### PEPPER Target Areas* for Long-Term Acute Care Hospitals (LTCHs)

*Note: Target Areas may be added or modified at the discretion of the Centers for Medicare & Medicaid Services (CMS).

<table>
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<th>Target Area</th>
<th>Target Area Definition</th>
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| **Septicemia (Septicemia)**                      | Numerator (N): count of discharges for diagnosis-related groups (DRGs) 870 (septicemia or severe sepsis with mechanical ventilation > 96 hours), 871 (septicemia or severe sepsis without mechanical ventilation > 96 hours with major complication or comorbidity [MCC]), 872 (septicemia or severe sepsis without mechanical ventilation > 96 hours without MCC)  
Denominator (D): count of discharges for DRGs 193 (simple pneumonia and pleurisy with MCC), 194 (simple pneumonia and pleurisy with complication or comorbidity [CC]), 195 (simple pneumonia and pleurisy without CC/MCC), 207 (respiratory system diagnosis with ventilator support > 96 hours), 208 (respiratory system diagnosis with ventilator support < 96 hours), 689 (kidney and urinary tract infections with MCC), 690 (kidney and urinary tract infections without MCC), 870, 871, 872 |
| **Excisional Debridement (Excis Deb)**            | N: count of discharges for DRGs affected by International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) procedure codes for excisional debridement that have an excisional debridement procedure code on the claim  
D: count of discharges for the DRGs |
| **Short Stays (Short Stays)**                     | N: count of discharges that were discharged on or the day after the short stay outlier threshold was met  
D: count of all discharges |
| **Short Stays for Respiratory System Diagnoses (Short Stays Resp Syst Dx)** | N: count of discharges for DRGs 177 (respiratory infections and inflammations with MCC), 189 (pulmonary edema and respiratory failure) or 193 (simple pneumonia and pleurisy with MCC), 207 (respiratory system diagnosis with ventilator support > 96 hours), 208 (respiratory system diagnosis with ventilator support < 96 hours) that occurred on the day of or day after the short stay outlier threshold was met  
D: count of all discharges for DRGs 177, 189, 193, 207, 208 |
| **Outlier Payments (Outlier Pmts)**               | N: count of discharges with a DRG outlier approved amount of greater than $0  
D: count of all discharges |
| **30-Day Readmissions to Same Hospital or Elsewhere (Readm)** | N: count of index (first) admissions during the 12-month time period for which a readmission occurred within 30 days of discharge to the same hospital or to another long-term acute care prospective payment system (PPS) hospital for the same beneficiary (identified using the Health Insurance Claim number), patient discharge status of the index admission is not equal to 63 (discharged/transferred to a LTCH), 91 (discharged/transferred to a LTCH with a planned acute care hospital inpatient readmission), 07 (left against medical advice)  
D: count of all discharges excluding patient discharge status codes 63, 91, 07, 20 (expired) |
| **STACH Admissions Following LTCH Discharge (STACH Admis s)** | N: count of discharges where the beneficiary (identified using the Health Insurance Claim number) was discharged from the LTCH during the 12-month time period and admitted to a short-term acute care hospital (STACH) within 30 days of discharge from the LTCH; excluding transfers to a STACH or a LTCH within one day of discharge as evidenced by a subsequent claim; excluding patient discharge status codes 07 (left against medical advice), 20 (expired)  
D: count of all discharges excluding transfers to a STACH or a LTCH within one day of discharge as evidenced by a subsequent claim; and excluding patient discharge status codes 07, 20 |