



Short-Term Hospital State-Level Surgical DRG Report

Q4FY22

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	85	93	91.4%	1.1
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	64	303	21.1%	2.5
274 : Percutaneous and other intracardiac procs w/o MCC	46	63	73.0%	1.7
266 : Endovascular cardiac valve replacement and supplement procs w MCC	38	69	55.1%	6.1
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	31	134	23.1%	2.9
468 : Revision of hip or knee replacement w/o CC/MCC	30	62	48.4%	2.6
483 : Major joint or limb reattachment procs of upper extremities	21	39	53.8%	4.9
621 : OR procs for obesity w/o CC/MCC	15	17	88.2%	1.1
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	14	75	18.7%	3.2
460 : Spinal fusion except cervical w/o MCC	14	78	17.9%	3.7
472 : Cervical spinal fusion w CC	14	67	20.9%	4.0
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	11	27	40.7%	3.3
Top Surgical DRGs	383	1,027	37.3%	3.0
All Surgical DRGs	649	4,155	15.6%	7.9

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Alabama, 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
274 : Percutaneous and other intracardiac procs w/o MCC	677	740	91.5%	1.2
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	487	1,137	42.8%	2.1
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	364	475	76.6%	1.5
039 : Extracranial procs w/o CC/MCC	292	368	79.3%	1.4
266 : Endovascular cardiac valve replacement and supplement procs w MCC	236	363	65.0%	2.5
460 : Spinal fusion except cervical w/o MCC	179	647	27.7%	3.0
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	174	818	21.3%	2.6
468 : Revision of hip or knee replacement w/o CC/MCC	115	228	50.4%	2.0
036 : Carotid artery stent procs w/o CC/MCC	113	129	87.6%	1.2
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	111	205	54.1%	2.8
483 : Major joint or limb reattachment procs of upper extremities	103	187	55.1%	2.6
472 : Cervical spinal fusion w CC	96	205	46.8%	2.8
621 : OR procs for obesity w/o CC/MCC	90	125	72.0%	1.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	86	377	22.8%	2.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	82	125	65.6%	2.0
473 : Cervical spinal fusion w/o CC/MCC	80	114	70.2%	1.5
038 : Extracranial procs w CC	56	131	42.7%	3.1
467 : Revision of hip or knee replacement w CC	56	292	19.2%	4.0
253 : Other vascular procs w CC	53	309	17.2%	4.5
254 : Other vascular procs w/o CC/MCC	53	130	40.8%	2.3
Top Surgical DRGs	3,503	7,105	49.3%	2.3
All Surgical DRGs	4,999	26,887	18.6%	6.1

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
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
274 : Percutaneous and other intracardiac procs w/o MCC	592	667	88.8%	1.2
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	534	1,455	36.7%	1.9
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	295	342	86.3%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	230	760	30.3%	2.3
039 : Extracranial procs w/o CC/MCC	213	259	82.2%	1.3
621 : OR procs for obesity w/o CC/MCC	185	250	74.0%	1.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	161	231	69.7%	2.6
483 : Major joint or limb reattachment procs of upper extremities	141	224	62.9%	2.0
468 : Revision of hip or knee replacement w/o CC/MCC	122	214	57.0%	1.7
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	111	152	73.0%	1.7
036 : Carotid artery stent procs w/o CC/MCC	73	86	84.9%	1.3
460 : Spinal fusion except cervical w/o MCC	67	319	21.0%	3.1
472 : Cervical spinal fusion w CC	61	135	45.2%	2.7
038 : Extracranial procs w CC	57	119	47.9%	2.7
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	45	509	8.8%	4.6
035 : Carotid artery stent procs w CC	43	62	69.4%	1.8
473 : Cervical spinal fusion w/o CC/MCC	42	80	52.5%	1.8
467 : Revision of hip or knee replacement w CC	41	213	19.2%	3.7
254 : Other vascular procs w/o CC/MCC	39	84	46.4%	2.2
620 : OR procs for obesity w CC	37	65	56.9%	1.6
Top Surgical DRGs	3,089	6,226	49.6%	2.2
All Surgical DRGs	4,296	21,337	20.1%	5.2

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	1,167	1,289	90.5%	1.2
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	704	873	80.6%	1.4
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	694	1,506	46.1%	1.9
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	283	1,003	28.2%	2.3
039 : Extracranial procs w/o CC/MCC	245	296	82.8%	1.4
483 : Major joint or limb reattachment procs of upper extremities	235	356	66.0%	2.0
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	181	263	68.8%	2.0
266 : Endovascular cardiac valve replacement and supplement procs w MCC	174	376	46.3%	4.7
468 : Revision of hip or knee replacement w/o CC/MCC	151	305	49.5%	1.8
460 : Spinal fusion except cervical w/o MCC	134	564	23.8%	3.2
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	131	463	28.3%	2.4
036 : Carotid artery stent procs w/o CC/MCC	117	144	81.3%	1.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	116	213	54.5%	2.0
473 : Cervical spinal fusion w/o CC/MCC	92	165	55.8%	1.8
621 : OR procs for obesity w/o CC/MCC	91	125	72.8%	1.4
472 : Cervical spinal fusion w CC	73	265	27.5%	3.3
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	62	179	34.6%	2.1
254 : Other vascular procs w/o CC/MCC	60	114	52.6%	1.9
038 : Extracranial procs w CC	57	132	43.2%	2.6
244 : Permanent cardiac pacemaker implant w/o CC/MCC	57	210	27.1%	2.4
Top Surgical DRGs	4,824	8,841	54.6%	2.1
All Surgical DRGs	6,963	35,256	19.7%	5.5

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Top Surgical DRGs for Same- and 1-Day Stays - California, 285 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	3,320	8,002	41.5%	2.0
274 : Percutaneous and other intracardiac procs w/o MCC	2,612	3,095	84.4%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	2,201	2,986	73.7%	1.5
266 : Endovascular cardiac valve replacement and supplement procs w MCC	790	1,862	42.4%	4.8
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	779	3,295	23.6%	2.4
039 : Extracranial procs w/o CC/MCC	611	789	77.4%	1.4
483 : Major joint or limb reattachment procs of upper extremities	538	1,211	44.4%	2.3
468 : Revision of hip or knee replacement w/o CC/MCC	419	826	50.7%	2.0
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	372	585	63.6%	2.2
036 : Carotid artery stent procs w/o CC/MCC	336	438	76.7%	1.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	333	663	50.2%	2.0
621 : OR procs for obesity w/o CC/MCC	320	497	64.4%	1.5
460 : Spinal fusion except cervical w/o MCC	264	2,372	11.1%	3.7
472 : Cervical spinal fusion w CC	252	1,130	22.3%	3.6
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	239	1,647	14.5%	2.9
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	206	2,791	7.4%	5.3
038 : Extracranial procs w CC	196	449	43.7%	2.9
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	175	540	32.4%	2.2
473 : Cervical spinal fusion w/o CC/MCC	171	457	37.4%	2.2
467 : Revision of hip or knee replacement w CC	160	1,155	13.9%	4.5
Top Surgical DRGs	14,294	34,790	41.1%	2.7
All Surgical DRGs	21,883	141,231	15.5%	6.4

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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
274 : Percutaneous and other intracardiac procs w/o MCC	680	761	89.4%	1.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	315	384	82.0%	1.3
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	315	641	49.1%	2.0
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	219	702	31.2%	2.0
266 : Endovascular cardiac valve replacement and supplement procs w MCC	180	299	60.2%	2.9
483 : Major joint or limb reattachment procs of upper extremities	152	282	53.9%	2.0
468 : Revision of hip or knee replacement w/o CC/MCC	127	244	52.0%	1.9
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	99	140	70.7%	1.8
039 : Extracranial procs w/o CC/MCC	88	105	83.8%	1.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	88	548	16.1%	2.6
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	83	146	56.8%	2.0
460 : Spinal fusion except cervical w/o MCC	83	452	18.4%	3.4
472 : Cervical spinal fusion w CC	68	232	29.3%	3.1
621 : OR procs for obesity w/o CC/MCC	64	109	58.7%	1.6
036 : Carotid artery stent procs w/o CC/MCC	55	71	77.5%	1.4
467 : Revision of hip or knee replacement w CC	49	290	16.9%	3.7
038 : Extracranial procs w CC	45	72	62.5%	2.6
473 : Cervical spinal fusion w/o CC/MCC	45	109	41.3%	2.2
454 : Combined anterior and posterior spinal fusion w CC	42	667	6.3%	4.2
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	37	424	8.7%	4.2
Top Surgical DRGs	2,834	6,678	42.4%	2.5
All Surgical DRGs	4,189	22,443	18.7%	6.0

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**Discharges for most recent 4 quarters, ending Q4FY22
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Top Surgical DRGs for Same- and 1-Day Stays - Connecticut, 27 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	489	882	55.4%	1.8
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	246	337	73.0%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	184	243	75.7%	1.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	101	229	44.1%	4.2
483 : Major joint or limb reattachment procs of upper extremities	101	149	67.8%	1.8
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	82	413	19.9%	2.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	63	102	61.8%	2.0
621 : OR procs for obesity w/o CC/MCC	55	85	64.7%	1.4
468 : Revision of hip or knee replacement w/o CC/MCC	53	108	49.1%	2.1
039 : Extracranial procs w/o CC/MCC	47	64	73.4%	1.5
036 : Carotid artery stent procs w/o CC/MCC	46	56	82.1%	1.4
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	43	105	41.0%	2.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	33	67	49.3%	2.1
460 : Spinal fusion except cervical w/o MCC	33	339	9.7%	3.4
244 : Permanent cardiac pacemaker implant w/o CC/MCC	32	136	23.5%	2.5
660 : Kidney and ureter procs for non-neoplasm w CC	32	149	21.5%	3.5
472 : Cervical spinal fusion w CC	28	116	24.1%	3.3
038 : Extracranial procs w CC	27	55	49.1%	2.9
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	24	174	13.8%	2.6
467 : Revision of hip or knee replacement w CC	23	177	13.0%	4.7
Top Surgical DRGs	1,742	3,986	43.7%	2.4
All Surgical DRGs	2,529	16,843	15.0%	7.1

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	122	154	79.2%	1.7
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	93	237	39.2%	2.1
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	50	136	36.8%	2.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	24	114	21.1%	2.8
483 : Major joint or limb reattachment procs of upper extremities	22	36	61.1%	2.9
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	21	43	48.8%	2.3
708 : Major male pelvic procs w/o CC/MCC	21	24	87.5%	1.4
472 : Cervical spinal fusion w CC	20	105	19.0%	4.2
460 : Spinal fusion except cervical w/o MCC	19	315	6.0%	4.6
468 : Revision of hip or knee replacement w/o CC/MCC	19	70	27.1%	2.7
036 : Carotid artery stent procs w/o CC/MCC	18	22	81.8%	1.5
039 : Extracranial procs w/o CC/MCC	16	20	80.0%	1.5
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	13	33	39.4%	2.8
035 : Carotid artery stent procs w CC	12	21	57.1%	2.0
658 : Kidney and ureter procs for neoplasm w/o CC/MCC	12	39	30.8%	2.0
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	11	131	8.4%	5.3
Top Surgical DRGs	493	1,500	32.9%	3.1
All Surgical DRGs	870	7,434	11.7%	9.0

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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
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	143	167	85.6%	1.4
274 : Percutaneous and other intracardiac procs w/o MCC	128	149	85.9%	1.4
039 : Extracranial procs w/o CC/MCC	52	68	76.5%	1.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	36	224	16.1%	2.9
468 : Revision of hip or knee replacement w/o CC/MCC	36	48	75.0%	1.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	30	55	54.5%	2.5
036 : Carotid artery stent procs w/o CC/MCC	29	34	85.3%	1.4
460 : Spinal fusion except cervical w/o MCC	25	99	25.3%	3.8
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	25	73	34.2%	2.4
621 : OR procs for obesity w/o CC/MCC	25	34	73.5%	1.4
467 : Revision of hip or knee replacement w CC	22	63	34.9%	6.2
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	20	91	22.0%	2.8
165 : Major chest procs w/o CC/MCC	19	41	46.3%	1.8
164 : Major chest procs w CC	18	72	25.0%	4.2
254 : Other vascular procs w/o CC/MCC	18	29	62.1%	2.0
038 : Extracranial procs w CC	17	41	41.5%	4.2
266 : Endovascular cardiac valve replacement and supplement procs w MCC	16	57	28.1%	9.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	12	27	44.4%	2.9
473 : Cervical spinal fusion w/o CC/MCC	11	33	33.3%	2.3
Top Surgical DRGs	682	1,405	48.5%	2.8
All Surgical DRGs	962	6,432	15.0%	8.0

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Top Surgical DRGs for Same- and 1-Day Stays - Florida, 169 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	3,231	4,160	77.7%	1.6
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,846	4,936	37.4%	2.1
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	1,562	2,365	66.0%	1.8
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	860	3,910	22.0%	2.6
039 : Extracranial procs w/o CC/MCC	777	987	78.7%	1.4
266 : Endovascular cardiac valve replacement and supplement procs w MCC	772	1,681	45.9%	4.5
483 : Major joint or limb reattachment procs of upper extremities	699	1,351	51.7%	2.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	472	742	63.6%	2.1
036 : Carotid artery stent procs w/o CC/MCC	433	554	78.2%	1.4
468 : Revision of hip or knee replacement w/o CC/MCC	417	783	53.3%	1.9
460 : Spinal fusion except cervical w/o MCC	342	2,278	15.0%	3.5
472 : Cervical spinal fusion w CC	322	991	32.5%	3.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	309	488	63.3%	2.0
621 : OR procs for obesity w/o CC/MCC	299	460	65.0%	1.4
038 : Extracranial procs w CC	247	549	45.0%	3.1
467 : Revision of hip or knee replacement w CC	242	1,326	18.3%	4.2
473 : Cervical spinal fusion w/o CC/MCC	239	450	53.1%	2.0
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	235	972	24.2%	2.5
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	198	1,081	18.3%	2.8
254 : Other vascular procs w/o CC/MCC	189	431	43.9%	2.3
Top Surgical DRGs	13,691	30,495	44.9%	2.5
All Surgical DRGs	20,257	131,681	15.4%	6.4

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	1,055	1,221	86.4%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	424	540	78.5%	1.5
039 : Extracranial procs w/o CC/MCC	343	404	84.9%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	292	1,322	22.1%	2.6
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	253	746	33.9%	2.7
266 : Endovascular cardiac valve replacement and supplement procs w MCC	223	510	43.7%	4.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	182	249	73.1%	2.0
621 : OR procs for obesity w/o CC/MCC	153	187	81.8%	1.2
468 : Revision of hip or knee replacement w/o CC/MCC	145	262	55.3%	2.1
038 : Extracranial procs w CC	125	247	50.6%	2.8
036 : Carotid artery stent procs w/o CC/MCC	120	136	88.2%	1.2
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	119	491	24.2%	2.7
483 : Major joint or limb reattachment procs of upper extremities	118	219	53.9%	2.7
460 : Spinal fusion except cervical w/o MCC	111	739	15.0%	3.5
473 : Cervical spinal fusion w/o CC/MCC	97	175	55.4%	2.1
254 : Other vascular procs w/o CC/MCC	83	202	41.1%	2.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	82	175	46.9%	2.6
472 : Cervical spinal fusion w CC	69	295	23.4%	4.0
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	61	1,061	5.7%	5.6
165 : Major chest procs w/o CC/MCC	53	186	28.5%	2.7
Top Surgical DRGs	4,108	9,367	43.9%	2.8
All Surgical DRGs	6,191	41,718	14.8%	7.2

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	71	81	87.7%	1.2
274 : Percutaneous and other intracardiac procs w/o MCC	26	31	83.9%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	24	112	21.4%	2.5
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	20	35	57.1%	1.9
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	20	103	19.4%	4.2
039 : Extracranial procs w/o CC/MCC	11	20	55.0%	1.7
Top Surgical DRGs	172	382	45.0%	2.5
All Surgical DRGs	462	4,221	10.9%	8.6

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.

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Iowa, 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
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	724	1,336	54.2%	1.9
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	387	453	85.4%	1.3
274 : Percutaneous and other intracardiac procs w/o MCC	289	324	89.2%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	235	606	38.8%	2.2
483 : Major joint or limb reattachment procs of upper extremities	218	336	64.9%	2.0
039 : Extracranial procs w/o CC/MCC	147	164	89.6%	1.1
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	119	145	82.1%	1.4
468 : Revision of hip or knee replacement w/o CC/MCC	97	150	64.7%	1.7
460 : Spinal fusion except cervical w/o MCC	76	412	18.4%	3.2
266 : Endovascular cardiac valve replacement and supplement procs w MCC	74	192	38.5%	4.0
038 : Extracranial procs w CC	73	109	67.0%	1.8
036 : Carotid artery stent procs w/o CC/MCC	66	73	90.4%	1.2
708 : Major male pelvic procs w/o CC/MCC	58	76	76.3%	1.4
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	56	408	13.7%	4.8
254 : Other vascular procs w/o CC/MCC	46	81	56.8%	1.8
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	42	79	53.2%	2.0
467 : Revision of hip or knee replacement w CC	39	203	19.2%	4.1
035 : Carotid artery stent procs w CC	34	41	82.9%	1.7
658 : Kidney and ureter procs for neoplasm w/o CC/MCC	33	60	55.0%	1.7
621 : OR procs for obesity w/o CC/MCC	32	43	74.4%	1.3
Top Surgical DRGs	2,845	5,291	53.8%	2.3
All Surgical DRGs	3,843	17,231	22.3%	5.5

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	337	353	95.5%	1.1
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	184	216	85.2%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	105	316	33.2%	1.9
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	93	188	49.5%	2.0
483 : Major joint or limb reattachment procs of upper extremities	65	97	67.0%	1.9
468 : Revision of hip or knee replacement w/o CC/MCC	51	72	70.8%	1.7
039 : Extracranial procs w/o CC/MCC	47	55	85.5%	1.2
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	47	57	82.5%	1.4
621 : OR procs for obesity w/o CC/MCC	46	51	90.2%	1.2
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	29	174	16.7%	2.4
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	28	195	14.4%	4.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	26	58	44.8%	4.2
472 : Cervical spinal fusion w CC	25	72	34.7%	2.9
473 : Cervical spinal fusion w/o CC/MCC	25	38	65.8%	1.7
460 : Spinal fusion except cervical w/o MCC	24	118	20.3%	2.7
658 : Kidney and ureter procs for neoplasm w/o CC/MCC	23	33	69.7%	1.3
026 : Craniotomy and endovascular intracranial procs w CC	22	40	55.0%	3.1
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	22	33	66.7%	1.6
454 : Combined anterior and posterior spinal fusion w CC	22	175	12.6%	3.4
038 : Extracranial procs w CC	20	30	66.7%	2.5
Top Surgical DRGs	1,241	2,371	52.3%	2.2
All Surgical DRGs	1,779	7,389	24.1%	5.1

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Illinois, 120 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,319	3,423	38.5%	2.2
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	1,066	1,456	73.2%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	959	1,168	82.1%	1.4
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	446	1,893	23.6%	2.4
039 : Extracranial procs w/o CC/MCC	368	439	83.8%	1.3
483 : Major joint or limb reattachment procs of upper extremities	315	569	55.4%	2.2
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	286	409	69.9%	1.9
468 : Revision of hip or knee replacement w/o CC/MCC	195	341	57.2%	1.9
266 : Endovascular cardiac valve replacement and supplement procs w MCC	183	506	36.2%	5.3
460 : Spinal fusion except cervical w/o MCC	181	1,047	17.3%	3.5
038 : Extracranial procs w CC	151	278	54.3%	2.5
036 : Carotid artery stent procs w/o CC/MCC	143	174	82.2%	1.4
165 : Major chest procs w/o CC/MCC	135	314	43.0%	2.1
621 : OR procs for obesity w/o CC/MCC	127	191	66.5%	1.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	112	228	49.1%	2.4
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	102	332	30.7%	2.3
467 : Revision of hip or knee replacement w CC	101	633	16.0%	4.2
472 : Cervical spinal fusion w CC	99	452	21.9%	3.6
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	98	323	30.3%	2.3
660 : Kidney and ureter procs for non-neoplasm w CC	91	652	14.0%	4.0
Top Surgical DRGs	6,477	14,828	43.7%	2.5
All Surgical DRGs	9,686	62,923	15.4%	6.5

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Indiana, 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	939	1,714	54.8%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	861	988	87.1%	1.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	500	676	74.0%	1.5
039 : Extracranial procs w/o CC/MCC	336	380	88.4%	1.2
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	324	1,256	25.8%	2.3
483 : Major joint or limb reattachment procs of upper extremities	228	373	61.1%	2.1
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	215	277	77.6%	1.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	198	376	52.7%	3.7
468 : Revision of hip or knee replacement w/o CC/MCC	184	278	66.2%	1.7
036 : Carotid artery stent procs w/o CC/MCC	135	161	83.9%	1.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	127	484	26.2%	2.4
460 : Spinal fusion except cervical w/o MCC	114	857	13.3%	3.5
038 : Extracranial procs w CC	112	191	58.6%	2.5
467 : Revision of hip or knee replacement w CC	98	392	25.0%	3.5
254 : Other vascular procs w/o CC/MCC	70	166	42.2%	2.3
473 : Cervical spinal fusion w/o CC/MCC	70	130	53.8%	2.0
660 : Kidney and ureter procs for non-neoplasm w CC	69	432	16.0%	3.5
708 : Major male pelvic procs w/o CC/MCC	69	96	71.9%	1.4
035 : Carotid artery stent procs w CC	62	110	56.4%	2.6
331 : Major small and large bowel procs w/o CC/MCC	61	423	14.4%	3.3
Top Surgical DRGs	4,772	9,760	48.9%	2.3
All Surgical DRGs	7,070	37,354	18.9%	5.8

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	848	969	87.5%	1.3
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	405	2,378	17.0%	2.1
039 : Extracranial procs w/o CC/MCC	251	308	81.5%	1.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	228	341	66.9%	1.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	165	397	41.6%	4.0
483 : Major joint or limb reattachment procs of upper extremities	150	449	33.4%	2.1
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	119	534	22.3%	2.5
621 : OR procs for obesity w/o CC/MCC	100	142	70.4%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	92	128	71.9%	1.7
331 : Major small and large bowel procs w/o CC/MCC	59	293	20.1%	2.9
468 : Revision of hip or knee replacement w/o CC/MCC	52	163	31.9%	2.2
038 : Extracranial procs w CC	49	82	59.8%	2.3
460 : Spinal fusion except cervical w/o MCC	47	516	9.1%	3.3
473 : Cervical spinal fusion w/o CC/MCC	43	73	58.9%	1.8
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	41	456	9.0%	4.6
036 : Carotid artery stent procs w/o CC/MCC	40	44	90.9%	1.1
708 : Major male pelvic procs w/o CC/MCC	36	57	63.2%	1.4
517 : Other musculoskeletal system and connective tissue OR procs w/o CC/MCC	35	124	28.2%	2.9
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	33	70	47.1%	2.5
243 : Permanent cardiac pacemaker implant w CC	33	214	15.4%	3.3
Top Surgical DRGs	2,826	7,738	36.5%	2.4
All Surgical DRGs	4,030	22,705	17.7%	5.1

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	363	436	83.3%	1.4
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	297	368	80.7%	1.4
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	228	907	25.1%	2.4
039 : Extracranial procs w/o CC/MCC	194	229	84.7%	1.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	157	220	71.4%	1.8
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	129	499	25.9%	2.8
036 : Carotid artery stent procs w/o CC/MCC	113	130	86.9%	1.3
468 : Revision of hip or knee replacement w/o CC/MCC	96	154	62.3%	1.9
621 : OR procs for obesity w/o CC/MCC	88	119	73.9%	1.3
035 : Carotid artery stent procs w CC	76	131	58.0%	2.9
266 : Endovascular cardiac valve replacement and supplement procs w MCC	67	161	41.6%	5.3
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	65	706	9.2%	5.5
483 : Major joint or limb reattachment procs of upper extremities	65	156	41.7%	2.7
038 : Extracranial procs w CC	59	137	43.1%	2.8
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	56	87	64.4%	1.9
254 : Other vascular procs w/o CC/MCC	36	90	40.0%	2.2
658 : Kidney and ureter procs for neoplasm w/o CC/MCC	36	66	54.5%	2.0
253 : Other vascular procs w CC	35	292	12.0%	5.4
472 : Cervical spinal fusion w CC	35	137	25.5%	4.0
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	35	108	32.4%	2.3
Top Surgical DRGs	2,230	5,133	43.4%	2.9
All Surgical DRGs	3,427	24,783	13.8%	6.8

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Louisiana, 85 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	348	405	85.9%	1.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	312	413	75.5%	1.4
039 : Extracranial procs w/o CC/MCC	239	318	75.2%	1.5
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	236	900	26.2%	2.3
473 : Cervical spinal fusion w/o CC/MCC	156	224	69.6%	1.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	131	661	19.8%	2.5
621 : OR procs for obesity w/o CC/MCC	127	165	77.0%	1.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	112	230	48.7%	3.3
472 : Cervical spinal fusion w CC	106	270	39.3%	3.0
483 : Major joint or limb reattachment procs of upper extremities	102	195	52.3%	2.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	89	164	54.3%	2.6
460 : Spinal fusion except cervical w/o MCC	79	449	17.6%	3.4
468 : Revision of hip or knee replacement w/o CC/MCC	75	166	45.2%	2.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	68	129	52.7%	2.3
036 : Carotid artery stent procs w/o CC/MCC	61	74	82.4%	1.3
038 : Extracranial procs w CC	57	133	42.9%	3.2
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	48	515	9.3%	2.5
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	43	120	35.8%	2.2
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	42	468	9.0%	5.0
328 : Stomach, esophageal and duodenal procs w/o CC/MCC	37	94	39.4%	2.8
Top Surgical DRGs	2,468	6,093	40.5%	2.5
All Surgical DRGs	3,729	23,630	15.8%	5.9

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	1,611	4,408	36.5%	2.1
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	705	1,106	63.7%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	555	704	78.8%	1.7
039 : Extracranial procs w/o CC/MCC	249	337	73.9%	1.6
483 : Major joint or limb reattachment procs of upper extremities	202	512	39.5%	2.5
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	201	1,282	15.7%	3.1
266 : Endovascular cardiac valve replacement and supplement procs w MCC	146	570	25.6%	7.4
621 : OR procs for obesity w/o CC/MCC	145	216	67.1%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	140	270	51.9%	2.5
468 : Revision of hip or knee replacement w/o CC/MCC	136	322	42.2%	2.3
038 : Extracranial procs w CC	107	253	42.3%	3.2
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	104	300	34.7%	2.2
036 : Carotid artery stent procs w/o CC/MCC	103	128	80.5%	1.3
165 : Major chest procs w/o CC/MCC	103	384	26.8%	2.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	100	238	42.0%	2.2
708 : Major male pelvic procs w/o CC/MCC	79	121	65.3%	1.5
472 : Cervical spinal fusion w CC	66	373	17.7%	3.5
660 : Kidney and ureter procs for non-neoplasm w CC	65	459	14.2%	3.7
164 : Major chest procs w CC	64	716	8.9%	4.2
254 : Other vascular procs w/o CC/MCC	58	201	28.9%	2.8
Top Surgical DRGs	4,939	12,900	38.3%	2.6
All Surgical DRGs	7,464	49,951	14.9%	6.5

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Maryland, 44 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	497	719	69.1%	1.8
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	385	885	43.5%	2.3
483 : Major joint or limb reattachment procs of upper extremities	242	429	56.4%	2.1
039 : Extracranial procs w/o CC/MCC	232	279	83.2%	1.4
274 : Percutaneous and other intracardiac procs w/o MCC	217	272	79.8%	1.6
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	206	878	23.5%	2.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	152	221	68.8%	2.0
036 : Carotid artery stent procs w/o CC/MCC	128	146	87.7%	1.2
460 : Spinal fusion except cervical w/o MCC	124	908	13.7%	3.8
468 : Revision of hip or knee replacement w/o CC/MCC	118	215	54.9%	2.2
038 : Extracranial procs w CC	111	183	60.7%	2.4
621 : OR procs for obesity w/o CC/MCC	107	137	78.1%	1.3
472 : Cervical spinal fusion w CC	60	292	20.5%	4.3
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	55	608	9.0%	5.6
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	52	136	38.2%	2.6
035 : Carotid artery stent procs w CC	51	84	60.7%	2.5
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	51	136	37.5%	2.3
254 : Other vascular procs w/o CC/MCC	50	168	29.8%	2.6
467 : Revision of hip or knee replacement w CC	47	261	18.0%	4.9
658 : Kidney and ureter procs for neoplasm w/o CC/MCC	46	111	41.4%	1.9
Top Surgical DRGs	2,931	7,068	41.5%	2.8
All Surgical DRGs	4,722	32,349	14.6%	6.8

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
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
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	89	135	65.9%	1.8
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	72	114	63.2%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	46	67	68.7%	1.8
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	40	214	18.7%	2.8
039 : Extracranial procs w/o CC/MCC	33	41	80.5%	1.5
483 : Major joint or limb reattachment procs of upper extremities	28	41	68.3%	2.1
621 : OR procs for obesity w/o CC/MCC	28	29	96.6%	1.0
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	21	33	63.6%	1.9
038 : Extracranial procs w CC	16	25	64.0%	2.9
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	15	25	60.0%	1.9
468 : Revision of hip or knee replacement w/o CC/MCC	15	31	48.4%	2.0
036 : Carotid artery stent procs w/o CC/MCC	14	17	82.4%	1.2
254 : Other vascular procs w/o CC/MCC	14	33	42.4%	2.0
460 : Spinal fusion except cervical w/o MCC	13	42	31.0%	3.3
658 : Kidney and ureter procs for neoplasm w/o CC/MCC	13	19	68.4%	1.6
035 : Carotid artery stent procs w CC	11	17	64.7%	2.2
253 : Other vascular procs w CC	11	64	17.2%	6.0
Top Surgical DRGs	479	947	50.6%	2.4
All Surgical DRGs	820	5,003	16.4%	7.4

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Michigan, 92 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	1,050	1,219	86.1%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	839	1,270	66.1%	1.6
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	715	1,319	54.2%	1.9
039 : Extracranial procs w/o CC/MCC	285	343	83.1%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	226	1,374	16.4%	2.8
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	206	307	67.1%	2.0
483 : Major joint or limb reattachment procs of upper extremities	196	359	54.6%	2.2
468 : Revision of hip or knee replacement w/o CC/MCC	166	269	61.7%	1.9
038 : Extracranial procs w CC	140	247	56.7%	3.3
036 : Carotid artery stent procs w/o CC/MCC	136	156	87.2%	1.2
621 : OR procs for obesity w/o CC/MCC	134	207	64.7%	1.4
460 : Spinal fusion except cervical w/o MCC	130	832	15.6%	3.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	106	446	23.8%	6.6
467 : Revision of hip or knee replacement w CC	85	431	19.7%	4.0
473 : Cervical spinal fusion w/o CC/MCC	83	164	50.6%	2.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	73	152	48.0%	2.2
253 : Other vascular procs w CC	72	462	15.6%	4.9
472 : Cervical spinal fusion w CC	72	347	20.7%	4.0
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	72	209	34.4%	2.1
254 : Other vascular procs w/o CC/MCC	64	184	34.8%	2.4
Top Surgical DRGs	4,850	10,297	47.1%	2.6
All Surgical DRGs	7,025	43,330	16.2%	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.

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**Discharges for most recent 4 quarters, ending Q4FY22
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
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	759	985	77.1%	1.4
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	692	1,224	56.5%	2.0
274 : Percutaneous and other intracardiac procs w/o MCC	497	611	81.3%	1.5
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	227	836	27.2%	2.2
266 : Endovascular cardiac valve replacement and supplement procs w MCC	163	377	43.2%	5.2
483 : Major joint or limb reattachment procs of upper extremities	150	248	60.5%	2.1
039 : Extracranial procs w/o CC/MCC	125	161	77.6%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	124	206	60.2%	2.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	99	143	69.2%	1.7
468 : Revision of hip or knee replacement w/o CC/MCC	98	160	61.3%	1.8
467 : Revision of hip or knee replacement w CC	90	429	21.0%	3.8
038 : Extracranial procs w CC	87	161	54.0%	2.4
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	55	634	8.7%	5.2
165 : Major chest procs w/o CC/MCC	54	141	38.3%	2.2
164 : Major chest procs w CC	49	286	17.1%	4.0
026 : Craniotomy and endovascular intracranial procs w CC	45	130	34.6%	4.0
621 : OR procs for obesity w/o CC/MCC	45	65	69.2%	1.3
253 : Other vascular procs w CC	43	276	15.6%	4.6
254 : Other vascular procs w/o CC/MCC	43	90	47.8%	2.3
331 : Major small and large bowel procs w/o CC/MCC	43	254	16.9%	3.0
Top Surgical DRGs	3,488	7,417	47.0%	2.7
All Surgical DRGs	5,137	27,601	18.6%	6.2

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Missouri, 67 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	653	819	79.7%	1.4
274 : Percutaneous and other intracardiac procs w/o MCC	602	706	85.3%	1.4
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	455	1,289	35.3%	2.4
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	279	1,136	24.6%	2.4
039 : Extracranial procs w/o CC/MCC	240	308	77.9%	1.5
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	207	314	65.9%	2.0
621 : OR procs for obesity w/o CC/MCC	166	212	78.3%	1.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	155	360	43.1%	4.3
468 : Revision of hip or knee replacement w/o CC/MCC	129	258	50.0%	2.0
483 : Major joint or limb reattachment procs of upper extremities	126	309	40.8%	2.6
036 : Carotid artery stent procs w/o CC/MCC	122	153	79.7%	1.3
038 : Extracranial procs w CC	107	199	53.8%	2.5
460 : Spinal fusion except cervical w/o MCC	91	519	17.5%	3.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	88	151	58.3%	2.0
254 : Other vascular procs w/o CC/MCC	83	208	39.9%	2.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	79	429	18.4%	2.9
620 : OR procs for obesity w CC	77	119	64.7%	1.6
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	68	930	7.3%	5.2
467 : Revision of hip or knee replacement w CC	65	355	18.3%	4.7
660 : Kidney and ureter procs for non-neoplasm w CC	63	360	17.5%	3.8
Top Surgical DRGs	3,855	9,134	42.2%	2.7
All Surgical DRGs	5,831	36,593	15.9%	6.4

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	469	548	85.6%	1.4
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	280	322	87.0%	1.2
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	239	971	24.6%	2.6
039 : Extracranial procs w/o CC/MCC	228	263	86.7%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	170	598	28.4%	2.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	117	139	84.2%	1.5
621 : OR procs for obesity w/o CC/MCC	114	165	69.1%	1.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	83	161	51.6%	3.8
038 : Extracranial procs w CC	78	135	57.8%	2.6
460 : Spinal fusion except cervical w/o MCC	77	237	32.5%	3.0
483 : Major joint or limb reattachment procs of upper extremities	73	144	50.7%	2.3
036 : Carotid artery stent procs w/o CC/MCC	66	71	93.0%	1.1
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	53	130	40.8%	2.2
468 : Revision of hip or knee replacement w/o CC/MCC	51	102	50.0%	1.9
472 : Cervical spinal fusion w CC	49	128	38.3%	3.5
473 : Cervical spinal fusion w/o CC/MCC	48	73	65.8%	2.1
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	46	460	10.0%	4.8
254 : Other vascular procs w/o CC/MCC	30	68	44.1%	2.2
035 : Carotid artery stent procs w CC	29	42	69.0%	2.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	28	54	51.9%	2.2
Top Surgical DRGs	2,328	4,811	48.4%	2.4
All Surgical DRGs	3,355	19,480	17.2%	6.2

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Montana, 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
274 : Percutaneous and other intracardiac procs w/o MCC	262	281	93.2%	1.2
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	177	376	47.1%	2.2
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	134	156	85.9%	1.2
266 : Endovascular cardiac valve replacement and supplement procs w MCC	121	177	68.4%	2.9
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	113	328	34.5%	2.1
460 : Spinal fusion except cervical w/o MCC	99	276	35.9%	2.7
039 : Extracranial procs w/o CC/MCC	72	87	82.8%	1.3
483 : Major joint or limb reattachment procs of upper extremities	66	110	60.0%	2.1
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	43	62	69.4%	1.7
468 : Revision of hip or knee replacement w/o CC/MCC	37	74	50.0%	1.9
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	30	53	56.6%	1.8
254 : Other vascular procs w/o CC/MCC	26	53	49.1%	1.8
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	25	202	12.4%	4.6
473 : Cervical spinal fusion w/o CC/MCC	25	44	56.8%	1.7
038 : Extracranial procs w CC	22	41	53.7%	2.4
244 : Permanent cardiac pacemaker implant w/o CC/MCC	21	56	37.5%	2.2
331 : Major small and large bowel procs w/o CC/MCC	21	108	19.4%	3.0
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	20	106	18.9%	2.9
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	20	46	43.5%	2.0
708 : Major male pelvic procs w/o CC/MCC	20	24	83.3%	1.2
Top Surgical DRGs	1,354	2,660	50.9%	2.3
All Surgical DRGs	1,959	7,930	24.7%	5.5

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
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	1,155	2,643	43.7%	2.1
274 : Percutaneous and other intracardiac procs w/o MCC	736	1,019	72.2%	1.7
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	701	1,057	66.3%	1.6
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	372	1,638	22.7%	2.5
039 : Extracranial procs w/o CC/MCC	360	445	80.9%	1.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	279	436	64.0%	2.3
468 : Revision of hip or knee replacement w/o CC/MCC	257	463	55.5%	2.0
483 : Major joint or limb reattachment procs of upper extremities	168	375	44.8%	2.9
036 : Carotid artery stent procs w/o CC/MCC	153	192	79.7%	1.4
621 : OR procs for obesity w/o CC/MCC	152	204	74.5%	1.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	145	274	52.9%	2.1
266 : Endovascular cardiac valve replacement and supplement procs w MCC	129	385	33.5%	5.0
038 : Extracranial procs w CC	126	223	56.5%	2.8
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	125	801	15.6%	2.9
460 : Spinal fusion except cervical w/o MCC	123	958	12.8%	3.7
473 : Cervical spinal fusion w/o CC/MCC	96	181	53.0%	2.0
467 : Revision of hip or knee replacement w CC	93	531	17.5%	4.8
472 : Cervical spinal fusion w CC	91	376	24.2%	4.1
331 : Major small and large bowel procs w/o CC/MCC	85	782	10.9%	3.3
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	78	252	31.0%	2.3
Top Surgical DRGs	5,424	13,235	41.0%	2.6
All Surgical DRGs	8,090	52,480	15.4%	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.

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	178	257	69.3%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	174	183	95.1%	1.1
039 : Extracranial procs w/o CC/MCC	73	86	84.9%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	65	207	31.4%	2.1
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	62	105	59.0%	2.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	54	73	74.0%	2.3
038 : Extracranial procs w CC	53	81	65.4%	1.7
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	31	183	16.9%	5.1
467 : Revision of hip or knee replacement w CC	30	104	28.8%	3.5
468 : Revision of hip or knee replacement w/o CC/MCC	25	47	53.2%	2.1
266 : Endovascular cardiac valve replacement and supplement procs w MCC	21	90	23.3%	4.7
035 : Carotid artery stent procs w CC	19	32	59.4%	1.8
036 : Carotid artery stent procs w/o CC/MCC	18	22	81.8%	1.4
254 : Other vascular procs w/o CC/MCC	18	31	58.1%	1.9
483 : Major joint or limb reattachment procs of upper extremities	13	20	65.0%	2.2
330 : Major small and large bowel procs w CC	11	198	5.6%	6.1
Top Surgical DRGs	845	1,719	49.2%	2.8
All Surgical DRGs	1,163	6,249	18.6%	6.2

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	880	913	96.4%	1.1
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	267	443	60.3%	1.6
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	190	468	40.6%	2.1
039 : Extracranial procs w/o CC/MCC	122	143	85.3%	1.2
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	107	336	31.8%	2.0
229 : Other cardiothoracic procs w/o MCC	88	118	74.6%	1.7
266 : Endovascular cardiac valve replacement and supplement procs w MCC	85	166	51.2%	3.2
483 : Major joint or limb reattachment procs of upper extremities	76	131	58.0%	2.0
468 : Revision of hip or knee replacement w/o CC/MCC	75	124	60.5%	1.8
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	71	107	66.4%	1.9
038 : Extracranial procs w CC	69	103	67.0%	2.1
036 : Carotid artery stent procs w/o CC/MCC	65	73	89.0%	1.1
467 : Revision of hip or knee replacement w CC	43	188	22.9%	4.2
254 : Other vascular procs w/o CC/MCC	39	67	58.2%	1.8
253 : Other vascular procs w CC	35	144	24.3%	4.2
035 : Carotid artery stent procs w CC	33	65	50.8%	2.1
243 : Permanent cardiac pacemaker implant w CC	28	123	22.8%	3.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	27	44	61.4%	1.9
460 : Spinal fusion except cervical w/o MCC	25	236	10.6%	3.2
621 : OR procs for obesity w/o CC/MCC	25	41	61.0%	1.4
Top Surgical DRGs	2,350	4,033	58.3%	2.0
All Surgical DRGs	3,039	13,992	21.7%	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.

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	245	338	72.5%	1.7
274 : Percutaneous and other intracardiac procs w/o MCC	183	208	88.0%	1.2
039 : Extracranial procs w/o CC/MCC	71	94	75.5%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	70	364	19.2%	2.4
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	68	168	40.5%	2.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	49	75	65.3%	1.7
266 : Endovascular cardiac valve replacement and supplement procs w MCC	46	157	29.3%	6.1
468 : Revision of hip or knee replacement w/o CC/MCC	38	58	65.5%	1.8
621 : OR procs for obesity w/o CC/MCC	35	57	61.4%	1.5
165 : Major chest procs w/o CC/MCC	24	51	47.1%	2.1
467 : Revision of hip or knee replacement w CC	24	97	24.7%	3.6
036 : Carotid artery stent procs w/o CC/MCC	23	29	79.3%	1.4
483 : Major joint or limb reattachment procs of upper extremities	22	55	40.0%	3.3
254 : Other vascular procs w/o CC/MCC	20	41	48.8%	2.2
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	19	34	55.9%	2.1
038 : Extracranial procs w CC	19	48	39.6%	3.7
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	17	38	44.7%	2.0
253 : Other vascular procs w CC	16	128	12.5%	5.8
460 : Spinal fusion except cervical w/o MCC	16	125	12.8%	3.4
243 : Permanent cardiac pacemaker implant w CC	15	121	12.4%	3.6
Top Surgical DRGs	1,020	2,286	44.6%	2.7
All Surgical DRGs	1,564	8,517	18.4%	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.

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	936	1,376	68.0%	1.8
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	764	1,538	49.7%	2.0
274 : Percutaneous and other intracardiac procs w/o MCC	571	744	76.7%	1.6
039 : Extracranial procs w/o CC/MCC	230	289	79.6%	1.5
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	230	1,276	18.0%	3.0
621 : OR procs for obesity w/o CC/MCC	171	245	69.8%	1.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	168	262	64.1%	2.4
468 : Revision of hip or knee replacement w/o CC/MCC	97	181	53.6%	1.9
483 : Major joint or limb reattachment procs of upper extremities	93	204	45.6%	3.6
038 : Extracranial procs w CC	86	200	43.0%	3.3
165 : Major chest procs w/o CC/MCC	83	205	40.5%	2.2
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	79	1,024	7.7%	5.9
266 : Endovascular cardiac valve replacement and supplement procs w MCC	76	407	18.7%	7.8
036 : Carotid artery stent procs w/o CC/MCC	69	97	71.1%	1.5
467 : Revision of hip or knee replacement w CC	63	338	18.6%	4.4
460 : Spinal fusion except cervical w/o MCC	60	471	12.7%	4.0
164 : Major chest procs w CC	56	386	14.5%	4.0
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	55	130	42.3%	2.8
660 : Kidney and ureter procs for non-neoplasm w CC	52	496	10.5%	4.6
331 : Major small and large bowel procs w/o CC/MCC	49	446	11.0%	3.5
Top Surgical DRGs	3,988	10,315	38.7%	3.1
All Surgical DRGs	5,881	42,947	13.7%	7.1

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - New Mexico, 29 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	155	229	67.7%	1.6
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	60	289	20.8%	2.3
274 : Percutaneous and other intracardiac procs w/o MCC	59	77	76.6%	1.6
483 : Major joint or limb reattachment procs of upper extremities	29	33	87.9%	1.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	26	38	68.4%	1.7
039 : Extracranial procs w/o CC/MCC	25	35	71.4%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	24	28	85.7%	1.2
468 : Revision of hip or knee replacement w/o CC/MCC	24	37	64.9%	1.7
460 : Spinal fusion except cervical w/o MCC	16	74	21.6%	3.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	15	43	34.9%	5.0
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	14	185	7.6%	4.9
036 : Carotid artery stent procs w/o CC/MCC	13	13	100%	1.0
244 : Permanent cardiac pacemaker implant w/o CC/MCC	11	47	23.4%	2.4
482 : Hip and femur procs except major joint w/o CC/MCC	11	132	8.3%	3.5
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	11	35	31.4%	2.2
Top Surgical DRGs	493	1,295	38.1%	2.7
All Surgical DRGs	778	6,558	11.9%	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.

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**Discharges for most recent 4 quarters, ending Q4FY22
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
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	192	250	76.8%	1.5
266 : Endovascular cardiac valve replacement and supplement procs w MCC	126	204	61.8%	3.9
274 : Percutaneous and other intracardiac procs w/o MCC	114	152	75.0%	1.6
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	92	431	21.3%	2.7
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	92	468	19.7%	2.5
039 : Extracranial procs w/o CC/MCC	90	105	85.7%	1.3
483 : Major joint or limb reattachment procs of upper extremities	72	118	61.0%	2.0
621 : OR procs for obesity w/o CC/MCC	61	77	79.2%	1.3
472 : Cervical spinal fusion w CC	51	145	35.2%	2.9
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	43	166	25.9%	2.8
468 : Revision of hip or knee replacement w/o CC/MCC	43	87	49.4%	2.0
473 : Cervical spinal fusion w/o CC/MCC	43	69	62.3%	1.8
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	37	73	50.7%	2.7
460 : Spinal fusion except cervical w/o MCC	33	193	17.1%	3.4
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	28	393	7.1%	5.7
038 : Extracranial procs w CC	25	60	41.7%	3.2
244 : Permanent cardiac pacemaker implant w/o CC/MCC	24	75	32.0%	2.1
467 : Revision of hip or knee replacement w CC	24	146	16.4%	4.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	22	45	48.9%	2.2
036 : Carotid artery stent procs w/o CC/MCC	22	24	91.7%	1.1
Top Surgical DRGs	1,234	3,281	37.6%	2.9
All Surgical DRGs	1,936	13,373	14.5%	7.2

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - New York, 135 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	2,509	7,430	33.8%	2.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	1,897	3,010	63.0%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	1,660	2,222	74.7%	1.8
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	970	2,961	32.8%	2.5
483 : Major joint or limb reattachment procs of upper extremities	580	998	58.1%	2.2
039 : Extracranial procs w/o CC/MCC	449	590	76.1%	1.5
266 : Endovascular cardiac valve replacement and supplement procs w MCC	374	1,331	28.1%	6.1
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	316	502	62.9%	2.2
621 : OR procs for obesity w/o CC/MCC	276	375	73.6%	1.3
468 : Revision of hip or knee replacement w/o CC/MCC	240	591	40.6%	2.3
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	234	378	61.9%	1.9
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	200	1,798	11.1%	5.6
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	175	523	33.5%	2.3
038 : Extracranial procs w CC	161	352	45.7%	3.4
036 : Carotid artery stent procs w/o CC/MCC	152	201	75.6%	1.5
165 : Major chest procs w/o CC/MCC	150	469	32.0%	2.4
253 : Other vascular procs w CC	141	1,096	12.9%	6.3
164 : Major chest procs w CC	132	922	14.3%	4.2
254 : Other vascular procs w/o CC/MCC	132	370	35.7%	2.6
460 : Spinal fusion except cervical w/o MCC	123	1,168	10.5%	4.2
Top Surgical DRGs	10,871	27,287	39.8%	2.9
All Surgical DRGs	16,209	95,193	17.0%	7.4

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Ohio, 123 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1- Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	1,178	1,455	81.0%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	992	1,259	78.8%	1.5
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	752	1,570	47.9%	1.9
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	515	1,911	26.9%	2.4
039 : Extracranial procs w/o CC/MCC	396	495	80.0%	1.4
483 : Major joint or limb reattachment procs of upper extremities	344	559	61.5%	2.0
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	315	473	66.6%	2.1
266 : Endovascular cardiac valve replacement and supplement procs w MCC	312	621	50.2%	4.3
468 : Revision of hip or knee replacement w/o CC/MCC	236	393	60.1%	1.7
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	175	284	61.6%	2.0
038 : Extracranial procs w CC	149	250	59.6%	2.5
036 : Carotid artery stent procs w/o CC/MCC	132	154	85.7%	1.2
460 : Spinal fusion except cervical w/o MCC	132	1,298	10.2%	3.5
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	125	555	22.5%	2.7
467 : Revision of hip or knee replacement w CC	122	564	21.6%	3.7
621 : OR procs for obesity w/o CC/MCC	118	197	59.9%	1.5
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	115	1,360	8.5%	5.1
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	114	342	33.3%	2.2
254 : Other vascular procs w/o CC/MCC	102	263	38.8%	2.3
472 : Cervical spinal fusion w CC	83	388	21.4%	3.6
Top Surgical DRGs	6,407	14,391	44.5%	2.6
All Surgical DRGs	9,616	57,481	16.7%	6.0

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
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	932	3,426	27.2%	2.1
274 : Percutaneous and other intracardiac procs w/o MCC	433	480	90.2%	1.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	360	474	75.9%	1.4
039 : Extracranial procs w/o CC/MCC	197	232	84.9%	1.3
483 : Major joint or limb reattachment procs of upper extremities	197	431	45.7%	2.0
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	174	549	31.7%	2.3
460 : Spinal fusion except cervical w/o MCC	109	789	13.8%	2.8
038 : Extracranial procs w CC	104	148	70.3%	2.0
473 : Cervical spinal fusion w/o CC/MCC	102	181	56.4%	1.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	95	143	66.4%	1.9
036 : Carotid artery stent procs w/o CC/MCC	93	107	86.9%	1.1
468 : Revision of hip or knee replacement w/o CC/MCC	74	253	29.2%	2.3
035 : Carotid artery stent procs w CC	69	98	70.4%	1.8
621 : OR procs for obesity w/o CC/MCC	60	91	65.9%	1.4
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	58	435	13.3%	2.5
472 : Cervical spinal fusion w CC	54	175	30.9%	3.1
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	52	90	57.8%	2.1
253 : Other vascular procs w CC	46	229	20.1%	4.5
254 : Other vascular procs w/o CC/MCC	45	90	50.0%	2.1
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	44	477	9.2%	5.2
Top Surgical DRGs	3,298	8,898	37.1%	2.3
All Surgical DRGs	4,582	25,640	17.9%	5.3

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
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	387	607	63.8%	1.8
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	266	385	69.1%	1.6
274 : Percutaneous and other intracardiac procs w/o MCC	186	219	84.9%	1.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	165	336	49.1%	3.8
483 : Major joint or limb reattachment procs of upper extremities	135	198	68.2%	2.1
039 : Extracranial procs w/o CC/MCC	134	148	90.5%	1.2
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	118	168	70.2%	1.8
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	112	492	22.8%	2.3
036 : Carotid artery stent procs w/o CC/MCC	74	86	86.0%	1.2
468 : Revision of hip or knee replacement w/o CC/MCC	70	124	56.5%	1.9
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	62	199	31.2%	2.5
621 : OR procs for obesity w/o CC/MCC	58	81	71.6%	1.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	42	78	53.8%	2.1
253 : Other vascular procs w CC	40	209	19.1%	4.6
254 : Other vascular procs w/o CC/MCC	40	97	41.2%	2.5
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	39	355	11.0%	5.0
460 : Spinal fusion except cervical w/o MCC	38	163	23.3%	3.4
472 : Cervical spinal fusion w CC	36	123	29.3%	4.0
243 : Permanent cardiac pacemaker implant w CC	33	167	19.8%	3.1
331 : Major small and large bowel procs w/o CC/MCC	32	226	14.2%	3.2
Top Surgical DRGs	2,067	4,461	46.3%	2.6
All Surgical DRGs	3,219	16,022	20.1%	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.

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Pennsylvania, 141 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	2,552	4,698	54.3%	1.8
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	1,141	1,712	66.6%	1.7
274 : Percutaneous and other intracardiac procs w/o MCC	1,130	1,476	76.6%	1.7
483 : Major joint or limb reattachment procs of upper extremities	495	758	65.3%	1.9
266 : Endovascular cardiac valve replacement and supplement procs w MCC	433	977	44.3%	4.4
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	399	2,026	19.7%	2.6
039 : Extracranial procs w/o CC/MCC	364	446	81.6%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	279	448	62.3%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	249	493	50.5%	2.1
460 : Spinal fusion except cervical w/o MCC	176	1,302	13.5%	3.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	169	288	58.7%	1.9
038 : Extracranial procs w CC	159	308	51.6%	3.0
036 : Carotid artery stent procs w/o CC/MCC	155	201	77.1%	1.5
621 : OR procs for obesity w/o CC/MCC	146	236	61.9%	1.5
467 : Revision of hip or knee replacement w CC	138	720	19.2%	4.1
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	100	491	20.4%	2.8
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	93	372	25.0%	2.2
035 : Carotid artery stent procs w CC	92	191	48.2%	3.1
473 : Cervical spinal fusion w/o CC/MCC	92	204	45.1%	2.0
743 : Uterine and adnexa procs for non-malignancy w/o CC/MCC	83	131	63.4%	1.6
Top Surgical DRGs	8,445	17,478	48.3%	2.3
All Surgical DRGs	11,644	69,339	16.8%	6.3

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
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	164	416	39.4%	2.0
483 : Major joint or limb reattachment procs of upper extremities	40	55	72.7%	1.4
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	37	188	19.7%	3.6
743 : Uterine and adnexa procs for non-malignancy w/o CC/MCC	17	48	35.4%	2.0
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	14	46	30.4%	3.0
419 : Laparoscopic cholecystectomy w/o CDE w/o CC/MCC	13	68	19.1%	4.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	13	40	32.5%	2.2
494 : Lower extremity and humerus procs except hip, foot and femur w/o CC/MCC	11	39	28.2%	4.1
Top Surgical DRGs	309	900	34.3%	2.6
All Surgical DRGs	542	3,564	15.2%	7.7

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
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	234	399	58.6%	1.6
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	82	110	74.5%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	50	54	92.6%	1.2
468 : Revision of hip or knee replacement w/o CC/MCC	23	44	52.3%	2.0
036 : Carotid artery stent procs w/o CC/MCC	21	26	80.8%	1.3
039 : Extracranial procs w/o CC/MCC	17	24	70.8%	1.4
483 : Major joint or limb reattachment procs of upper extremities	15	31	48.4%	2.6
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	12	117	10.3%	2.7
621 : OR procs for obesity w/o CC/MCC	12	24	50.0%	1.7
033 : Ventricular shunt procs w/o CC/MCC	11	16	68.8%	1.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	11	20	55.0%	1.7
Top Surgical DRGs	488	865	56.4%	1.7
All Surgical DRGs	678	4,544	14.9%	6.0

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - South Carolina, 53 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	1,007	1,147	87.8%	1.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	380	467	81.4%	1.4
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	328	785	41.8%	2.2
266 : Endovascular cardiac valve replacement and supplement procs w MCC	288	429	67.1%	3.1
039 : Extracranial procs w/o CC/MCC	257	305	84.3%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	240	871	27.6%	2.3
036 : Carotid artery stent procs w/o CC/MCC	165	191	86.4%	1.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	159	219	72.6%	2.0
460 : Spinal fusion except cervical w/o MCC	148	602	24.6%	3.1
468 : Revision of hip or knee replacement w/o CC/MCC	132	215	61.4%	1.9
483 : Major joint or limb reattachment procs of upper extremities	121	234	51.7%	2.3
621 : OR procs for obesity w/o CC/MCC	120	176	68.2%	1.4
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	104	361	28.8%	2.4
473 : Cervical spinal fusion w/o CC/MCC	92	160	57.5%	1.9
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	78	633	12.3%	4.5
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	74	183	40.4%	2.3
472 : Cervical spinal fusion w CC	73	236	30.9%	3.2
254 : Other vascular procs w/o CC/MCC	67	148	45.3%	2.3
244 : Permanent cardiac pacemaker implant w/o CC/MCC	65	200	32.5%	2.2
038 : Extracranial procs w CC	60	90	66.7%	2.6
Top Surgical DRGs	3,958	7,652	51.7%	2.3
All Surgical DRGs	5,724	29,108	19.7%	6.0

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	394	1,260	31.3%	2.1
483 : Major joint or limb reattachment procs of upper extremities	193	255	75.7%	1.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	191	264	72.3%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	155	180	86.1%	1.3
039 : Extracranial procs w/o CC/MCC	96	113	85.0%	1.2
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	76	85	89.4%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	61	292	20.9%	2.4
468 : Revision of hip or knee replacement w/o CC/MCC	52	112	46.4%	1.8
036 : Carotid artery stent procs w/o CC/MCC	50	66	75.8%	1.4
621 : OR procs for obesity w/o CC/MCC	43	50	86.0%	1.1
266 : Endovascular cardiac valve replacement and supplement procs w MCC	27	69	39.1%	4.3
038 : Extracranial procs w CC	25	42	59.5%	2.3
467 : Revision of hip or knee replacement w CC	24	112	21.4%	3.7
035 : Carotid artery stent procs w CC	21	62	33.9%	3.1
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	21	227	9.3%	4.8
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	20	32	62.5%	2.0
469 : Major hip and knee joint replacement or reattachment of lower extremity w MC	20	59	33.9%	4.0
331 : Major small and large bowel procs w/o CC/MCC	19	142	13.4%	2.8
254 : Other vascular procs w/o CC/MCC	18	48	37.5%	2.2
473 : Cervical spinal fusion w/o CC/MCC	18	33	54.5%	2.2
Top Surgical DRGs	1,524	3,503	43.5%	2.3
All Surgical DRGs	2,063	9,367	22.0%	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.

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	917	1,053	87.1%	1.4
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	768	1,582	48.5%	2.2
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	592	771	76.8%	1.5
039 : Extracranial procs w/o CC/MCC	321	392	81.9%	1.3
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	301	1,188	25.3%	2.4
483 : Major joint or limb reattachment procs of upper extremities	263	424	62.0%	2.2
468 : Revision of hip or knee replacement w/o CC/MCC	226	341	66.3%	1.8
036 : Carotid artery stent procs w/o CC/MCC	223	267	83.5%	1.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	223	314	71.0%	1.9
266 : Endovascular cardiac valve replacement and supplement procs w MCC	194	432	44.9%	4.4
460 : Spinal fusion except cervical w/o MCC	188	833	22.6%	3.1
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	120	451	26.6%	2.6
038 : Extracranial procs w CC	108	193	56.0%	2.6
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	104	175	59.4%	2.0
254 : Other vascular procs w/o CC/MCC	101	232	43.5%	2.3
467 : Revision of hip or knee replacement w CC	97	397	24.4%	3.9
621 : OR procs for obesity w/o CC/MCC	97	160	60.6%	1.5
473 : Cervical spinal fusion w/o CC/MCC	83	152	54.6%	2.0
472 : Cervical spinal fusion w CC	67	236	28.4%	3.9
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	65	947	6.9%	5.1
Top Surgical DRGs	5,058	10,540	48.0%	2.6
All Surgical DRGs	7,586	41,146	18.4%	6.1

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Texas, 292 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
274 : Percutaneous and other intracardiac procs w/o MCC	2,935	3,554	82.6%	1.5
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	2,697	6,740	40.0%	1.9
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	1,361	1,947	69.9%	1.6
039 : Extracranial procs w/o CC/MCC	802	994	80.7%	1.4
483 : Major joint or limb reattachment procs of upper extremities	726	1,263	57.5%	2.2
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	714	3,047	23.4%	2.6
266 : Endovascular cardiac valve replacement and supplement procs w MCC	587	1,448	40.5%	4.0
621 : OR procs for obesity w/o CC/MCC	560	712	78.7%	1.3
036 : Carotid artery stent procs w/o CC/MCC	433	503	86.1%	1.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	428	650	65.8%	2.2
460 : Spinal fusion except cervical w/o MCC	392	2,320	16.9%	3.2
472 : Cervical spinal fusion w CC	377	1,117	33.8%	3.3
468 : Revision of hip or knee replacement w/o CC/MCC	372	752	49.5%	2.1
473 : Cervical spinal fusion w/o CC/MCC	372	598	62.2%	1.7
038 : Extracranial procs w CC	283	594	47.6%	2.9
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	270	1,421	19.0%	2.6
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	267	506	52.8%	2.3
467 : Revision of hip or knee replacement w CC	230	1,267	18.2%	4.1
035 : Carotid artery stent procs w CC	204	369	55.3%	2.7
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	193	2,746	7.0%	5.3
Top Surgical DRGs	14,203	32,548	43.6%	2.5
All Surgical DRGs	20,751	125,705	16.5%	6.1

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
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
274 : Percutaneous and other intracardiac procs w/o MCC	292	332	88.0%	1.3
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	238	342	69.6%	1.6
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	164	408	40.2%	1.8
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	160	472	33.9%	2.1
468 : Revision of hip or knee replacement w/o CC/MCC	106	170	62.4%	1.6
483 : Major joint or limb reattachment procs of upper extremities	87	153	56.9%	2.0
460 : Spinal fusion except cervical w/o MCC	65	349	18.6%	3.0
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	64	288	22.2%	2.4
039 : Extracranial procs w/o CC/MCC	57	68	83.8%	1.4
266 : Endovascular cardiac valve replacement and supplement procs w MCC	54	146	37.0%	4.5
467 : Revision of hip or knee replacement w CC	52	231	22.5%	3.4
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	46	89	51.7%	2.2
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	40	317	12.6%	4.1
454 : Combined anterior and posterior spinal fusion w CC	39	276	14.1%	3.3
621 : OR procs for obesity w/o CC/MCC	36	48	75.0%	1.3
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	34	46	73.9%	1.8
489 : Knee procs w/o PDx of infection w/o CC/MCC	33	36	91.7%	1.2
243 : Permanent cardiac pacemaker implant w CC	30	114	26.3%	2.6
472 : Cervical spinal fusion w CC	29	92	31.5%	3.0
473 : Cervical spinal fusion w/o CC/MCC	28	41	68.3%	1.4
Top Surgical DRGs	1,654	4,018	41.2%	2.4
All Surgical DRGs	2,620	12,139	21.6%	4.6

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.

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - Virginia, 71 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	1,169	1,784	65.5%	1.7
274 : Percutaneous and other intracardiac procs w/o MCC	944	1,131	83.5%	1.4
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	871	1,191	73.1%	1.6
039 : Extracranial procs w/o CC/MCC	301	345	87.2%	1.2
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	260	1,324	19.6%	2.5
483 : Major joint or limb reattachment procs of upper extremities	215	329	65.3%	2.1
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	213	330	64.5%	2.1
036 : Carotid artery stent procs w/o CC/MCC	196	234	83.8%	1.3
468 : Revision of hip or knee replacement w/o CC/MCC	195	335	58.2%	1.9
266 : Endovascular cardiac valve replacement and supplement procs w MCC	178	522	34.1%	5.0
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	119	191	62.3%	2.0
038 : Extracranial procs w CC	115	193	59.6%	2.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	112	626	17.9%	2.8
254 : Other vascular procs w/o CC/MCC	108	253	42.7%	2.3
621 : OR procs for obesity w/o CC/MCC	100	128	78.1%	1.3
472 : Cervical spinal fusion w CC	95	303	31.4%	3.6
460 : Spinal fusion except cervical w/o MCC	93	801	11.6%	3.3
473 : Cervical spinal fusion w/o CC/MCC	73	127	57.5%	1.9
467 : Revision of hip or knee replacement w CC	71	365	19.5%	4.4
035 : Carotid artery stent procs w CC	69	130	53.1%	2.9
Top Surgical DRGs	5,497	10,642	51.7%	2.3
All Surgical DRGs	7,635	42,954	17.8%	6.1

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
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	101	172	58.7%	1.9
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	88	127	69.3%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	26	43	60.5%	2.0
039 : Extracranial procs w/o CC/MCC	21	26	80.8%	2.2
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	19	100	19.0%	2.4
483 : Major joint or limb reattachment procs of upper extremities	17	24	70.8%	1.7
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	15	21	71.4%	2.0
Top Surgical DRGs	287	513	55.9%	1.9
All Surgical DRGs	499	2,989	16.7%	6.8

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	727	905	80.3%	1.5
274 : Percutaneous and other intracardiac procs w/o MCC	716	800	89.5%	1.3
266 : Endovascular cardiac valve replacement and supplement procs w MCC	469	789	59.4%	3.7
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	338	1,063	31.8%	2.1
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	276	594	46.5%	2.4
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	191	258	74.0%	1.6
039 : Extracranial procs w/o CC/MCC	168	200	84.0%	1.3
468 : Revision of hip or knee replacement w/o CC/MCC	166	252	65.9%	1.7
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	147	239	61.5%	1.7
483 : Major joint or limb reattachment procs of upper extremities	126	230	54.8%	2.9
036 : Carotid artery stent procs w/o CC/MCC	125	155	80.6%	1.4
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	103	439	23.5%	2.7
331 : Major small and large bowel procs w/o CC/MCC	94	394	23.9%	3.0
467 : Revision of hip or knee replacement w CC	92	349	26.4%	4.6
165 : Major chest procs w/o CC/MCC	90	169	53.3%	1.9
460 : Spinal fusion except cervical w/o MCC	85	405	21.0%	3.8
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	82	816	10.0%	5.1
038 : Extracranial procs w CC	78	154	50.6%	2.8
035 : Carotid artery stent procs w CC	77	131	58.8%	2.8
254 : Other vascular procs w/o CC/MCC	75	152	49.3%	2.0
Top Surgical DRGs	4,225	8,494	49.7%	2.6
All Surgical DRGs	6,468	31,671	20.4%	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.

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

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

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	529	1,187	44.6%	2.0
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	450	702	64.1%	1.8
274 : Percutaneous and other intracardiac procs w/o MCC	337	408	82.6%	1.4
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	238	807	29.5%	2.3
039 : Extracranial procs w/o CC/MCC	183	232	78.9%	1.4
483 : Major joint or limb reattachment procs of upper extremities	139	229	60.7%	2.2
266 : Endovascular cardiac valve replacement and supplement procs w MCC	136	333	40.8%	4.7
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	128	190	67.4%	2.2
468 : Revision of hip or knee replacement w/o CC/MCC	99	143	69.2%	1.6
038 : Extracranial procs w CC	97	161	60.2%	2.1
467 : Revision of hip or knee replacement w CC	62	309	20.1%	4.0
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	52	98	53.1%	2.1
036 : Carotid artery stent procs w/o CC/MCC	51	59	86.4%	1.2
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	50	608	8.2%	5.0
165 : Major chest procs w/o CC/MCC	48	98	49.0%	1.9
253 : Other vascular procs w CC	43	308	14.0%	5.0
660 : Kidney and ureter procs for non-neoplasm w CC	43	224	19.2%	3.4
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	40	122	32.8%	2.3
164 : Major chest procs w CC	37	216	17.1%	3.9
460 : Spinal fusion except cervical w/o MCC	34	340	10.0%	3.4
Top Surgical DRGs	2,796	6,774	41.3%	2.8
All Surgical DRGs	4,081	24,632	16.6%	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.

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**Discharges for most recent 4 quarters, ending Q4FY22
In Descending Order by Same- and 1-Day Stay Counts Per DRG**

Top Surgical DRGs for Same- and 1-Day Stays - West Virginia, 24 Hospitals

DRG Code and Description	Same- and 1-Day Stay Count*	Total Discharges for DRG*	Proportion of Same- and 1-Day Stays to Total Discharges	Average Length of Stay for DRG
470 : Major hip and knee joint replacement or reattachment of lower extremity w/o	408	715	57.1%	1.8
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	208	250	83.2%	1.4
274 : Percutaneous and other intracardiac procs w/o MCC	208	255	81.6%	1.5
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	130	586	22.2%	2.7
039 : Extracranial procs w/o CC/MCC	112	155	72.3%	1.5
036 : Carotid artery stent procs w/o CC/MCC	86	108	79.6%	1.6
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	52	91	57.1%	2.1
027 : Craniotomy and endovascular intracranial procs w/o CC/MCC	32	45	71.1%	1.6
254 : Other vascular procs w/o CC/MCC	32	76	42.1%	2.1
472 : Cervical spinal fusion w CC	31	84	36.9%	3.7
483 : Major joint or limb reattachment procs of upper extremities	29	57	50.9%	2.9
246 : Percutaneous cardiovascular procs w drug-eluting stent w MCC or 4+ arteries	27	382	7.1%	5.9
468 : Revision of hip or knee replacement w/o CC/MCC	26	62	41.9%	2.5
038 : Extracranial procs w CC	25	70	35.7%	3.6
035 : Carotid artery stent procs w CC	24	61	39.3%	4.1
661 : Kidney and ureter procs for non-neoplasm w/o CC/MCC	23	74	31.1%	2.4
621 : OR procs for obesity w/o CC/MCC	22	29	75.9%	1.2
460 : Spinal fusion except cervical w/o MCC	21	144	14.6%	3.7
462 : Bilateral or multiple major joint procs of lower extremity w/o MCC	21	27	77.8%	1.9
244 : Permanent cardiac pacemaker implant w/o CC/MCC	20	92	21.7%	2.9
Top Surgical DRGs	1,537	3,363	45.7%	2.6
All Surgical DRGs	2,077	13,038	15.9%	6.4

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

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

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**Discharges for most recent 4 quarters, ending Q4FY22
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	80	169	47.3%	2.0
274 : Percutaneous and other intracardiac procs w/o MCC	51	56	91.1%	1.1
247 : Percutaneous cardiovascular procs w drug-eluting stent w/o MCC	41	115	35.7%	2.2
483 : Major joint or limb reattachment procs of upper extremities	28	50	56.0%	2.5
039 : Extracranial procs w/o CC/MCC	18	32	56.3%	1.5
269 : Aortic and heart assist procs except pulsation balloon w/o MCC	13	18	72.2%	1.3
455 : Combined anterior and posterior spinal fusion w/o CC/MCC	13	38	34.2%	2.5
267 : Endovascular cardiac valve replacement and supplement procs w/o MCC	11	17	64.7%	1.8
Top Surgical DRGs	255	495	51.5%	2.0
All Surgical DRGs	482	2,421	19.9%	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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