.9
038 : Extracranial procedures w CC	108	181	59.7%	2.6
036 : Carotid artery stent procedure w/o CC/MCC	89	109	81.7%	1.3
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	84	462	18.2%	2.5
472 : Cervical spinal fusion w CC	75	186	40.3%	3.2
468 : Revision of hip or knee replacement w/o CC/MCC	65	250	26.0%	2.4
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	61	568	10.7%	4.7
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	61	157	38.9%	2.3
621 : OR procedures for obesity w/o CC/MCC	60	112	53.6%	1.6
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	57	159	35.8%	5.2
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	50	127	39.4%	2.4
467 : Revision of hip or knee replacement w CC	49	401	12.2%	3.8
Top Surgical DRGs	4,155	12,966	32.0%	2.5
All Surgical DRGs	5,604	32,437	17.3%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	886	2,130	41.6%	2.4
483 : Major joint/limb reattachment procedure of upper extremities	642	832	77.2%	1.5
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	203	378	53.7%	1.9
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	132	578	22.8%	2.2
039 : Extracranial procedures w/o CC/MCC	126	173	72.8%	1.4
274 : Percutaneous intracardiac procedures w/o MCC	120	159	75.5%	1.6
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	89	136	65.4%	2.3
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	78	233	33.5%	5.1
468 : Revision of hip or knee replacement w/o CC/MCC	76	179	42.5%	2.0
460 : Spinal fusion except cervical w/o MCC	70	280	25.0%	3.1
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	68	314	21.7%	2.6
473 : Cervical spinal fusion w/o CC/MCC	60	117	51.3%	1.9
621 : OR procedures for obesity w/o CC/MCC	52	100	52.0%	1.6
038 : Extracranial procedures w CC	43	88	48.9%	2.5
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	41	95	43.2%	2.1
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	37	76	48.7%	2.4
036 : Carotid artery stent procedure w/o CC/MCC	37	52	71.2%	1.8
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	36	273	13.2%	5.5
254 : Other vascular procedures w/o CC/MCC	35	113	31.0%	2.7
253 : Other vascular procedures w CC	33	242	13.6%	4.7
Top Surgical DRGs	2,864	6,548	43.7%	2.5
All Surgical DRGs	3,962	20,278	19.5%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Pennsylvania, 146 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	4,513	11,278	40.0%	2.2
483 : Major joint/limb reattachment procedure of upper extremities	1,670	2,252	74.2%	1.5
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	734	1,387	52.9%	1.9
274 : Percutaneous intracardiac procedures w/o MCC	617	989	62.4%	2.0
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	458	2,531	18.1%	2.7
039 : Extracranial procedures w/o CC/MCC	381	507	75.1%	1.5
468 : Revision of hip or knee replacement w/o CC/MCC	299	673	44.4%	2.0
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	285	466	61.2%	2.4
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	237	716	33.1%	5.2
460 : Spinal fusion except cervical w/o MCC	165	1,416	11.7%	3.4
036 : Carotid artery stent procedure w/o CC/MCC	157	210	74.8%	1.5
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	155	327	47.4%	2.2
473 : Cervical spinal fusion w/o CC/MCC	151	278	54.3%	2.0
621 : OR procedures for obesity w/o CC/MCC	143	290	49.3%	1.6
038 : Extracranial procedures w CC	139	296	47.0%	3.0
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	139	496	28.0%	2.3
467 : Revision of hip or knee replacement w CC	137	929	14.7%	4.2
660 : Kidney & ureter procedures for non-neoplasm w CC	121	793	15.3%	3.8
472 : Cervical spinal fusion w CC	114	495	23.0%	3.5
708 : Major male pelvic procedures w/o CC/MCC	106	201	52.7%	1.7
Top Surgical DRGs	10,721	26,530	40.4%	2.4
All Surgical DRGs	14,490	81,994	17.7%	5.7

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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	56	444	12.6%	3.4
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	54	236	22.9%	3.7
483 : Major joint/limb reattachment procedure of upper extremities	37	55	67.3%	2.7
419 : Laparoscopic cholecystectomy w/o CDE w/o CC/MCC	14	91	15.4%	4.0
627 : Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC	14	17	82.4%	1.4
581 : Other skin, subcut tiss & breast proc w/o CC/MCC	13	38	34.2%	3.3
252 : Other vascular procedures w MCC	12	162	7.4%	10.0
352 : Inguinal & femoral hernia procedures w/o CC/MCC	12	33	36.4%	2.3
244 : Permanent cardiac pacemaker implant w/o CC/MCC	11	52	21.2%	4.5
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	11	61	18.0%	3.0
748 : Female reproductive system reconstructive procedures	11	15	73.3%	2.0
Top Surgical DRGs	245	1,204	20.3%	4.3
All Surgical DRGs	459	4,621	9.9%	8.7

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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	253	736	34.4%	2.3
483 : Major joint/limb reattachment procedure of upper extremities	97	130	74.6%	1.6
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	56	88	63.6%	1.9
039 : Extracranial procedures w/o CC/MCC	43	51	84.3%	1.4
621 : OR procedures for obesity w/o CC/MCC	18	30	60.0%	1.4
274 : Percutaneous intracardiac procedures w/o MCC	16	25	64.0%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	16	53	30.2%	2.3
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	15	169	8.9%	2.8
460 : Spinal fusion except cervical w/o MCC	15	182	8.2%	3.9
473 : Cervical spinal fusion w/o CC/MCC	14	27	51.9%	1.8
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	14	52	26.9%	2.5
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	11	14	78.6%	2.0
036 : Carotid artery stent procedure w/o CC/MCC	11	12	91.7%	1.1
Top Surgical DRGs	579	1,569	36.9%	2.4
All Surgical DRGs	800	5,595	14.3%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,782	4,061	43.9%	2.4
483 : Major joint/limb reattachment procedure of upper extremities	1,035	1,324	78.2%	1.5
274 : Percutaneous intracardiac procedures w/o MCC	396	565	70.1%	1.7
039 : Extracranial procedures w/o CC/MCC	341	410	83.2%	1.3
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	307	413	74.3%	1.5
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	268	1,120	23.9%	2.3
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	228	404	56.4%	3.3
460 : Spinal fusion except cervical w/o MCC	196	716	27.4%	2.9
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	184	259	71.0%	1.8
468 : Revision of hip or knee replacement w/o CC/MCC	161	312	51.6%	2.0
473 : Cervical spinal fusion w/o CC/MCC	138	221	62.4%	1.8
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	115	415	27.7%	2.4
472 : Cervical spinal fusion w CC	107	288	37.2%	2.9
621 : OR procedures for obesity w/o CC/MCC	100	192	52.1%	1.7
254 : Other vascular procedures w/o CC/MCC	99	213	46.5%	2.3
036 : Carotid artery stent procedure w/o CC/MCC	91	119	76.5%	1.4
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	77	170	45.3%	2.4
038 : Extracranial procedures w CC	76	150	50.7%	2.9
489 : Knee procedures w/o PDx of infection w/o CC/MCC	62	96	64.6%	1.7
273 : Percutaneous intracardiac procedures w MCC	60	175	34.3%	4.7
Top Surgical DRGs	5,823	11,623	50.1%	2.2
All Surgical DRGs	7,566	35,409	21.4%	5.7

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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - South Dakota, 18 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	905	2,350	38.5%	2.1
483 : Major joint/limb reattachment procedure of upper extremities	399	540	73.9%	1.4
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	128	403	31.8%	2.2
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	93	146	63.7%	1.7
039 : Extracranial procedures w/o CC/MCC	81	92	88.0%	1.2
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	78	94	83.0%	1.5
274 : Percutaneous intracardiac procedures w/o MCC	67	92	72.8%	1.6
468 : Revision of hip or knee replacement w/o CC/MCC	62	132	47.0%	1.9
036 : Carotid artery stent procedure w/o CC/MCC	41	51	80.4%	1.4
621 : OR procedures for obesity w/o CC/MCC	41	52	78.8%	1.3
473 : Cervical spinal fusion w/o CC/MCC	40	60	66.7%	1.5
038 : Extracranial procedures w CC	34	46	73.9%	1.9
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	30	149	20.1%	4.9
467 : Revision of hip or knee replacement w CC	25	163	15.3%	3.8
489 : Knee procedures w/o PDx of infection w/o CC/MCC	25	29	86.2%	1.3
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	23	259	8.9%	4.4
460 : Spinal fusion except cervical w/o MCC	19	215	8.8%	3.1
035 : Carotid artery stent procedure w CC	17	35	48.6%	2.7
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	17	70	24.3%	3.4
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	17	44	38.6%	2.7
Top Surgical DRGs	2,142	5,022	42.7%	2.3
All Surgical DRGs	2,651	11,340	23.4%	4.4

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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Tennessee, 83 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	2,480	6,310	39.3%	2.4
483 : Major joint/limb reattachment procedure of upper extremities	1,345	1,684	79.9%	1.4
274 : Percutaneous intracardiac procedures w/o MCC	508	726	70.0%	1.8
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	434	1,707	25.4%	2.4
039 : Extracranial procedures w/o CC/MCC	423	537	78.8%	1.3
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	423	734	57.6%	1.9
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	227	355	63.9%	2.1
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	220	567	38.8%	4.4
468 : Revision of hip or knee replacement w/o CC/MCC	189	373	50.7%	2.0
460 : Spinal fusion except cervical w/o MCC	172	978	17.6%	3.1
473 : Cervical spinal fusion w/o CC/MCC	170	262	64.9%	1.7
036 : Carotid artery stent procedure w/o CC/MCC	136	172	79.1%	1.3
621 : OR procedures for obesity w/o CC/MCC	131	224	58.5%	1.6
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	126	233	54.1%	2.4
467 : Revision of hip or knee replacement w CC	101	554	18.2%	4.0
038 : Extracranial procedures w CC	93	238	39.1%	3.2
254 : Other vascular procedures w/o CC/MCC	93	265	35.1%	2.4
472 : Cervical spinal fusion w CC	84	274	30.7%	3.3
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	80	541	14.8%	2.9
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	77	1,053	7.3%	5.1
Top Surgical DRGs	7,512	17,787	42.2%	2.5
All Surgical DRGs	10,314	53,550	19.3%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Texas, 290 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	4,979	17,397	28.6%	2.5
483 : Major joint/limb reattachment procedure of upper extremities	2,529	3,657	69.2%	1.6
274 : Percutaneous intracardiac procedures w/o MCC	1,137	1,798	63.2%	2.0
039 : Extracranial procedures w/o CC/MCC	925	1,219	75.9%	1.5
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	916	1,439	63.7%	1.8
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	870	4,031	21.6%	2.6
621 : OR procedures for obesity w/o CC/MCC	512	793	64.6%	1.5
460 : Spinal fusion except cervical w/o MCC	466	2,717	17.2%	3.2
473 : Cervical spinal fusion w/o CC/MCC	459	775	59.2%	1.8
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	452	746	60.6%	2.3
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	451	1,296	34.8%	4.3
472 : Cervical spinal fusion w CC	359	1,087	33.0%	3.0
468 : Revision of hip or knee replacement w/o CC/MCC	349	904	38.6%	2.2
036 : Carotid artery stent procedure w/o CC/MCC	309	373	82.8%	1.3
038 : Extracranial procedures w CC	281	648	43.4%	3.0
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	263	1,446	18.2%	2.6
467 : Revision of hip or knee replacement w CC	222	1,430	15.5%	4.1
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	209	663	31.5%	2.7
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	204	480	42.5%	2.6
254 : Other vascular procedures w/o CC/MCC	190	551	34.5%	2.4
Top Surgical DRGs	16,082	43,450	37.0%	2.5
All Surgical DRGs	22,726	145,681	15.6%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
483 : Major joint/limb reattachment procedure of upper extremities	696	887	78.5%	1.4
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	397	1,775	22.4%	2.4
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	183	501	36.5%	2.0
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	132	273	48.4%	2.0
274 : Percutaneous intracardiac procedures w/o MCC	118	154	76.6%	1.5
468 : Revision of hip or knee replacement w/o CC/MCC	116	275	42.2%	2.0
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	61	85	71.8%	1.7
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	60	438	13.7%	2.5
039 : Extracranial procedures w/o CC/MCC	57	67	85.1%	1.3
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	57	322	17.7%	3.9
460 : Spinal fusion except cervical w/o MCC	51	400	12.8%	3.0
467 : Revision of hip or knee replacement w CC	50	248	20.2%	3.1
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	48	139	34.5%	4.4
621 : OR procedures for obesity w/o CC/MCC	40	61	65.6%	1.5
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	39	73	53.4%	2.3
517 : Other musculoskelet sys & conn tiss OR proc w/o CC/MCC	37	66	56.1%	1.9
472 : Cervical spinal fusion w CC	33	101	32.7%	2.6
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	32	174	18.4%	3.8
036 : Carotid artery stent procedure w/o CC/MCC	29	32	90.6%	1.3
038 : Extracranial procedures w CC	24	39	61.5%	2.3
Top Surgical DRGs	2,260	6,110	37.0%	2.4
All Surgical DRGs	3,083	14,557	21.2%	4.3

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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	3,752	7,848	47.8%	2.2
483 : Major joint/limb reattachment procedure of upper extremities	1,409	1,795	78.5%	1.5
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	690	1,151	59.9%	1.9
274 : Percutaneous intracardiac procedures w/o MCC	426	642	66.4%	1.9
039 : Extracranial procedures w/o CC/MCC	415	490	84.7%	1.3
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	356	1,698	21.0%	2.6
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	262	388	67.5%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	234	475	49.3%	1.9
460 : Spinal fusion except cervical w/o MCC	210	1,123	18.7%	3.2
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	169	546	31.0%	5.4
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	139	241	57.7%	2.2
473 : Cervical spinal fusion w/o CC/MCC	135	253	53.4%	1.9
036 : Carotid artery stent procedure w/o CC/MCC	133	165	80.6%	1.4
472 : Cervical spinal fusion w CC	121	403	30.0%	3.1
038 : Extracranial procedures w CC	114	230	49.6%	2.7
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	106	657	16.1%	2.8
467 : Revision of hip or knee replacement w CC	98	515	19.0%	3.8
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	85	250	34.0%	2.1
621 : OR procedures for obesity w/o CC/MCC	84	166	50.6%	1.6
254 : Other vascular procedures w/o CC/MCC	82	281	29.2%	2.6
Top Surgical DRGs	9,020	19,317	46.7%	2.3
All Surgical DRGs	11,640	56,315	20.7%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	186	520	35.8%	2.4
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	87	169	51.5%	1.9
483 : Major joint/limb reattachment procedure of upper extremities	59	86	68.6%	1.6
039 : Extracranial procedures w/o CC/MCC	25	33	75.8%	1.9
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	22	178	12.4%	2.5
274 : Percutaneous intracardiac procedures w/o MCC	20	44	45.5%	1.9
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	13	31	41.9%	2.7
Top Surgical DRGs	412	1,061	38.8%	2.3
All Surgical DRGs	613	3,674	16.7%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,538	3,617	42.5%	2.6
483 : Major joint/limb reattachment procedure of upper extremities	1,049	1,341	78.2%	1.5
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	513	716	71.6%	1.6
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	323	1,237	26.1%	2.2
274 : Percutaneous intracardiac procedures w/o MCC	280	375	74.7%	1.7
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	247	616	40.1%	4.7
039 : Extracranial procedures w/o CC/MCC	193	241	80.1%	1.3
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	179	284	63.0%	2.0
468 : Revision of hip or knee replacement w/o CC/MCC	161	326	49.4%	2.0
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	148	240	61.7%	1.9
460 : Spinal fusion except cervical w/o MCC	113	514	22.0%	3.4
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	111	572	19.4%	2.7
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	107	532	20.1%	5.9
467 : Revision of hip or knee replacement w CC	94	455	20.7%	3.8
036 : Carotid artery stent procedure w/o CC/MCC	81	108	75.0%	1.5
254 : Other vascular procedures w/o CC/MCC	80	182	44.0%	2.4
621 : OR procedures for obesity w/o CC/MCC	80	138	58.0%	1.5
038 : Extracranial procedures w CC	77	160	48.1%	2.5
331 : Major small & large bowel procedures w/o CC/MCC	68	492	13.8%	3.2
473 : Cervical spinal fusion w/o CC/MCC	66	119	55.5%	1.8
Top Surgical DRGs	5,508	12,265	44.9%	2.6
All Surgical DRGs	7,778	37,766	20.6%	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: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Wisconsin, 65 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	1,770	4,218	42.0%	2.2
483 : Major joint/limb reattachment procedure of upper extremities	863	1,117	77.3%	1.5
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	389	626	62.1%	1.8
247 : Perc cardiovascular proc w drug-eluting stent w/o MCC	279	1,103	25.3%	2.4
039 : Extracranial procedures w/o CC/MCC	218	277	78.7%	1.4
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	136	230	59.1%	2.0
274 : Percutaneous intracardiac procedures w/o MCC	133	225	59.1%	1.9
038 : Extracranial procedures w CC	114	197	57.9%	2.4
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	93	306	30.4%	5.3
468 : Revision of hip or knee replacement w/o CC/MCC	92	211	43.6%	2.1
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	64	665	9.6%	4.8
460 : Spinal fusion except cervical w/o MCC	58	443	13.1%	3.4
473 : Cervical spinal fusion w/o CC/MCC	51	88	58.0%	1.9
467 : Revision of hip or knee replacement w CC	48	389	12.3%	3.9
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	47	342	13.7%	5.6
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	46	101	45.5%	2.5
660 : Kidney & ureter procedures for non-neoplasm w CC	46	249	18.5%	3.6
472 : Cervical spinal fusion w CC	45	154	29.2%	3.6
165 : Major chest procedures w/o CC/MCC	42	106	39.6%	2.4
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	42	115	36.5%	1.9
Top Surgical DRGs	4,576	11,162	41.0%	2.6
All Surgical DRGs	6,135	32,373	19.0%	5.7

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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - West Virginia, 28 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	612	1,854	33.0%	2.6
483 : Major joint/limb reattachment procedure of upper extremities	282	365	77.3%	1.6
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	147	849	17.3%	2.9
039 : Extracranial procedures w/o CC/MCC	138	187	73.8%	1.6
267 : Endovascular cardiac valve replacement & supplement procedures w/o MCC	134	241	55.6%	2.5
274 : Percutaneous intracardiac procedures w/o MCC	96	180	53.3%	2.6
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	78	125	62.4%	2.2
036 : Carotid artery stent procedure w/o CC/MCC	59	78	75.6%	1.6
027 : Craniotomy & endovascular intracranial procedures w/o CC/MCC	49	65	75.4%	1.6
460 : Spinal fusion except cervical w/o MCC	45	163	27.6%	3.9
621 : OR procedures for obesity w/o CC/MCC	45	65	69.2%	1.4
038 : Extracranial procedures w CC	33	93	35.5%	4.1
472 : Cervical spinal fusion w CC	31	111	27.9%	3.9
246 : Percutaneous cardiovascular procedures w drug-eluting stent w MCC or 4+ arte	27	485	5.6%	5.7
661 : Kidney & ureter procedures for non-neoplasm w/o CC/MCC	27	90	30.0%	2.4
035 : Carotid artery stent procedure w CC	26	49	53.1%	2.7
266 : Endovascular cardiac valve replacement & supplement procedures w MCC	26	114	22.8%	7.6
253 : Other vascular procedures w CC	25	226	11.1%	5.5
254 : Other vascular procedures w/o CC/MCC	25	103	24.3%	3.3
660 : Kidney & ureter procedures for non-neoplasm w CC	25	176	14.2%	4.7
Top Surgical DRGs	1,930	5,619	34.3%	3.1
All Surgical DRGs	2,640	17,150	15.4%	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.

Date prepared: 06FEB2021

**Discharges for most recent 4 quarters, ending Q4FY20
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	134	374	35.8%	2.4
483 : Major joint/limb reattachment procedure of upper extremities	131	168	78.0%	1.5
247 : Perc cardiovasc proc w drug-eluting stent w/o MCC	39	122	32.0%	2.2
039 : Extracranial procedures w/o CC/MCC	19	41	46.3%	1.9
455 : Combined anterior/posterior spinal fusion w/o CC/MCC	16	53	30.2%	2.4
460 : Spinal fusion except cervical w/o MCC	15	84	17.9%	3.1
269 : Aortic and heart assist procedures except pulsation balloon w/o MCC	13	25	52.0%	2.0
Top Surgical DRGs	367	867	42.3%	2.2
All Surgical DRGs	603	2,891	20.9%	4.5

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: 06FEB2021