

Health Costing in Alberta

2006 Annual Report

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Frequently Used Acronyms

ACCS	Ambulatory Care Classification System
CACS	Comprehensive Ambulatory Classification System
CIHI	Canadian Institute for Health Information
CMG	Case Mix Group
CMI	Case Mix Index
HSRV	Hospital Specific Relative Value
MAC	Major Ambulatory Clusters
MCC	Major Clinical Category
RIW	Resource Intensity Weight
RDRG	Refined Diagnosis Related Group
RHA	Regional Health Authority
SWRV	System Wide Relative Value

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Introduction

The Alberta Costing Partnership has successfully developed patient specific case costs for both inpatient and ambulatory care, for the eighth consecutive year. The partnership consists of five costing regions along with the department of Alberta Health and Wellness.

The 2006 Annual Report discloses the cost of cases that were handled by the participating health regions between April 1, 2004 and March 31, 2005. Cases are grouped by linking to activity data to provide appropriate summary information.

The cost information contained in this publication does not represent the provincial average cost of hospital-based services across the regional health authorities. Rather it reflects the average cost derived from the data submitted by only two health authorities for 12 different sites. The costs from these sites reflect 55 per cent of the provincial level of hospital-based inpatient activity (separations) and 29 per cent of the ambulatory care activity (visits). Although the data submitted have gone through reasonability validation, the Alberta Costing Partnership provides no external assurance over the appropriateness and completeness of cost allocations done by the health authorities.

The inpatient costs are grouped by Case Mix Groups (CMGs) and ambulatory care costs are grouped by the Ambulatory Care Classification System (ACCS). Summary charts in the Inpatient Information section and the Ambulatory Care Information section highlight the most significant CMGs and ACCS cells in each Major Clinical Category (MCC) and Major Ambulatory Clusters (MAC) respectively. Additional summary information regarding the distribution of activity by region, age, gender, procedure and diagnosis is also included.

These summary charts are supported by comprehensive schedules. Similar to the charts, the schedules summarize the cost data by CMGs and ACCS cells. Direct and indirect cost components are provided in schedules 1 and 4. Schedules 2 and 5 provide information on cost trends. Schedules 3 and 6 provide statistical data to assist users in assessing the accuracy and relevance of the cost data. Readers are encouraged to refer to the definitions of column headings on page 67.

The major driver behind health costing in Alberta continues to be the use of case costs in the calculation of each health region's funding. However, there is an increasing demand for cost information from users in the department, health authorities, and external users.

Outside Alberta, significant interest has been expressed in the work done by the Alberta Costing Partnership, with numerous inquiries received from national bodies, other provincial health ministries, researchers, universities,

major pharmaceutical companies and medical personnel. Demand for Alberta cost data continues to increase.

Alberta's Costing Partnership

Leadership of the Alberta Costing Partnership resides within the Ministry of Health and Wellness. The health authority funding and financial accountability branch is responsible for carrying on the health costing mandate. Health costing was done in conjunction with five regional health authorities (RHAs) that utilized a common costing framework to generate patient specific case costs. The five regions are:

- ◆ Chinook Regional Health Authority,
- ◆ Calgary Health Region,
- ◆ David Thompson Regional Health Authority,
- ◆ Capital Health, and
- ◆ Peace Country Health.

In addition to collecting and submitting cost data, each of the costing regions is expected to appoint a regional costing co-ordinator to represent its region on the Costing Function Team. Team members are expected to provide input to any discussions/decisions regarding the costing framework and process.

Team members participate in the costing round table review of the provincial cost results. The participants review the statistical analysis and compare costs among the contributing regions. Issues identified in this process are investigated and resolved by the team prior to publication of this report.

Contributors to 2004/2005 Costs

Although five RHAs participated in the Alberta Costing Partnership, data were only submitted from two regions – Calgary Health Region and Capital Health.

In total, cost data submitted by the regions for inpatient services totaled over 196,000 patient records and over 2.0 million costed visits for ambulatory care.

Comparison of Cost and Activity Data Collected

	Inpatient			Ambulatory Care		
	Costed Records	Provincial Activity Reported	Costed Records as % of Activity	Costed Records	Provincial Activity Reported	Costed Records as % of Activity
1997/1998	129,000	335,000	39%	458,000	2.7 Million	18%
1998/1999	144,500	346,000	42%	1.1 Million	3.7 Million	30%
1999/2000	104,000	346,500	30%	1.1 Million	4.2 Million	26%
2000/2001	134,000	343,000	39%	1.4 Million	5.5 Million	25%
2001/2002	185,000	337,500	55%	1.5 Million	5.9 Million	25%
2002/2003	194,000	345,000	56%	1.9 Million	6.2 Million	31%
2003/2004	195,000	353,000	55%	1.9 Million	6.8 Million	28%
2004/2005	196,000	357,000	55%	2.0 Million	6.9 Million	29%

Cost data were provided from 12 different sites. Each site tracks costs on a patient specific basis in one or more functional centres.

The bulk of the costs for inpatient cases flow from inpatient nursing functional centres; therefore, only sites with the ability to track nursing costs on a patient specific basis are included in this report. Since inpatients routinely receive services in other functional centres such as emergency, diagnostic imaging and laboratory services, regions have developed the capability to track costs in these centres on a patient specific basis. Where this capability does not exist, regions use allocation models to ensure that appropriate costs are properly distributed to inpatient cases.

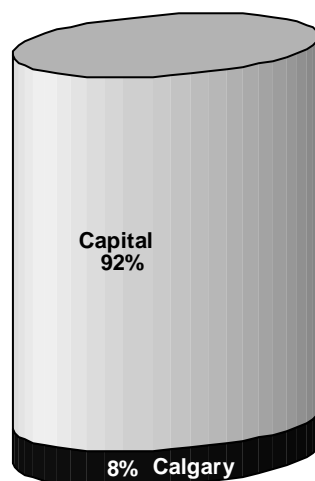
The costs for ambulatory care cases are reported where there are systems to track costs on a patient specific basis in the functional centres directly providing ambulatory care. The following table outlines the facility and availability of patient specific cost information submitted in the 2004/2005 fiscal year.

2004/2005 Cost Data by Region/Facility

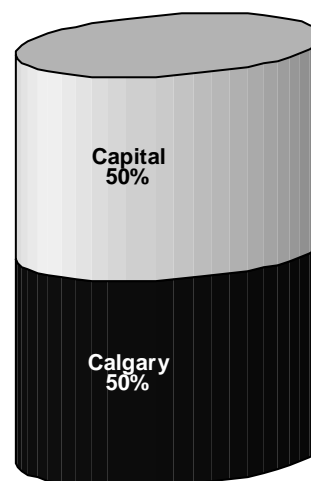
Regional Health Authority	Site	Inpatient	E.R.	Day Procedures	Clinics	DI	Rehab
<i>Chinook</i>	No cost data supplied for 2004/2005						
<i>Calgary</i>	<i>Alberta Children's Hospital</i>	Yes	Yes	Yes	No	Yes	No
	<i>Foothills Medical Centre</i>	Yes	No	Yes	Yes	Yes	No
	<i>Rockyview General Hospital</i>	Yes	No	Yes	Yes	Yes	No
	<i>Peter Lougheed Centre</i>	Yes	No	No	No	Yes	No
<i>David Thompson</i>	No cost data supplied for 2004/2005						
<i>Capital</i>	<i>Glenrose Rehabilitation Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Misericordia Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Grey Nuns Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Royal Alexandra Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>University of Alberta Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Leduc Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Sturgeon Community Hospital</i>	Yes	Yes	Yes	Yes	Yes	Yes
	<i>Northeast Community Health Centre</i>	No	Yes	No	Yes	Yes	Yes
	<i>Peace Country</i>	No cost data supplied for 2004/2005					

The following charts show the number of costed records received from each region (shown as percentages). Capital Health currently provides the bulk of the ambulatory care cost data. For the other cost pool, inpatient data, Calgary Health Region and Capital Health provide similar amounts of data.

Ambulatory Care Records



Inpatient Records



Processes for 2004/2005 Cost Computations

The cost computation processes used in this report are consistent with the prior year. For both inpatient and ambulatory care, the 2003/2004 and 2004/2005 cost data were blended together, with the 2002/2003 data being used as a top-up source. This combination of data increases the database size, which reduces the number of low-volume cells, and improves the stability of costs.

While not necessary in computing relative values, in order to combine the data and still arrive at appropriate average case costs, it was necessary to inflate the historical data. The following table lists the inflation rates:

Fiscal Years of Cost Data	Inflation Rate Applied
2002/2003	4.6%
2003/2004	4.5%

The data submitted were edited for reasonability. The following list describes the type of edit checks used:

1. Ambulatory care
 - a) exclude any visits which did not include allocated overhead costs
 - b) exclude any visits grouped to ACCS 3 (nerve injections) with a case cost less than \$16.00
 - c) exclude any visits grouped to intervention cells (ACCS groups between 1.1 and 99), excluding ACCS 3 (nerve injections), with a case cost less than \$21.00

- d) exclude any visits grouped to ACCS 1062, 1101, 1111, 1121, 1151, 1201, 1221, 1241, 2021, 2022, 2051, 2063, 2070, 2082, or 2099 with a case cost less than \$5.00
 - e) exclude any visits grouped to clinical cells not specified in 1.d) with a case cost less than \$11.00
2. Inpatient
- a) exclude any visits with a case cost of less than \$200.00 if the length of stay is not one day or less
 - b) exclude any cases without nursing costs
 - c) exclude any visits with a cost per day less than \$100.00
 - d) exclude any visits which did not include allocated overhead costs
 - e) exclude any visits beyond the trim point
 - f) exclude any visits with an invalid length of stay

The rest of the costing process remained constant with prior years' cost development.

Data Flows

Cost data collected by the participating RHAs are forwarded to the health authority reporting and costing branch of Alberta Health and Wellness on an annual basis.

Processing of the raw cost data is done at Alberta Health and Wellness with the results reviewed and validated in consultation with the Costing Function Team. The process ultimately results in the development of patient specific case costs, average costs and relative values. The processed cost records reside in the Alberta Health and Wellness database and are available for extraction for research and management purposes subject to the provisions of the *Health Information Act*.

One of the primary users of the information is the health funding unit at Alberta Health and Wellness. For ambulatory care, the system wide relative values are used in the funding formula. Funding calculations for Province Wide Services use the average costs from the inpatient data.

CIHI is also a significant user of the costing results. Alberta Health and Wellness sends the final set of cost data to CIHI to be combined with cost data from Ontario and British Columbia to develop national weights. One set of weights produced is the Resource Intensity Weights (RIWs) by Case Mix Groups. The health funding unit uses these RIWs in the funding formula for inpatient care.

The other major users of data are the regional health authorities. Finalized cost and activity data are provided back to the regions in a summarized format. Regions use cost data for rate setting with third party payers and providers, revenue analysis, financial planning, evaluation, and

benchmarking. In summary, various users have used the cost information to improve resource allocation and consumption decisions.

Data Collection Processes

The costing exercise is heavily dependent upon data collection systems. There are two components to the data utilized by Alberta Health and Wellness in developing case costs: activity data and patient specific cost data.

Activity Data

Patient specific activity data are collected by all regions and represents unique information for each particular service. For example, the activity data includes:

- ◆ patient demographics (birthdate, personal health number, gender, etc.),
- ◆ responsibility for payment,
- ◆ procedure/diagnosis codes,
- ◆ service dates,
- ◆ service location,
- ◆ patient disposition, and
- ◆ provider type.

“...[A]mbulatory care data includes data from traditional hospital-based programs (such as Emergency and Day Surgery), as well as services delivered in community based settings (such as outpatient clinics) [or private clinics], ... primary and secondary prevention as well as diagnosis, patient education, treatment, and rehabilitative services.”¹

Inpatient data include hospital discharge data from acute, chronic and rehabilitative facilities (which includes psychiatric institutions and cancer facilities). As the facilities are reporting the activities in a fiscal year, the activity records include visits from Alberta residents, as well as residents from other provinces or from other countries.

All health regions send both the ambulatory care and inpatient activity data directly to Alberta Health and Wellness using the Morbidity and Ambulatory Care Abstracting Reporting (MACAR) system. The ambulatory care data are grouped with the Alberta-developed Ambulatory Care Classification System (ACCS) grouper. Inpatient activity data are collected and submitted to CIHI, where it is incorporated into the Discharge Abstract Database (DAD). CIHI groups the data using a CMG grouper. A file containing the group codes is returned to Alberta Health and Wellness. After the fiscal year has closed,

¹ *Ambulatory Care in Alberta Using Ambulatory Care Classification System Data*, Alberta Health and Wellness, August 2004, p. 1.

modifications are made to some of the inpatient records and then the file is regrouped internally using a desktop version of the CMG grouper.

Cost Data

The costing regions provide patient specific cost data for both ambulatory and inpatient services. A concerted attempt has been made to parallel the two processes, in keeping with the overall costing framework. Cost data from the regions are submitted directly to Alberta Health and Wellness. The cost data does not include payments made to Alberta physicians or allied practitioners. For information on these payments, please refer to the *Alberta Health Care Insurance Plan Statistical Supplement*. The 2004/2005 version is available on the Alberta Health and Wellness website in the News/Media/Resources/Annual Reports section.

Although the data are submitted only once a year, the regions may send monthly, quarterly, or annual cost files. These files include, for each case, common information that is used to link the data. In addition, the files contain the following diverse information:

1. Patient specific supply costs
 - ◆ patient specific drug costs
 - ◆ patient specific supply costs

These are supply costs that can be directly assigned to specific patients (e.g. operating room supplies, drugs dispensed on a prescription or unit dose basis).
2. Other patient specific cost data
 - ◆ Functional centre direct costs: include all costs (salaries, drugs, medical, and surgical supplies) and other expenses in the patient care functional centres (called absorbing cost centres) for services provided directly to patients. Also, included in these costs are the direct administrative costs associated with the administration of a patient care area, such as salaries of patient care managers and medical staff administration.
 - ◆ Functional centre indirect costs: include costs associated with the administration and support functional centres (called transient cost centres). These indirect expenditures are allocated to patient care functional centres. Examples of these types of costs are general administration and support services such as finance, material management, facilities management, registration, patient food services, and health records.
 - ◆ Non-specific patient drug allocation: are costs for ward stock and other drugs that could not be directly assigned to specific patients.

The submitted costs do not include expenditures not related to patient care. For instance, amortization of building and leasehold improvements, contributed services, or full cost of ancillary operations is excluded.

Cost Data Processes

The data from the cost data files are initially summarized into one record that includes the total case cost. The second step in the process is to link these costed cases with the separate activity files to derive group assignments. Once linked, the relative values and average costs by group are calculated.

Trimming Data

Trimming of cost data is a standard practice in the calculation of average case costs and relative values for each cell or group. The trimming process results in the exclusion of those cases that are atypical from these calculations. Because of the trending analysis issue with the ICD-10-CA/CCI coding system, this year trimming of inpatient cases in Alberta was based on the length of stay (LOS) from the past three years of Alberta inpatient discharges. A trim point is determined for each group. Any case with a length of stay beyond the trim point is considered an outlier or an atypical case with an associated higher cost. The rationale for trimming is that the retention of outliers in the relative value and average cost calculations would lead to the potential over-valuation of services.

The formula used in calculating the inpatient trim point is applied to data from the Discharge Abstract Database and is outlined below:

$$(\text{LOS of third quartile}) + (2 * (\text{LOS of third quartile} - \text{LOS of first quartile}))$$

An acceptable measure for use in trimming ambulatory care data has not been identified. During the review/validation of 1998/1999 costs, the application of a trim point for each ACCS cell based on plus or minus three standard deviations from the cell mean was considered. Upon reviewing the results of this approach, the Costing Function Team determined that this method of trimming would not be employed, as it appeared to exclude a significant number of valid cases.

Grouping of Data

Nationally, CIHI sponsors the use of the Case Mix Groups (CMG) grouper for inpatient cases. They have developed Resource Intensity Weights (RIWs) for each CMG. The health funding and economics branch began utilizing these RIWs in the 2001/2002 funding calculations.

For grouping of ambulatory care data, the Alberta-developed Ambulatory Care Classification System (ACCS) is used. CIHI also sponsors a national ambulatory care grouper, Comprehensive Ambulatory Classification System

(CACs), which is modeled upon Alberta's ACCS. Discussions regarding the merit of switching from ACCS to CACS are ongoing. Until a final decision is made, the ambulatory care cost results will be produced by ACCS.

CMG Grouper

The CMG grouper groups patients together who are similar in terms of resources used. The variables required to define the Case Mix Groups are:

- ◆ most responsible diagnosis,
- ◆ weight (for neonates),
- ◆ presence or absence of operating room procedures,
- ◆ surgical hierarchy/medical hierarchy, and
- ◆ diagnosis types 1, 2, W, X, and Y.²

The complexity overlay on the CMG codes enhances the prediction of utilization of acute care resources within medical/surgical specialties. A complexity level is not applied to a CMG code unless it improves homogeneity in length of stay (LOS) or total resource use. The variables used in assigning the complexity levels are:

- ◆ major clinical categories/case mix groups,
- ◆ pre-admission comorbidity (type 1 diagnosis),
- ◆ post-admission comorbidity (type 2 diagnosis),
- ◆ service transfer diagnosis (type W, X, or Y diagnosis)
- ◆ comorbidity grades,
- ◆ number of body systems involved, and
- ◆ number of "complex" comorbidities.³

The complexity levels are as follows:

- Plx 1 – no complexity,
- Plx 2 – complexity related to chronic conditions,
- Plx 3 – complexity related to serious/important conditions,
- Plx 4 – complexity related to potentially life-threatening conditions, and
- Plx 9 – complexity not applied (for instance, the complexity may already be captured within the CMG assignment methodology).⁴

A Plx group is the combination of CMG code + Plx Level. CIHI also applies an age overlay to each Plx group based on the age of the patient:

- 1 – 0 to 17 years old,
- 2 – 18 to 69 years old, and
- 3 – 70 plus years old.

² *Grouping Methodologies: CMG™ and Plx™*, Canadian Institute for Health Information, Revised 2000, p. 9.

³ *Ibid.*, p. 21.

⁴ *Ibid.*, p. 24.

There are 478 CMG codes and 1588 Plx groups. When the age overlay is applied to these Plx groups, the result is 4760 new codes (commonly referred to as Aplx cells). Unfortunately, there are low volume concerns for the majority of these Aplx cells using the Alberta costing data. Therefore, the cost results by CMG code + Plx level + age group are not published in this report.

The final set of 2004/2005 inpatient data were classified using the CMG 2003 Version 2.0 Desktop Grouper. A relative value was calculated for all CMG groups, except for CMG 997 Stillbirths since there is no activity reported for this CMG. After the costing calculations were complete, there were 16 Plx groups where activity existed in the morbidity file but no relative value was derived. As RIWs, and not SWRVs, are now used in regional funding calculations, CFT decided there was no longer a requirement to create estimates for these missing Plx groups.

ACCS Grouper

The Ambulatory Care Classification System (ACCS) was developed in Alberta. The project began in 1989 under the direction of Alberta Health and Wellness with the intent to create an ambulatory care grouper tailored to Alberta specifications. The project began with a review of existing groupers (DPGs, PACs, EDGs) and used these building blocks, in combination with Alberta data, to develop ACCS.

To run the ACCS grouper the required data consist of patient demographics and visit related information such as diagnosis/procedure code, mode of service, date of service, patient disposition, etc. The ACCS grouper used to classify the cost data this year was composed of 430 groups.

Originally, average costs were not calculated for 15 ACCS groups, as no cost data were submitted for these groups in the past three years. Of these 15 groups, nine groups had activity reported in 2004/2005. As mentioned, the costing results are used in regional funding calculations. As part of this calculation, every activity record is assigned a cost value. Consequently, a SWRV must be estimated for the missing ACCS groups. Based on recommendations from the Costing Function Team, a value of 1.0000 was assigned to these ACCS groups. In total, there were 424 groups populated with a SWRV; the remaining six ACCS groups were not used in the funding formula.

The authors and managers of ACCS have the ability to modify the grouper based on Alberta results, or to meet specific needs within the province. For instance, a review of the resource homogeneity of a number of ACCS grouper cells was undertaken in early 2000. In addition to an examination of the relative resource homogeneity of each of the groups, a review was done of the need for a number of under-populated or similar groups.

Grouping Results

Each of the schedules includes a list of the ACCS or CMG group numbers along with the descriptive name of each group. For more information on the contents of each group (i.e. ICD-10-CA/CCI codes), it will be necessary for interested parties to go to source documents for the respective groupers. Information on the ACCS grouper can be obtained from the health funding and economics branch of Alberta Health and Wellness (780-427-7040).

Only a small number of ungroupable records were found in both the inpatient and ambulatory care activity and cost submissions.

Data Top-Up

Top-up is the generally accepted practice of supplementing any low volume cells with cost data from historical data or another jurisdiction. Determining the top-up threshold is a somewhat subjective decision. In Alberta, the standard has been set at five, meaning that any cell with four or fewer cost records will require topping-up with additional cost data.

In the past, low-volume cells were topped up with cost records from the remaining set of cost data (data from 1997/1998 to 2002/2003). Topping up these low-volume cells results in a much more extensive data set upon which to base average costs. Furthermore, this extensive data set also reduces the requirement to rely upon other jurisdictions' data for top-up. No attempt is made to top-up any cells for which no cases had been reported within the province.

In April 2002, abstract coding switched from ICD-9-CM to ICD-10-CA/CCI. This switch had a significant impact on the grouping process. When the 2002/2003 data were reviewed, a number of records did not flow into the same groups as they would have in the previous year. Consequently, historical cost data based on ICD-9-CM coding cannot be used for top-up. However, now that there are three years of Alberta data coded using ICD-10-CA/CCI, the 2002/2003 data were used as top-up in this year's processing.

Contribution to National Weights

Alberta Health and Wellness provided CIHI with inpatient and ambulatory care case costs in previous years. It is expected that the final costs from 2004/2005 for inpatient and ambulatory care will also be provided to CIHI, for use in the development of future national weights.

Resource Intensity Weights

On an annual basis, Canadian Institute for Health Information (CIHI) develops and publishes a schedule of Resource Intensity Weights (RIWs) based on their CMG grouper. RIWs are also published for Day Procedure Groups (DPGs). According to CIHI's Web page⁵

“The Resource Intensity Weights (RIW) system is a relative resource allocation methodology for estimating a hospital's inpatient specific costs for both acute and day procedure care. RIW is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as "weighted cases".

“Uses

- translating case mix data into cost data
- determining unit costs for atypical cases
- identifying priorities by CMG for utilization management
- planning new programs
- evaluating program efficiency”

The national RIW technical working group reviewed the initial data submitted for costing by Alberta Health and Wellness. They assessed it against the following criteria:

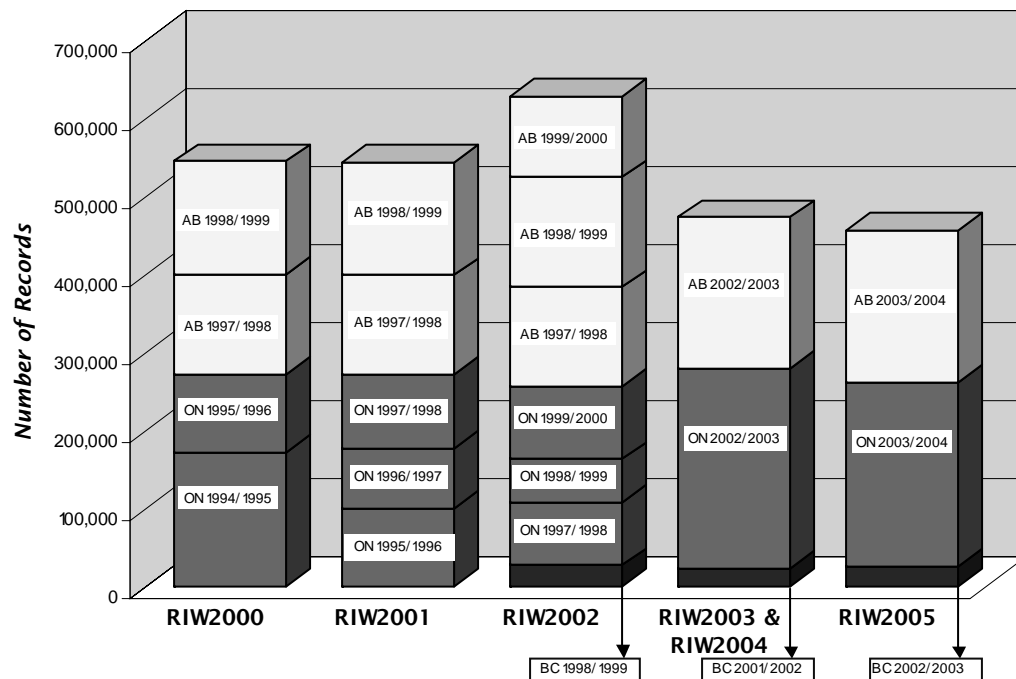
- ♦ the methodology for capturing cost data must be documented,
- ♦ sufficient data volume must exist,
- ♦ supply of data should be available on a timely basis, and
- ♦ data must be statistically valid.

The review concluded that the quality as well as comparability with existing Ontario data made Alberta data an excellent contributor to the national RIWs. The all-Canadian RIW information is believed to be more reflective of the non-profit environment in Canada (previously RIW included cost data from the United States).

Starting with RIW2002, data from British Columbia were also included in the development of RIWs. The set of data utilized to develop the RIWs changes cyclically as the contributors continue to send updated records from more recent years.

⁵ Canadian Institute for Health Information. *RIW™ and Expected Length of Stay Methodology* [cited 15 May 2003]. Available from: <http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_riw_e>.

Comparing Data Utilized by CIHI in Developing RIWs



Ambulatory Cost Weights

CIHI also develops Ambulatory Cost Weights (ACW) for the ambulatory care data grouped by CACS. According to CIHI's web page⁶

“ACW are made to be relative to the average cost of a specific group of patients. This is known as a ‘fixed’ anchor point. The mean cost against which all others are compared is the mean cost for CACS cell 75, “Hemodialysis”. The CACS cell for dialysis is chosen because it represents a very specific patient population and makes up a large proportion of the cost database (>100,000 records). This large sample size ensures a stable estimate of the true cost of performing the service.”

“Uses

- translating CACS data into cost data
- determining costs for atypical cases
- identifying priorities by CACS group for utilization management
- planning new programs & evaluating program efficiency”

⁶ Canadian Institute for Health Information. *Ambulatory Cost Weights* [cited 8 July 2005]. Available from: <http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_acw_e>.

At this point in time, only data from Alberta have been used to develop these weights. It is expected that data from both Alberta and Ontario will be used in the future.

Conclusion

In its eighth year, the Alberta Costing Partnership has once again produced Alberta costs for both inpatient and ambulatory care. The significance of this achievement can be demonstrated by the widening interest, which continues to be expressed by other health organizations and researchers. In particular, the contribution and acceptance of Alberta cost data in the development of national Resource Intensity Weights through CIHI attest to the quality of the work that has been done in the province. As well, Alberta continues to lead the rest of the country in comprehensively collecting and costing ambulatory care data.

The continued success of the Alberta Costing Partnership could not have occurred without the dedication and commitment of RHA and Alberta Health and Wellness staff. The cost results included in this report are the product of many hours of effort, an achievement of which all participants can be proud.

The health authority funding and financial accountability branch would like to thank all those individuals who have contributed to this work and look forward to continuing the partnership.

This section contains detailed inpatient information grouped into 25 categories, the Major Clinical Categories (MCC). MCCs are based on body systems or specific types of clinical problems. Each MCC is split into partitions:

- Surgical – a procedure used in CMG assignment was performed during the visit
 - Medical – no procedures used in CMG assignment were performed during the visit
 - Surgical/Medical – corresponding CMG code could be surgical or medical depending on the MCC
- ◆ The table displaying the gender distribution contains the standard male and female codes. There are also two other possible codes:
 - – other, for transsexuals or hermaphrodites
 - U – undifferentiated, for stillbirths only

- ◆ The age groups are based on the age categories used by CIHI in CMG assignments. The age calculation is based on the visit date. For reference, the provincial breakdown, as of March 31, 2005, is as follows:

0 to 17 years old	774,422	(24%)
18 to 69 years old	2,195,000	(68%)
70 plus years old	240,269	(7%)
	3,209,691	

- ◆ Region of residence refers to the regional health authority the recipient resided in at the time of the inpatient or ambulatory care visit. Region of service refers to the regional health authority where the hospital is located at fiscal year end. Population by region can be found on the Alberta Health and Wellness website in News/Media/Resources Stats & Facts section.
- ◆ The table displaying the Top Five CMG Groups Based on Activity for Medical Partitions lists some of the common principal diagnosis codes. The principal diagnosis code is¹:

“the one diagnosis that describes the most significant condition of a patient that causes his/her stay in hospital’. This may not always be the condition for which the patient is admitted.”

 - The diagnosis groupings are based on the first three digits of the principal diagnosis.
 - At least 75 per cent of the records within the CMG will have one of the listed diagnosis codes as the principal diagnosis. The exception would be for CMGs with +++. For these groups, there are more than five diagnosis codes to represent 75 per cent of the records. Only the first five are listed.
 - The activity and average costs are for the entire CMG; that is, based on all diagnosis codes not just those representing 75 per cent of the records.
 - For CMG 997: Stillbirths, an average cost cannot be calculated, as there are no cost records submitted.
 - Tables containing less than five CMGs include all CMGs belonging to the medical partition in that MCC.

¹ *CMG™/PIX™ Directory 2003 ICD-10-CA/CCI Version (Nov 2003): Introduction -- CMG Methodology Overview*, Canadian Institute for Health Information.

- ◆ The table displaying the Top Five CMG Groups Based on Activity for Surgical Partitions lists some of the most common principal intervention codes (coded as first intervention). The principal intervention code is²
 - “the intervention considered to be most significant during the patient’s hospital stay.”
 - The intervention groupings are based on the rubrics, first five digits of the principal intervention.
 - At least 75 per cent of the records within the CMG will have one of the listed rubrics as the principal intervention. The exception would be for CMGs with +++. For these groups, there are more than five intervention codes to represent 75 per cent of the records. Only the first five are listed.
 - The activity and average costs are for the entire CMG within a MCC; that is, based on all intervention codes not just those representing 75 per cent of the records.
 - Tables containing less than five CMGs include all CMGs belonging to the surgical partition in that MCC.

Due to resource constraints, minor data flaws have not been completely purged from the data.

² DAD Abstracting Manual 2003-2004 Edition All Provinces Information”, Canadian Institute for Health Information, p. 6.11-1.

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
001: Craniotomy Procedures Excision partial, brain; Occlusion, intracranial vessels; Drainage, meninges and dura mater of brain; Drainage, ventricles of brain; Biopsy, brain; +++	1,168	51%	\$15,995
004: Extracranial Vascular Procedures Extraction, carotid artery; Dilation, carotid artery	360	16%	\$7,140
040: Tracheostomy and Gastrostomy Procedures Implantation of internal device, stomach; Bypass with exteriorization, trachea; Ventilation, respiratory system NEC; Occlusion, intracranial vessels	210	9%	\$60,179
003: Spinal Procedures Excision total, ribs; Excision partial, spinal canal and meninges; Release, spinal cord; Repair, spinal vertebrae; Drainage, spinal canal and meninges; +++	154	7%	\$11,217
006: Carpal Tunnel Release and Specified Nervous System Procedures Release, nerve(s) of forearm and wrist; Excision partial, brachial plexus; Repair by increasing size, tendons of ankle and foot; Release, muscles of hip and thigh; Excision total, thymus; +++	116	5%	\$5,920

Gender

Female	5,841
Male	5,948
Other	1

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	297
18 to 69 years old	1,408
70 plus years old	581
<u>Medical Partitions</u>	
0 to 17 years old	1,035
18 to 69 years old	4,595
70 plus years old	3,874

MCC 01: Diseases & Disorders of the Nervous System

	<u>Activity</u>	
Surgical Partitions	2,286	(19%)
Medical Partitions	9,504	(81%)
Total	11,790	

Region of Residence

Chinook Regional Health Authority	662
Palliser Health Region	536
Calgary Health Region	3,151
David Thompson Regional Health Authority	1,503
East Central	639
Capital Health	2,989
Aspen Regional Health Authority	946
Peace Country Health	629
Northern Lights Health Region	203
Non-resident / Unknown	532

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
013: Specific Cerebrovascular Disorders except Transient Ischemic Attacks Cerebrovascular diseases (I60-I69)	2,689	28%	\$8,795
022: Seizure and Headache Episodic and paroxysmal disorders (G40-G47); General symptoms and signs (R50-R69)	2,678	28%	\$3,366
014: Transient Ischemic Attacks and Precerebral Occlusions Episodic and paroxysmal disorders (G40-G47)	1,196	13%	\$3,806
028: Other Nervous System Diagnoses Symptoms and signs involving the nervous and musculoskeletal systems (R25-R29); Other disorders of the nervous system (G90-G99); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98); Extrapyrmidal and movement disorders (G20-G26)	735	8%	\$7,544
010: Neoplasm of Nervous System Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of eye, brain and other parts of central nervous system (C69-C72)	442	5%	\$8,760

Region of Service

Alberta Cancer Board	89
Mental Health Board	35
Chinook Regional Health Authority	487
Palliser Health Region	423
Calgary Health Region	3,926
David Thompson Regional Health Authority	1,097
East Central	441
Capital Health	4,033
Aspen Regional Health Authority	597
Peace Country Health	532
Northern Lights Health Region	130

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
052: Retinal Procedures Excision total, vitreous; Destruction, retina; Release, retina	1,316	60%	\$2,123
050: Orbital Procedures Implantation of internal device, sclera; Excision total, vitreous; Destruction, retina; Repair, soft tissue of orbit and eyeball NEC	347	16%	\$2,320
055: Lens Insertion (MNRH) Excision total, lens; Excision total, vitreous; Release, retina	283	13%	\$3,129
051: Other Intraocular Procedures Transplant, cornea; Repair, cornea; Drainage, anterior chamber (of eye); Excision total, vitreous	113	5%	\$2,680
057: Other Ophthalmic Procedures (MNRH) Bypass, lacrimal excretory system; Transfer, ocular muscles and tendons	60	3%	\$1,688

MCC 02: Diseases & Disorders of the Eye		
	<u>Activity</u>	
Surgical Partitions	2,178	(87%)
Medical Partitions	317	(13%)
Total	2,495	

Gender	
Female	1,126
Male	1,369

Age Groups	
<u>Surgical Partitions</u>	
0 to 17 years old	77
18 to 69 years old	1,385
70 plus years old	716
<u>Medical Partitions</u>	
0 to 17 years old	90
18 to 69 years old	140
70 plus years old	87

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
063: Other Ophthalmic Diagnoses (MNRH) Injuries to the head (S00-S09); Disorders of choroid and retina (H30-H36); Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52); Visual disturbances and blindness (H53-H54); Disorders of eyelid, lacrimal system and orbit (H00-H06); +++	186	59%	\$3,137
060: Major Eye Infections Disorders of eyelid, lacrimal system and orbit (H00-H06); Disorders of sclera, cornea, iris and ciliary body (H15-H22)	101	32%	\$5,231
483: Diabetes Diabetes mellitus (E10-E14)	16	5%	\$4,142
062: Hyphema Injuries to the head (S00-S09)	14	4%	\$2,581

Region of Residence	
Chinook Regional Health Authority	111
Palliser Health Region	70
Calgary Health Region	616
David Thompson Regional Health Authority	260
East Central	115
Capital Health	853
Aspen Regional Health Authority	165
Peace Country Health	113
Northern Lights Health Region	39
Non-resident / Unknown	153

Region of Service	
Chinook Regional Health Authority	13
Palliser Health Region	18
Calgary Health Region	901
David Thompson Regional Health Authority	34
East Central	14
Capital Health	1,448
Aspen Regional Health Authority	21
Peace Country Health	37
Northern Lights Health Region	9

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
093: Tonsillectomy and Adenoidectomy Procedures (MNRH) Excision total, tonsils and adenoids	1,458	33%	\$1,944
083: Reconstructive ENT Procedures Repair, maxilla with mandible; Repair, mandible; Repair, maxilla; Repair, multiple bones of mid face region, without cranium involvement; Repair by increasing size, mandible	412	9%	\$6,526
088: Ethmoidectomy (MNRH) Excision partial, paranasal sinuses; Repair, nose	404	9%	\$2,351
077: Less Extensive Head and Neck Procedures Repair by decreasing size, uvula; Occlusion, other vessels of head, neck and spine NEC; Excision partial, tongue; Excision partial, nasal cartilage; Excision total, parotid gland; +++	264	6%	\$3,262
089: Dental Extraction or Restoration (MNRH) Extraction, tooth; Excision total, tooth	212	5%	\$2,465

MCC 03: Diseases & Disorders of Ear, Nose, Mouth & Throat

	<u>Activity</u>	
Surgical Partitions	4,358	(45%)
Medical Partitions	5,263	(55%)
Total	9,621	

Gender

Female	4,601
Male	5,020

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	1,860
18 to 69 years old	2,210
70 plus years old	288
<u>Medical Partitions</u>	
0 to 17 years old	1,546
18 to 69 years old	2,557
70 plus years old	1,160

Region of Residence

Chinook Regional Health Authority	409
Palliser Health Region	628
Calgary Health Region	1,626
David Thompson Regional Health Authority	1,531
East Central	825
Capital Health	2,259
Aspen Regional Health Authority	1,039
Peace Country Health	730
Northern Lights Health Region	219
Non-resident / Unknown	355

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
115: Miscellaneous ENT Diagnoses (MNRH) Episodic and paroxysmal disorders (G40-G47); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	1,374	26%	\$1,816
102: Dysequilibrium Symptoms and signs involving cognition, perception, emotional state and behaviour (R40-R46); Diseases of inner ear (H80-H83)	960	18%	\$2,679
114: Sore Throat (MNRH) Acute upper respiratory infections (J00-J06); Other diseases of upper respiratory tract (J30-J39)	883	17%	\$2,262
104: Influenza Acute upper respiratory infections (J00-J06); Influenza and pneumonia (J10-J18)	751	14%	\$3,485
116: Croup (MNRH) Acute upper respiratory infections (J00-J06)	340	6%	\$1,937

Region of Service

Alberta Cancer Board	28
Chinook Regional Health Authority	341
Palliser Health Region	661
Calgary Health Region	1,823
David Thompson Regional Health Authority	1,949
East Central	585
Capital Health	2,655
Aspen Regional Health Authority	882
Peace Country Health	574
Northern Lights Health Region	123

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
127: Major Respiratory Procedures Biopsy, lung; Excision partial, pleura; Drainage, pleura; Biopsy, bronchus; Inspection, lung	520	29%	\$13,521
126: Resection of Lung Excision partial, lobe of lung; Excision total, lobe of lung; Excision partial, lung NEC	422	24%	\$11,776
129: Other Respiratory Procedures Biopsy, mediastinal lymph nodes; Inspection, bronchus; Biopsy, bronchus; Biopsy, lymph nodes of neck region	203	11%	\$4,408
125: Tracheostomy Bypass with exteriorization, trachea; Ventilation, respiratory system NEC; Excision total, lobe of lung	166	9%	\$124,874
901: Non-extensive Unrelated O.R. Procedures Implantation of internal device, vena cava (superior and inferior); Ventilation, respiratory system NEC; Dilatation, coronary arteries; Drainage, gallbladder; Excision partial, prostate; +++	139	8%	\$29,199

MCC 04: Diseases & Disorders of the Respiratory System

	<u>Activity</u>	
Surgical Partitions	1,795	(7%)
Medical Partitions	23,469	(93%)
Total	25,264	

Gender

Female	11,812
Male	13,452

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	142
18 to 69 years old	1,089
70 plus years old	564
<u>Medical Partitions</u>	
0 to 17 years old	5,339
18 to 69 years old	8,391
70 plus years old	9,739

Region of Residence

Chinook Regional Health Authority	1,565
Palliser Health Region	1,077
Calgary Health Region	6,259
David Thompson Regional Health Authority	3,347
East Central	1,365
Capital Health	6,031
Aspen Regional Health Authority	2,419
Peace Country Health	1,786
Northern Lights Health Region	747
Non-resident / Unknown	668

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
143: Simple Pneumonia and Pleurisy Influenza and pneumonia (J10-J18)	7,075	30%	\$5,461
142: Chronic Bronchitis Chronic lower respiratory diseases (J40-J47)	3,651	16%	\$5,225
140: Chronic Obstructive Pulmonary Disease (COPD) Chronic lower respiratory diseases (J40-J47)	2,983	13%	\$6,993
145: Tracheobronchitis Other acute lower respiratory infections (J20-J22)	2,501	11%	\$3,550
146: Asthma Chronic lower respiratory diseases (J40-J47)	2,348	10%	\$2,543

Region of Service

Alberta Cancer Board	100
Chinook Regional Health Authority	1,525
Palliser Health Region	1,023
Calgary Health Region	6,775
David Thompson Regional Health Authority	3,144
East Central	1,249
Capital Health	6,924
Aspen Regional Health Authority	2,094
Peace Country Health	1,737
Northern Lights Health Region	693

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
188: Percutaneous Transluminal Coronary Angioplasty w Complicating Card Conditions Dilation, coronary arteries; Extraction, coronary arteries; Xray, heart with coronary arteries; Pharmacotherapy, total body; Implantation of internal device, hip joint; +++	1,880	19%	\$11,696
189: Percutaneous Transluminal Coronary Angioplasty w/o Complic Cardiac Conditions Dilation, coronary arteries	1,791	18%	\$7,873
179: Coronary Bypass with Heart Pump without Cardiac Cath Bypass, coronary arteries	1,256	12%	\$18,246
186: Permanent Pacemaker Implant without Complicating Cardiac Conditions Implantation of internal device, heart NEC; Implantation of internal device, endocardium	1,045	10%	\$18,544
177: Cardiac Valve Replacement with Heart Pump without Cardiac Cath Excision total with reconstruction, aortic valve; Excision total with reconstruction, mitral valve	483	5%	\$25,682

Gender

Female	14,136
Male	19,902
Other	1

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	395
18 to 69 years old	5,678
70 plus years old	4,023
<u>Medical Partitions</u>	
0 to 17 years old	266
18 to 69 years old	11,052
70 plus years old	12,625

MCC 05: Both Cardiac and Vascular Diseases & Disorders of Circulatory System

	<u>Activity</u>	
Surgical Partitions	10,096	(30%)
Medical Partitions	23,943	(70%)
Total	34,039	

Region of Residence

Chinook Regional Health Authority	2,048
Palliser Health Region	1,723
Calgary Health Region	9,683
David Thompson Regional Health Authority	4,768
East Central	2,066
Capital Health	7,079
Aspen Regional Health Authority	2,631
Peace Country Health	1,899
Northern Lights Health Region	491
Non-resident / Unknown	1,651

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
222: Heart Failure Other forms of heart disease (I30-I52)	4,364	18%	\$6,911
237: Arrhythmia Other forms of heart disease (I30-I52)	3,161	13%	\$4,240
242: Chest Pain Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	3,123	13%	\$2,339
208: AMI without Cardiac Cath without Specified Cardiac Conditions Ischaemic heart diseases (I20-I25)	1,771	7%	\$5,478
213: Unstable Angina without Cardiac Cath without Specified Cardiac Conditions Ischaemic heart diseases (I20-I25)	1,306	5%	\$3,375

Region of Service

Alberta Cancer Board	37
Chinook Regional Health Authority	1,646
Palliser Health Region	1,405
Calgary Health Region	11,911
David Thompson Regional Health Authority	3,882
East Central	1,652
Capital Health	9,454
Aspen Regional Health Authority	1,934
Peace Country Health	1,662
Northern Lights Health Region	456

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
253: Major Intestinal and Rectal Procedures Excision partial, large intestine; Excision partial, small intestine; Excision partial, rectum	2,520	19%	\$13,244
262: Simple Appendectomy Excision total, appendix	2,335	18%	\$3,270
269: Bilateral or Complex Unilateral Hernia Procedures Repair, muscles of the chest and abdomen	1,869	14%	\$3,530
251: Gastrostomy and Colostomy Procedures Excision total, rectum; Excision partial, rectum; Bypass with exteriorization, large intestine; Bypass with exteriorization, small intestine; Implantation of internal device, stomach; +++	1,154	9%	\$20,788
258: Laparotomy Release, small and large intestine; Excision total, appendix; Repair, muscles of the chest and abdomen; Release, abdominal cavity; Inspection, abdominal cavity; +++	971	7%	\$8,823

MCC 06: Diseases & Disorders of the Digestive System

	<u>Activity</u>	
Surgical Partitions	13,203	(39%)
Medical Partitions	20,900	(61%)
Total	34,103	

Gender

Female	17,394
Male	16,709

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	1,464
18 to 69 years old	8,872
70 plus years old	2,867
<u>Medical Partitions</u>	
0 to 17 years old	2,670
18 to 69 years old	11,514
70 plus years old	6,716

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
294: Esophagitis, Gastroenteritis and Miscellaneous Digestive Disease Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Other diseases of intestines (K55-K63); Intestinal infectious diseases (A00-A09)	12,436	60%	\$3,103
281: G.I. Hemorrhage Other diseases of the digestive system (K90-K93); Diseases of oesophagus, stomach and duodenum (K20-K31)	2,433	12%	\$4,170
290: G.I. Obstruction Other diseases of intestines (K55-K63)	2,206	11%	\$3,276
297: Other G.I. Diagnoses Other diseases of intestines (K55-K63); Other diseases of the digestive system (K90-K93); Diseases of appendix (K35-K38); Diseases of peritoneum (K65-K67); Effects of foreign body entering through natural orifice (T15-T19)	1,791	9%	\$3,693
289: Inflammatory Bowel Disease Noninfective enteritis and colitis (K50-K52)	879	4%	\$3,892

Region of Residence

Chinook Regional Health Authority	1,958
Palliser Health Region	1,563
Calgary Health Region	8,957
David Thompson Regional Health Authority	4,675
East Central	2,201
Capital Health	7,918
Aspen Regional Health Authority	2,774
Peace Country Health	2,146
Northern Lights Health Region	833
Non-resident / Unknown	1,078

Region of Service

Alberta Cancer Board	119
Chinook Regional Health Authority	1,934
Palliser Health Region	1,510
Calgary Health Region	9,523
David Thompson Regional Health Authority	4,450
East Central	1,881
Capital Health	9,601
Aspen Regional Health Authority	2,056
Peace Country Health	2,233
Northern Lights Health Region	796

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
317: Laparoscopic Cholecystectomy Excision total, gallbladder	3,288	71%	\$4,149
315: Cholecystectomy Excision total, gallbladder	383	8%	\$9,673
314: Other Hepatobiliary and Pancreatic Procedures Drainage, gallbladder; Extraction, gallbladder; Drainage, bile ducts; Excision total, gallbladder; Destruction, liver	223	5%	\$11,552
312: Major Hepatobiliary Procedures Excision partial, liver; Excision total, gallbladder; Bypass, bile ducts	212	5%	\$17,183
311: Major Pancreatic Procedures Excision partial, pancreas; Excision partial, pancreas with duodenum; Bypass, small intestine; Drainage, pancreas; Bypass, abdominal veins NEC; +++	200	4%	\$24,086

MCC 07: Diseases & Disorders of Hepatobiliary Sys/Pancreas

	<u>Activity</u>	
Surgical Partitions	4,644	(48%)
Medical Partitions	5,075	(52%)
Total	9,719	

Gender

Female	5,376
Male	4,343

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	108
18 to 69 years old	3,704
70 plus years old	832
<u>Medical Partitions</u>	
0 to 17 years old	119
18 to 69 years old	3,668
70 plus years old	1,288

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
325: Pancreas Diseases except Malignancy Disorders of gallbladder, biliary tract and pancreas (K80-K87)	1,950	38%	\$3,696
329: Biliary Tract Diseases Disorders of gallbladder, biliary tract and pancreas (K80-K87)	1,436	28%	\$3,751
326: Liver Diseases except Cirrhosis or Cancer Diseases of liver (K70-K77)	692	14%	\$8,598
324: Pancreatic Cancer or Other Malignancy of Hepatobiliary System Malignant neoplasms of digestive organs (C15-C26); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80)	597	12%	\$7,854
323: Cirrhosis and Alcoholic Hepatitis Diseases of liver (K70-K77)	400	8%	\$8,172

Region of Residence

Chinook Regional Health Authority	474
Palliser Health Region	489
Calgary Health Region	2,393
David Thompson Regional Health Authority	1,213
East Central	548
Capital Health	2,649
Aspen Regional Health Authority	855
Peace Country Health	472
Northern Lights Health Region	248
Non-resident / Unknown	378

Region of Service

Alberta Cancer Board	43
Chinook Regional Health Authority	454
Palliser Health Region	492
Calgary Health Region	2,505
David Thompson Regional Health Authority	1,104
East Central	480
Capital Health	3,341
Aspen Regional Health Authority	594
Peace Country Health	487
Northern Lights Health Region	219

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
354: Knee Replacement Implantation of internal device, knee joint	3,021	21%	\$9,028
352: Hip Replacement Implantation of internal device, hip joint	2,433	17%	\$10,285
375: Minor Upper Extremity Procedures Repair, rotator cuff; Repair, acromioclavicular and sternoclavicular joints; Repair, shoulder joint	1,516	11%	\$2,984
374: Minor Lower Extremity Procedures Repair, cruciate ligaments of knee; Fusion, tarsal bones and intertarsal joints [hindfoot, midfoot]; Fusion, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Removal of device, femur; Repair, knee joint; +++	1,338	9%	\$4,260
365: Back and Neck Procedures without Fusion Excision partial, intervertebral disc; Repair, spinal vertebrae	1,155	8%	\$5,182

MCC 08: Disease & Disorder of Musculoskeletal Sys & Conn Tissue

	<u>Activity</u>	
Surgical Partitions	14,106	(74%)
Medical Partitions	5,060	(26%)
Total	19,166	

Gender

Female	10,020
Male	9,146

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	866
18 to 69 years old	9,516
70 plus years old	3,724
<u>Medical Partitions</u>	
0 to 17 years old	250
18 to 69 years old	2,447
70 plus years old	2,363

Region of Residence

Chinook Regional Health Authority	1,159
Palliser Health Region	798
Calgary Health Region	5,627
David Thompson Regional Health Authority	2,310
East Central	992
Capital Health	5,006
Aspen Regional Health Authority	1,310
Peace Country Health	953
Northern Lights Health Region	249
Non-resident / Unknown	762

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
409: Back Pain (MNRH) Dorsopathies (M40-M54)	1,000	20%	\$3,749
402: Disc Disease Dorsopathies (M40-M54)	851	17%	\$5,188
391: Secondary Neoplasms and Pathological Fractures Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Osteopathies and chondropathies (M80-M94)	677	13%	\$10,467
398: Other Inflammatory Arthritis Arthropathies (M00-M25); Systemic connective tissue disorders (M30-M36)	614	12%	\$5,264
411: Signs, Symptoms and Deformities (MNRH) Soft tissue disorders (M60-M79); Arthropathies (M00-M25)	435	9%	\$4,252

Region of Service

Alberta Cancer Board	117
Chinook Regional Health Authority	1,050
Palliser Health Region	697
Calgary Health Region	6,699
David Thompson Regional Health Authority	1,576
East Central	638
Capital Health	6,872
Aspen Regional Health Authority	585
Peace Country Health	831
Northern Lights Health Region	101

Top Five CMGs Based on Activity for Surgical Partitions

- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
425: Skin Graft and Wound Debridement for Dermatologic Dis except Ulcer or Cellulitis Repair by decreasing size, breast; Excision radical, breast; Repair, breast; Excision total with reconstruction, breast	1,330	31%	\$4,209
429: Total Mastectomy for Breast Malignancy Excision total, breast; Excision radical, breast	1,017	24%	\$4,203
432: Subtotal Mastectomy and Other Breast Procedures for Malignancy Excision partial, breast	801	19%	\$3,609
437: Other Dermatological Procedures without Malignancy or Skin Ulcer or Cellulitis Drainage, soft tissue of the chest and abdomen; Drainage, soft tissue of head and neck; Excision partial, skin of abdomen and trunk; Destruction, soft tissue of leg; Excision partial, soft tissue of head and neck; ++	255	6%	\$4,612
438: Other Dermatological Procedures for Malignancy or Skin Ulcer or Cellulitis Destruction, skin of abdomen and trunk; Excision partial, skin of abdomen and trunk; Excision partial, lymph node(s), axillary; Excision total, lymph node(s), axillary; Destruction, soft tissue of the back; +++	187	4%	\$10,691

MCC 09: Disease & Disorder of Skin, Subcutaneous Tissue & Breast

	<u>Activity</u>	
Surgical Partitions	4,287	(58%)
Medical Partitions	3,059	(42%)
Total	7,346	

Top Five CMGs Based on Activity for Medical Partitions

- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
447: Cellulitis Infections of the skin and subcutaneous tissue (L00-L08)	1,919	63%	\$4,608
454: Minor Skin Disorders Dermatitis and eczema (L20-L30); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Urticaria and erythema (L50-L54); Other disorders of the skin and subcutaneous tissue (L80-L99)	397	13%	\$3,717
452: Trauma of Skin, Subcutaneous Tissue and Breast Injuries to the head (S00-S09); Injuries to the thorax (S20-S29); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries involving multiple body regions (T00-T07); Injuries to the knee and lower leg (S80-S89); +++	300	10%	\$3,362
439: Skin Ulcer Other disorders of the skin and subcutaneous tissue (L80-L99)	168	5%	\$15,082
440: Major Skin Disorders Urticaria and erythema (L50-L54); Viral infections characterized by skin and mucous membrane lesions (B00-B09); Melanoma and other malignant neoplasms of skin (C43-C44)	146	5%	\$4,844

Gender

Female	5,246
Male	2,100

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	149
18 to 69 years old	3,390
70 plus years old	748
<u>Medical Partitions</u>	
0 to 17 years old	352
18 to 69 years old	1,700
70 plus years old	1,007

Region of Residence

Chinook Regional Health Authority	379
Palliser Health Region	297
Calgary Health Region	2,250
David Thompson Regional Health Authority	902
East Central	393
Capital Health	1,737
Aspen Regional Health Authority	553
Peace Country Health	359
Northern Lights Health Region	174
Non-resident / Unknown	302

Region of Service⁹

Alberta Cancer Board	19
Chinook Regional Health Authority	381
Palliser Health Region	269
Calgary Health Region	2,534
David Thompson Regional Health Authority	759
East Central	413
Capital Health	2,107
Aspen Regional Health Authority	385
Peace Country Health	340
Northern Lights Health Region	139

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
479: Thyroid Procedures Excision total, thyroid gland; Excision partial, thyroid gland	925	43%	\$4,350
478: Obesity Procedures Repair by decreasing size, skin of abdomen and trunk	428	20%	\$6,897
477: Parathyroid Procedures Excision partial, parathyroid gland	191	9%	\$4,329
251: Gastrostomy and Colostomy Procedures Repair by decreasing size, stomach; Implantation of internal device, stomach	137	6%	\$13,584
482: Other Endocrine, Nutrition and Metabolic Procedures Transplant, pancreas; Bypass, arteries of leg NEC; Implantation of internal device, vena cava (superior and inferior); Excision partial, pancreas; Excision partial, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; +++	112	5%	\$26,589

MCC 10: Endocrine Nutritional & Metabolic Disease & Disorders

	<u>Activity</u>	
Surgical Partitions	2,134	(28%)
Medical Partitions	5,457	(72%)
Total	7,591	

Gender

Female	4,477
Male	3,114

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	78
18 to 69 years old	1,833
70 plus years old	223
<u>Medical Partitions</u>	
0 to 17 years old	752
18 to 69 years old	2,873
70 plus years old	1,832

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
483: Diabetes Diabetes mellitus (E10-E14)	2,693	49%	\$4,139
485: Nutritional and Miscellaneous Metabolic Disorders Metabolic disorders (E70-E90)	2,269	42%	\$4,762
489: Endocrine Disorders Malignant neoplasms of thyroid and other endocrine glands (C73-C75); Disorders of other endocrine glands (E20-E35); Disorders of thyroid gland (E00-E07)	338	6%	\$4,610
487: Cystic Fibrosis Metabolic disorders (E70-E90)	96	2%	\$14,513
488: Inborn Errors of Metabolism Metabolic disorders (E70-E90)	61	1%	\$16,513

Region of Residence

Chinook Regional Health Authority	533
Palliser Health Region	377
Calgary Health Region	1,889
David Thompson Regional Health Authority	837
East Central	502
Capital Health	1,767
Aspen Regional Health Authority	688
Peace Country Health	484
Northern Lights Health Region	223
Non-resident / Unknown	291

Region of Service

Alberta Cancer Board	109
Mental Health Board	1
Chinook Regional Health Authority	563
Palliser Health Region	491
Calgary Health Region	1,983
David Thompson Regional Health Authority	711
East Central	443
Capital Health	2,099
Aspen Regional Health Authority	534
Peace Country Health	466
Northern Lights Health Region	191

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
512: Other Transurethral or Biopsy Procedures (MNRH) Excision partial, bladder NEC; Extraction, ureter NEC; Destruction, ureter NEC	1,881	31%	\$2,130
510: Transurethral Prostatectomy Excision partial, prostate	1,495	25%	\$3,362
504: Major Urinary Tract Procedures Excision radical, kidney; Destruction, renal pelvis; Excision total, kidney; Procurement, kidney; Excision partial, kidney; +++	750	12%	\$8,479
502: Radical Prostatectomy Excision radical, prostate	672	11%	\$7,501
508: Minor Upper Urinary Tract Procedures Extraction, renal pelvis; Repair, renal pelvis; Drainage, renal pelvis	276	5%	\$7,052

MCC 11: Diseases & Disorders of Kidney & Urinary Tract

	<u>Activity</u>	
Surgical Partitions	6,044	(43%)
Medical Partitions	7,957	(57%)
Surgical/Medical Partitions	11	(0%)
Total	14,012	

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
529: Lower Urinary Tract Infection Other diseases of urinary system (N30-N39)	2,071	26%	\$5,024
536: Urinary Obstruction (MNRH) Urolithiasis (N20-N23)	2,064	26%	\$2,058
521: Renal Failure without Dialysis Renal failure (N17-N19); Diabetes mellitus (E10-E14)	1,258	16%	\$7,089
527: Upper Urinary Tract Infection Renal tubulo-interstitial diseases (N10-N16)	1,037	13%	\$3,835
522: Urinary Neoplasm Malignant neoplasms of urinary tract (C64-C68); Malignant neoplasms of male genital organs (C60-C63)	396	5%	\$8,284

Gender

Female	5,113
Male	8,899

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	203
18 to 69 years old	3,717
70 plus years old	2,124
<u>Medical Partitions</u>	
0 to 17 years old	692
18 to 69 years old	4,068
70 plus years old	3,197
<u>Surgical/Medical Partition</u>	
0 to 17 years old	8
18 to 69 years old	3
70 plus years old	

Region of Residence

Chinook Regional Health Authority	800
Palliser Health Region	721
Calgary Health Region	4,731
David Thompson Regional Health Authority	1,714
East Central	736
Capital Health	2,972
Aspen Regional Health Authority	932
Peace Country Health	652
Northern Lights Health Region	239
Non-resident / Unknown	515

Region of Service

Alberta Cancer Board	33
Chinook Regional Health Authority	784
Palliser Health Region	709
Calgary Health Region	5,090
David Thompson Regional Health Authority	1,540
East Central	549
Capital Health	3,911
Aspen Regional Health Authority	618
Peace Country Health	584
Northern Lights Health Region	194

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
554: Miscellaneous Male Reproductive System Procedures (MNRH) Fixation, testis; Excision partial, tunica vaginalis; Excision partial, epididymis; Occlusion, spermatic cord	179	36%	\$2,138
552: Testes Procedures Excision total, testis; Excision radical, testis; Excision partial, testis	158	31%	\$2,849
551: Penis Procedures Repair, penis NEC	99	20%	\$3,430
555: Circumcision (MNRH) Excision total, prepuce	48	10%	\$1,780
901: Non-extensive Unrelated O.R. Procedures Drainage, pelvis; Repair, skin of abdomen and trunk; Drainage, bladder NEC; Destruction, skin of abdomen and trunk; Drainage, penis NEC	6	1%	\$3,107

MCC 12: Diseases & Disorders of Male Reproductive System

	<u>Activity</u>	
Surgical Partitions	502	(77%)
Medical Partitions	146	(23%)
Total	648	

Gender

Male	648
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Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	198
18 to 69 years old	271
70 plus years old	33
<u>Medical Partitions</u>	
0 to 17 years old	20
18 to 69 years old	105
70 plus years old	21

Region of Residence

Chinook Regional Health Authority	17
Palliser Health Region	59
Calgary Health Region	209
David Thompson Regional Health Authority	116
East Central	21
Capital Health	110
Aspen Regional Health Authority	33
Peace Country Health	29
Northern Lights Health Region	13
Non-resident / Unknown	41

Top Four CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
561: Male Reproductive System Inflammation Diseases of male genital organs (N40-N51)	108	74%	\$3,344
563: Miscellaneous Male Reproductive System Diagnoses (MNRH) Diseases of male genital organs (N40-N51)	15	10%	\$1,884
562: Other Male Reproductive System Diagnoses Diseases of male genital organs (N40-N51)	15	10%	\$2,377
560: Malignancy of Male Reproductive Organ Malignant neoplasms of male genital organs (C60-C63)	8	5%	\$9,842

Region of Service

Alberta Cancer Board	1
Chinook Regional Health Authority	13
Palliser Health Region	65
Calgary Health Region	233
David Thompson Regional Health Authority	96
East Central	9
Capital Health	176
Aspen Regional Health Authority	18
Peace Country Health	25
Northern Lights Health Region	12

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
579: Major Uterine and Adnexal Procedures without Malignancy Excision total, uterus and surrounding structures; Excision partial, uterus and surrounding structures	6,016	67%	\$4,327
581: Reconstructive Gynecological Procedures Fixation, bladder neck; Repair, vagina NEC	1,262	14%	\$3,678
587: Miscellaneous Gynecological Procedures (MNRH) Excision partial, uterus and surrounding structures; Drainage, vulva NEC	411	5%	\$1,370
578: Major Gynecological Procedures for Malignancy except Ovarian or Adnexal Excision total, uterus and surrounding structures	388	4%	\$6,205
584: Vagina, Cervix and Vulva Procedures Repair, vagina NEC; Excision partial, vulva NEC; Excision partial, cervix NEC	287	3%	\$3,169

MCC 13: Diseases & Disorders of Female Reproductive System

	<u>Activity</u>	
Surgical Partitions	9,029	(91%)
Medical Partitions	870	(9%)
Total	9,899	

Gender

Female	9,899
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Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	66
18 to 69 years old	8,229
70 plus years old	734
<u>Medical Partitions</u>	
0 to 17 years old	66
18 to 69 years old	710
70 plus years old	94

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
596: Miscellaneous Gynecological Diagnoses (MNRH) Noninflammatory disorders of female genital tract (N80-N98)	515	59%	\$1,937
594: Female Reproductive System Infection Inflammatory diseases of female pelvic organs (N70-N77)	181	21%	\$2,443
592: Malignancy of Female Reproductive Organ Malignant neoplasms of female genital organs (C51-C58)	159	18%	\$6,315
595: Other Female Reproductive System Diagnoses and Injuries Noninflammatory disorders of female genital tract (N80-N98)	15	2%	\$2,084

Region of Residence

Chinook Regional Health Authority	644
Palliser Health Region	321
Calgary Health Region	3,077
David Thompson Regional Health Authority	1,008
East Central	478
Capital Health	2,853
Aspen Regional Health Authority	631
Peace Country Health	380
Northern Lights Health Region	309
Non-resident / Unknown	198

Region of Service

Alberta Cancer Board	39
Chinook Regional Health Authority	688
Palliser Health Region	263
Calgary Health Region	3,280
David Thompson Regional Health Authority	692
East Central	369
Capital Health	3,701
Aspen Regional Health Authority	231
Peace Country Health	387
Northern Lights Health Region	249

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
604: Caesarean Delivery Caesarean section delivery	3,267	32%	\$3,763
602: Caesarean Delivery with Complicating Diagnosis Caesarean section delivery	3,091	30%	\$4,654
603: Repeat Caesarean Delivery Caesarean section delivery	2,500	24%	\$3,033
601: Repeat Caesarean Delivery with Complicating Diagnosis Caesarean section delivery	1,201	12%	\$3,664
600: Major Procedures in Pregnancy or Childbirth Caesarean section delivery	202	2%	\$5,813

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	89
18 to 69 years old	10,177
70 plus years old	
<u>Medical Partitions</u>	
0 to 17 years old	782
18 to 69 years old	38,522
70 plus years old	
<u>Surgical/Medical Partition</u>	
0 to 17 years old	3
18 to 69 years old	133
70 plus years old	

Gender

Female	49,706
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MCC 14: Pregnancy & Childbirth

	<u>Activity</u>	
Surgical Partitions	10,266	(21%)
Medical Partitions	39,304	(79%)
Surgical/Medical Partitions	136	(0%)
Total	49,706	

Region of Residence

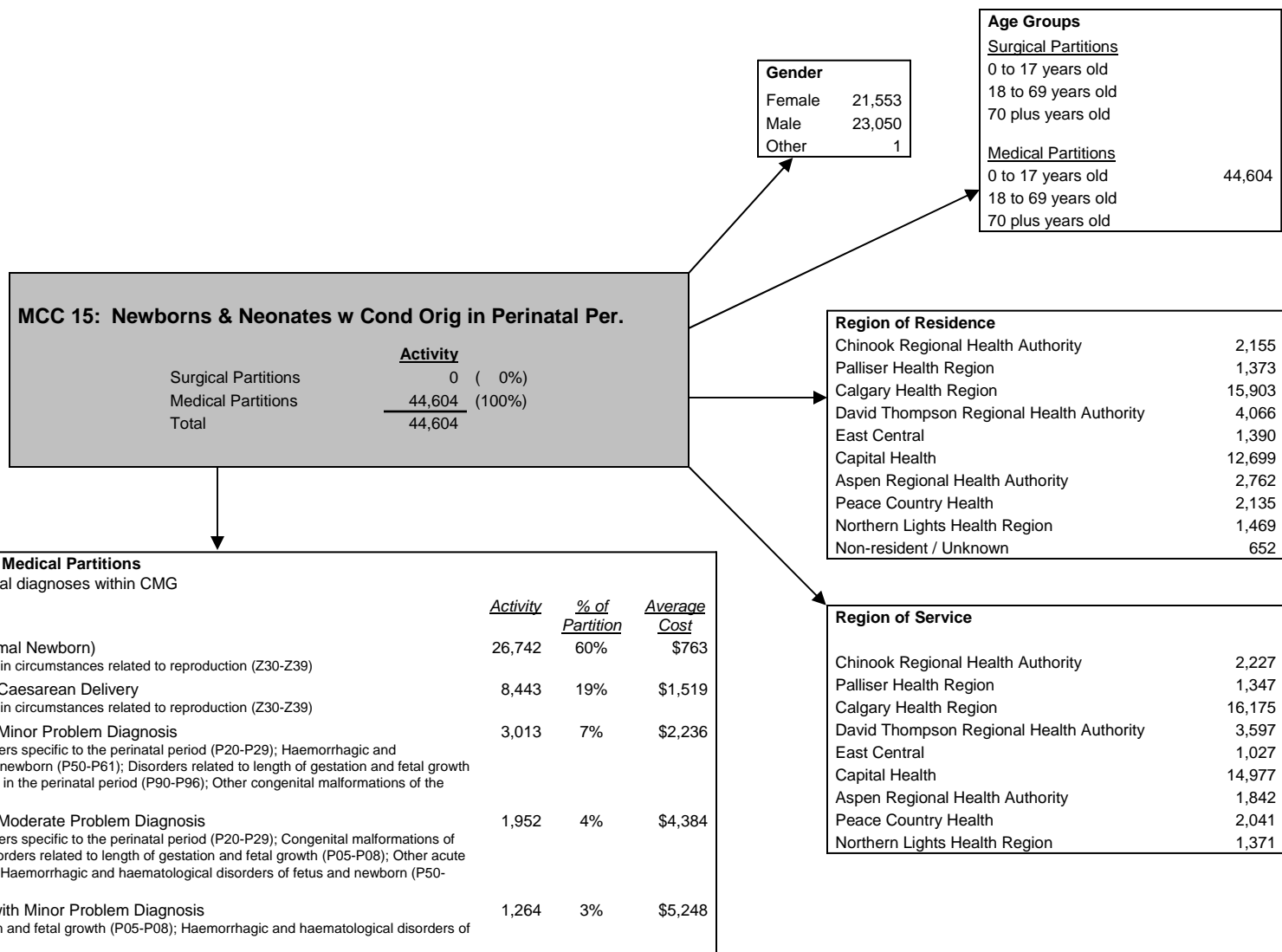
Chinook Regional Health Authority	2,351
Palliser Health Region	1,635
Calgary Health Region	16,987
David Thompson Regional Health Authority	4,823
East Central	1,642
Capital Health	14,020
Aspen Regional Health Authority	3,276
Peace Country Health	2,515
Northern Lights Health Region	1,753
Non-resident / Unknown	704

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
611: Vaginal Delivery Complications of labour and delivery (O60-O75)	17,314	44%	\$1,958
609: Vaginal Delivery with Complicating Diagnosis Complications of labour and delivery (O60-O75); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)	11,200	28%	\$2,504
624: Antepartum Diagnosis Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Other obstetric conditions, not elsewhere classified (O95-O99); Other maternal disorders predominantly related to pregnancy (O20-O29); Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium (O10-O16)	2,409	6%	\$1,396
617: Abortive Outcome with D and C Pregnancy with abortive outcome (O00-O08)	1,681	4%	\$1,038
623: Antepartum Diagnosis with Complicating Diagnosis Other maternal disorders predominantly related to pregnancy (O20-O29); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium (O10-O16)	1,365	3%	\$2,063

Region of Service

Chinook Regional Health Authority	2,448
Palliser Health Region	1,624
Calgary Health Region	17,250
David Thompson Regional Health Authority	4,360
East Central	1,279
Capital Health	16,362
Aspen Regional Health Authority	2,280
Peace Country Health	2,413
Northern Lights Health Region	1,690



Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
703: Other O.R. Procedures of Blood and Blood-forming Organs Implantation of internal device, vena cava (superior and inferior); Biopsy, mediastinal lymph nodes; Biopsy, lymph nodes of neck region; Biopsy, axillary lymph nodes; Excision partial, lymph node(s), neck region NEC (cervical); +++	119	38%	\$8,216
701: Splenectomy Excision total, spleen	78	25%	\$9,841
700: Bone Marrow Transplant Transfusion, circulatory system NEC	47	15%	\$79,236
901: Non-extensive Unrelated O.R. Procedures Drainage, skin of neck; Biopsy, lung; Removal of device, vena cava (superior and inferior); Dilatation, coronary arteries; Biopsy, bone marrow; +++	30	10%	\$20,668
900: Extensive Unrelated O.R. Procedures Implantation of internal device, abdominal cavity; Occlusion, vena cava (superior and inferior); Implantation of internal device, heart NEC; Excision partial, pancreas; Excision radical, stomach; +++	21	7%	\$31,755

Gender

Female	1,487
Male	1,262

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	73
18 to 69 years old	194
70 plus years old	45
<u>Medical Partitions</u>	
0 to 17 years old	436
18 to 69 years old	1,113
70 plus years old	888

MCC 16: Disease & Disorder of Blood, Blood-form Org & Immunol Disor

	<u>Activity</u>	
Surgical Partitions	312	(11%)
Medical Partitions	2,437	(89%)
Total	2,749	

Region of Residence

Chinook Regional Health Authority	122
Palliser Health Region	108
Calgary Health Region	708
David Thompson Regional Health Authority	274
East Central	182
Capital Health	816
Aspen Regional Health Authority	240
Peace Country Health	189
Northern Lights Health Region	40
Non-resident / Unknown	70

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
704: Red Blood Cell Disorders Aplastic and other anaemias (D60-D64); Nutritional anaemias (D50-D53)	1,345	55%	\$4,791
710: Reticuloendothelial and Immunity Disorders Other diseases of blood and blood-forming organs (D70-D77)	735	30%	\$6,305
709: Coagulation Disorders Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)	357	15%	\$4,019

Region of Service

Alberta Cancer Board	283
Chinook Regional Health Authority	111
Palliser Health Region	94
Calgary Health Region	778
David Thompson Regional Health Authority	222
East Central	143
Capital Health	752
Aspen Regional Health Authority	176
Peace Country Health	158
Northern Lights Health Region	32

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
728: Lymphoma and Chronic Leukemia with Other Procedures Biopsy, lymph nodes of neck region; Excision partial, lymph node(s), axillary; Biopsy, inguinal lymph nodes; Implantation of internal device, vena cava (superior and inferior); Biopsy, intraabdominal lymph nodes; +++	277	38%	\$14,073
725: Major Leukemia and Lymphoma Procedures Excision total, lymph node(s), axillary; Excision total, lymph node(s), neck region NEC (cervical); Excision radical, lymph node(s), neck region NEC (cervical); Excision partial, lymph node(s), neck region NEC (cervical); Excision total, spleen; +++	182	25%	\$12,108
700: Bone Marrow Transplant Transfusion, circulatory system NEC	127	17%	\$56,991
733: Major Ill-defined Neoplasm Procedures Excision partial, abdominal cavity; Excision partial, soft tissue of the chest and abdomen; Excision radical, abdominal cavity; Excision total, thymus; Excision partial, large intestine; +++	74	10%	\$16,070
734: Ill-defined Neoplasm with Other Procedures Implantation of internal device, vena cava (superior and inferior); Excision partial, soft tissue of head and neck; Excision total, uterus and surrounding structures; Excision partial, soft tissue of leg; Biopsy, abdominal cavity; +++	66	9%	\$9,631

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	44
18 to 69 years old	513
70 plus years old	169
<u>Medical Partitions</u>	
0 to 17 years old	556
18 to 69 years old	1,006
70 plus years old	553
<u>Surgical/Medical Partition</u>	
0 to 17 years old	36
18 to 69 years old	114
70 plus years old	54

Gender

Female	1,440
Male	1,605

MCC 17: Both Lymphoma or Leukemia and Neoplasm of Unspecified Site

	<u>Activity</u>	
Surgical Partitions	726	(24%)
Medical Partitions	2,115	(69%)
Surgical/Medical Partitions	204	(7%)
Total	3,045	

Region of Residence

Chinook Regional Health Authority	175
Palliser Health Region	91
Calgary Health Region	1,107
David Thompson Regional Health Authority	292
East Central	131
Capital Health	713
Aspen Regional Health Authority	232
Peace Country Health	94
Northern Lights Health Region	38
Non-resident / Unknown	172

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
736: Chemotherapy Persons encountering health services for specific procedures and health care (Z40-Z54)	953	45%	\$4,867
730: Lymphoma and Chronic Leukemia Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	788	37%	\$9,982
735: Radiation Therapy Persons encountering health services for specific procedures and health care (Z40-Z54)	199	9%	\$4,192
737: Other Poorly Differentiated Neoplastic Diagnoses Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80)	175	8%	\$9,031

Region of Service

Alberta Cancer Board	272
Chinook Regional Health Authority	79
Palliser Health Region	50
Calgary Health Region	1,488
David Thompson Regional Health Authority	140
East Central	52
Capital Health	821
Aspen Regional Health Authority	67
Peace Country Health	67
Northern Lights Health Region	9

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
750: Multisystemic or Unspecified Site Infections with Surgery Destruction, soft tissue of leg; Drainage, abdominal cavity; Excision partial, knee joint; Destruction, skin of abdomen and trunk; Destruction, soft tissue of the chest and abdomen; +++	555	100%	\$26,106

MCC 18: Multisystemic or Unspecified Site Infections

	<u>Activity</u>	
Surgical Partitions	555	(15%)
Medical Partitions	3,111	(85%)
Total	3,666	

Gender

Female	1,833
Male	1,833

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	41
18 to 69 years old	403
70 plus years old	111
<u>Medical Partitions</u>	
0 to 17 years old	804
18 to 69 years old	1,513
70 plus years old	794

Region of Residence

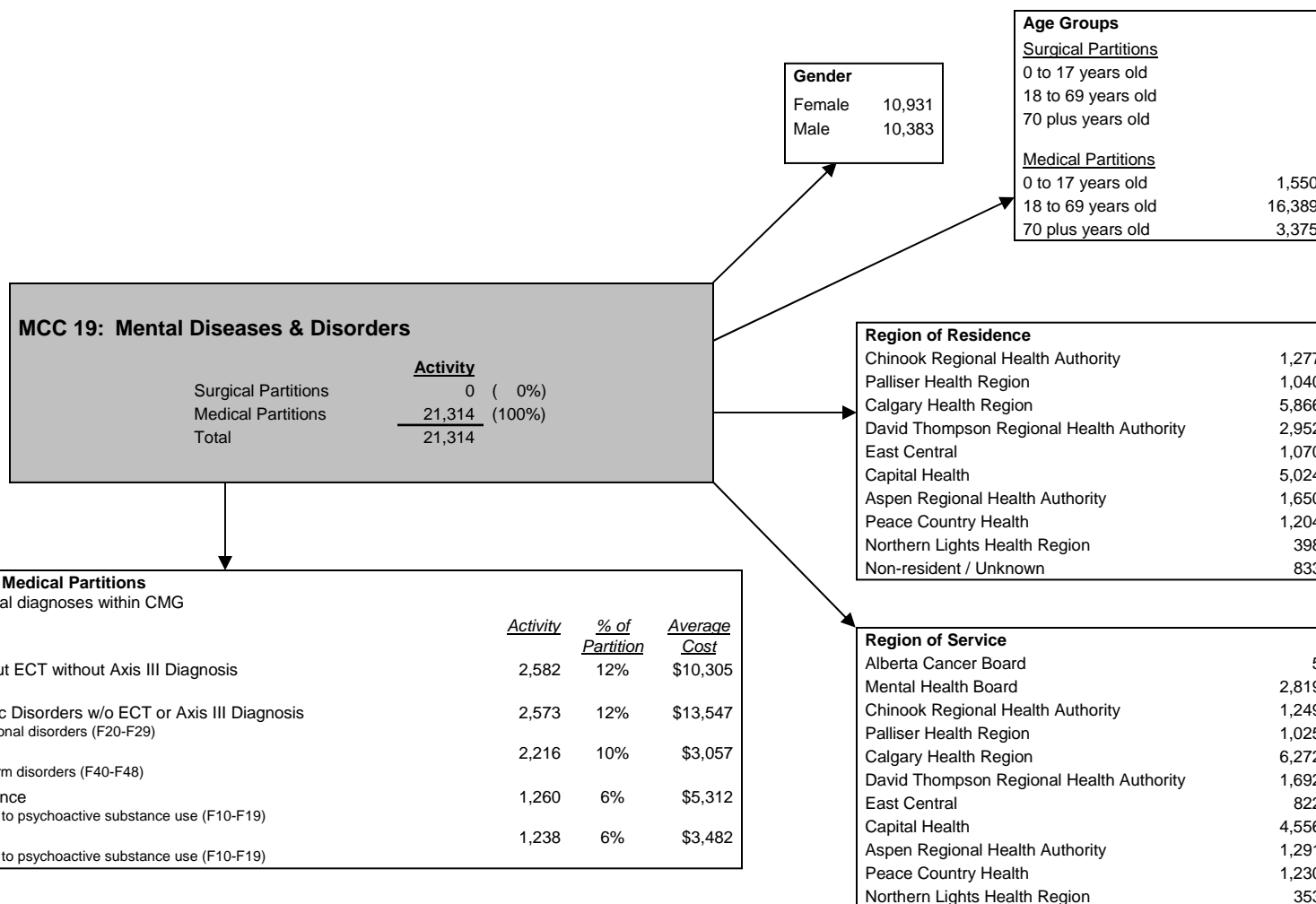
Chinook Regional Health Authority	224
Palliser Health Region	145
Calgary Health Region	954
David Thompson Regional Health Authority	459
East Central	252
Capital Health	838
Aspen Regional Health Authority	263
Peace Country Health	292
Northern Lights Health Region	124
Non-resident / Unknown	115

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
751: Septicemia Other bacterial diseases (A30-A49)	927	30%	\$9,816
756: Post-operative and Post-traumatic Infections Complications of surgical and medical care, not elsewhere classified (T80-T88)	697	22%	\$3,976
757: Viral Illness Other viral diseases (B25-B34)	695	22%	\$3,218
761: Fever of Unknown Origin General symptoms and signs (R50-R69)	575	18%	\$3,201
763: Other Infectious Diagnoses Other bacterial diseases (A30-A49); Mycoses (B35-B49); Protozoal diseases (B50-B64)	217	7%	\$6,844

Region of Service

Alberta Cancer Board	23
Chinook Regional Health Authority	207
Palliser Health Region	143
Calgary Health Region	1,040
David Thompson Regional Health Authority	408
East Central	218
Capital Health	1,017
Aspen Regional Health Authority	206
Peace Country Health	289
Northern Lights Health Region	115



Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
804: Non-extensive Procedures for Injury or Complication of Treatment Control of bleeding, tonsils and adenoids; Excision total, vitreous; Repair, rotator cuff; Implantation of internal device, vena cava (superior and inferior); Transplant, cornea; +++	998	52%	\$5,761
803: Extensive Procedures for Injury or Complication of Treatment Bypass, arteries of leg NEC; Excision partial, large intestine; Bypass, ventricle; Removal of device, hip joint; Excision partial, femur; +++	359	19%	\$17,614
805: MNRH Procedures for Injury or Complication of Treatment Removal of device, tibia and fibula; Removal of device, ankle joint; Drainage, soft tissue of the chest and abdomen; Destruction, soft tissue of the chest and abdomen; Excision partial, knee joint; +++	229	12%	\$4,253
354: Knee Replacement Implantation of internal device, knee joint	105	6%	\$11,113
352: Hip Replacement Implantation of internal device, hip joint	69	4%	\$13,239

MCC 21: Injury, Poisoning & Toxic Effects of Drugs

	<u>Activity</u>	
Surgical Partitions	1,903	(31%)
Medical Partitions	4,279	(69%)
Total	6,182	

Gender

Female	3,203
Male	2,979

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	155
18 to 69 years old	1,197
70 plus years old	551
<u>Medical Partitions</u>	
0 to 17 years old	548
18 to 69 years old	3,026
70 plus years old	705

Region of Residence

Chinook Regional Health Authority	346
Palliser Health Region	209
Calgary Health Region	1,557
David Thompson Regional Health Authority	791
East Central	268
Capital Health	1,572
Aspen Regional Health Authority	589
Peace Country Health	410
Northern Lights Health Region	164
Non-resident / Unknown	276

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
813: Drug Reactions Poisoning by drugs, medicaments and biological substances (T36-T50)	1,972	46%	\$3,111
818: Complications of Treatment Complications of surgical and medical care, not elsewhere classified (T80-T88)	1,672	39%	\$3,677
823: Minor Injuries and Trauma Diagnosis Other and unspecified effects of external causes (T66-T78); Persons encountering health services for examination and investigation (Z00-Z13); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries to the knee and lower leg (S80-S89)	467	11%	\$3,498
811: Allergic Reaction Other and unspecified effects of external causes (T66-T78)	168	4%	\$2,033

Region of Service

Alberta Cancer Board	4
Chinook Regional Health Authority	312
Palliser Health Region	172
Calgary Health Region	1,782
David Thompson Regional Health Authority	643
East Central	207
Capital Health	2,144
Aspen Regional Health Authority	427
Peace Country Health	363
Northern Lights Health Region	128

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
832: Non-extensive Burns with Skin Graft Repair, skin of leg; Repair, skin of hand; Repair, skin of arm; Repair, skin of abdomen and trunk	109	70%	\$18,077
830: Extensive Burns with Skin Graft Wound Debridement or Other Burn Procedures Repair, skin of abdomen and trunk; Repair, skin of leg; Repair, skin of arm; Repair, skin NEC	35	23%	\$77,127
901: Non-extensive Unrelated O.R. Procedures Destruction, skin of foot; Destruction, skin of hand; Destruction, skin of arm; Destruction, skin of abdomen and trunk	6	4%	\$25,471
833: Non-extensive Burns with Wound Debridement or Other Burn Procedures Destruction, skin of leg; Amputation, phalanx of hand	3	2%	\$7,315
906: Unrelated O.R. Procedures (MNRH) Excision partial, soft tissue of arm; Excision partial, soft tissue of leg	2	1%	\$4,981

MCC 22: Burns

	<u>Activity</u>	
Surgical Partitions	155	(43%)
Medical Partitions	205	(57%)
Total	360	

Gender

Female	80
Male	280

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	32
18 to 69 years old	109
70 plus years old	14
<u>Medical Partitions</u>	
0 to 17 years old	57
18 to 69 years old	134
70 plus years old	14

Region of Residence

Chinook Regional Health Authority	10
Palliser Health Region	16
Calgary Health Region	84
David Thompson Regional Health Authority	43
East Central	11
Capital Health	75
Aspen Regional Health Authority	35
Peace Country Health	33
Northern Lights Health Region	16
Non-resident / Unknown	37

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
834: Non-extensive Burns without Burn Procedures Burns and corrosions (T20-T32)	188	92%	\$5,828
831: Extensive Burns without Burn Procedures Burns and corrosions (T20-T32)	17	8%	\$14,793

Region of Service

Chinook Regional Health Authority	9
Palliser Health Region	11
Calgary Health Region	109
David Thompson Regional Health Authority	27
East Central	5
Capital Health	144
Aspen Regional Health Authority	22
Peace Country Health	21
Northern Lights Health Region	12

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
840: Other Admissions with Surgery Fixation, femur; Implantation of internal device, vena cava (superior and inferior); Excision total, uterus and surrounding structures; Excision total, breast; Fixation, hip joint; +++	717	93%	\$33,729
351: Joint Replacement for Trauma Implantation of internal device, hip joint	26	3%	N/A
352: Hip Replacement Implantation of internal device, hip joint	15	2%	N/A
354: Knee Replacement Implantation of internal device, knee joint	11	1%	N/A

Gender

Female	10,130
Male	9,268
Other	1

Age Groups

<u>Surgical Partitions</u>	
0 to 17 years old	51
18 to 69 years old	421
70 plus years old	297
<u>Medical Partitions</u>	
0 to 17 years old	1,097
18 to 69 years old	8,472
70 plus years old	9,061

MCC 23: Other Reasons for Hospitalization

	<u>Activity</u>	
Surgical Partitions	769	(4%)
Medical Partitions	18,630	(96%)
Total	19,399	

Region of Residence

Chinook Regional Health Authority	986
Palliser Health Region	558
Calgary Health Region	3,693
David Thompson Regional Health Authority	2,098
East Central	1,313
Capital Health	6,709
Aspen Regional Health Authority	1,961
Peace Country Health	1,065
Northern Lights Health Region	537
Non-resident / Unknown	479

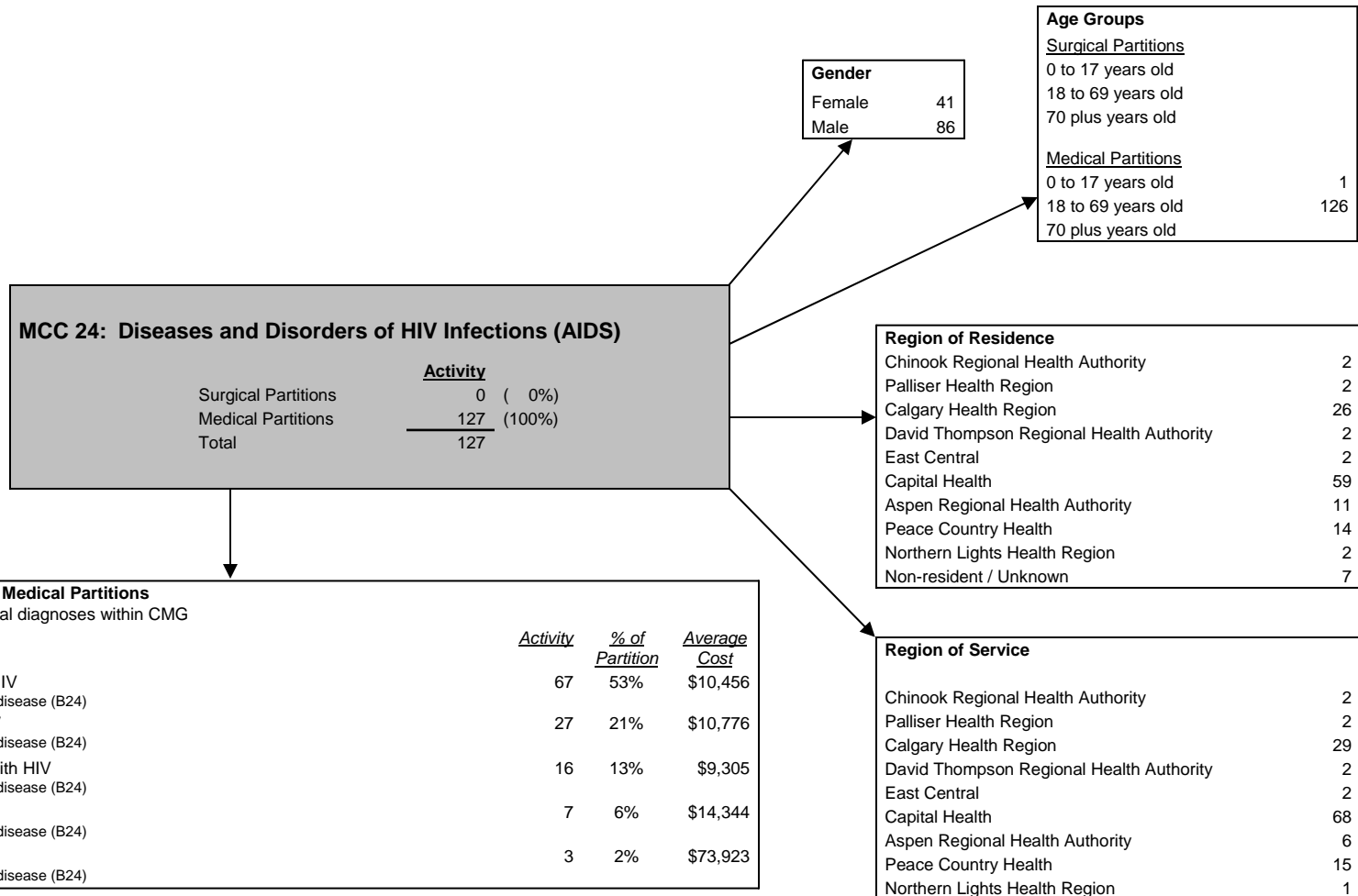
Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
841: Rehabilitation Persons encountering health services for specific procedures and health care (Z40-Z54)	5,448	29%	\$26,561
851: Other Factors Causing Hospitalization Persons encountering health services for specific procedures and health care (Z40-Z54)	4,581	25%	\$3,459
846: Aftercare following Surgery or Treatment Persons encountering health services for specific procedures and health care (Z40-Z54)	3,470	19%	\$1,403
847: Other Specified Aftercare Persons encountering health services for specific procedures and health care (Z40-Z54)	2,534	14%	\$11,822
842: Signs and Symptoms General symptoms and signs (R50-R69)	1,344	7%	\$7895

Region of Service

Alberta Cancer Board	26
Mental Health Board	11
Chinook Regional Health Authority	918
Palliser Health Region	505
Calgary Health Region	4,002
David Thompson Regional Health Authority	1,823
East Central	1,129
Capital Health	8,244
Aspen Regional Health Authority	1,460
Peace Country Health	896
Northern Lights Health Region	385

NA – average cost data not available as no costs submitted for MAC / ACCS group combination



Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
666: Major Lower and Upper Extremity Procedures for Trauma Fixation, ankle joint; Fixation, tibia and fibula; Fixation, knee joint	3,506	33%	\$4,949
670: Upper Extremity Procedures for Trauma Fixation, radius and ulna; Fixation, humerus; Fixation, elbow joint; Fixation, wrist joint	2,596	25%	\$3,831
662: Femur or Pelvic Procedures for Trauma Fixation, femur; Fixation, hip joint	1,797	17%	\$11,707
351: Joint Replacement for Trauma Implantation of internal device, hip joint	829	8%	\$15,323
668: Miscellaneous Musculoskeletal Procedures for Trauma Fixation, mandible; Fixation, multiple bones of mid face region, without cranium involvement; Fixation, zygoma; Fixation, nasoethmoid and orbital complex	519	5%	\$5,299

MCC 25: Significant Trauma

	<u>Activity</u>	
Surgical Partitions	10,593	(56%)
Medical Partitions	8,478	(44%)
Total	19,071	

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
692: Wounds Injuries to the wrist and hand (S60-S69); Injuries to the head (S00-S09); Injuries to the hip and thigh (S70-S79); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries to the shoulder and upper arm (S40-S49); +++	1,092	13%	\$2,634
695: Other Cranial Injuries Injuries to the head (S00-S09)	1,016	12%	\$3,225
687: Thoraco-abdominal Injuries Injuries to the thorax (S20-S29)	1,008	12%	\$4,931
680: Femur or Pelvic Fractures and Dislocations Injuries to the hip and thigh (S70-S79); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39)	859	10%	\$8,105
696: Upper Extremity Fractures Injuries to the elbow and forearm (S50-S59); Injuries to the shoulder and upper arm (S40-S49)	831	10%	\$2,095

Gender

Female	8,047
Male	11,024

Age Groups

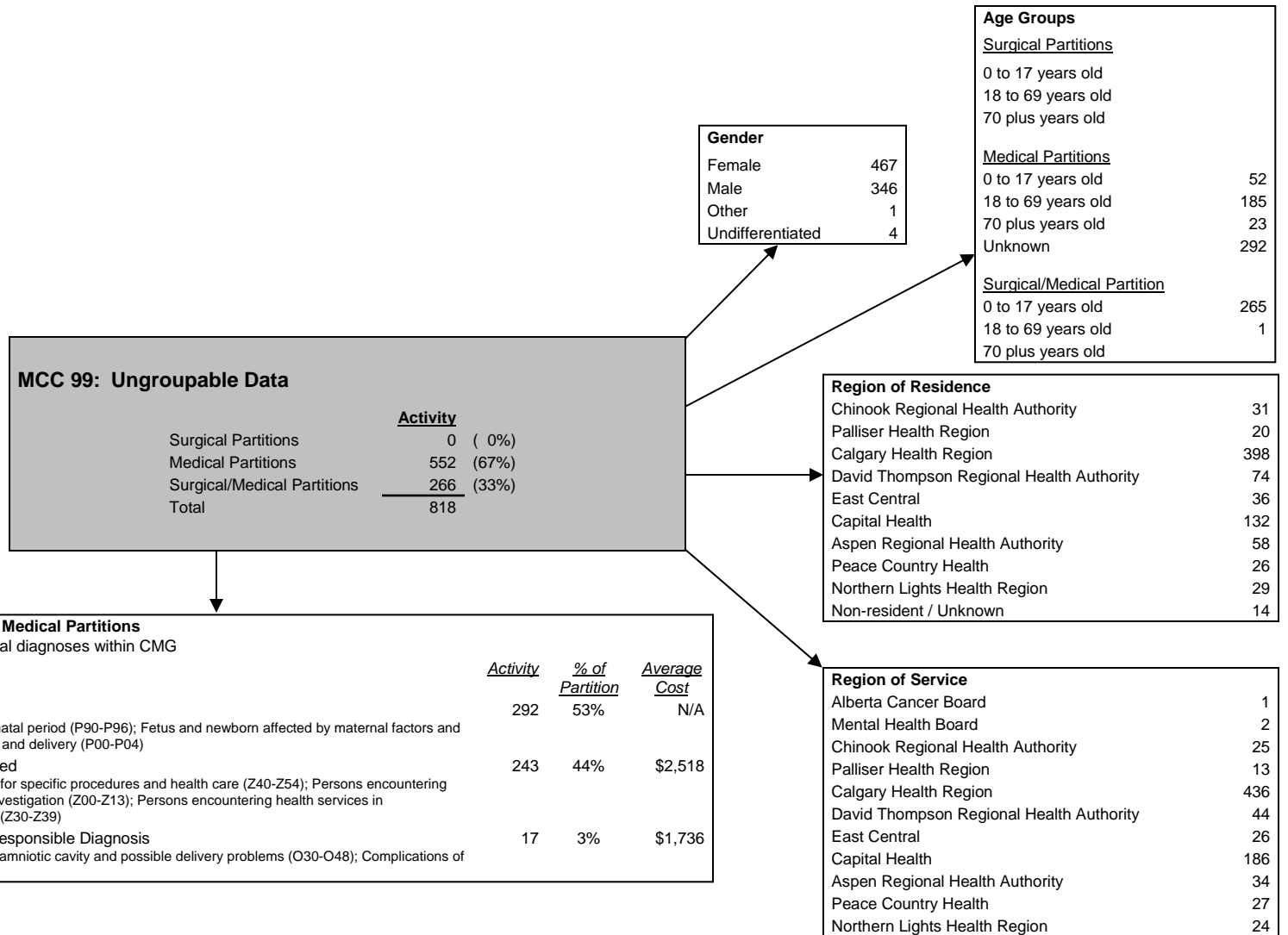
<u>Surgical Partitions</u>	
0 to 17 years old	1,295
18 to 69 years old	6,706
70 plus years old	2,592
<u>Medical Partitions</u>	
0 to 17 years old	1,301
18 to 69 years old	4,905
70 plus years old	2,272

Region of Residence

Chinook Regional Health Authority	806
Palliser Health Region	801
Calgary Health Region	4,913
David Thompson Regional Health Authority	2,453
East Central	881
Capital Health	4,960
Aspen Regional Health Authority	1,496
Peace Country Health	1,124
Northern Lights Health Region	411
Non-resident / Unknown	1,226

Region of Service

Chinook Regional Health Authority	712
Palliser Health Region	745
Calgary Health Region	5,901
David Thompson Regional Health Authority	1,950
East Central	493
Capital Health	7,201
Aspen Regional Health Authority	654
Peace Country Health	1,131
Northern Lights Health Region	284



NA – average cost data not available as no costs submitted for MAC / ACCS group combination

This section contains detailed ambulatory care information grouped into 19 clusters, the Major Ambulatory Clusters (MAC). MACs are based on body systems or specific types of clinical problems. Each MAC is split into partitions:

Intervention Related Visits – corresponds to visits belonging to ACCS Groups 1 to 99

Clinical Related Visits – corresponds to visits belonging to ACCS Groups >99

- ◆ The table displaying the gender distribution contains the standard male and female codes. There are also two other possible codes:

O – other, for transsexuals or hermaphrodites

U – undifferentiated, for stillbirths only

- ◆ The age groups are based on the age categories used by CIHI in CMG assignments. The age calculation is based on the visit date. For reference, the provincial breakdown, as of March 31, 2005, is as follows:

0 to 17 years old	774,422	(24%)
18 to 69 years old	2,195,000	(68%)
70 plus years old	240,269	(7%)
	3,209,691	

- ◆ Region of residence refers to the regional health authority the recipient resided in at the time of the inpatient or ambulatory care visit. Region of service refers to the regional health authority where the hospital is located at fiscal year end. Population by region can be found on the Alberta Health and Wellness website in News/Media/Resources Stats & Facts section.

- ◆ The table displaying the Top Five ACCS Groups Based on Activity for Clinical Related Visits lists some of the main ambulatory care diagnosis codes. The main diagnosis code is¹

“the diagnosis, condition, problem, or in some cases, the intervention, that is the main reason for the ambulatory care services being provided to the service recipient. . . and is the diagnosis responsible for the greatest use of resources.”

- The diagnosis groupings are based on the first three digits of the principal diagnosis.
- At least 75 per cent of the records within the ACCS group will have one of the listed diagnosis codes as the principal diagnosis. The exception would be for ACCS groups with +++. For these groups, there are more than five diagnosis codes to represent 75 per cent of the records. Only the first five are listed.
- The activity and average costs are for the entire ACCS group within each MAC; that is, based on all diagnosis codes not just those representing 75 per cent of the records.
- Tables containing less than five ACCS groups include all ACCS groups belonging to the clinical related visits within that category.

- ◆ The table displaying the Top Five ACCS Groups Based on Activity for Intervention Related Visits lists some of the most common main intervention codes (coded as first intervention). The main intervention code is²

“the intervention performed and considered by the provider(s) to be the most clinically significant.”

¹ *Alberta Ambulatory Care Reporting Manual Effective April 2003*, Alberta Health and Wellness, p. 59-60.

² *Ibid.* p. 59-61.

- The intervention groupings are based on the rubrics, first five digits of the main intervention.
- At least 75 per cent of the records within the ACCS group will have one of the listed rubrics as the main intervention. The exception would be for ACCS groups with +++. For these groups, there are more than five intervention codes to represent 75 per cent of the records. Only the first five are listed.
- The activity and average costs are for the entire ACCS group within each MAC; that is, based on all intervention codes not just those representing 75 per cent of the records.
- Tables containing less than five ACCS groups include all ACCS groups belonging to the intervention related visits within that category.

Due to resource constraints, minor data flaws have not been completely purged from the data. For example, activity data indicate that a few women over 70 years of age received services relating to Pregnancy & Childbirth. Occasionally, fields relating to gender may have been empty.

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
75: Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], brain	12,645	59%	\$591
2: Spinal Specimen collection (diagnostic), spinal canal and meninges	1,450	7%	\$664
1.3: Nerve & Other, Other Anaesthetic Release, nerve(s) of forearm and wrist	1,448	7%	\$791
1.1: Nerve & Other, Local Anaesthetic Release, nerve(s) of forearm and wrist	1,439	7%	\$209
1.4: Nerve & Other, No Anaesthetic Release, nerve(s) of forearm and wrist	1,096	5%	\$102

Gender

Female	120,314
Male	89,759
Other	4

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	1,266
18 to 69 years old	14,487
70 plus years old	5,752
<u>Clinical Related Visits</u>	
0 to 17 years old	38,054
18 to 69 years old	124,805
70 plus years old	25,713

MAC 01: Diseases and Disorders of the Nervous System

	<u>Activity</u>	
Intervention Related Visits	21,505	(10%)
Clinical Related Visits	188,572	(90%)
Total	210,077	

Region of Residence

Chinook Regional Health Authority	10,856
Palliser Health Region	6,285
Calgary Health Region	85,037
David Thompson Regional Health Authority	21,976
East Central	6,359
Capital Health	47,261
Aspen Regional Health Authority	12,273
Peace Country Health	9,622
Northern Lights Health Region	3,034
Non-resident / Unknown	7,374

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
605: Management General Neurology 18 < 65 years Nerve, nerve root and plexus disorders (G50-G59); Episodic and paroxysmal disorders (G40-G47); Demyelinating diseases of the central nervous system (G35-G37); Other disorders of the nervous system (G90-G99); Symptoms and signs involving the nervous and musculoskeletal systems (R25-R29)	34,423	18%	\$121
607: Migraine Headache Episodic and paroxysmal disorders (G40-G47)	25,503	14%	\$119
2082: Mode of Service – Telephone Demyelinating diseases of the central nervous system (G35-G37); Episodic and paroxysmal disorders (G40-G47); Other disorders of the nervous system (G90-G99); Cerebrovascular diseases (I60-I69)	21,287	11%	\$111
615: Management Convulsions Episodic and paroxysmal disorders (G40-G47); General symptoms and signs (R50-R69)	18,216	10%	\$150
609: Management Headache General symptoms and signs (R50-R69)	17,059	9%	\$103

Region of Service

Chinook Regional Health Authority	7,272
Palliser Health Region	3,718
Calgary Health Region	99,915
David Thompson Regional Health Authority	17,125
East Central	4,640
Capital Health	56,018
Aspen Regional Health Authority	9,801
Peace Country Health	9,016
Northern Lights Health Region	2,572

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
5: Lens Interventions Excision total, lens	24,202	65%	\$609
8: External Eye Destruction, retina; Excision partial, eyelid NEC; Test, eye; Inspection, eye; Dilation, lacrimal excretory system; +++	7,250	19%	\$577
4: Orbital & Other Eye Repair, upper eyelid; Drainage, anterior chamber (of eye); Excision partial, cornea; Excision total, lens; Excision total, vitreous; +++	3,083	8%	\$1,219
7: Strabismus Transfer, ocular muscles and tendons; Destruction, ocular muscles and tendons	1,075	3%	\$1,418
6: Iris & Other Eye Test, eye; Excision partial, iris; Pressure measurement, circulatory system;	855	2%	\$81

Gender

Female	65,238
Male	55,817
Other	19

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	1,619
18 to 69 years old	15,671
70 plus years old	20,152
<u>Clinical Related Visits</u>	
0 to 17 years old	20,684
18 to 69 years old	44,606
70 plus years old	18,342

MAC 02: Diseases and Disorders of the Eye

	<u>Activity</u>	
Intervention Related Visits	37,442	(31%)
Clinical Related Visits	83,632	(69%)
Total	121,074	

Region of Residence

Chinook Regional Health Authority	4,514
Palliser Health Region	2,955
Calgary Health Region	39,026
David Thompson Regional Health Authority	10,666
East Central	5,042
Capital Health	39,450
Aspen Regional Health Authority	7,622
Peace Country Health	5,371
Northern Lights Health Region	2,303
Non-resident / Unknown	4,125

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
758: Management Ophthalmology 45+ years Glaucoma (H40-H42); Disorders of choroid and retina (H30-H36); Disorders of conjunctiva (H10-H13); Disorders of sclera, cornea, iris and ciliary body (H15-H22); Disorders of lens (H25-H28); +++	35,781	43%	\$110
757: Management Ophthalmology 18 < 45 years Disorders of conjunctiva (H10-H13); Disorders of sclera, cornea, iris and ciliary body (H15-H22); Disorders of eyelid, lacrimal system and orbit (H00-H06); Glaucoma (H40-H42); Other disorders of eye and adnexa (H55-H59)	18,221	22%	\$89
755: Management Ophthalmology 0 < 12 years Disorders of conjunctiva (H10-H13); Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52); Persons encountering health services for examination and investigation (Z00-Z13); Disorders of eyelid, lacrimal system and orbit (H00-H06)	16,354	20%	\$91
754: Diag Inv Ophthalmology 45+ years Disorders of choroid and retina (H30-H36); Glaucoma (H40-H42)	7,069	8%	\$209
756: Management Ophthalmology 12 < 18 years Disorders of conjunctiva (H10-H13); Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52); Disorders of eyelid, lacrimal system and orbit (H00-H06); Disorders of sclera, cornea, iris and ciliary body (H15-H22); Visual disturbances and blindness (H53-H54)	3,829	5%	\$87

Region of Service

Chinook Regional Health Authority	3,772
Palliser Health Region	2,368
Calgary Health Region	44,198
David Thompson Regional Health Authority	6,704
East Central	3,261
Capital Health	49,797
Aspen Regional Health Authority	4,181
Peace Country Health	4,969
Northern Lights Health Region	1,824

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
60: Dental Surgery Restoration, tooth; Extraction, tooth; Therapeutic intervention NEC, tooth	8,002	26%	\$1,413
14: Nasal Interventions Control of bleeding, nose; Repair, nose; Destruction, nose	5,056	16%	\$784
16: External Ear Extraction, external auditory meatus; Pharmacotherapy (local), external auditory meatus	2,253	7%	\$369
17: Respiratory Endoscopy – ENT Inspection, larynx; Assessment (examination), total body; Pharmacotherapy (local), nose; Inspection, nose; Excision partial, glottis	2,000	6%	\$507
13: Tonsils & Adenoids 12+ years Excision total, tonsils and adenoids; Drainage, tonsils and adenoids	1,841	6%	\$970

Gender

Female	153,722
Male	162,520
Other	15

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	14,827
18 to 69 years old	13,468
70 plus years old	2,829

<u>Clinical Related Visits</u>	
0 to 17 years old	164,548
18 to 69 years old	111,056
70 plus years old	9,529

MAC 03: Diseases and Disorders of the Ear, Nose, Mouth and Throat

	<u>Activity</u>	
Intervention Related Visits	31,124	(10%)
Clinical Related Visits	285,133	(90%)
Total	316,257	

Region of Residence

Chinook Regional Health Authority	17,046
Palliser Health Region	9,940
Calgary Health Region	101,059
David Thompson Regional Health Authority	33,977
East Central	15,005
Capital Health	54,947
Aspen Regional Health Authority	33,876
Peace Country Health	28,283
Northern Lights Health Region	12,440
Non-resident / Unknown	9,684

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
303: Management General ENT Acute upper respiratory infections (J00-J06); Persons encountering health services for examination and investigation (Z00-Z13)	184,028	65%	\$151
305: Otitis Media Diseases of middle ear and mastoid (H65-H75)	38,157	13%	\$99
1143: Audiology Group 3 Persons encountering health services for examination and investigation (Z00-Z13)	12,211	4%	\$283
301: Diag Inv General ENT Acute upper respiratory infections (J00-J06); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	10,322	4%	\$236
409: Management General Gastrointestinal 18 < 45 years Diseases of oral cavity, salivary glands and jaws (K00-K14)	10,302	4%	\$91

Region of Service

Chinook Regional Health Authority	17,022
Palliser Health Region	9,859
Calgary Health Region	104,676
David Thompson Regional Health Authority	34,180
East Central	15,010
Capital Health	60,374
Aspen Regional Health Authority	33,344
Peace Country Health	28,393
Northern Lights Health Region	13,399

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
75: Hospital Visit Including CAT Scan Computerized tomography [CT], lung NEC; Computerized tomography [CT], thoracic cavity; Computerized tomography [CT], head NEC; Assessment (examination), total body; Computerized tomography [CT], abdominal cavity	1,796	29%	\$956
17: Respiratory Endoscopy - ENT Biopsy, bronchus; Biopsy, lung	1,206	19%	\$557
82.1: Extensive Sleep Studies Other study, brain	1,190	19%	\$1,142
61.2: Biopsy, Percutaneous Drainage, pleura	701	11%	\$675
74: Hospital Visit Including Nuclear Imaging Diagnostic nuclear (imaging) study, lung NEC; Electrophysiological measurement, heart	572	9%	\$1,214

Gender

Female	79,536
Male	87,110
Other	2

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	377
18 to 69 years old	4,113
70 plus years old	1,786
<u>Clinical Related Visits</u>	
0 to 17 years old	58,771
18 to 69 years old	75,189
70 plus years old	26,412

MAC 04: Diseases and Disorders of the Respiratory System

	<u>Activity</u>	
Intervention Related Visits	6,276	(4%)
Clinical Related Visits	160,372	(96%)
Total	166,648	

Region of Residence

Chinook Regional Health Authority	8,478
Palliser Health Region	5,011
Calgary Health Region	50,440
David Thompson Regional Health Authority	19,185
East Central	6,434
Capital Health	37,319
Aspen Regional Health Authority	13,482
Peace Country Health	15,694
Northern Lights Health Region	4,634
Non-resident / Unknown	5,971

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
856: Management General Respiratory 18 < 65 years Chronic lower respiratory diseases (J40-J47); Other acute lower respiratory infections (J20-J22); Other diseases of the respiratory system (J95-J99)	38,852	24%	\$143
852: Diag Inv General Respiratory 18+ years Chronic lower respiratory diseases (J40-J47); Influenza and pneumonia (J10-J18); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	24,379	15%	\$315
855: Management General Respiratory 6 < 18 years Chronic lower respiratory diseases (J40-J47); Other acute lower respiratory infections (J20-J22); Other diseases of the respiratory system (J95-J99)	14,750	9%	\$157
854: Management General Respiratory 1.5 < 6 years Chronic lower respiratory diseases (J40-J47); Acute upper respiratory infections (J00-J06); Other acute lower respiratory infections (J20-J22)	14,474	9%	\$159
857: Management General Respiratory 65+ years Chronic lower respiratory diseases (J40-J47); Other diseases of the respiratory system (J95-J99); Other acute lower respiratory infections (J20-J22)	12,408	8%	\$216

Region of Service

Chinook Regional Health Authority	8,406
Palliser Health Region	4,444
Calgary Health Region	54,157
David Thompson Regional Health Authority	18,188
East Central	5,999
Capital Health	41,391
Aspen Regional Health Authority	12,751
Peace Country Health	15,992
Northern Lights Health Region	5,320

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
19: Cardiac Catheter 18+ years Xray, heart with coronary arteries	8,917	39%	\$1,396
74: Hospital Visit Including Nuclear Imaging Diagnostic nuclear (imaging) study, heart with coronary arteries	4,461	19%	\$1,321
75: Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], lung NEC; Computerized tomography [CT], thoracic cavity; Computerized tomography [CT], abdominal cavity; Assessment (examination), total body	2,100	9%	\$982
64: Cardioversion Stimulation, heart NEC	1,462	6%	\$487
20: Angiography 18+ years Xray, heart with coronary arteries; Electrophysiological measurement, heart; Xray, arteries of leg NEC; Dilation, abdominal arteries NEC; Dilation, arteries of leg NEC	1,354	6%	\$2,001

Gender

Female	160,386
Male	188,292
Other	3

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	472
18 to 69 years old	15,240
70 plus years old	7,264
<u>Clinical Related Visits</u>	
0 to 17 years old	18,708
18 to 69 years old	198,935
70 plus years old	108,062

MAC 05: Diseases and Disorders of the Circulatory System

	<u>Activity</u>	
Intervention Related Visits	22,976	(7%)
Clinical Related Visits	325,705	(93%)
Total	348,681	

Region of Residence

Chinook Regional Health Authority	10,742
Palliser Health Region	7,647
Calgary Health Region	166,194
David Thompson Regional Health Authority	28,296
East Central	9,021
Capital Health	78,610
Aspen Regional Health Authority	14,478
Peace Country Health	13,625
Northern Lights Health Region	4,171
Non-resident / Unknown	15,897

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
210: Management General Cardiac 18+ years Other forms of heart disease (I30-I52); Persons encountering health services for examination and investigation (Z00-Z13); Hypertensive diseases (I10-I15)	140,653	43%	\$132
2082: Mode of Service – Telephone Other forms of heart disease (I30-I52); Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified (I80-I89)	44,273	14%	\$78
213: Dysrhythmia & Conductive Disorders Other forms of heart disease (I30-I52)	24,735	8%	\$214
205: Diag Inv general Cardiac 18+ years Symptoms and signs involving the circulatory and respiratory systems (R00-R09); Other forms of heart disease (I30-I52)	16,999	5%	\$397
218: Management Angina Ischemic heart diseases (I20-I25)	15,976	5%	\$111

Region of Service

Chinook Regional Health Authority	7,942
Palliser Health Region	4,219
Calgary Health Region	189,032
David Thompson Regional Health Authority	20,473
East Central	6,234
Capital Health	95,270
Aspen Regional Health Authority	9,635
Peace Country Health	12,249
Northern Lights Health Region	3,627

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
28.2: Endoscopy GI - Medium Inspection, large intestine; Biopsy, stomach; Biopsy, small intestine; Biopsy, large intestine	42,539	54%	\$492
26: Hernia Repair, muscles of the chest and abdomen	6,849	9%	\$1,538
28.3: Endoscopy GI - Medium Excision partial, large intestine	6,549	8%	\$554
75: Hospital Visit Including CAT Scan Computerized tomography [CT], abdominal cavity; Pharmacotherapy, total body	6,102	8%	\$892
30.4: Minor Anal Interventions, No Anaesthetic Pharmacotherapy (local), rectum; Inspection, rectum; Drainage, anus	2,845	4%	\$279

Gender

Blank	1
Female	230,700
Male	177,816
Other	4

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	3,362
18 to 69 years old	60,553
70 plus years old	14,445
<u>Clinical Related Visits</u>	
0 to 17 years old	71,489
18 to 69 years old	214,130
70 plus years old	44,542

MAC 06: Diseases and Disorders of the Digestive System

	<u>Activity</u>	
Intervention Related Visits	78,360	(19%)
Clinical Related Visits	330,161	(81%)
Total	408,521	

Region of Residence

Chinook Regional Health Authority	20,019
Palliser Health Region	19,738
Calgary Health Region	116,126
David Thompson Regional Health Authority	43,062
East Central	15,703
Capital Health	114,909
Aspen Regional Health Authority	28,445
Peace Country Health	28,448
Northern Lights Health Region	8,953
Non-resident / Unknown	13,118

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
409: Management General Gastrointestinal 18 < 45 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Diseases of oesophagus, stomach and duodenum (K20-K31)	65,809	20%	\$141
410: Management General Gastrointestinal 45 < 65 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Persons encountering health services in other circumstances (Z70-Z76); Diseases of oesophagus, stomach and duodenum (K20-K31)	30,992	9%	\$133
1202: Clinical Nutrition Group 2 Persons encountering health services in other circumstances (Z70-Z76)	30,380	9%	\$63
1201: Clinical Nutrition Group 1 Persons encountering health services in other circumstances (Z70-Z76)	28,175	9%	\$30
408: Management General Gastrointestinal 6 < 18 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Other diseases of intestines (K55-K63)	21,483	7%	\$148

Region of Service

Chinook Regional Health Authority	17,624
Palliser Health Region	17,706
Calgary Health Region	126,934
David Thompson Regional Health Authority	36,957
East Central	12,909
Capital Health	136,673
Aspen Regional Health Authority	23,142
Peace Country Health	28,199
Northern Lights Health Region	8,377

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
25: Cholecystectomy Excision total, gallbladder	3,097	43%	\$1,783
27: ERCP Extraction, bile ducts; Xray, biliary ducts with pancreas; Dilation, bile ducts	1,594	22%	\$1,466
61.2: Biopsy, Percutaneous Drainage, abdominal cavity; Biopsy, liver	1,325	18%	\$656
75: Hospital Visit Including CAT Scan Computerized tomography [CT], abdominal cavity; Computerized tomography [CT], head NEC; Pharmacotherapy, total body	539	7%	\$1,018
28.2: Endoscopy GI – Medium Inspection, small intestine; Biopsy, stomach	339	5%	\$492

Gender

Female	17,821
Male	14,497

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	53
18 to 69 years old	5,979
70 plus years old	1,177
<u>Clinical Related Visits</u>	
0 to 17 years old	1,631
18 to 69 years old	21,040
70 plus years old	2,438

MAC 07: Diseases and Disorders of the Hepatobiliary System and Pancreas

	<u>Activity</u>	
Intervention Related Visits	7,209	(22%)
Clinical Related Visits	25,109	(78%)
Total	32,318	

Region of Residence

Chinook Regional Health Authority	1,860
Palliser Health Region	862
Calgary Health Region	11,006
David Thompson Regional Health Authority	2,607
East Central	855
Capital Health	9,298
Aspen Regional Health Authority	1,903
Peace Country Health	1,942
Northern Lights Health Region	611
Non-resident / Unknown	1,374

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
502: Management Hepatobiliary Diseases of liver (K70-K77); Disorders of gallbladder, biliary tract and pancreas (K80-K87)	16,736	67%	\$86
2004: Other Unit without Secondary Diagnosis Disorders of gallbladder, biliary tract and pancreas (K80-K87)	3,350	13%	\$456
501: Diag Inv Hepatobiliary Disorders of gallbladder, biliary tract and pancreas (K80-K87);	2,001	8%	\$529
2003: Other Unit with Secondary Diagnosis Disorders of gallbladder, biliary tract and pancreas (K80-K87); Diseases of liver (K70-K77);	1,546	6%	\$508
2082: Mode of Service – Telephone Viral hepatitis (B15-B19); Disorders of gallbladder, biliary tract and pancreas (K80-K87); Diseases of liver (K70-K77); Persons with potential health hazards related to family and personal history and certain conditions influencing health status (Z80-Z99)	870	3%	\$215

Region of Service

Chinook Regional Health Authority	1,588
Palliser Health Region	564
Calgary Health Region	12,420
David Thompson Regional Health Authority	2,107
East Central	501
Capital Health	11,342
Aspen Regional Health Authority	1,277
Peace Country Health	2,083
Northern Lights Health Region	436

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
50: Knee Interventions Repair, knee joint; Excision partial, meniscus of knee; Excision partial, knee joint	7,492	28%	\$1,219
52.1: Remove Int Fixation, Lower Extremity Removal of device, ankle joint; Removal of device, knee joint; Removal of device, tibia and fibula; Removal of device, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]	2,113	8%	\$802
47: Tendon & Muscle Interventions Release, flexor tendons of finger [excludes thumb]; Release, soft tissue of the wrist and hand; Release, tendons of thumb [Pollicis tendons]; Excision partial, soft tissue of foot and ankle; Release, tendons of wrist and hand; +++	1,731	7%	\$867
51: Hand, Ankle & Foot Repair, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Immobilization, joints of fingers and hand NEC; Excision partial, ankle joint; Fusion, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Excision partial, tarsal bones and intertarsal joints [hindfoot, midfoot]; +++	1,718	7%	\$1,508
61.2: Biopsy, Percutaneous Drainage, knee joint; Drainage, elbow joint	1,659	6%	\$232

Gender

Female	172,428
Male	174,905
Other	8

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	1,983
18 to 69 years old	21,603
70 plus years old	2,793
<u>Clinical Related Visits</u>	
0 to 17 years old	53,601
18 to 69 years old	222,275
70 plus years old	45,086

MAC 08: Diseases and Disorders of the Musculoskeletal System and Connective Tissue

	<u>Activity</u>	
Intervention Related Visits	26,379	(8%)
Clinical Related Visits	320,962	(92%)
Total	347,341	

Region of Residence

Chinook Regional Health Authority	21,019
Palliser Health Region	10,768
Calgary Health Region	94,510
David Thompson Regional Health Authority	34,252
East Central	14,193
Capital Health	98,799
Aspen Regional Health Authority	27,304
Peace Country Health	26,598
Northern Lights Health Region	7,883
Non-resident / Unknown	12,015

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
564: Management Other Musculoskeletal 18+ years Persons encountering health services for specific procedures and health care (Z40-Z54); Dorsopathies (M40-M54); Arthropathies (M00-M25)	122,299	38%	\$61
557: Diag Inv Other Musculoskeletal 18+ years Persons encountering health services for specific procedures and health care (Z40-Z54); Persons encountering health services for examination and investigation (Z00-Z13);	78,588	24%	\$148
562: Management Inflam Musculoskeletal 18+ years Arthropathies (M00-M25); Soft tissue disorders (M60-M79)	37,307	12%	\$78
556: Diag Inv Other Musculoskeletal < 18 years Persons encountering health services for specific procedures and health care (Z40-Z54); Osteopathies and chondropathies (M80-M94)	23,007	7%	\$130
563: Management Other Musculoskeletal < 18 years Persons encountering health services for specific procedures and health care (Z40-Z54); Osteopathies and chondropathies (M80-M94); Dorsopathies (M40-M54);	21,178	7%	\$74

Region of Service

Chinook Regional Health Authority	21,056
Palliser Health Region	9,489
Calgary Health Region	104,500
David Thompson Regional Health Authority	28,608
East Central	10,752
Capital Health	117,993
Aspen Regional Health Authority	20,948
Peace Country Health	26,558
Northern Lights Health Region	7,437

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
59.4: Skin Interventions, No Anaesthetic Excision partial, skin NEC; Excision partial, skin of abdomen and trunk; Assessment (examination), total body; Destruction, skin of face; Excision partial, nail; +++	13,977	32%	\$172
59.1: Skin Interventions, Local Anaesthetic Excision partial, skin of abdomen and trunk; Excision partial, skin of face; Excision partial, nail; Excision partial, skin of arm; Excision partial, skin of neck; +++	12,005	27	\$255
55: Mastectomy Excision partial, breast; Biopsy, breast NOS	2,397	5	\$570
37.1: Circumcision 0 < 1.5 years Excision total, prepuce	2,051	5	\$184
58.3: Other Plastic Reconstruction Excision partial, skin of ear; Excision partial, skin of face; Excision partial, skin of abdomen and trunk; Excision partial, scalp; Excision partial, skin NEC; +++	1,580	4%	\$1,068

Gender

Female	119,581
Male	128,732
Other	10

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	6,110
18 to 69 years old	31,874
70 plus years old	5,795
<u>Clinical Related Visits</u>	
0 to 17 years old	46,613
18 to 69 years old	133,877
70 plus years old	24,054

MAC 09: Diseases and Disorders of the Skin and Subcutaneous Tissue and Breast

	<u>Activity</u>	
Intervention Related Visits	43,779	(18%)
Clinical Related Visits	204,544	(82%)
Total	248,323	

Region of Residence

Chinook Regional Health Authority	16,203
Palliser Health Region	8,943
Calgary Health Region	47,966
David Thompson Regional Health Authority	28,678
East Central	14,641
Capital Health	59,560
Aspen Regional Health Authority	27,186
Peace Country Health	26,181
Northern Lights Health Region	10,425
Non-resident / Unknown	8,540

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
902: Management Skin & Soft Tissue Persons encountering health services for specific procedures and health care (Z40-Z54); Dermatitis and eczema (L20-L30); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Other disorders of the skin and subcutaneous tissue (L80-L99); Injuries to the head (S00-S09); +++	165,753	81%	\$94
906: Cellulitis Infections of the skin and subcutaneous tissue (L00-L08)	20,860	10%	\$154
901: Diag Inv Skin & Soft Tissue Injuries to the head (S00-S09); Injuries to the wrist and hand (S60-S69); Persons encountering health services for specific procedures and health care (Z40-Z54); Injuries to the ankle and foot (S90-S99); Injuries to the thorax (S20-S29); +++	14,214	7%	\$219
2004: Other Unit without Secondary Diagnosis Infections of the skin and subcutaneous tissue (L00-L08); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Urticaria and erythema (L50-L54)	1,414	1%	\$310
2003: Other Unit with Secondary Diagnosis Infections of the skin and subcutaneous tissue (L00-L08); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Injuries to the head (S00-S09); Other disorders of the skin and subcutaneous tissue (L80-L99); Persons encountering health services for specific procedures and health care (Z40-Z54)	1,353	1%	\$379

Region of Service

Chinook Regional Health Authority	16,546
Palliser Health Region	8,981
Calgary Health Region	50,189
David Thompson Regional Health Authority	28,722
East Central	14,373
Capital Health	64,937
Aspen Regional Health Authority	26,548
Peace Country Health	26,606
Northern Lights Health Region	11,421

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
24: Minor Vascular Drainage, circulatory system NEC	3,596	52%	\$168
8: External Eye Test, eye; Destruction, retina; Destruction, choroid; Pressure measurement, circulatory system	761	11%	\$102
59.4: Skin Interventions, No Anaesthetic Assessment (examination), total body; Destruction, skin of foot; Destruction, skin NEC	596	9%	\$217
75: Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], brain; Computerized tomography [CT], abdominal cavity; Pharmacotherapy (local), circulatory system NEC	551	8%	\$781
61.2: Biopsy, Percutaneous Biopsy, thyroid gland; Drainage, thyroid gland	216	3%	\$430

Gender

Female	45,509
Male	42,993
Other	1

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	141
18 to 69 years old	5,486
70 plus years old	1,340

<u>Clinical Related Visits</u>	
0 to 17 years old	16,906
18 to 69 years old	50,522
70 plus years old	14,108

MAC 10: Endocrine, Nutritional, and Metabolic Diseases and Disorders

	<u>Activity</u>	
Intervention Related Visits	6,967	(8%)
Clinical Related Visits	81,536	(92%)
Total	88,503	

Region of Residence

Chinook Regional Health Authority	1,889
Palliser Health Region	1,236
Calgary Health Region	34,933
David Thompson Regional Health Authority	4,667
East Central	3,337
Capital Health	30,382
Aspen Regional Health Authority	5,274
Peace Country Health	2,551
Northern Lights Health Region	1,244
Non-resident / Unknown	2,990

Region of Service

Chinook Regional Health Authority	1,577
Palliser Health Region	923
Calgary Health Region	38,577
David Thompson Regional Health Authority	2,547
East Central	2,098
Capital Health	37,278
Aspen Regional Health Authority	2,668
Peace Country Health	2,043
Northern Lights Health Region	792

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
260: Management Diabetes 18+ years Diabetes mellitus (E10-E14)	34,583	42%	\$136
258: Management General Endocrinal 18+ years Disorders of other endocrine glands (E20-E35); Metabolic disorders (E70-E90)	12,163	15%	\$72
259: Management Diabetes < 18+ years Diabetes mellitus (E10-E14)	6,645	8%	\$231
2082: Mode of Service – Telephone Diabetes mellitus (E10-E14)	6,328	8%	\$95
267: Fluid & Electrolyte 6+ years Metabolic disorders (E70-E90)	4,952	6%	\$315

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
62: Hemodialysis Dialysis, urinary system NEC	192,118	73%	\$305
35.1: Bladder & Urethral Interventions, Local Anaesthetic Inspection, bladder	12,041	5	\$236
41: Minor Gyn Interventions Biopsy, cervix; Excision partial, cervix NEC;; Assessment (examination), total body; Implantation of internal device, vagina NEC	10,964	4%	\$270
40: Endo & Gyn Interventions Occlusion, fallopian tube NEC; Excision partial, uterus and surrounding structures	6,827	3%	\$895
38: Uro Diagnostic Interventions Function study, bladder; Assessment (examination), total body	5,227	2%	\$348

Gender

Female	234,481
Male	199,112
Other	2

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	4,723
18 to 69 years old	160,797
70 plus years old	98,154
<u>Clinical Related Visits</u>	
0 to 17 years old	24,734
18 to 69 years old	115,640
70 plus years old	29,547

MAC 11: Diseases and Disorders of Kidney and Genitourinary Tract

	<u>Activity</u>	
Intervention Related Visits	263,674	(61%)
Clinical Related Visits	169,921	(39%)
Total	433,595	

Region of Residence

Chinook Regional Health Authority	24,955
Palliser Health Region	16,281
Calgary Health Region	143,770
David Thompson Regional Health Authority	43,339
East Central	14,658
Capital Health	122,972
Aspen Regional Health Authority	25,916
Peace Country Health	18,681
Northern Lights Health Region	8,638
Non-resident / Unknown	14,385

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
364: Management Other Genitourological Disorders 18+ years Other diseases of urinary system (N30-N39); Renal failure (N17-N19); Other disorders of kidney and ureter (N25-N29); Symptoms and signs involving the urinary system (R30-R39); Persons encountering health services for specific procedures and health care (Z40-Z54)	75,889	45%	\$112
354: Management General Female Genital Disorders 18 < 45 years Noninflammatory disorders of female genital tract (N80-N98); Inflammatory diseases of female pelvic organs (N70-N77)	17,296	10%	\$121
2082: Mode of Service – Telephone Persons with potential health hazards related to family and personal history and certain conditions influencing health status (Z80-Z99); Other disorders of kidney and ureter (N25-N29); Persons encountering health services for specific procedures and health care (Z40-Z54)	15,043	9%	\$92
363: Management Other Genitourological Disorders < 18 years Other diseases of urinary system (N30-N39); Glomerular diseases (N00-N08); Symptoms and signs involving the urinary system (R30-R39)	13,140	8%	\$147
356: Management Contraceptive Persons encountering health services in circumstances related to reproduction (Z30-Z39)	9,514	6%	\$78

Region of Service

Chinook Regional Health Authority	10,134
Palliser Health Region	5,191
Calgary Health Region	180,702
David Thompson Regional Health Authority	17,248
East Central	7,625
Capital Health	180,673
Aspen Regional Health Authority	12,773
Peace Country Health	13,729
Northern Lights Health Region	5,520

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
42: Evacuations Surgical termination of pregnancy	12,687	87%	\$562
61.2: Biopsy, Percutaneous Amniocentesis	829	6%	\$1,203
41: Minor Gyn Interventions Assessment (examination), total body; Dilation, cervix NEC; Inspection, vagina; Suturing of internal cervical os	501	3%	\$380
2: Spinal Specimen collection (diagnostic), spinal canal and meninges	72	0%	\$673
40: Endo & Gyn Interventions Interventions to uterus (following delivery); Surgical termination of pregnancy	57	0%	\$989

Gender

Female	146,139
Male	3,175

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	964
18 to 69 years old	13,566
70 plus years old	
<u>Clinical Related Visits</u>	
0 to 17 years old	8,523
18 to 69 years old	126,257
70 plus years old	4

MAC 14: Pregnancy, Childbirth, Newborns and Neonates

	<u>Activity</u>	
Intervention Related Visits	14,530	(10%)
Clinical Related Visits	134,784	(90%)
Total	149,314	

Region of Residence

Chinook Regional Health Authority	6,386
Palliser Health Region	9,625
Calgary Health Region	53,465
David Thompson Regional Health Authority	8,058
East Central	3,038
Capital Health	44,046
Aspen Regional Health Authority	8,243
Peace Country Health	7,223
Northern Lights Health Region	4,648
Non-resident / Unknown	4,582

Region of Service

Chinook Regional Health Authority	6,034
Palliser Health Region	9,837
Calgary Health Region	57,659
David Thompson Regional Health Authority	6,087
East Central	2,059
Capital Health	50,148
Aspen Regional Health Authority	6,371
Peace Country Health	6,810
Northern Lights Health Region	4,309

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
663: Management Antepartum Maternal care related to the fetus and amniotic cavity and possible deliver problems (O30-O48); Other maternal disorders predominantly related to pregnancy (O20-O29)	53,280	40%	\$143
651: Antepartum Routine Persons encountering health services in circumstances related to reproduction (Z30-Z39)	32,797	24%	\$115
2004: Other Unit without Secondary Diagnosis Persons encountering health services in circumstances related to reproduction (Z30-Z39); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)	17,304	13	\$256
662: Diag Inv Antepartum Maternal care related to the fetus and amniotic cavity and possible deliver problems (O30-O48); Other maternal disorders predominantly related to pregnancy (O20-O29)	6,077	5%	\$388
2003: Other Unit with Secondary Diagnosis Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Persons encountering health services in circumstances related to reproduction (Z30-Z39); Other obstetric conditions, not elsewhere classified (O95-O99)	4,548	3%	\$280

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
63: Transfusions Transfusion, circulatory system NEC	2,011	28%	\$725
28.2: Endoscopy GI - Medium Biopsy, small intestine; Inspection, large intestine; Biopsy, stomach	1,181	16%	\$554
24: Minor Vascular Drainage, circulatory system NEC; Assessment (examination), total body	1,179	16%	\$204
61.1: Biopsy, Other Biopsy, bone marrow; Assessment (examination), total body	1,141	16%	\$767
65: Chemotherapy - Oncology Management of internal device, vena cava (superior and inferior); Pharmacotherapy, total body	503	7%	\$395

Gender

Female	22,205
Male	21,029
Other	2

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	857
18 to 69 years old	4,026
70 plus years old	2,286
<u>Clinical Related Visits</u>	
0 to 17 years old	11,343
18 to 69 years old	17,900
70 plus years old	6,824

MAC 16: Haematology Incl Lymphoma, Leukaemia and Unspecified Site Neoplasms

	<u>Activity</u>	
Intervention Related Visits	7,169	(17%)
Clinical Related Visits	36,067	(83%)
Total	43,236	

Region of Residence

Chinook Regional Health Authority	1,415
Palliser Health Region	893
Calgary Health Region	20,621
David Thompson Regional Health Authority	2,632
East Central	1,241
Capital Health	11,739
Aspen Regional Health Authority	1,883
Peace Country Health	1,159
Northern Lights Health Region	314
Non-resident / Unknown	1,339

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
455: Management Hematological 18 < 45 years Other diseases of blood and blood-forming organs (D70-D77); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69); Aplastic and other anaemias (D60-D64); Certain disorders involving the immune mechanism (D80-D89)	13,119	36%	\$186
456: Management Hematological 65+ years Aplastic and other anaemias (D60-D64); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96); Other diseases of blood and blood-forming organs (D70-D77); Neoplasms of uncertain or unknown behaviour (D37-D48)	7,116	20%	\$163
452: Management Hematological 0 < 6 years Other diseases of blood and blood-forming organs (D70-D77); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)	3,345	9%	\$206
2082: Mode of Service – Telephone Coagulation defects, purpura and other haemorrhagic conditions (D65-D69); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96); Other diseases of blood and blood-forming organs (D70-D77)	3,174	9%	\$107
453: Management Hematological 6 < 12 years Other diseases of blood and blood-forming organs (D70-D77); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)	2,590	7%	\$188

Region of Service

Chinook Regional Health Authority	789
Palliser Health Region	336
Calgary Health Region	23,449
David Thompson Regional Health Authority	1,381
East Central	764
Capital Health	14,288
Aspen Regional Health Authority	1,123
Peace Country Health	927
Northern Lights Health Region	179

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
41: Minor Gyn Interventions Excision partial, cervix NEC; Biopsy, cervix	2,006	13%	\$408
35.1: Bladder & Urethral Interventions, Local Anaesthetic Inspection, bladder	1,519	10%	\$240
59.1: Skin Interventions, Local Anaesthetic Excision partial, skin of face; Excision partial, skin of abdomen and trunk; Excision partial, skin of arm; Excision partial, skin of forehead; Excision partial, skin of neck; +++	1,360	9%	\$608
65: Chemotherapy - Oncology Pharmacotherapy, total body	1,278	8%	\$388
28.2: Endoscopy GI – Medium Biopsy, large intestine; Inspection, large intestine; Biopsy, stomach; Biopsy, esophagus	1,150	7%	\$595

Gender

Female	17,323
Male	19,823

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	1,021
18 to 69 years old	9,078
70 plus years old	5,290
<u>Clinical Related Visits</u>	
0 to 17 years old	11,196
18 to 69 years old	6,643
70 plus years old	3,918

MAC 17: Oncological Diseases and Disorders

	<u>Activity</u>	
Intervention Related Visits	15,389	(41%)
Clinical Related Visits	21,757	(59%)
Total	37,146	

Region of Residence

Chinook Regional Health Authority	2,642
Palliser Health Region	937
Calgary Health Region	14,382
David Thompson Regional Health Authority	4,014
East Central	1,639
Capital Health	7,738
Aspen Regional Health Authority	1,896
Peace Country Health	1,691
Northern Lights Health Region	755
Non-resident / Unknown	1,452

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
702: Management Oncological Neoplasms of uncertain or unknown behaviour (D37-D48); Malignant neoplasms of male genital organs (C60-C63); Persons encountering health services of specific procedures and health care (Z40-Z54); Malignant neoplasms of digestive organs (C15-C26); Malignant neoplasms of breast (C50):+++	13,611	63%	\$186
2082: Mode of Service – Telephone Neoplasms of uncertain or unknown behaviour (D37-D48); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of eye, brain and other parts of central nervous system (C69-C72)	1,972	9%	\$123
2003: Other Unit with Secondary Diagnosis Malignant neoplasms of respiratory and intrathoracic organs (C30-C39); Malignant neoplasms of digestive organs (C15-C26); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of male genital organs (C60-C63)	1,189	5%	\$402
701: Diag Inv Oncological Neoplasms of uncertain or unknown behaviour (D37-D48); Malignant neoplasms of respiratory and intrathoracic organs (C30-C39); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of eye, brain and other parts of central nervous system (C69-C72); Malignant neoplasms of digestive organs (C15-C26); +++	1,089	5%	\$333
1222: Social Work Group 2 Neoplasms of uncertain or unknown behaviour (D37-D48)	824	4%	\$104

Region of Service

Chinook Regional Health Authority	2,312
Palliser Health Region	591
Calgary Health Region	17,186
David Thompson Regional Health Authority	2,556
East Central	1,228
Capital Health	10,167
Aspen Regional Health Authority	940
Peace Country Health	1,608
Northern Lights Health Region	558

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
75: Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Pharmacotherapy, total body; Computerized tomography [CT], brain	340	37%	\$828
2: Spinal Specimen collection (diagnostic), spinal canal and meninges	322	35%	\$607
21: Vascular Interventions 18 + years Implantation of internal device, vena cava (superior and inferior); Implantation of internal device, artery NEC; Ventilation, respiratory system NEC	46	5%	\$1,001
28.2: Endoscopy GI - Medium Biopsy, stomach; Biopsy, small intestine; Biopsy, esophagus	43	5%	\$614
17: Respiratory Endoscopy - ENT Biopsy, bronchus; Inspection, larynx; Inspection, oropharynx; Inspection, bronchus	21	2%	\$319

Gender

Female	19,137
Male	22,721
Other	1

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	235
18 to 69 years old	528
70 plus years old	167
<u>Clinical Related Visits</u>	
0 to 17 years old	21,358
18 to 69 years old	17,925
70 plus years old	1,646

MAC 18: Systemic Infections Including HIV

	<u>Activity</u>	
Intervention Related Visits	930	(2%)
Clinical Related Visits	40,929	(98%)
Total	41,859	

Region of Residence

Chinook Regional Health Authority	1,806
Palliser Health Region	1,244
Calgary Health Region	13,029
David Thompson Regional Health Authority	4,200
East Central	1,347
Capital Health	11,986
Aspen Regional Health Authority	3,018
Peace Country Health	2,808
Northern Lights Health Region	932
Non-resident / Unknown	1,489

Region of Service

Chinook Regional Health Authority	1,710
Palliser Health Region	1,049
Calgary Health Region	14,307
David Thompson Regional Health Authority	4,086
East Central	1,234
Capital Health	13,113
Aspen Regional Health Authority	2,656
Peace Country Health	2,752
Northern Lights Health Region	952

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
952: Management Systemic Infection < 18 years Other viral diseases (B25-B34); General symptoms and signs (R50-R69); Viral infections characterized by skin and mucous membrane lesions (B00-B09)	18,006	44%	\$138
956: Management AIDS Persons with potential health hazards related to communicable diseases (Z20-Z29); Human immunodeficiency virus [HIV] disease (B24-B24)	5,740	14%	\$148
953: Management Systemic Infection 18 < 45 years Other viral diseases (B25-B34); General symptoms and signs (R50-R69)	5,659	14%	\$129
951: Diag Inv Systemic Infection Other viral diseases (B25-B34); General symptoms and signs (R50-R69)	4,136	10%	\$308
954: Management Systemic Infection 45+ years Other viral diseases (B25-B34); General symptoms and signs (R50-R69); Other bacterial diseases (A30-A49); Viral infections characterized by skin and mucous membrane lesions (B00-B09)	2,404	6%	\$129

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
75: Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], brain	1694	74%	\$641
59.1: Skin Interventions, Local Anaesthetic Repair, skin of arm; Repair, scalp; Repair, skin of forehead; Repair, skin of hand; Repair, skin of face	157	7%	\$365
59.4: Skin Interventions, No Anaesthetic Repair, skin of arm; Repair, scalp; Repair, skin of forehead; Repair, skin of hand; Repair, skin of face	146	6%	\$305
2: Spinal Specimen collection (diagnostic), spinal canal and meninges	50	2%	\$695
76: Hospital Visit Including MRI Magnetic resonance imaging, brain; Assessment (examination), total body; Specimen collection (diagnostic), spinal canal and meninges	30	1%	\$1192

Gender

Female	330,631
Male	243,358
Other	146

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	146
18 to 69 years old	1,691
70 plus years old	449
<u>Clinical Related Visits</u>	
0 to 17 years old	73,112
18 to 69 years old	476,654
70 plus years old	22,083

MAC 19: Mental Diseases and Disorders

	<u>Activity</u>	
Intervention Related Visits	2,286	(0%)
Clinical Related Visits	571,849	(100%)
Total	574,135	

Region of Residence

Chinook Regional Health Authority	18,709
Palliser Health Region	3,787
Calgary Health Region	212,446
David Thompson Regional Health Authority	20,006
East Central	11,154
Capital Health	255,290
Aspen Regional Health Authority	12,360
Peace Country Health	9,856
Northern Lights Health Region	13,550
Non-resident / Unknown	16,977

Region of Service

Chinook Regional Health Authority	18,156
Palliser Health Region	3,071
Calgary Health Region	223,167
David Thompson Regional Health Authority	15,218
East Central	8,758
Capital Health	275,100
Aspen Regional Health Authority	7,953
Peace Country Health	9,101
Northern Lights Health Region	13,611

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
1062: Group Therapy Mood [affective] disorders (F30-F39); General symptoms and signs (R50-R69); Schizophrenia, schizotypal and delusional disorders (F20-F29); Neurotic, stress-related and somatoform disorders (F40-F48)	201,871	35%	\$27
1057: Individual Therapy Mood [affective] disorders (F30-F39); Schizophrenia, schizotypal and delusional disorders (F20-F29); Persons encountering health services for specific procedures and health care (Z40-Z54); Neurotic, stress-related and somatoform disorders (F40-F48); General symptoms and signs (R50-R69)	104,025	18%	\$95
802: Management Psychiatry Neurotic, stress-related and somatoform disorders (F40-F48); Mood [affective] disorders (F30-F39); Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59); Disorders of psychological development (F80-F89)	73,986	13%	\$124
1065: Patient Specific Consultations/Case Supervision Mood [affective] disorders (F30-F39); Neurotic, stress-related and somatoform disorders (F40-F48); Persons encountering health services for specific procedures and health care (Z40-Z54); Disorders of adult personality and behaviour (F60-F69)	36,650	6%	\$95
1064: Medication Administration Schizophrenia, schizotypal and delusional disorders (F20-F29); General symptoms and signs (R50-R69)	21,412	4%	\$168

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
79: Other Xray Xray, spinal vertebrae; Xray, knee joint; Xray, joints of fingers and hand NEC; Xray, foot; Xray, shoulder joint; +++	181,647	33%	\$73
87: Discreate CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Computerized tomography [CT], thoracic cavity; Computerized tomography [CT], spinal vertebrae	83,419	15%	\$339
78: Chest Xray Xray, thoracic cavity NEC	75,552	14%	\$69
81: Ultrasound Ultrasound, abdominal cavity; Obstetrical ultrasound examinations; Ultrasound, vessels of the pelvis, perineum and gluteal region; Ultrasound, vein NEC; Ultrasound, heart with coronary arteries	70,365	13%	\$339
88: Discrete MRI Magnetic resonance imaging [MRI], spinal vertebrae; Magnetic resonance imaging, brain; Magnetic resonance imaging [MRI], leg NEC; Magnetic resonance imaging [MRI], arm NEC	62,746	11%	\$531

Gender

Blank	4
Female	1,505,520
Male	1,380,004
Other	43

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	51,731
18 to 69 years old	405,486
70 plus years old	100,383
<u>Clinical Related Visits</u>	
0 to 17 years old	647,237
18 to 69 years old	1,311,595
70 plus years old	369,138

MAC 20: Examination and Other Health Factors

	<u>Activity</u>	
Intervention Related Visits	557,600	(19%)
Clinical Related Visits	<u>2,327,971</u>	(81%)
Total	2,885,571	

Region of Residence

Chinook Regional Health Authority	163,764
Palliser Health Region	106,815
Calgary Health Region	690,814
David Thompson Regional Health Authority	293,904
East Central	126,000
Capital Health	1,006,957
Aspen Regional Health Authority	245,575
Peace Country Health	117,576
Northern Lights Health Region	63,630
Non-resident / Unknown	70,536

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
1111: Physical Therapy Group 1 Persons encountering health services for specific procedures and health care (Z40-Z54)	310,020	13%	\$32
2082: Mode of Service – Telephone Persons encountering health services in other circumstances (Z70-Z76); Persons encountering health services for specific procedures and health care (Z40-Z54)	256,750	11%	\$49
1112: Physical Therapy Group 2 Persons encountering health services for specific procedures and health care (Z40-Z54)	254,733	11%	\$51
704: IV Therapy - Non Cancer Related Persons encountering health services for specific procedures and health care (Z40-Z54)	172,022	7%	\$137
1114: Physical Therapy Group 4 Persons encountering health services for specific procedures and health care (Z40-Z54)	132,345	6%	\$118

Region of Service

Chinook Regional Health Authority	160,175
Palliser Health Region	102,168
Calgary Health Region	735,532
David Thompson Regional Health Authority	263,185
East Central	102,315
Capital Health	1,146,190
Aspen Regional Health Authority	208,994
Peace Country Health	108,158
Northern Lights Health Region	58,854

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
59.1: Skin Interventions, Local Anaesthetic Repair, skin of hand; Repair, skin of face; Repair, scalp; Repair, skin of forehead; Repair, skin of leg	40,422	38%	\$126
59.4: Skin Interventions, No Anaesthetic Repair, skin of hand; Repair, skin of face; Repair, skin of forehead; Repair, scalp; Repair, skin of arm; +++	21,797	20%	\$120
75: Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Computerized tomography [CT], brain; Computerized tomography [CT], spinal vertebrae; Repair, scalp; +++	10,437	10%	\$884
48: Closed Reductions Reduction, radius and ulna; Reduction, shoulder joint; Reduction, wrist joint; Reduction, elbow joint; Reduction, metacarpal bones; +++	9,719	9%	\$357
8: External Eye Removal of foreign body, eye NEC; Removal of foreign body, cornea with sclera	8,717	8%	\$104

Gender

Female	167,196
Male	268,378
Other	16

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	27,259
18 to 69 years old	73,881
70 plus years old	6,554
<u>Clinical Related Visits</u>	
0 to 17 years old	93,096
18 to 69 years old	214,355
70 plus years old	20,445

MAC 21: Trauma, Coma and Toxic Effects

	<u>Activity</u>	
Intervention Related Visits	107,694	(25%)
Clinical Related Visits	327,896	(75%)
Total	435,590	

Region of Residence

Chinook Regional Health Authority	24,895
Palliser Health Region	15,843
Calgary Health Region	98,198
David Thompson Regional Health Authority	55,904
East Central	17,165
Capital Health	111,421
Aspen Regional Health Authority	36,625
Peace Country Health	39,489
Northern Lights Health Region	13,060
Non-resident / Unknown	22,990

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
1009: Sprains Injuries to the ankle and foot (S90-S99); Injuries to the wrist and hand (S60-S69); Injuries to the neck (S10-S19); Injuries to the knee and lower leg (S80-S89)	68,717	21%	\$152
1005: Closed Fracture & Dislocations Other Injuries to the elbow and forearm (S50-S59); Injuries to the wrist and hand (S60-S69); Injuries to the knee and lower leg (S80-S89); Injuries to the shoulder and upper arm (S40-S49)	44,894	14%	\$181
1011: Contusions except Fingers / Toes Injuries to the head (S00-S09); Injuries to the wrist and hand (S60-S69); Injuries to the thorax (S20-S29); Injuries to the knee and lower leg (S80-S89); Injuries to the ankle and foot (S90-S99); +++	43,133	13%	\$152
1021: Minor Other Injuries Complications of surgical and medical care, not elsewhere classified (T80-T88); Injuries to the wrist and hand (S60-S69); Injuries to the shoulder and upper arm (S40-S49); Injuries to the ankle and foot (S90-S99); Injuries to the knee and lower leg (S80-S89); +++	34,359	10%	\$156
1007: Open Wounds without Complications Injuries to the wrist and hand (S60-S69); Injuries to the head (S00-S09); Injuries to the ankle and foot (S90-S99)	27,838	8%	\$109

Region of Service

Chinook Regional Health Authority	25,397
Palliser Health Region	16,312
Calgary Health Region	105,634
David Thompson Regional Health Authority	57,161
East Central	16,485
Capital Health	119,895
Aspen Regional Health Authority	36,597
Peace Country Health	42,955
Northern Lights Health Region	15,154

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
65: Chemotherapy - Oncology Management of internal device, vena cava (superior and inferior); Pharmacotherapy, total body	16	26%	NA
75: Hospital Visit Including CAT Scan Computerized tomography [CT], abdominal cavity; Management of internal device, vena cava (superior and inferior)	9	15%	NA
59.1: Skin Interventions, Local Anaesthetic Removal of foreign body, skin of hand; Repair, skin of hand; Destruction, skin of hand; Repair, skin of arm	9	15%	NA
59.4: Skin Interventions, No Anaesthetic Removal of foreign body, skin of hand; Repair, skin of nose; Repair, lip	7	11%	NA
8: External Eye Removal of foreign body, eye NEC	6	10%	NA

Gender

Female	322
Male	939
Undifferentiated	3

Age Groups

<u>Intervention Related Visits</u>	
0 to 17 years old	42
18 to 69 years old	18
70 plus years old	1
<u>Clinical Related Visits</u>	
0 to 17 years old	675
18 to 69 years old	386
70 plus years old	142

MAC 99: Ungroupables

	<u>Activity</u>	
Intervention Related Visits	61	(5%)
Clinical Related Visits	1,203	(95%)
Total	1,264	

Region of Residence

Chinook Regional Health Authority	70
Palliser Health Region	104
Calgary Health Region	561
David Thompson Regional Health Authority	93
East Central	102
Capital Health	28
Aspen Regional Health Authority	188
Peace Country Health	68
Northern Lights Health Region	10
Non-resident / Unknown	40

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	<u>Activity</u>	<u>% of Partition</u>	<u>Average Cost</u>
999: Ungroupables Gliomas (938-948); Myomatous neoplasms (889-892); Drugs, medicaments and biological substances causing adverse effects in therapeutic use (Y40-Y59); Miscellaneous tumours (935-937); Exposure to inanimate mechanical forces (W20-W49); +++	615	51%	\$227
2021: DOA Ill-defined and unknown causes of mortality (R95-R99)	334	28%	\$145
2082: Mode of Service – Telephone Gliomas (938-948); Myomatous neoplasms (889-892)	98	8%	NA
2022: Died During Visit Ill-defined and unknown causes of mortality (R95-R99); Other disorders originating in the perinatal period (P90-P96)	26	2%	NA
2004: Other Unit without Secondary Diagnosis Myomatous neoplasms (889-892); Drugs, medicaments and biological substances causing adverse effects in therapeutic use (Y40-Y59); Gliomas (938-948)	25	2%	NA

Region of Service

Chinook Regional Health Authority	3
Palliser Health Region	93
Calgary Health Region	695
David Thompson Regional Health Authority	55
East Central	108
Capital Health	9
Aspen Regional Health Authority	217
Peace Country Health	75
Northern Lights Health Region	9

NA – average cost data not available as no costs submitted for MAC / ACCS group combination

Definitions

- Activity** Total number of cases in Alberta in 2004/2005 reported by all facilities providing health services (schedules 3 and 6). See page 7.
- Average Cost** Average of the specified cost data.
- Average LOS** Average length of stay in days; the day of admission is counted but the day of separation is not counted in this calculation.
- Blended** Results based on cost records from 2003/2004 and 2004/2005, as well as top-up records. (see Note).
- Coefficient of Variation** Measures the spread of the cost data (based on the set of cost records), as a proportion of the average cost (mean). It is the ratio of the standard deviation divided by the mean.
- Cost per Day** Total costs divided by total length of stay.
- Costed Cases** Includes the number of cases that have been costed. The total number of cases costed for each Case Mix Group (CMG) may not equal the sum of cases costed for each complexity level due to different trim point calculations for CMGs and Plx groups (CMG code + Plx level).
- Direct Cost** Includes all costs directly incurred by the department providing the service to the patient. This typically includes health provider costs, direct supervision, supplies, and equipment costs.
- Indirect Cost** Includes costs incurred by departments not providing services to patients. This includes administrative services such as finance, human resources, IT, and support services such as plant, costs, material management, housekeeping, admitting and registration, health records and food services.
- Low Volume** Cells that have five or fewer costed cases.
- Manual Top-Up** A proxy case used to provide an estimated or derived cost when no cases were costed.
- Plx Level** Complexity level (see page 10).
- Standard Deviation** Measures the variability or distribution of the cost data (based on the set of cost records). It is calculated from the deviations (differences) between each data value and the mean. The more disperse the data is, the larger the standard deviation.
- SWRV** System wide relative value (see Appendix).
- Trim Point** The length of stay (LOS) value used to exclude some cost records from the calculations, as they are considered to be atypical.

Note: 2003/2004 results reported on Schedules 2 and 5 are based only on that year's cost data appropriately inflated as indicated on page 5. 2004/2005 results are based on actual 2004/2005 cost records submitted.

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
001	PWS - Craniotomy Procedures		7.3	12,642	2,736	15,379	2,109	2,095
001		Plx1	6.1	10,395	2,309	12,704	2,075	1,655
001		Plx2	10.3	16,344	3,530	19,874	1,927	193
001		Plx3	13.7	21,275	4,559	25,834	1,880	124
001		Plx4	26.4	47,978	9,696	57,674	2,183	228
003	PWS - Spinal Procedures		5.9	8,477	2,196	10,673	1,814	272
003		Plx1	5.0	7,186	1,925	9,112	1,809	224
003		Plx2	11.6	12,848	3,338	16,186	1,390	28
003		Plx3	12.1	17,762	4,298	22,060	1,821	18
003		Plx4	26.4	35,391	8,172	43,562	1,649	19
004	PWS - Extracranial Vascular Procedures		3.3	5,454	1,510	6,964	2,082	595
004		Plx1	2.8	4,859	1,389	6,248	2,201	521
004		Plx2	9.9	12,073	2,914	14,987	1,516	35
004		Plx3	8.8	11,979	2,609	14,588	1,651	24
004		Plx4	16.4	25,198	5,261	30,458	1,858	23
005	PWS - Ventricular Shunt Revision		3.0	5,099	1,108	6,207	2,091	161
005		Plx1	2.9	5,017	1,087	6,105	2,135	150
005		Plx2	7.1	9,313	1,917	11,230	1,579	9
005		Plx3	3.4	5,518	1,370	6,887	2,026	5
005		Plx4						
006	Carpal Tunnel Release And Specified Nervous System Procedures		2.7	4,606	1,292	5,898	2,165	167
006		Plx1	2.5	4,443	1,233	5,676	2,314	157
006		Plx2	5.2	5,128	1,334	6,462	1,243	5
006		Plx3	20.4	15,547	4,125	19,673	964	5
006		Plx4	32.0	54,591	10,318	64,909	2,028	8
007	Peripheral, Cranial Nerve And Other Neurological Procedures		13.9	17,377	3,950	21,327	1,534	74
007		Plx1	6.7	9,319	2,255	11,574	1,738	44
007		Plx2	16.5	16,306	3,450	19,756	1,197	6
007		Plx3	17.0	22,541	5,731	28,272	1,663	3
007		Plx4	27.9	36,873	8,299	45,172	1,619	21

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
010	Neoplasm Of Nervous System		10.2	6,618	1,690	8,308	816	502
010		Plx1	8.1	5,182	1,306	6,489	797	344
010		Plx2	13.2	7,545	2,045	9,590	726	92
010		Plx3	16.1	12,573	3,201	15,774	978	45
010		Plx4	19.1	18,416	4,559	22,975	1,203	19
011	Degenerative Nervous Disorders		16.9	9,733	2,655	12,388	733	307
011		Plx1	13.5	7,136	1,965	9,101	675	226
011		Plx2	29.3	15,123	4,497	19,620	670	33
011		Plx3	23.9	15,435	4,051	19,486	814	31
011		Plx4	41.1	28,833	7,814	36,647	891	22
012	Multiple Sclerosis And Cerebellar Disorders		8.5	5,348	1,384	6,732	790	217
012		Plx1	7.3	4,489	1,140	5,629	776	187
012		Plx2	20.8	12,650	3,526	16,177	776	19
012		Plx3	32.9	15,927	5,176	21,103	641	13
012		Plx4	34.2	21,936	6,597	28,533	834	5
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		8.9	6,869	1,655	8,524	962	3,310
013		Plx1	6.4	4,944	1,151	6,095	957	2,437
013		Plx2	17.4	11,259	3,000	14,258	818	381
013		Plx3	16.8	12,779	3,264	16,042	955	262
013		Plx4	23.7	21,144	5,208	26,352	1,113	267
014	Transient Ischemic Attacks And Precerebral Occlusions		3.7	3,252	701	3,953	1,056	1,112
014		Plx1	3.4	2,930	622	3,551	1,059	1,010
014		Plx2	9.2	6,367	1,605	7,972	863	67
014		Plx3	13.4	11,122	2,712	13,833	1,032	39
014		Plx4	22.1	17,567	4,373	21,940	993	20
015	Nonspecific Cerebrovascular Disorders		6.3	5,456	1,244	6,699	1,058	156
015		Plx1	5.0	4,017	937	4,954	984	118
015		Plx2	9.1	6,560	1,544	8,104	894	16
015		Plx3	6.5	6,428	1,472	7,900	1,207	11
015		Plx4	24.3	21,149	4,938	26,087	1,076	12

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
017	Cranial And Peripheral Nerve Diseases		7.8	4,992	1,265	6,257	806	336
017		Plx1	6.5	4,151	1,043	5,193	803	270
017		Plx2	13.9	7,826	2,154	9,980	717	28
017		Plx3	12.7	7,730	1,963	9,693	766	26
017		Plx4	45.1	35,898	8,505	44,403	984	18
018	Viral Meningitis		2.9	1,732	513	2,245	773	189
018		Plx1	2.8	1,695	506	2,202	773	184
018		Plx2	8.0	6,244	1,340	7,583	948	5
018		Plx3	6.8	3,769	1,037	4,805	707	5
018		Plx4	5.0	2,403	676	3,078	616	1
019	Infection Except Viral Meningitis		7.1	6,510	1,543	8,053	1,135	354
019		Plx1	5.5	4,271	1,038	5,309	969	262
019		Plx2	8.8	9,119	2,209	11,328	1,281	32
019		Plx3	13.6	11,663	3,003	14,666	1,082	27
019		Plx4	20.3	24,200	5,308	29,508	1,453	36
020	Hypertensive Encephalopathy		9.9	10,919	2,907	13,826	1,393	14
020		Plx1	4.4	3,366	805	4,170	953	8
020		Plx2	15.0	14,641	4,615	19,256	1,284	3
020		Plx3						
020		Plx4	19.0	29,315	6,552	35,866	1,888	2
021	Non-Traumatic Stupor And Coma		5.2	4,286	1,061	5,348	1,025	166
021		Plx1	4.5	3,545	900	4,445	989	109
021		Plx2	6.7	4,487	1,166	5,653	846	28
021		Plx3	7.9	6,636	1,668	8,304	1,046	17
021		Plx4	6.9	9,517	2,005	11,522	1,663	14
022	Seizure And Headache		3.2	2,743	656	3,399	1,048	2,174
022		Plx1	3.1	2,575	617	3,192	1,019	1,988
022		Plx2	6.7	5,808	1,405	7,212	1,077	116
022		Plx3	6.9	6,496	1,611	8,107	1,169	95
022		Plx4	13.5	19,761	4,256	24,017	1,780	55

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
028	Other Nervous System Diagnoses		7.7	5,881	1,510	7,391	962	831
028		Plx1	6.1	3,819	997	4,816	784	594
028		Plx2	10.9	6,981	1,860	8,841	808	87
028		Plx3	11.4	9,237	2,597	11,834	1,037	51
028		Plx4	11.1	17,107	4,030	21,137	1,899	86
040	Tracheostomy And Gastrostomy Procedures		48.6	64,976	15,111	80,087	1,648	500
040		Plx1	31.9	25,325	6,628	31,954	1,002	81
040		Plx2	30.2	26,666	6,285	32,951	1,090	13
040		Plx3	38.0	31,544	8,246	39,790	1,046	62
040		Plx4	55.2	83,211	18,946	102,157	1,851	343
050	Orbital Procedures		1.3	1,713	588	2,301	1,706	689
050		Plx1	1.3	1,709	587	2,296	1,708	682
050		Plx2	5.9	4,843	1,866	6,709	1,137	10
050		Plx3	5.4	4,666	1,914	6,580	1,218	5
050		Plx4	9.6	17,763	4,267	22,030	2,295	5
051	Other Intraocular Procedures		1.4	1,814	633	2,447	1,738	206
051		Plx1	1.4	1,811	634	2,445	1,739	202
051		Plx2	3.4	3,162	1,145	4,307	1,256	7
051		Plx3						
051		Plx4						
052	Retinal Procedures		1.0	1,578	508	2,086	2,086	2,258
052		Plx1	1.0	1,579	508	2,086	2,086	2,251
052		Plx2	2.2	2,178	784	2,962	1,333	9
052		Plx3	1.6	2,487	713	3,200	2,000	5
052		Plx4	9.0	13,763	2,746	16,509	1,834	1
053	Iris And Lens Procedures		1.5	2,067	605	2,672	1,754	21
053		Plx1	1.5	2,067	605	2,672	1,754	21
053		Plx2						
053		Plx3	7.0	6,523	3,051	9,574	1,368	1
053		Plx4						

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
054	Extraocular Procedures		1.2	1,588	572	2,161	1,801	55
054		Plx1	1.0	1,573	543	2,116	2,116	47
054		Plx2	5.0	7,932	3,220	11,152	2,230	1
054		Plx3	17.0	13,838	3,625	17,463	1,027	2
054		Plx4	13.0	20,308	8,555	28,863	2,220	1
055	Lens Insertion (MNRH)		1.0	2,450	619	3,069	3,069	385
055		Plx1	1.0	2,454	620	3,074	3,074	381
055		Plx2	1.3	2,251	656	2,907	2,180	3
055		Plx3	1.0	2,121	628	2,749	2,749	3
055		Plx4						
057	Other Ophthalmic Procedures (MNRH)		1.0	1,260	390	1,649	1,649	99
057		Plx1	1.0	1,247	389	1,635	1,635	98
057		Plx2	1.7	2,136	577	2,713	1,628	3
057		Plx3	3.0	2,200	698	2,898	966	2
057		Plx4						
060	Major Eye Infections		4.6	3,640	1,329	4,970	1,075	114
060		Plx1	4.4	3,427	1,307	4,734	1,068	106
060		Plx2	6.6	5,683	1,462	7,145	1,083	5
060		Plx3	23.2	13,236	3,414	16,650	718	5
060		Plx4						
062	Hyphema		3.0	1,698	587	2,285	762	8
062		Plx1	3.0	1,698	587	2,285	762	8
062		Plx2						
062		Plx3						
062		Plx4						
063	Other Ophthalmic Diagnoses (MNRH)		2.8	2,467	646	3,113	1,118	218
063		Plx1	2.7	2,340	620	2,960	1,111	203
063		Plx2	8.6	6,176	1,702	7,878	913	16
063		Plx3	6.2	6,127	1,895	8,022	1,294	5
063		Plx4	10.3	17,146	3,711	20,857	2,035	4

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
075	PWS - Radical Laryngectomy And Glossectomy		18.3	32,333	9,095	41,428	2,259	151
075		Plx1	15.2	27,488	7,938	35,426	2,329	94
075		Plx2	24.1	38,697	10,843	49,539	2,058	15
075		Plx3	27.6	40,463	11,496	51,959	1,885	16
075		Plx4	28.5	48,504	12,831	61,335	2,152	32
076	PWS - Major Head And Neck Procedures		6.8	11,812	3,130	14,943	2,182	339
076		Plx1	4.4	7,318	2,108	9,427	2,133	267
076		Plx2	12.7	19,424	5,449	24,873	1,955	18
076		Plx3	13.8	23,241	5,629	28,870	2,100	16
076		Plx4	21.5	44,048	9,974	54,022	2,516	36
077	Less Extensive Head And Neck Procedures		1.5	2,378	817	3,195	2,107	399
077		Plx1	1.5	2,336	808	3,143	2,114	392
077		Plx2	9.1	10,111	2,963	13,074	1,430	7
077		Plx3	5.0	6,966	1,717	8,683	1,737	5
077		Plx4	12.0	19,338	4,346	23,684	1,974	8
078	Cleft Lip And Palate Repair		1.7	3,625	1,063	4,688	2,757	217
078		Plx1	1.7	3,566	1,045	4,611	2,716	215
078		Plx2	3.0	10,013	2,564	12,577	4,192	5
078		Plx3						
078		Plx4						
081	Salivary Gland Procedures		1.4	2,939	957	3,895	2,831	290
081		Plx1	1.4	2,937	955	3,892	2,826	289
081		Plx2	3.5	6,025	1,860	7,885	2,253	2
081		Plx3						
081		Plx4						
082	Minor Ear, Nose And Throat Procedures		1.4	1,955	614	2,569	1,803	80
082		Plx1	1.4	1,942	614	2,556	1,819	79
082		Plx2	8.5	4,172	1,324	5,496	647	2
082		Plx3	23.0	18,407	4,684	23,091	1,004	1
082		Plx4	10.0	18,221	5,317	23,538	2,354	2

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
083	Reconstructive ENT Procedures		2.3	4,707	1,583	6,290	2,791	791
083		Plx1	2.2	4,686	1,582	6,267	2,798	783
083		Plx2	3.5	7,460	1,862	9,321	2,663	6
083		Plx3	6.0	11,769	2,544	14,313	2,385	5
083		Plx4	7.5	17,188	4,986	22,174	2,957	2
084	Miscellaneous Ear, Nose And Throat Procedures		3.0	3,666	1,033	4,699	1,589	190
084		Plx1	2.9	3,527	1,000	4,527	1,578	182
084		Plx2	10.5	10,504	2,568	13,072	1,245	6
084		Plx3	11.2	8,849	2,457	11,305	1,009	5
084		Plx4	12.4	23,466	5,564	29,029	2,341	5
085	Mastoid Procedures		1.2	8,887	995	9,882	8,009	312
085		Plx1	1.0	6,165	946	7,111	7,111	252
085		Plx2	2.4	13,829	1,196	15,025	6,187	7
085		Plx3	8.2	30,013	2,721	32,734	3,992	5
085		Plx4						
086	Other Tonsillar Procedures		2.2	2,457	687	3,144	1,406	55
086		Plx1	2.2	2,456	677	3,133	1,404	52
086		Plx2	1.0	1,261	315	1,575	1,575	1
086		Plx3	1.0	1,478	348	1,826	1,826	1
086		Plx4	7.7	12,336	2,724	15,060	1,964	3
087	Sinus Procedures		1.0	1,830	657	2,487	2,487	83
087		Plx1	1.0	1,836	657	2,493	2,493	81
087		Plx2	5.0	12,462	2,903	15,364	3,073	2
087		Plx3	3.6	5,335	1,657	6,992	1,942	5
087		Plx4	6.0	7,028	1,673	8,701	1,450	2
088	Ethmoidectomy (MNRH)		1.0	1,646	680	2,326	2,326	555
088		Plx1	1.0	1,645	679	2,324	2,324	553
088		Plx2	2.0	2,409	1,126	3,535	1,767	3
088		Plx3	2.3	2,921	1,270	4,192	1,796	3
088		Plx4						

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
089	Dental Extraction Or Restoration (MNRH)		1.3	1,893	634	2,527	1,873	301
089		Plx1	1.3	1,869	629	2,498	1,882	293
089		Plx2	3.1	3,076	962	4,038	1,292	8
089		Plx3	1.7	3,694	946	4,639	2,784	3
089		Plx4	19.0	13,652	3,082	16,734	881	2
090	External And Middle Ear Procedures (MNRH)		1.0	1,649	655	2,304	2,304	196
090		Plx1	1.0	1,645	656	2,300	2,300	195
090		Plx2	10.0	5,614	1,976	7,590	759	1
090		Plx3	2.0	5,173	1,210	6,383	3,192	2
090		Plx4						
091	Nasal Procedures (MNRH)		1.0	1,413	561	1,973	1,973	147
091		Plx1	1.0	1,415	561	1,976	1,976	146
091		Plx2	4.0	9,293	2,435	11,728	2,932	4
091		Plx3						
091		Plx4						
092	Myringotomy (MNRH)		1.5	1,918	476	2,394	1,562	45
092		Plx1	1.5	1,806	445	2,252	1,539	41
092		Plx2	4.5	3,830	1,054	4,884	1,085	4
092		Plx3	2.8	3,995	1,030	5,025	1,795	5
092		Plx4						
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		1.0	1,551	443	1,995	1,995	631
093		Plx1	1.0	1,543	442	1,985	1,985	623
093		Plx2	5.6	8,855	2,082	10,938	1,948	13
093		Plx3	1.3	3,081	697	3,777	3,022	4
093		Plx4	9.0	25,791	5,098	30,889	3,432	3
100	ENT Malignancy		10.7	8,118	2,076	10,195	952	97
100		Plx1	6.7	5,235	1,410	6,646	998	62
100		Plx2	14.4	9,351	2,493	11,845	825	17
100		Plx3	21.9	14,386	3,511	17,897	817	12
100		Plx4	19.4	27,831	5,741	33,571	1,730	5

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
101	Acute Suppurative Infections		2.8	2,206	650	2,856	1,010	46
101		Plx1	2.8	2,206	650	2,856	1,010	46
101		Plx2	3.0	1,697	546	2,244	748	1
101		Plx3						
101		Plx4						
102	Dysequilibrium		3.7	2,077	557	2,634	717	489
102		Plx1	3.3	1,881	500	2,381	730	447
102		Plx2	6.0	3,271	872	4,143	696	21
102		Plx3	8.0	4,491	1,200	5,691	711	5
102		Plx4	8.5	4,341	1,166	5,507	648	2
104	Influenza		3.2	2,634	739	3,373	1,038	410
104		Plx1	3.1	2,547	724	3,271	1,040	369
104		Plx2	4.6	4,248	1,076	5,324	1,157	25
104		Plx3	6.1	4,405	1,130	5,536	907	19
104		Plx4	21.7	27,756	6,876	34,632	1,595	7
107	Epiglottitis		3.2	3,842	880	4,722	1,460	47
107		Plx1	2.9	3,365	769	4,133	1,450	40
107		Plx2	2.0	3,765	914	4,679	2,340	5
107		Plx3	3.5	6,854	1,468	8,322	2,378	2
107		Plx4	8.0	13,243	2,904	16,147	2,018	5
108	Epistaxis		3.2	1,926	566	2,493	767	185
108		Plx1	3.1	1,812	538	2,349	758	169
108		Plx2	4.1	2,669	751	3,420	834	10
108		Plx3	10.3	6,272	1,681	7,953	773	7
108		Plx4	8.4	5,208	1,281	6,489	772	5
109	Other ENT Infections		3.3	2,398	712	3,110	936	158
109		Plx1	3.2	2,226	679	2,904	911	143
109		Plx2	4.6	4,188	1,009	5,197	1,141	9
109		Plx3	4.7	3,833	1,053	4,885	1,047	6
109		Plx4	14.0	14,864	3,703	18,567	1,326	4

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
113	Sinusitis (MNRH)		2.8	2,092	674	2,766	988	70
113		Plx1	2.5	1,929	638	2,567	1,040	62
113		Plx2	6.7	3,670	1,061	4,731	705	7
113		Plx3	4.0	3,309	932	4,241	1,060	1
113		Plx4	6.5	4,255	1,459	5,714	879	2
114	Sore Throat (MNRH)		2.5	1,795	533	2,328	945	320
114		Plx1	2.4	1,748	508	2,256	932	308
114		Plx2	3.0	2,470	1,144	3,614	1,205	9
114		Plx3	4.4	4,751	1,148	5,899	1,341	5
114		Plx4	8.0	9,078	1,590	10,669	1,334	1
115	Miscellaneous ENT Diagnoses (MNRH)		1.0	1,370	391	1,760	1,760	197
115		Plx1	1.0	1,341	382	1,723	1,723	181
115		Plx2	7.6	6,579	1,610	8,189	1,084	45
115		Plx3	6.5	6,118	1,599	7,717	1,180	24
115		Plx4	13.4	16,080	3,429	19,508	1,461	14
116	Croup (MNRH)		1.4	1,400	439	1,839	1,272	267
116		Plx1	1.4	1,380	434	1,815	1,263	263
116		Plx2	1.8	2,385	601	2,986	1,659	5
116		Plx3	3.7	5,422	1,178	6,600	1,800	3
116		Plx4	10.3	25,618	4,894	30,512	2,977	4
125	Tracheostomy		49.5	95,357	21,087	116,444	2,351	283
125		Plx1	8.2	10,165	2,428	12,593	1,537	21
125		Plx2	12.0	15,431	4,428	19,860	1,655	3
125		Plx3	19.6	40,276	8,649	48,924	2,493	8
125		Plx4	54.1	104,508	23,101	127,609	2,361	253
126	PWS - Resection Of Lung		7.2	9,098	2,460	11,558	1,612	809
126		Plx1	6.4	8,033	2,232	10,265	1,604	591
126		Plx2	9.5	10,793	2,863	13,656	1,443	139
126		Plx3	12.1	13,947	3,571	17,518	1,451	68
126		Plx4	16.4	24,483	5,590	30,073	1,834	38

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
127	Major Respiratory Procedures		10.7	11,110	2,725	13,835	1,290	853
127		Plx1	7.9	7,206	1,916	9,121	1,150	513
127		Plx2	13.1	10,356	2,714	13,070	997	141
127		Plx3	14.9	12,701	3,272	15,973	1,074	91
127		Plx4	19.2	34,387	6,994	41,381	2,155	111
128	Minor Respiratory Procedures		5.5	6,444	1,572	8,016	1,468	143
128		Plx1	4.5	5,652	1,384	7,036	1,559	105
128		Plx2	6.5	6,513	1,784	8,297	1,282	17
128		Plx3	10.3	9,713	2,338	12,051	1,169	13
128		Plx4	27.8	54,702	12,217	66,919	2,409	18
129	Other Respiratory Procedures		3.2	3,655	914	4,569	1,434	318
129		Plx1	1.4	2,548	618	3,166	2,292	236
129		Plx2	11.0	7,415	1,979	9,394	856	37
129		Plx3	16.4	9,152	2,617	11,769	718	15
129		Plx4	18.8	19,793	5,073	24,866	1,324	14
135	Tuberculosis		18.5	9,759	2,605	12,363	668	72
135		Plx1	16.1	8,154	2,204	10,358	645	53
135		Plx2	20.7	10,964	2,825	13,789	667	9
135		Plx3	21.5	13,427	3,262	16,689	776	6
135		Plx4	37.8	21,008	6,071	27,079	716	5
136	Respiratory Failure		9.5	11,517	2,656	14,173	1,487	670
136		Plx1	7.2	6,608	1,625	8,233	1,146	236
136		Plx2	7.7	7,379	1,823	9,202	1,195	123
136		Plx3	10.6	9,949	2,445	12,393	1,172	113
136		Plx4	14.6	23,290	5,098	28,388	1,942	210
137	Respiratory Infections And Inflammations		9.4	8,217	2,120	10,337	1,100	1,256
137		Plx1	7.7	5,546	1,511	7,057	921	682
137		Plx2	10.9	7,960	2,159	10,118	932	215
137		Plx3	12.0	9,724	2,555	12,279	1,022	190
137		Plx4	16.6	20,289	4,846	25,135	1,516	200

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
138	Respiratory Neoplasms		10.8	6,569	1,824	8,392	778	1,312
138		Plx1	8.2	4,919	1,371	6,290	767	613
138		Plx2	12.7	7,252	2,053	9,305	735	394
138		Plx3	12.7	7,804	2,210	10,014	786	192
138		Plx4	17.6	12,358	3,190	15,548	885	120
139	Interstitial Disease		8.6	5,952	1,584	7,536	879	289
139		Plx1	6.4	3,846	1,039	4,885	763	184
139		Plx2	13.3	7,689	2,145	9,835	737	35
139		Plx3	11.8	7,662	2,099	9,761	826	39
139		Plx4	25.0	22,818	5,821	28,639	1,146	38
140	Chronic Obstructive Pulmonary Disease (COPD)		8.5	5,264	1,493	6,757	791	2,431
140		Plx1	6.6	3,456	1,004	4,460	672	1,386
140		Plx2	10.7	5,717	1,702	7,419	691	398
140		Plx3	10.7	6,718	1,925	8,642	808	359
140		Plx4	17.2	14,402	3,912	18,314	1,064	341
141	Pulmonary Edema		7.3	10,123	2,219	12,342	1,692	198
141		Plx1	4.4	3,634	938	4,572	1,042	103
141		Plx2	7.7	5,111	1,370	6,481	842	26
141		Plx3	9.6	8,177	1,996	10,173	1,055	25
141		Plx4	16.0	32,861	6,492	39,353	2,457	51
142	Chronic Bronchitis		6.9	4,059	1,132	5,191	755	3,228
142		Plx1	5.8	3,043	878	3,921	680	2,357
142		Plx2	9.4	5,269	1,504	6,774	722	364
142		Plx3	10.0	6,886	1,833	8,719	872	337
142		Plx4	15.8	14,085	3,635	17,719	1,124	183
143	Simple Pneumonia And Pleurisy		6.0	4,226	1,160	5,386	892	5,337
143		Plx1	4.7	2,930	853	3,782	810	3,750
143		Plx2	9.3	5,600	1,582	7,181	775	747
143		Plx3	9.6	7,107	1,852	8,959	930	503
143		Plx4	14.0	16,709	3,907	20,616	1,477	355

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
144	Pneumothorax		4.6	2,896	814	3,710	801	344
144		Plx1	4.2	2,586	725	3,311	787	317
144		Plx2	9.8	6,186	1,857	8,044	817	19
144		Plx3	13.0	9,954	2,496	12,451	958	8
144		Plx4	16.8	17,751	4,879	22,631	1,351	4
145	Tracheobronchitis		3.2	2,804	859	3,663	1,156	1,513
145		Plx1	3.1	2,696	841	3,537	1,146	1,438
145		Plx2	6.5	5,705	1,409	7,115	1,097	60
145		Plx3	8.3	8,920	2,141	11,061	1,326	41
145		Plx4	14.5	41,839	7,783	49,622	3,422	48
146	Asthma		2.4	1,977	593	2,570	1,074	2,316
146		Plx1	2.4	1,899	581	2,480	1,053	2,244
146		Plx2	5.3	4,754	1,182	5,937	1,121	54
146		Plx3	6.0	7,986	1,630	9,616	1,603	42
146		Plx4	9.8	24,496	4,450	28,946	2,960	18
147	Other Respiratory Diagnoses		4.3	3,713	941	4,654	1,086	1,285
147		Plx1	3.5	2,796	737	3,533	1,015	1,000
147		Plx2	5.8	4,555	1,172	5,727	985	125
147		Plx3	8.8	7,057	1,817	8,874	1,006	101
147		Plx4	14.0	20,914	4,427	25,341	1,812	86
175	PWS - Heart Or Lung Transplant		36.3	76,440	17,279	93,719	2,580	98
175		Plx1	15.7	37,245	8,938	46,183	2,943	13
175		Plx2	17.5	39,878	9,458	49,336	2,825	15
175		Plx3	10.9	34,029	8,358	42,388	3,904	7
175		Plx4	48.7	102,880	23,065	125,945	2,586	60
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		24.9	40,197	7,613	47,810	1,922	138
176		Plx1	18.1	26,069	5,104	31,174	1,727	38
176		Plx2	23.1	30,361	6,163	36,524	1,582	24
176		Plx3	28.5	35,227	7,530	42,757	1,498	30
176		Plx4	33.2	69,207	12,290	81,497	2,452	50

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		8.9	20,929	4,139	25,068	2,824	984
177		Plx1	6.9	17,021	3,380	20,401	2,938	599
177		Plx2	9.6	21,385	4,238	25,622	2,669	157
177		Plx3	13.6	26,365	5,433	31,798	2,345	91
177		Plx4	20.3	47,823	9,196	57,019	2,811	152
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		17.8	26,682	5,770	32,452	1,824	565
178		Plx1	15.9	20,973	4,729	25,702	1,617	160
178		Plx2	16.9	22,870	5,137	28,007	1,655	213
178		Plx3	19.3	25,781	5,722	31,503	1,632	96
178		Plx4	23.6	50,047	9,732	59,780	2,537	102
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		7.8	14,549	3,409	17,958	2,307	2,542
179		Plx1	6.6	12,464	3,049	15,513	2,363	1,511
179		Plx2	8.7	15,171	3,503	18,675	2,148	601
179		Plx3	10.5	18,980	4,224	23,204	2,214	246
179		Plx4	17.0	37,296	7,644	44,940	2,642	240
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		22.3	54,780	10,440	65,220	2,922	50
181		Plx1	10.7	18,657	3,456	22,113	2,073	6
181		Plx2	16.9	20,972	4,670	25,642	1,516	12
181		Plx3	17.6	21,709	5,214	26,923	1,530	5
181		Plx4	29.2	83,828	15,693	99,520	3,408	30
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		8.0	20,142	4,264	24,406	3,042	555
182		Plx1	6.0	13,963	3,142	17,106	2,843	306
182		Plx2	7.5	18,337	3,869	22,206	2,975	97
182		Plx3	10.1	21,209	4,685	25,894	2,572	45
182		Plx4	17.6	48,881	9,716	58,597	3,326	128
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		9.2	18,395	3,806	22,201	2,411	245
183		Plx1	5.2	11,361	2,007	13,368	2,550	74
183		Plx2	7.7	15,410	2,955	18,365	2,381	49
183		Plx3	8.5	19,068	4,422	23,490	2,772	40
183		Plx4	15.4	28,527	6,198	34,725	2,260	82

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		10.8	14,519	3,109	17,628	1,634	166
184		Plx1	6.1	10,193	2,054	12,246	2,011	77
184		Plx2	10.3	12,648	2,795	15,443	1,501	31
184		Plx3	14.8	14,296	3,250	17,546	1,185	26
184		Plx4	25.8	33,844	7,602	41,446	1,603	33
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		11.0	36,247	5,027	41,275	3,739	359
185		Plx1	8.0	32,381	4,369	36,750	4,608	166
185		Plx2	11.9	34,988	4,788	39,775	3,355	104
185		Plx3	14.3	42,647	5,992	48,640	3,400	62
185		Plx4	25.7	54,943	9,046	63,989	2,490	33
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		5.4	15,969	2,581	18,550	3,443	1,056
186		Plx1	4.1	14,092	2,245	16,337	3,942	810
186		Plx2	9.1	20,121	3,429	23,550	2,587	134
186		Plx3	10.1	24,297	4,054	28,351	2,817	94
186		Plx4	20.3	33,030	6,179	39,209	1,934	29
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		5.3	9,694	1,995	11,689	2,211	2,501
188		Plx1	4.7	9,063	1,824	10,887	2,339	1,811
188		Plx2	6.4	10,396	2,206	12,602	1,956	389
188		Plx3	8.0	12,436	2,734	15,169	1,898	214
188		Plx4	12.8	20,672	4,903	25,575	1,991	130
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1.8	6,701	1,226	7,927	4,515	2,698
189		Plx1	1.0	6,069	1,149	7,218	7,218	1,316
189		Plx2	3.1	7,486	1,421	8,907	2,890	1,129
189		Plx3	5.6	10,586	2,037	12,623	2,255	112
189		Plx4	15.2	25,228	5,339	30,567	2,018	20
191	Temporary Cardiac Pacemaker		5.7	9,704	1,864	11,568	2,037	25
191		Plx1	4.7	5,168	1,139	6,306	1,344	13
191		Plx2	5.8	7,881	1,769	9,651	1,678	4
191		Plx3	9.8	9,876	2,397	12,272	1,252	5
191		Plx4	7.3	17,759	3,150	20,909	2,884	8

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
193	Cardiac Pacemaker Device Replacement Or Revision		3.7	10,921	1,310	12,231	3,264	95
193		Plx1	1.8	9,476	1,004	10,480	5,895	63
193		Plx2	11.5	23,128	3,431	26,559	2,310	10
193		Plx3	10.0	17,875	2,826	20,702	2,070	5
193		Plx4	24.0	31,838	6,583	38,421	1,601	5
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		2.3	6,075	1,221	7,296	3,238	446
194		Plx1	1.3	5,283	1,019	6,302	4,979	350
194		Plx2	8.4	11,768	2,761	14,528	1,737	33
194		Plx3	4.9	9,813	2,147	11,960	2,427	14
194		Plx4	14.3	21,014	4,320	25,334	1,773	7
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		8.3	11,168	2,708	13,876	1,677	142
200		Plx1	3.9	5,127	1,215	6,341	1,642	36
200		Plx2	7.2	8,866	2,248	11,113	1,549	23
200		Plx3	8.7	9,087	2,371	11,458	1,311	35
200		Plx4	13.0	20,135	4,955	25,090	1,927	48
201	AMI With Cardiac Cath With Congestive Heart Failure		12.0	11,430	3,202	14,631	1,217	149
201		Plx1	10.8	9,559	2,615	12,174	1,123	89
201		Plx2	13.1	12,019	3,362	15,380	1,175	32
201		Plx3	10.1	11,696	3,243	14,939	1,483	13
201		Plx4	22.2	25,608	7,382	32,989	1,488	18
202	AMI With Cardiac Cath With Ventricular Tachycardia		8.7	8,381	2,144	10,525	1,205	15
202		Plx1	8.0	7,422	1,950	9,371	1,171	10
202		Plx2	5.0	4,732	1,534	6,266	1,253	1
202		Plx3	9.0	9,090	2,696	11,786	1,310	4
202		Plx4	13.0	14,241	3,140	17,382	1,337	3
203	AMI With Cardiac Cath With Angina		7.4	5,859	1,700	7,559	1,015	45
203		Plx1	6.9	5,533	1,629	7,162	1,045	40
203		Plx2	13.0	8,884	2,381	11,265	867	5
203		Plx3	6.0	5,897	1,285	7,182	1,197	3
203		Plx4	4.0	4,997	1,070	6,066	1,517	1

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		8.0	6,688	1,731	8,419	1,052	792
204		Plx1	7.4	6,124	1,576	7,700	1,045	672
204		Plx2	11.2	8,733	2,268	11,001	979	63
204		Plx3	10.2	9,517	2,618	12,135	1,191	37
204		Plx4	15.7	17,837	4,740	22,577	1,441	18
205	AMI Without Cardiac Cath With Congestive Heart Failure		9.1	7,439	2,032	9,471	1,046	401
205		Plx1	7.7	5,815	1,631	7,446	969	220
205		Plx2	10.0	7,616	2,099	9,715	971	69
205		Plx3	9.4	7,588	2,026	9,614	1,020	52
205		Plx4	14.8	14,616	3,801	18,417	1,245	64
206	AMI Without Cardiac Cath With Ventricular Tachycardia		5.4	4,627	1,270	5,898	1,096	29
206		Plx1	4.5	3,754	1,027	4,782	1,068	23
206		Plx2	8.3	6,000	1,716	7,716	935	4
206		Plx3	4.0	5,347	1,453	6,800	1,700	5
206		Plx4	10.4	9,933	2,614	12,546	1,206	5
207	AMI Without Cardiac Cath With Angina		7.2	6,017	1,555	7,572	1,057	36
207		Plx1	6.2	4,873	1,233	6,106	986	26
207		Plx2	10.8	12,204	3,563	15,767	1,460	5
207		Plx3	9.6	6,262	1,644	7,906	824	5
207		Plx4	12.0	10,643	2,441	13,084	1,090	2
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		4.9	4,404	1,110	5,514	1,133	1,415
208		Plx1	4.6	3,982	1,004	4,986	1,096	1,176
208		Plx2	8.1	6,680	1,764	8,444	1,046	111
208		Plx3	6.8	5,857	1,486	7,343	1,082	79
208		Plx4	9.8	11,262	2,789	14,051	1,437	77
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		9.6	8,037	2,116	10,153	1,053	28
210		Plx1	8.1	6,866	1,728	8,594	1,062	21
210		Plx2	15.4	10,609	2,718	13,327	865	5
210		Plx3	16.0	14,223	3,721	17,944	1,121	4
210		Plx4	16.5	14,457	4,688	19,145	1,160	2

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		7.3	5,308	1,380	6,687	917	332
211		Plx1	7.2	5,231	1,359	6,590	918	312
211		Plx2	9.7	6,687	1,724	8,410	870	15
211		Plx3	11.2	8,488	2,416	10,905	977	6
211		Plx4	19.7	14,781	3,564	18,345	933	3
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		7.3	5,853	1,496	7,349	1,007	80
212		Plx1	6.1	5,298	1,352	6,649	1,094	62
212		Plx2	9.6	6,321	1,750	8,071	845	9
212		Plx3	13.2	9,708	2,244	11,952	905	5
212		Plx4	20.3	12,976	3,458	16,434	810	7
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		3.6	2,698	696	3,394	940	704
213		Plx1	3.5	2,619	675	3,294	935	657
213		Plx2	4.9	3,732	951	4,683	963	37
213		Plx3	12.2	7,392	2,373	9,765	803	13
213		Plx4	7.2	6,853	1,622	8,476	1,183	6
215	Cardiac Cath With Congestive Heart Failure		12.4	9,340	2,546	11,886	958	448
215		Plx1	10.8	7,625	2,100	9,725	901	320
215		Plx2	15.1	10,696	2,815	13,512	893	52
215		Plx3	15.5	12,531	3,372	15,902	1,023	48
215		Plx4	24.4	23,252	6,309	29,561	1,211	34
216	Cardiac Cath With Ventricular Tachycardia		9.4	7,275	2,026	9,301	994	244
216		Plx1	8.7	6,508	1,818	8,326	960	215
216		Plx2	10.8	9,842	2,536	12,379	1,152	8
216		Plx3	13.3	9,943	2,644	12,587	944	12
216		Plx4	15.2	17,261	4,932	22,193	1,463	6
217	Cardiac Cath With Unstable Angina		7.0	4,797	1,358	6,156	873	304
217		Plx1	6.9	4,685	1,325	6,010	868	290
217		Plx2	9.1	6,474	1,784	8,258	905	8
217		Plx3	13.7	9,639	3,092	12,731	932	6
217		Plx4	10.8	9,209	2,522	11,731	1,086	5

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
218	Cardiac Cath Without Specified Cardiac Conditions		4.8	3,988	981	4,969	1,026	1,602
218		Plx1	4.7	3,863	949	4,812	1,020	1,527
218		Plx2	7.6	6,574	1,699	8,273	1,091	50
218		Plx3	10.3	8,899	2,154	11,053	1,074	24
218		Plx4	15.9	13,069	3,381	16,450	1,034	12
219	Endocarditis		15.7	11,886	3,172	15,058	960	113
219		Plx1	12.6	7,262	2,023	9,285	735	65
219		Plx2	11.9	8,367	2,556	10,923	916	13
219		Plx3	15.2	13,363	3,790	17,153	1,127	9
219		Plx4	27.4	25,211	6,520	31,731	1,158	27
220	Pulmonary Embolism		6.9	4,327	1,156	5,483	799	1,059
220		Plx1	5.8	3,447	934	4,381	753	657
220		Plx2	7.7	4,602	1,242	5,844	756	267
220		Plx3	12.3	8,008	2,135	10,143	822	90
220		Plx4	13.1	13,755	3,332	17,088	1,302	62
222	Heart Failure		8.8	5,278	1,506	6,785	770	3,556
222		Plx1	7.2	4,082	1,177	5,258	728	2,231
222		Plx2	11.2	6,150	1,803	7,953	710	671
222		Plx3	14.1	7,978	2,368	10,345	733	414
222		Plx4	19.3	14,311	3,844	18,154	940	355
225	Hypertensive Heart Disease		9.2	5,476	1,630	7,106	773	37
225		Plx1	6.3	3,865	1,137	5,002	800	8
225		Plx2	7.8	4,011	1,302	5,313	682	19
225		Plx3	17.1	11,289	3,002	14,291	835	9
225		Plx4	22.2	15,669	4,261	19,930	898	5
226	Other Circulatory Diagnoses		5.6	4,595	1,161	5,756	1,032	1,039
226		Plx1	4.5	3,365	869	4,234	941	702
226		Plx2	7.8	6,208	1,549	7,757	994	195
226		Plx3	10.7	8,235	2,184	10,419	977	111
226		Plx4	14.4	18,133	4,298	22,431	1,557	66

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
229	Atherosclerosis (MNRH)		5.2	3,801	1,019	4,819	922	639
229		Plx1	4.1	2,868	757	3,625	880	477
229		Plx2	9.0	6,284	1,744	8,028	894	97
229		Plx3	13.3	9,070	2,592	11,662	874	53
229		Plx4	19.2	17,824	4,689	22,513	1,172	34
232	Acquired Valvular Disorders (MNRH)		7.0	4,870	1,353	6,223	884	126
232		Plx1	6.0	3,955	1,085	5,040	838	83
232		Plx2	7.6	5,140	1,469	6,609	867	29
232		Plx3	22.8	13,580	3,955	17,536	771	12
232		Plx4	22.8	20,702	5,626	26,328	1,157	8
233	Hypertension (MNRH)		4.2	2,745	712	3,457	814	231
233		Plx1	4.1	2,503	660	3,163	776	194
233		Plx2	6.0	4,285	1,066	5,351	897	28
233		Plx3	7.4	5,549	1,467	7,016	953	11
233		Plx4	12.2	7,050	1,798	8,848	725	5
234	Congenital Cardiac Disorders (MNRH)		6.4	9,702	2,056	11,758	1,831	45
234		Plx1	3.7	5,672	1,272	6,944	1,873	24
234		Plx2	5.1	5,019	1,206	6,225	1,218	9
234		Plx3	11.0	14,693	3,421	18,113	1,647	5
234		Plx4	15.5	36,455	7,088	43,543	2,809	6
235	Angina Pectoris		3.3	2,170	563	2,733	838	177
235		Plx1	3.2	2,132	550	2,682	843	170
235		Plx2	6.6	3,721	1,090	4,810	732	7
235		Plx3	11.4	5,157	1,908	7,065	620	5
235		Plx4	11.0	7,110	1,746	8,857	805	1
237	Arrhythmia		4.7	3,404	892	4,295	906	1,945
237		Plx1	4.0	2,877	744	3,621	910	1,480
237		Plx2	7.6	4,856	1,352	6,209	817	338
237		Plx3	9.9	7,176	1,901	9,078	913	126
237		Plx4	19.6	14,701	4,051	18,752	956	53

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
240	Syncope And Collapse		4.1	2,640	690	3,330	807	602
240		Plx1	3.9	2,473	644	3,117	806	542
240		Plx2	8.7	4,979	1,416	6,395	736	42
240		Plx3	9.3	5,314	1,486	6,800	731	30
240		Plx4	12.4	8,797	2,407	11,204	904	5
242	Chest Pain		2.6	1,880	463	2,344	916	1,909
242		Plx1	2.5	1,859	457	2,316	917	1,849
242		Plx2	4.8	3,108	856	3,963	831	61
242		Plx3	7.6	4,916	1,380	6,296	830	17
242		Plx4	14.4	7,930	2,123	10,053	698	5
250	Extensive Gastrointestinal Procedures		14.4	18,344	5,146	23,490	1,626	131
250		Plx1	10.9	13,481	4,103	17,584	1,613	70
250		Plx2	13.6	16,335	4,978	21,314	1,567	20
250		Plx3	18.7	24,914	6,106	31,020	1,662	18
250		Plx4	25.3	34,874	8,670	43,545	1,725	24
251	Gastrostomy And Colostomy Procedures		15.7	16,403	4,400	20,804	1,321	1,665
251		Plx1	10.5	9,910	2,855	12,765	1,213	879
251		Plx2	15.9	14,677	4,260	18,936	1,189	175
251		Plx3	19.2	17,996	4,816	22,812	1,187	248
251		Plx4	34.7	44,038	10,723	54,761	1,576	416
252	Major Esophageal, Stomach And Duodenum Procedures		13.0	13,552	3,643	17,195	1,318	120
252		Plx1	10.5	10,115	2,877	12,992	1,243	75
252		Plx2	13.9	15,207	3,808	19,015	1,364	18
252		Plx3	15.4	17,695	4,457	22,152	1,442	11
252		Plx4	31.6	40,364	10,189	50,553	1,599	21
253	Major Intestinal And Rectal Procedures		10.5	9,973	2,773	12,745	1,218	2,643
253		Plx1	8.7	7,914	2,291	10,205	1,168	1,801
253		Plx2	14.1	12,400	3,517	15,917	1,126	249
253		Plx3	13.6	12,509	3,445	15,953	1,173	313
253		Plx4	22.2	27,316	6,585	33,901	1,527	363

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		6.3	6,650	1,853	8,503	1,348	1,081
255		Plx1	5.7	5,964	1,690	7,654	1,339	894
255		Plx2	8.1	8,549	2,344	10,893	1,348	76
255		Plx3	10.7	9,659	2,738	12,397	1,154	75
255		Plx4	17.7	23,939	5,658	29,597	1,668	71
258	Laparotomy		7.7	6,830	1,940	8,770	1,132	1,050
258		Plx1	6.5	5,569	1,631	7,200	1,111	798
258		Plx2	12.0	9,779	2,716	12,495	1,040	105
258		Plx3	12.3	10,990	3,139	14,129	1,149	82
258		Plx4	18.1	19,996	5,136	25,131	1,386	71
260	Less Extensive Intestinal And Rectal Procedures		2.9	2,571	790	3,361	1,146	323
260		Plx1	2.9	2,476	770	3,245	1,136	306
260		Plx2	5.3	4,770	1,360	6,130	1,168	12
260		Plx3	7.8	6,814	2,125	8,939	1,153	8
260		Plx4	32.0	31,929	9,353	41,282	1,290	5
261	Complicated Appendectomy		4.7	4,375	1,287	5,661	1,198	1,164
261		Plx1	4.2	3,908	1,159	5,067	1,212	1,000
261		Plx2	8.3	7,581	2,069	9,650	1,168	57
261		Plx3	7.4	6,866	2,015	8,882	1,202	64
261		Plx4	9.1	9,449	2,649	12,099	1,326	24
262	Simple Appendectomy		2.2	2,447	720	3,168	1,436	2,885
262		Plx1	2.2	2,422	714	3,136	1,430	2,852
262		Plx2	4.2	3,863	1,088	4,951	1,171	22
262		Plx3	5.5	6,526	1,760	8,286	1,496	26
262		Plx4	10.7	9,359	2,441	11,800	1,100	11
264	Minor Gastrointestinal Procedures		3.1	4,202	1,152	5,354	1,748	126
264		Plx1	2.9	4,075	1,121	5,196	1,769	112
264		Plx2	5.6	5,328	1,540	6,868	1,226	10
264		Plx3	10.2	10,268	2,926	13,194	1,294	10
264		Plx4	12.8	30,118	6,824	36,942	2,886	5

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
265	Abdominal Laparoscopy		2.8	2,752	816	3,568	1,259	96
265		Plx1	2.8	2,684	804	3,488	1,245	86
265		Plx2	2.5	1,755	609	2,364	946	4
265		Plx3	6.2	6,148	1,725	7,872	1,270	5
265		Plx4	3.7	4,407	1,118	5,525	1,507	3
266	Anus And Stomal Procedures (MNRH)		2.3	2,125	674	2,799	1,230	792
266		Plx1	2.2	2,101	669	2,771	1,241	770
266		Plx2	5.7	4,105	1,190	5,295	923	23
266		Plx3	10.4	7,271	2,138	9,409	904	17
266		Plx4	36.8	33,500	8,636	42,136	1,144	11
269	Bilateral Hernia Procedures		2.3	2,648	856	3,504	1,509	2,009
269		Plx1	2.2	2,587	839	3,425	1,529	1,937
269		Plx2	5.6	5,356	1,615	6,971	1,237	60
269		Plx3	6.3	5,900	1,837	7,737	1,228	33
269		Plx4	11.8	17,010	4,255	21,265	1,795	13
271	Unilateral Hernia Procedures (MNRH)		1.7	1,996	610	2,607	1,498	446
271		Plx1	1.7	1,971	602	2,572	1,522	430
271		Plx2	6.2	4,652	1,411	6,063	985	19
271		Plx3	4.9	5,759	1,777	7,537	1,546	8
271		Plx4	20.0	22,803	6,380	29,183	1,459	6
279	Digestive System Malignancy		9.4	5,523	1,560	7,083	750	786
279		Plx1	7.3	4,212	1,182	5,394	735	504
279		Plx2	11.3	6,510	1,877	8,387	745	136
279		Plx3	14.0	7,873	2,303	10,176	728	86
279		Plx4	19.2	12,374	3,389	15,763	822	61
281	G.I. Hemorrhage		4.6	3,149	857	4,006	874	2,391
281		Plx1	4.0	2,602	720	3,322	832	1,956
281		Plx2	7.9	5,292	1,450	6,742	853	210
281		Plx3	9.2	6,338	1,725	8,063	874	156
281		Plx4	12.2	12,135	3,004	15,139	1,237	111

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
285	Complicated Ulcer		5.5	3,272	929	4,201	758	176
285		Plx1	4.9	2,797	793	3,590	732	143
285		Plx2	13.1	7,566	2,028	9,594	734	15
285		Plx3	12.4	6,976	2,161	9,137	740	20
285		Plx4	12.2	9,551	2,636	12,187	997	9
286	Uncomplicated Ulcer		4.0	2,549	704	3,253	804	171
286		Plx1	3.9	2,477	679	3,156	814	155
286		Plx2	6.1	3,675	1,118	4,793	786	10
286		Plx3	8.9	5,066	1,314	6,380	719	8
286		Plx4	13.4	9,177	2,789	11,965	893	5
289	Inflammatory Bowel Disease		5.4	3,034	837	3,871	712	858
289		Plx1	5.4	2,999	834	3,833	709	786
289		Plx2	9.3	4,952	1,400	6,353	680	32
289		Plx3	7.9	4,511	1,260	5,771	733	54
289		Plx4	19.2	10,288	3,027	13,315	693	10
290	G.I. Obstruction		4.4	2,469	732	3,201	728	1,899
290		Plx1	4.0	2,178	652	2,830	716	1,694
290		Plx2	7.0	4,220	1,243	5,464	778	88
290		Plx3	9.8	5,611	1,685	7,296	748	62
290		Plx4	14.7	9,996	2,718	12,715	865	41
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3.8	2,314	665	2,979	786	7,278
294		Plx1	3.3	2,032	588	2,620	789	6,311
294		Plx2	6.6	3,984	1,117	5,102	775	473
294		Plx3	7.3	4,420	1,248	5,668	777	303
294		Plx4	15.8	11,285	3,116	14,401	913	152
297	Other G.I. Diagnoses		4.4	2,862	818	3,679	827	1,974
297		Plx1	3.8	2,333	681	3,014	797	1,654
297		Plx2	8.9	5,499	1,561	7,059	793	137
297		Plx3	9.2	6,098	1,779	7,877	859	128
297		Plx4	13.6	12,516	3,025	15,541	1,141	78

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
310	PWS - Liver Transplant		27.0	52,889	13,919	66,808	2,478	119
310		Plx1	12.8	26,945	7,611	34,556	2,710	20
310		Plx2	14.0	27,696	7,741	35,437	2,531	8
310		Plx3	17.0	32,886	9,439	42,325	2,490	12
310		Plx4	33.4	65,047	16,822	81,869	2,453	79
311	Major Pancreatic Procedures		16.0	18,595	4,894	23,489	1,464	337
311		Plx1	11.4	12,862	3,647	16,509	1,442	170
311		Plx2	15.4	15,852	4,132	19,984	1,301	59
311		Plx3	23.1	23,557	5,978	29,535	1,280	39
311		Plx4	34.3	42,223	10,518	52,742	1,536	81
312	Major Hepatobiliary Procedures		9.3	13,000	3,287	16,286	1,753	306
312		Plx1	8.0	10,712	2,901	13,614	1,712	221
312		Plx2	10.3	13,356	3,191	16,547	1,606	33
312		Plx3	14.0	16,353	4,011	20,364	1,455	23
312		Plx4	24.4	40,170	8,992	49,161	2,018	41
313	Common Duct Exploration		15.1	11,021	2,975	13,996	928	51
313		Plx1	9.9	7,183	1,971	9,154	923	26
313		Plx2	14.3	12,175	3,064	15,238	1,067	7
313		Plx3	21.5	16,350	4,080	20,430	948	11
313		Plx4	18.6	15,946	4,265	20,211	1,087	5
314	Other Hepatobiliary And Pancreatic Procedures		8.9	8,994	2,276	11,270	1,261	267
314		Plx1	7.3	6,768	1,753	8,521	1,165	181
314		Plx2	10.5	8,707	2,285	10,992	1,048	39
314		Plx3	15.4	16,704	4,184	20,888	1,356	27
314		Plx4	22.9	25,303	6,139	31,442	1,375	31
315	Cholecystectomy		7.5	7,054	2,069	9,123	1,209	412
315		Plx1	6.3	5,976	1,765	7,742	1,220	273
315		Plx2	8.6	7,617	2,350	9,967	1,163	82
315		Plx3	13.1	11,634	3,249	14,883	1,136	39
315		Plx4	21.2	21,141	5,618	26,759	1,262	25

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
317	Laparoscopic Cholecystectomy		2.9	3,156	927	4,083	1,389	1,824
317		Plx1	2.7	2,988	882	3,870	1,433	1,576
317		Plx2	5.5	4,689	1,369	6,057	1,101	272
317		Plx3	8.6	6,980	2,035	9,015	1,046	50
317		Plx4	12.0	10,080	2,827	12,907	1,079	29
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		10.2	9,739	2,553	12,293	1,205	129
320		Plx1	7.4	6,098	1,671	7,769	1,046	82
320		Plx2	9.6	7,325	1,840	9,166	955	15
320		Plx3	13.9	11,775	3,166	14,940	1,075	10
320		Plx4	22.7	29,904	7,402	37,306	1,647	20
323	Cirrhosis And Alcoholic Hepatitis		9.3	6,340	1,689	8,029	860	462
323		Plx1	6.6	3,894	1,048	4,942	749	165
323		Plx2	7.9	4,393	1,274	5,667	718	134
323		Plx3	13.6	8,120	2,281	10,401	765	90
323		Plx4	17.9	16,896	4,143	21,039	1,175	84
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		10.5	6,149	1,710	7,859	746	747
324		Plx1	8.8	4,983	1,377	6,360	721	364
324		Plx2	10.6	5,797	1,676	7,473	706	197
324		Plx3	12.7	8,159	2,192	10,352	815	108
324		Plx4	15.5	10,158	2,751	12,909	832	77
325	Pancreas Diseases Except Malignancy		5.1	2,899	839	3,738	732	1,747
325		Plx1	4.6	2,516	738	3,254	702	1,448
325		Plx2	7.8	4,649	1,299	5,949	762	195
325		Plx3	11.7	7,004	2,021	9,024	774	105
325		Plx4	16.3	16,994	4,285	21,279	1,304	70
326	Liver Diseases Except Cirrhosis Or Cancer		8.0	6,715	1,723	8,438	1,049	776
326		Plx1	5.5	3,581	977	4,558	832	394
326		Plx2	8.7	5,595	1,500	7,095	817	158
326		Plx3	11.0	7,345	1,952	9,298	845	87
326		Plx4	14.2	20,016	4,695	24,711	1,740	136

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
329	Biliary Tract Diseases		4.3	2,820	780	3,600	838	1,023
329		Plx1	3.6	2,295	654	2,949	811	779
329		Plx2	7.0	4,329	1,219	5,549	797	89
329		Plx3	6.0	4,352	1,134	5,486	914	113
329		Plx4	12.0	10,651	2,644	13,295	1,110	52
350	Multiple Or Bilateral Joint Replacement		9.6	13,168	2,748	15,917	1,662	113
350		Plx1	6.7	11,338	2,123	13,461	2,005	80
350		Plx2	9.2	14,018	2,419	16,438	1,793	6
350		Plx3	20.5	19,465	4,803	24,268	1,186	15
350		Plx4	43.1	36,309	9,220	45,529	1,057	13
351	Joint Replacement For Trauma		14.1	12,217	3,085	15,302	1,087	1,124
351		Plx1	11.2	9,943	2,499	12,443	1,106	718
351		Plx2	20.5	15,470	4,120	19,590	954	166
351		Plx3	18.0	15,392	3,857	19,250	1,069	105
351		Plx4	25.1	22,885	5,861	28,747	1,143	143
352	Hip Replacement		6.1	8,554	1,762	10,316	1,680	3,068
352		Plx1	5.8	8,282	1,678	9,960	1,725	2,731
352		Plx2	9.5	10,692	2,495	13,187	1,393	168
352		Plx3	9.5	11,690	2,678	14,367	1,512	99
352		Plx4	14.3	16,736	3,819	20,556	1,433	49
354	Knee Replacement		5.7	7,349	1,634	8,983	1,585	3,440
354		Plx1	5.6	7,263	1,610	8,873	1,595	3,230
354		Plx2	7.8	9,007	2,086	11,093	1,422	151
354		Plx3	9.9	10,303	2,405	12,708	1,280	88
354		Plx4	14.7	15,233	3,617	18,850	1,281	31
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		10.4	9,041	2,575	11,615	1,120	106
355		Plx1	6.6	5,651	1,679	7,330	1,108	62
355		Plx2	16.2	11,037	3,340	14,377	889	23
355		Plx3	17.6	13,643	3,709	17,352	983	17
355		Plx4	48.3	53,994	14,030	68,024	1,408	13

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
356	Repair Hip And Femur Procedures		6.2	7,446	1,938	9,385	1,504	307
356		Plx1	4.9	6,360	1,638	7,998	1,617	261
356		Plx2	13.3	12,911	3,551	16,462	1,238	20
356		Plx3	16.2	15,373	4,018	19,391	1,200	13
356		Plx4	26.2	19,420	5,377	24,797	946	15
358	Lower Extremity Procedures With Infection		9.3	7,671	2,215	9,885	1,059	150
358		Plx1	7.7	6,330	1,836	8,166	1,056	116
358		Plx2	12.5	9,384	2,921	12,305	984	22
358		Plx3	41.4	31,670	7,899	39,569	956	5
358		Plx4	27.1	20,775	5,720	26,495	978	10
359	Upper Extremity Procedures With Infection		7.1	6,086	1,797	7,882	1,112	58
359		Plx1	5.7	5,074	1,510	6,584	1,155	50
359		Plx2	16.0	13,448	4,733	18,181	1,136	4
359		Plx3	44.5	35,302	10,540	45,842	1,030	4
359		Plx4	18.3	13,784	3,992	17,775	970	6
360	Upper Extremity Amputations And Revisions		12.4	10,205	3,025	13,229	1,066	86
360		Plx1	7.3	6,169	1,854	8,024	1,105	57
360		Plx2	20.9	16,979	5,063	22,043	1,055	9
360		Plx3	23.0	22,045	6,108	28,153	1,224	10
360		Plx4	33.9	30,356	9,059	39,415	1,162	12
361	Musculoskeletal Biopsy For Malignancy		16.3	14,210	3,664	17,874	1,099	59
361		Plx1	12.7	11,580	2,972	14,552	1,143	44
361		Plx2	22.4	15,481	3,857	19,338	863	5
361		Plx3	32.8	22,924	7,454	30,377	926	5
361		Plx4	27.7	28,056	7,468	35,525	1,282	7
362	Musculoskeletal Biopsy Without Malignancy		14.5	10,034	2,610	12,644	874	116
362		Plx1	9.0	6,154	1,577	7,731	863	75
362		Plx2	21.2	11,606	3,272	14,878	702	15
362		Plx3	19.9	13,809	3,527	17,337	873	15
362		Plx4	42.4	52,722	11,594	64,316	1,515	9

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
363	Back And Neck Procedures With Fusion		5.2	9,883	2,051	11,934	2,281	1,512
363		Plx1	4.8	8,932	1,892	10,824	2,275	1,323
363		Plx2	8.4	14,926	2,965	17,891	2,119	113
363		Plx3	11.7	20,101	3,897	23,999	2,048	68
363		Plx4	23.2	44,117	8,496	52,613	2,271	48
365	Back And Neck Procedures Without Fusion		2.7	3,854	1,104	4,958	1,821	1,824
365		Plx1	2.4	3,563	1,047	4,611	1,903	1,697
365		Plx2	6.1	7,518	1,802	9,320	1,522	64
365		Plx3	9.2	9,317	2,294	11,612	1,257	21
365		Plx4	13.9	17,805	4,087	21,892	1,576	9
367	Shoulder Arthroplasty		3.3	6,867	1,318	8,185	2,493	187
367		Plx1	3.2	6,848	1,304	8,152	2,524	183
367		Plx2	8.4	9,086	2,294	11,380	1,355	5
367		Plx3	5.7	5,837	2,174	8,010	1,414	3
367		Plx4						
368	Major Hip And Knee Procedures		4.1	5,045	1,352	6,397	1,553	42
368		Plx1	4.0	4,853	1,309	6,162	1,540	41
368		Plx2	6.3	8,250	2,576	10,826	1,709	3
368		Plx3						
368		Plx4	25.0	19,613	4,881	24,494	980	1
369	Major Lower Extremity Procedures		3.0	4,688	1,250	5,939	1,956	601
369		Plx1	3.1	4,668	1,245	5,913	1,938	592
369		Plx2	6.9	8,619	2,324	10,944	1,575	19
369		Plx3	9.2	8,811	2,446	11,257	1,224	5
369		Plx4	44.0	32,038	13,730	45,768	1,040	1
372	Major Upper Extremity Procedures		2.0	3,918	1,034	4,952	2,422	315
372		Plx1	2.0	3,854	1,022	4,875	2,430	310
372		Plx2	6.8	11,021	2,643	13,665	2,010	5
372		Plx3	4.2	7,788	2,157	9,945	2,368	5
372		Plx4						

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
374	Minor Lower Extremity Procedures		1.9	3,139	863	4,002	2,080	787
374		Plx1	1.9	3,130	861	3,991	2,081	781
374		Plx2	5.8	6,595	1,718	8,313	1,439	9
374		Plx3	8.8	9,384	2,484	11,869	1,349	5
374		Plx4	10.7	13,942	3,894	17,836	1,672	3
375	Minor Upper Extremity Procedures		1.0	2,306	644	2,951	2,951	497
375		Plx1	1.0	2,306	644	2,950	2,950	496
375		Plx2	6.2	5,753	1,633	7,387	1,198	6
375		Plx3	3.5	3,505	1,384	4,889	1,397	2
375		Plx4	54.0	66,752	15,095	81,846	1,516	2
376	Miscellaneous Musculoskeletal Procedures		2.9	5,893	1,551	7,445	2,609	287
376		Plx1	2.8	5,784	1,533	7,317	2,597	280
376		Plx2	12.9	18,324	4,435	22,758	1,766	9
376		Plx3	8.8	19,701	3,668	23,369	2,656	5
376		Plx4	16.5	41,730	8,194	49,924	3,026	6
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		6.1	7,234	2,017	9,251	1,516	317
377		Plx1	4.3	5,319	1,478	6,797	1,596	260
377		Plx2	14.5	14,167	4,268	18,434	1,275	22
377		Plx3	11.8	14,604	4,090	18,694	1,586	19
377		Plx4	44.3	57,980	14,591	72,570	1,637	21
378	Soft Tissue Procedures (MNRH)		3.8	4,585	1,298	5,883	1,566	131
378		Plx1	2.8	3,755	1,070	4,825	1,718	110
378		Plx2	8.0	8,583	2,110	10,693	1,337	10
378		Plx3	9.2	8,367	2,476	10,843	1,176	9
378		Plx4	16.4	18,912	6,035	24,946	1,521	5
379	Other Musculoskeletal Procedures (MNRH)		2.2	4,022	1,017	5,039	2,258	903
379		Plx1	1.8	2,853	807	3,660	2,089	785
379		Plx2	5.6	11,371	2,445	13,816	2,467	20
379		Plx3	12.8	17,462	3,911	21,374	1,665	6
379		Plx4	28.7	31,434	8,013	39,447	1,373	19

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
380	Other Lower Extremity Procedures (MNRH)		1.0	1,258	440	1,697	1,697	495
380		Plx1	1.0	1,258	440	1,697	1,697	495
380		Plx2	4.2	4,639	1,460	6,099	1,452	5
380		Plx3						
380		Plx4						
381	Hand And Wrist Procedures (MNRH)		1.0	2,081	645	2,726	2,726	138
381		Plx1	1.0	2,081	645	2,726	2,726	138
381		Plx2	4.0	5,226	1,542	6,768	1,692	3
381		Plx3	84.0	36,830	13,372	50,201	598	2
381		Plx4	13.0	16,308	4,369	20,677	1,591	1
382	Arthroscopy (MNRH)		1.9	2,560	792	3,352	1,727	17
382		Plx1	1.4	1,742	580	2,322	1,711	14
382		Plx2	6.0	6,117	1,630	7,747	1,291	2
382		Plx3	10.0	12,674	3,784	16,458	1,646	2
382		Plx4	8.0	9,541	2,197	11,738	1,467	1
383	PWS - Joint Replacement For Malignancy		16.2	17,854	3,829	21,683	1,335	33
383		Plx1	14.0	13,606	3,150	16,756	1,197	19
383		Plx2	14.1	18,789	3,663	22,452	1,590	8
383		Plx3	31.4	28,190	6,036	34,226	1,090	5
383		Plx4	38.6	45,500	8,759	54,258	1,406	5
384	PWS - Back And Neck Procedures For Malignancy		17.4	20,933	4,821	25,754	1,480	37
384		Plx1	10.3	12,954	3,340	16,294	1,577	21
384		Plx2	19.4	27,224	5,302	32,525	1,677	5
384		Plx3	18.8	22,528	4,852	27,380	1,456	5
384		Plx4	47.8	66,771	16,883	83,654	1,750	5
385	PWS - Major Orthopaedic Oncology Procedures		9.6	14,758	3,789	18,547	1,941	27
385		Plx1	6.9	9,212	2,481	11,693	1,696	19
385		Plx2	8.4	8,115	2,290	10,405	1,239	5
385		Plx3	19.7	28,342	7,197	35,539	1,807	3
385		Plx4	27.0	49,342	12,695	62,037	2,298	5

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
386	Other Orthopaedic Oncology Procedures		7.2	9,534	2,356	11,891	1,659	89
386		Plx1	6.3	8,435	2,207	10,643	1,693	73
386		Plx2	6.3	8,606	2,057	10,663	1,706	8
386		Plx3	24.3	26,897	6,326	33,222	1,365	6
386		Plx4	28.7	30,900	6,429	37,329	1,302	6
391	Secondary Neoplasms And Pathological Fractures		14.9	8,231	2,303	10,534	709	676
391		Plx1	12.4	6,352	1,809	8,161	656	400
391		Plx2	16.2	9,271	2,533	11,804	730	154
391		Plx3	20.8	11,599	3,297	14,896	716	67
391		Plx4	30.1	20,455	5,301	25,756	855	63
392	Osteomyelitis		12.1	7,803	2,236	10,038	828	119
392		Plx1	7.6	5,396	1,496	6,891	908	76
392		Plx2	26.3	14,529	4,518	19,046	725	11
392		Plx3	17.0	9,071	2,846	11,917	699	21
392		Plx4	36.1	20,057	6,204	26,261	727	9
393	Rheumatoid Arthritis		8.3	6,162	1,522	7,684	923	144
393		Plx1	6.4	3,750	1,016	4,766	750	95
393		Plx2	8.1	5,179	1,379	6,558	807	16
393		Plx3	8.7	6,446	1,636	8,082	930	13
393		Plx4	19.3	20,897	4,425	25,322	1,312	17
394	Septic Arthritis		6.9	4,688	1,314	6,003	875	84
394		Plx1	5.2	3,703	1,023	4,726	909	60
394		Plx2	12.2	8,737	2,181	10,918	897	6
394		Plx3	8.0	5,407	1,703	7,111	889	13
394		Plx4	33.2	17,785	5,140	22,925	691	5
397	Non-Inflammatory Arthritis		8.0	4,188	1,283	5,472	683	98
397		Plx1	6.8	3,792	1,143	4,935	729	82
397		Plx2	21.7	8,394	2,805	11,199	516	10
397		Plx3	17.1	8,054	2,339	10,393	607	8
397		Plx4	37.5	18,952	5,404	24,356	649	4

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
398	Other Inflammatory Arthritis		6.3	3,974	1,089	5,063	808	558
398		Plx1	5.2	3,162	889	4,051	779	395
398		Plx2	8.9	4,797	1,334	6,132	692	76
398		Plx3	14.2	8,747	2,466	11,213	791	69
398		Plx4	18.0	16,664	3,925	20,589	1,142	43
399	Orthopaedic Aftercare		8.2	4,439	1,364	5,803	709	362
399		Plx1	5.7	3,128	943	4,071	714	258
399		Plx2	17.9	8,592	2,810	11,402	638	50
399		Plx3	18.5	8,502	2,827	11,329	612	46
399		Plx4	23.6	12,235	3,861	16,097	683	19
401	Other Musculoskeletal Malignancies		8.0	7,051	1,807	8,858	1,112	54
401		Plx1	5.4	4,367	1,062	5,429	1,004	32
401		Plx2	9.8	8,088	2,116	10,204	1,043	14
401		Plx3	17.6	11,103	3,434	14,537	826	5
401		Plx4	16.4	21,360	5,165	26,524	1,617	5
402	Disc Disease		7.9	4,026	1,139	5,164	651	423
402		Plx1	7.0	3,515	988	4,503	646	363
402		Plx2	23.3	9,892	3,033	12,925	554	46
402		Plx3	22.2	12,392	3,250	15,642	705	23
402		Plx4	35.0	17,575	5,384	22,960	656	19
404	Other Musculoskeletal Infections		10.5	5,420	1,561	6,982	665	4
404		Plx1	10.5	5,420	1,561	6,982	665	4
404		Plx2						
404		Plx3						
404		Plx4						
407	Other Musculoskeletal Disorders		5.3	4,358	1,138	5,496	1,032	108
407		Plx1	3.9	2,924	817	3,741	955	83
407		Plx2	10.4	7,430	1,894	9,324	900	11
407		Plx3	8.6	7,002	1,885	8,887	1,037	7
407		Plx4	34.3	24,876	6,328	31,204	911	12

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
409	Back Pain (MNRH)		5.4	2,926	809	3,735	692	404
409		Plx1	4.4	2,409	655	3,064	690	343
409		Plx2	13.9	6,689	1,975	8,665	622	34
409		Plx3	14.7	8,221	2,138	10,359	703	22
409		Plx4	15.8	9,231	2,659	11,890	755	12
411	Signs, Symptoms And Deformities (MNRH)		5.4	3,109	845	3,954	737	278
411		Plx1	5.1	2,904	804	3,708	730	244
411		Plx2	11.3	5,652	1,557	7,209	639	28
411		Plx3	13.4	7,181	1,943	9,123	681	15
411		Plx4	30.3	18,597	5,361	23,958	792	4
413	Joint Derangements (MNRH)		5.2	3,067	910	3,977	763	86
413		Plx1	3.6	2,529	711	3,240	888	68
413		Plx2	9.1	3,959	1,292	5,252	576	9
413		Plx3	12.8	8,110	2,188	10,298	805	5
413		Plx4	17.0	8,340	2,283	10,623	625	2
414	Sprains Strains And Minor Injuries (MNRH)		4.3	2,525	686	3,210	748	82
414		Plx1	3.8	2,184	601	2,785	738	76
414		Plx2	13.5	6,938	1,806	8,744	648	4
414		Plx3	21.3	11,597	3,652	15,249	715	3
414		Plx4	10.0	8,052	1,950	10,002	1,000	2
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		1.4	2,950	907	3,856	2,843	1,127
425		Plx1	1.3	2,922	899	3,821	2,848	1,109
425		Plx2	6.4	9,367	2,678	12,044	1,879	44
425		Plx3	7.7	13,249	4,424	17,673	2,295	10
425		Plx4	17.8	25,382	6,483	31,865	1,787	18
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		26.5	18,751	5,832	24,583	926	86
427		Plx1	13.2	8,560	2,754	11,314	858	58
427		Plx2	67.4	43,527	12,712	56,240	834	7
427		Plx3	39.6	27,507	8,581	36,088	911	5
427		Plx4	57.6	44,701	13,848	58,549	1,016	17

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		1.3	3,085	818	3,903	2,974	269
428		Plx1	1.3	3,023	805	3,829	2,985	262
428		Plx2	2.9	6,745	1,746	8,491	2,972	7
428		Plx3	7.5	11,924	2,855	14,780	1,971	2
428		Plx4	4.0	6,330	1,100	7,429	1,857	1
429	Total Mastectomy For Breast Malignancy		1.6	3,029	831	3,859	2,421	1,375
429		Plx1	1.6	3,014	824	3,837	2,432	1,355
429		Plx2	5.1	5,509	1,725	7,234	1,425	26
429		Plx3	6.1	6,656	2,018	8,674	1,422	10
429		Plx4	16.0	18,805	3,647	22,453	1,403	1
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		1.3	2,628	704	3,332	2,600	1,190
432		Plx1	1.3	2,620	701	3,321	2,602	1,180
432		Plx2	3.3	4,748	1,264	6,012	1,837	11
432		Plx3	14.2	10,758	3,022	13,780	970	5
432		Plx4	5.0	5,828	1,443	7,271	1,454	2
434	Breast Biopsy And Local Excision Without Malignancy		1.0	1,914	577	2,491	2,491	73
434		Plx1	1.0	1,913	578	2,490	2,490	72
434		Plx2	2.3	3,522	869	4,391	1,882	3
434		Plx3	2.0	2,834	1,321	4,155	2,078	1
434		Plx4	361.0	465,936	109,990	575,926	1,595	1
435	Perianal And Pilonidal Cyst Procedures		2.1	1,938	616	2,554	1,214	67
435		Plx1	2.1	1,870	601	2,471	1,197	63
435		Plx2	5.4	4,364	1,317	5,681	1,052	5
435		Plx3	12.0	7,700	2,515	10,215	851	1
435		Plx4	64.0	40,129	11,813	51,942	812	5
436	Plastic Surgery		1.6	2,789	943	3,732	2,402	56
436		Plx1	1.6	2,789	943	3,732	2,402	56
436		Plx2	31.0	20,179	5,615	25,794	832	1
436		Plx3	16.0	11,572	3,416	14,989	937	1
436		Plx4	34.0	18,796	6,269	25,066	737	1

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		3.6	3,403	1,005	4,408	1,230	285
437		Plx1	2.9	2,927	879	3,806	1,311	249
437		Plx2	7.1	5,927	1,589	7,516	1,057	18
437		Plx3	11.8	11,576	2,970	14,545	1,231	11
437		Plx4	26.0	26,627	6,809	33,436	1,286	10
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		9.1	7,627	2,168	9,795	1,071	233
438		Plx1	4.5	4,330	1,262	5,592	1,251	166
438		Plx2	20.5	12,021	3,675	15,696	766	24
438		Plx3	19.5	13,582	3,868	17,450	895	18
438		Plx4	42.3	37,351	9,980	47,331	1,119	31
439	Skin Ulcer		19.2	11,201	3,450	14,651	764	99
439		Plx1	15.0	8,206	2,653	10,859	723	53
439		Plx2	18.6	9,885	3,050	12,935	695	10
439		Plx3	20.1	11,299	3,353	14,652	727	21
439		Plx4	38.1	26,213	7,949	34,162	898	16
440	Major Skin Disorders		5.3	3,674	1,052	4,726	895	99
440		Plx1	4.7	3,114	907	4,021	853	83
440		Plx2	7.6	5,361	1,345	6,706	882	10
440		Plx3	14.4	10,280	3,150	13,430	934	8
440		Plx4	30.6	38,664	9,188	47,853	1,564	5
443	Malignant Breast Disorders		10.9	6,237	1,787	8,024	736	63
443		Plx1	6.9	4,490	1,258	5,748	830	26
443		Plx2	13.2	6,707	1,982	8,690	660	19
443		Plx3	14.4	7,193	2,295	9,488	660	8
443		Plx4	14.2	9,120	2,382	11,502	810	10
446	Non-Malignant Breast Disorders		1.7	1,436	412	1,848	1,066	30
446		Plx1	1.7	1,436	412	1,848	1,066	30
446		Plx2						
446		Plx3						
446		Plx4						

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
447	Cellulitis		6.3	3,457	1,046	4,503	709	1,296
447		Plx1	5.3	2,902	871	3,774	709	965
447		Plx2	9.3	4,709	1,471	6,180	663	179
447		Plx3	10.2	5,710	1,798	7,508	733	114
447		Plx4	22.2	12,350	3,701	16,051	722	70
452	Trauma Of Skin, Subcutaneous Tissue And Breast		3.7	2,322	628	2,951	806	154
452		Plx1	3.0	2,054	540	2,595	858	125
452		Plx2	7.5	3,872	1,094	4,965	662	16
452		Plx3	6.0	3,476	978	4,454	742	11
452		Plx4	9.0	7,243	1,507	8,750	972	2
454	Minor Skin Disorders		3.5	2,720	709	3,428	969	262
454		Plx1	3.2	2,370	648	3,017	950	231
454		Plx2	9.2	5,515	1,588	7,103	776	20
454		Plx3	19.6	14,885	4,214	19,100	975	12
454		Plx4	18.5	14,516	3,511	18,027	974	12
476	PWS - Adrenal And Pituitary Procedures		4.9	8,313	2,003	10,316	2,092	204
476		Plx1	3.7	6,792	1,724	8,516	2,285	161
476		Plx2	11.5	16,654	3,407	20,061	1,748	21
476		Plx3	11.2	17,275	3,981	21,256	1,898	10
476		Plx4	17.1	26,293	5,267	31,560	1,843	8
477	Parathyroid Procedures		1.9	3,373	972	4,345	2,287	270
477		Plx1	1.7	3,149	915	4,064	2,416	245
477		Plx2	4.1	6,613	1,744	8,357	2,033	9
477		Plx3	4.2	5,193	1,211	6,404	1,517	9
477		Plx4	46.2	34,389	9,116	43,505	942	5
478	Obesity Procedures		4.1	4,838	1,556	6,394	1,561	199
478		Plx1	4.0	4,671	1,516	6,187	1,555	187
478		Plx2	5.6	6,021	2,014	8,035	1,428	8
478		Plx3	7.8	8,116	2,584	10,700	1,372	5
478		Plx4	16.3	27,245	7,304	34,549	2,126	4

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
479	Thyroid Procedures		1.5	3,058	981	4,039	2,672	1,446
479		Plx1	1.5	3,032	974	4,005	2,692	1,423
479		Plx2	3.0	4,806	1,601	6,407	2,136	12
479		Plx3	5.0	6,959	1,941	8,900	1,780	19
479		Plx4	13.9	19,788	4,078	23,866	1,718	9
480	Thyroglossal Procedures		1.2	1,896	740	2,636	2,220	16
480		Plx1	1.2	1,896	740	2,636	2,220	16
480		Plx2						
480		Plx3						
480		Plx4						
482	Other Endocrine, Nutrition And Metabolic Procedures		9.6	24,994	4,326	29,320	3,055	186
482		Plx1	5.4	25,892	3,792	29,684	5,516	110
482		Plx2	10.7	21,870	4,092	25,962	2,434	21
482		Plx3	16.4	20,522	4,970	25,492	1,554	22
482		Plx4	32.0	44,286	10,162	54,448	1,703	42
483	Diabetes		4.9	3,148	902	4,050	821	1,878
483		Plx1	3.8	2,356	689	3,045	810	1,369
483		Plx2	9.1	4,984	1,471	6,455	710	215
483		Plx3	7.7	4,853	1,416	6,269	816	197
483		Plx4	15.9	13,471	3,618	17,089	1,078	136
485	Nutritional And Miscellaneous Metabolic Disorders		5.6	3,652	1,012	4,664	840	1,839
485		Plx1	4.2	2,698	761	3,459	825	1,180
485		Plx2	8.1	4,974	1,404	6,378	792	342
485		Plx3	8.7	5,942	1,664	7,605	872	219
485		Plx4	14.5	10,131	2,754	12,885	887	120
487	Cystic Fibrosis		11.7	10,866	2,474	13,340	1,137	180
487		Plx1	11.6	11,095	2,616	13,711	1,186	113
487		Plx2	11.4	9,378	2,115	11,493	1,011	19
487		Plx3	11.5	9,799	2,047	11,846	1,026	35
487		Plx4	19.2	22,502	4,569	27,071	1,407	17

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
488	Inborn Errors Of Metabolism		5.8	12,155	1,259	13,415	2,324	79
488		Plx1	5.4	12,834	1,194	14,028	2,605	65
488		Plx2	5.5	3,431	955	4,386	798	8
488		Plx3	11.2	18,938	2,615	21,554	1,924	5
488		Plx4	38.0	39,626	6,937	46,564	1,225	5
489	Endocrine Disorders		6.1	3,985	1,065	5,050	828	304
489		Plx1	4.6	2,957	790	3,747	812	233
489		Plx2	13.8	7,561	2,143	9,704	703	41
489		Plx3	12.2	7,401	2,175	9,576	782	21
489		Plx4	17.7	23,218	5,423	28,641	1,621	12
500	PWS - Kidney Transplant		10.4	18,044	4,541	22,585	2,166	249
500		Plx1	8.0	13,068	3,462	16,530	2,070	131
500		Plx2	9.5	14,507	3,905	18,412	1,930	24
500		Plx3	12.8	21,919	5,538	27,457	2,144	47
500		Plx4	19.8	36,504	8,325	44,830	2,260	48
501	Urinary Diversion And Augmentation		11.3	11,822	3,691	15,513	1,374	212
501		Plx1	9.4	9,943	3,098	13,041	1,389	141
501		Plx2	12.4	13,033	4,305	17,338	1,394	23
501		Plx3	18.0	17,234	5,373	22,606	1,259	23
501		Plx4	23.2	24,391	7,239	31,630	1,365	34
502	Radical Prostatectomy		3.7	5,142	1,646	6,788	1,832	1,270
502		Plx1	3.6	5,092	1,625	6,717	1,847	1,204
502		Plx2	4.7	5,892	1,972	7,864	1,668	49
502		Plx3	6.6	6,863	2,292	9,156	1,382	16
502		Plx4	9.5	8,689	2,505	11,194	1,178	6
503	Dialysis Procedures		6.6	6,945	1,881	8,826	1,346	282
503		Plx1	1.2	1,926	697	2,624	2,243	153
503		Plx2	5.3	6,443	1,662	8,104	1,537	44
503		Plx3	22.0	20,704	4,919	25,623	1,162	22
503		Plx4	57.6	63,749	14,892	78,640	1,365	34

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
504	Major Urinary Tract Procedures		4.7	6,211	1,814	8,025	1,693	1,170
504		Plx1	4.4	5,864	1,716	7,581	1,738	1,030
504		Plx2	7.2	8,537	2,515	11,052	1,527	80
504		Plx3	8.7	9,567	2,868	12,435	1,435	39
504		Plx4	21.5	30,525	7,460	37,985	1,771	40
505	Reconstructive Urological Procedures		3.7	3,679	1,289	4,968	1,344	92
505		Plx1	3.4	3,417	1,187	4,604	1,347	84
505		Plx2	8.7	9,070	3,307	12,377	1,423	10
505		Plx3	3.5	2,780	1,055	3,836	1,096	2
505		Plx4	33.7	47,712	13,220	60,932	1,810	3
506	Open Prostatectomy		4.8	4,335	1,639	5,973	1,239	28
506		Plx1	4.0	3,687	1,425	5,111	1,278	23
506		Plx2	6.4	5,678	2,241	7,919	1,237	5
506		Plx3	10.5	7,954	2,689	10,643	1,014	2
506		Plx4	14.5	13,488	4,414	17,902	1,235	2
507	Vascular And Other Urinary Procedures		10.7	14,570	3,529	18,099	1,693	42
507		Plx1	4.9	7,282	1,643	8,925	1,835	22
507		Plx2	12.0	13,142	3,883	17,025	1,419	5
507		Plx3	11.4	10,535	2,468	13,003	1,141	5
507		Plx4	26.6	36,169	8,302	44,472	1,670	16
508	Minor Upper Urinary Tract Procedures		3.7	5,034	1,449	6,483	1,775	422
508		Plx1	3.0	4,566	1,330	5,896	1,958	373
508		Plx2	6.3	6,232	1,924	8,157	1,298	14
508		Plx3	11.0	10,620	2,762	13,382	1,221	25
508		Plx4	24.4	26,366	7,011	33,377	1,366	14
509	Minor Lower Urinary Tract Procedures		2.8	3,991	1,159	5,150	1,860	182
509		Plx1	2.7	3,993	1,156	5,149	1,875	177
509		Plx2	11.2	9,407	2,546	11,952	1,070	6
509		Plx3	12.8	17,388	4,808	22,196	1,741	4
509		Plx4	19.3	12,670	3,785	16,455	855	4

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
510	Transurethral Prostatectomy		2.0	2,315	725	3,041	1,497	1,654
510		Plx1	2.0	2,257	708	2,965	1,512	1,593
510		Plx2	5.8	4,810	1,474	6,284	1,085	57
510		Plx3	8.0	5,496	1,636	7,132	891	24
510		Plx4	12.2	11,081	2,969	14,050	1,153	11
512	Other Transurethral Or Biopsy Procedures (MNRH)		1.4	1,652	449	2,101	1,476	2,255
512		Plx1	1.4	1,638	445	2,083	1,480	2,230
512		Plx2	5.9	4,716	1,316	6,032	1,015	36
512		Plx3	7.4	5,042	1,520	6,562	882	18
512		Plx4	21.7	20,166	4,760	24,926	1,148	17
514	Miscellaneous Urinary Tract Procedures (MNRH)		1.3	1,485	457	1,943	1,442	23
514		Plx1	1.3	1,485	457	1,943	1,442	23
514		Plx2						
514		Plx3						
514		Plx4						
520	Renal Failure With Dialysis		15.4	14,246	3,557	17,802	1,156	264
520		Plx1	12.3	9,886	2,502	12,388	1,011	95
520		Plx2	12.8	10,744	2,659	13,403	1,044	57
520		Plx3	17.3	14,983	3,903	18,886	1,095	51
520		Plx4	23.6	26,283	6,509	32,791	1,388	63
521	Renal Failure Without Dialysis		8.5	5,491	1,541	7,032	830	1,100
521		Plx1	6.2	3,815	1,075	4,890	792	623
521		Plx2	9.2	5,561	1,604	7,165	779	215
521		Plx3	12.6	7,661	2,163	9,824	778	153
521		Plx4	20.0	14,829	4,085	18,914	944	122
522	Urinary Neoplasm		10.6	6,369	1,854	8,222	775	308
522		Plx1	7.1	4,385	1,283	5,667	802	144
522		Plx2	12.4	6,810	1,995	8,804	712	90
522		Plx3	14.7	9,136	2,575	11,711	797	40
522		Plx4	23.1	14,761	4,121	18,881	817	40

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
524	Nephrotic Syndrome		4.5	3,217	874	4,090	915	66
524		Plx1	3.6	2,957	752	3,709	1,028	51
524		Plx2	7.4	3,701	1,107	4,808	650	5
524		Plx3	7.4	4,299	1,375	5,674	767	10
524		Plx4	20.8	17,442	4,081	21,523	1,035	5
525	Nephropathy Without Nephrotic Syndrome		5.4	4,315	1,120	5,435	1,000	92
525		Plx1	3.1	2,790	759	3,550	1,128	54
525		Plx2	6.5	5,190	1,178	6,368	980	10
525		Plx3	9.9	7,642	1,916	9,558	970	21
525		Plx4	11.5	8,919	2,193	11,112	966	6
526	Miscellaneous Nephrological Diagnosis		4.6	3,194	856	4,050	875	27
526		Plx1	3.8	2,932	771	3,703	984	21
526		Plx2	11.0	6,859	2,027	8,886	808	5
526		Plx3	6.8	4,120	1,095	5,215	773	4
526		Plx4	28.5	32,249	9,269	41,517	1,457	2
527	Upper Urinary Tract Infection		4.2	2,804	853	3,657	870	841
527		Plx1	4.0	2,651	825	3,476	868	741
527		Plx2	7.2	4,786	1,335	6,121	848	46
527		Plx3	6.8	4,130	1,120	5,249	772	55
527		Plx4	11.7	11,090	2,605	13,696	1,169	25
529	Lower Urinary Tract Infection		6.3	3,772	1,099	4,871	774	1,763
529		Plx1	5.0	2,922	864	3,786	764	1,199
529		Plx2	8.9	5,003	1,460	6,464	723	249
529		Plx3	8.3	4,771	1,430	6,201	743	181
529		Plx4	15.6	11,650	3,083	14,734	946	131
532	Urinary Retention And Other Functional Disorders Of Bladder		3.6	2,642	669	3,311	910	172
532		Plx1	3.1	2,408	606	3,014	975	153
532		Plx2	7.1	4,146	1,022	5,167	730	12
532		Plx3	13.1	7,904	2,233	10,137	771	7
532		Plx4	16.5	8,991	2,648	11,638	705	4

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
534	Miscellaneous Urological Diagnoses (MNRH)		3.2	2,298	654	2,952	920	290
534		Plx1	2.7	1,976	578	2,554	936	251
534		Plx2	5.4	4,097	1,047	5,144	956	21
534		Plx3	6.9	6,289	1,699	7,988	1,154	13
534		Plx4	25.8	18,124	5,222	23,346	905	5
535	Hematuria (MNRH)		3.5	2,193	651	2,844	805	227
535		Plx1	3.2	1,929	580	2,510	794	200
535		Plx2	6.9	4,195	1,226	5,422	789	16
535		Plx3	7.9	5,280	1,201	6,481	820	10
535		Plx4	19.4	10,397	3,308	13,705	707	8
536	Urinary Obstruction (MNRH)		1.8	1,540	440	1,980	1,071	1,418
536		Plx1	1.8	1,495	428	1,923	1,078	1,359
536		Plx2	4.4	2,897	869	3,766	852	31
536		Plx3	5.0	3,781	1,090	4,871	979	38
536		Plx4	19.2	10,987	3,381	14,368	748	10
538	Admission For Dialysis (MNRH)		3.5	4,016	944	4,960	1,417	4
538		Plx1	2.5	2,628	773	3,401	1,360	2
538		Plx2	7.0	7,191	1,580	8,771	1,253	1
538		Plx3	2.0	3,617	649	4,266	2,133	1
538		Plx4						
550	Major Pelvic And Retroperitoneum Procedures		7.4	14,239	3,979	18,218	2,462	5
550		Plx1	5.5	9,352	2,796	12,148	2,209	4
550		Plx2	28.0	33,614	10,051	43,665	1,559	1
550		Plx3						
550		Plx4	15.0	33,788	8,711	42,499	2,833	1
551	Penis Procedures		1.4	2,703	806	3,508	2,595	159
551		Plx1	1.3	2,700	806	3,505	2,600	158
551		Plx2	4.8	4,568	1,464	6,031	1,270	4
551		Plx3						
551		Plx4	46.2	59,490	15,717	75,207	1,628	5

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
552	Testes Procedures		1.4	2,066	567	2,633	1,909	227
552		Plx1	1.4	2,061	565	2,627	1,904	224
552		Plx2	8.0	5,450	1,579	7,029	879	5
552		Plx3	17.3	16,752	5,163	21,915	1,270	4
552		Plx4	29.8	51,051	13,938	64,989	2,184	8
554	Miscellaneous Male Reproductive System Procedures (MNRH)		1.0	1,464	453	1,917	1,917	146
554		Plx1	1.0	1,445	447	1,892	1,892	145
554		Plx2	10.0	7,589	2,631	10,220	1,022	2
554		Plx3	2.0	2,733	733	3,465	1,733	1
554		Plx4	23.0	35,962	9,626	45,588	1,982	5
555	Circumcision (MNRH)		1.0	1,550	500	2,050	2,050	16
555		Plx1	1.0	1,550	500	2,050	2,050	16
555		Plx2	3.0	3,523	1,024	4,547	1,516	1
555		Plx3						
555		Plx4						
560	Malignancy Of Male Reproductive Organ		11.8	9,672	2,326	11,998	1,014	6
560		Plx1	5.3	6,183	1,196	7,379	1,406	4
560		Plx2	6.0	7,107	1,347	8,453	1,409	1
560		Plx3	12.0	7,047	2,166	9,213	768	2
560		Plx4	17.0	19,669	3,108	22,777	1,340	1
561	Male Reproductive System Inflammation		3.6	2,197	664	2,861	798	84
561		Plx1	3.5	2,138	642	2,780	788	78
561		Plx2	4.0	2,401	820	3,221	805	5
561		Plx3	4.5	3,804	1,067	4,871	1,082	2
561		Plx4	7.0	5,652	1,332	6,984	998	1
562	Other Male Reproductive System Diagnoses		2.8	1,769	547	2,315	837	17
562		Plx1	2.6	1,697	515	2,212	863	16
562		Plx2	4.5	2,189	723	2,912	647	2
562		Plx3						
562		Plx4	14.0	11,643	3,384	15,026	1,073	2

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		2.8	1,952	549	2,501	893	15
563		Plx1	2.9	1,989	558	2,547	870	14
563		Plx2	1.0	1,436	421	1,858	1,858	1
563		Plx3						
563		Plx4						
575	PWS - Pelvic Exenteration		11.8	13,152	3,851	17,003	1,447	4
575		Plx1	14.0	15,100	3,400	18,500	1,321	2
575		Plx2						
575		Plx3	9.5	11,205	4,302	15,507	1,632	2
575		Plx4	45.0	39,031	8,033	47,064	1,046	1
576	PWS - Radical Hysterectomy And Vulvectomy		5.6	5,900	1,984	7,884	1,412	142
576		Plx1	5.1	5,599	1,884	7,483	1,472	118
576		Plx2	7.4	7,741	2,280	10,021	1,346	9
576		Plx3	7.8	6,813	2,473	9,287	1,191	10
576		Plx4	31.0	30,068	7,196	37,264	1,202	7
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		6.0	6,339	1,948	8,287	1,381	379
577		Plx1	5.2	5,470	1,754	7,223	1,398	278
577		Plx2	6.7	6,814	2,005	8,820	1,323	36
577		Plx3	9.1	8,785	2,375	11,160	1,233	40
577		Plx4	13.7	15,599	4,150	19,749	1,442	33
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		4.0	4,348	1,399	5,747	1,421	590
578		Plx1	3.8	4,113	1,342	5,455	1,432	527
578		Plx2	5.6	5,879	1,793	7,672	1,378	37
578		Plx3	8.2	7,915	2,304	10,219	1,249	28
578		Plx4	12.8	13,276	3,312	16,588	1,296	15
579	Major Uterine And Adnexal Procedures Without Malignancy		3.1	3,095	1,053	4,147	1,346	8,286
579		Plx1	3.0	3,047	1,035	4,083	1,349	8,041
579		Plx2	5.1	4,821	1,663	6,483	1,259	148
579		Plx3	6.3	5,610	1,950	7,560	1,198	112
579		Plx4	7.9	7,720	2,595	10,316	1,312	36

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
581	Reconstructive Gynecological Procedures		2.7	2,881	920	3,801	1,407	1,713
581		Plx1	2.7	2,867	911	3,778	1,408	1,686
581		Plx2	6.2	5,857	1,939	7,796	1,253	27
581		Plx3	7.7	6,327	2,051	8,379	1,087	17
581		Plx4	9.5	7,691	3,102	10,794	1,136	8
582	Other Gynecological Procedures		3.5	3,294	1,107	4,401	1,262	156
582		Plx1	3.2	3,064	1,029	4,092	1,262	144
582		Plx2	4.2	3,366	1,189	4,554	1,084	5
582		Plx3	7.2	6,898	2,904	9,801	1,368	6
582		Plx4	10.8	9,196	2,412	11,608	1,075	5
583	Radio-Implant For Malignancy		2.1	2,664	665	3,329	1,557	51
583		Plx1	2.2	2,690	664	3,355	1,553	50
583		Plx2						
583		Plx3						
583		Plx4	5.0	4,676	1,173	5,849	1,170	2
584	Vagina, Cervix And Vulva Procedures		2.6	2,311	891	3,202	1,209	350
584		Plx1	2.6	2,293	883	3,176	1,211	345
584		Plx2	4.8	4,432	1,364	5,796	1,207	5
584		Plx3	10.7	6,475	2,533	9,008	844	3
584		Plx4						
585	Gynecological Laparoscopy (MNRH)		2.2	1,765	574	2,339	1,082	37
585		Plx1	2.1	1,736	561	2,296	1,102	36
585		Plx2	5.0	2,821	1,062	3,882	776	1
585		Plx3						
585		Plx4						
586	Tubal Interruption (MNRH)		1.7	1,747	570	2,316	1,373	16
586		Plx1	1.6	1,718	530	2,249	1,406	15
586		Plx2	3.0	2,168	1,162	3,330	1,110	1
586		Plx3						
586		Plx4						

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
587	Miscellaneous Gynecological Procedures (MNRH)		1.2	1,040	328	1,368	1,102	533
587		Plx1	1.2	1,029	325	1,354	1,095	529
587		Plx2	4.6	3,359	850	4,209	915	5
587		Plx3	18.6	10,772	2,855	13,628	733	5
587		Plx4	33.0	29,614	8,376	37,990	1,151	5
592	Malignancy Of Female Reproductive Organ		8.8	4,955	1,570	6,525	743	145
592		Plx1	5.9	3,406	1,079	4,485	759	77
592		Plx2	9.6	5,262	1,697	6,958	724	41
592		Plx3	11.0	6,846	1,871	8,716	792	15
592		Plx4	23.4	12,559	4,581	17,140	733	13
594	Female Reproductive System Infection		3.2	1,815	589	2,404	758	156
594		Plx1	3.1	1,783	582	2,365	757	151
594		Plx2	9.2	5,062	1,521	6,583	718	6
594		Plx3	3.7	2,570	579	3,149	859	3
594		Plx4						
595	Other Female Reproductive System Diagnoses And Injuries		1.9	1,127	340	1,467	786	15
595		Plx1	1.8	1,060	305	1,365	780	12
595		Plx2	2.0	1,403	488	1,890	945	4
595		Plx3	8.0	3,972	1,497	5,469	684	3
595		Plx4						
596	Miscellaneous Gynecological Diagnoses (MNRH)		2.0	1,389	455	1,845	936	486
596		Plx1	1.9	1,358	446	1,804	942	471
596		Plx2	4.3	2,580	872	3,452	812	12
596		Plx3	3.0	2,441	631	3,071	1,024	5
596		Plx4						
599	Premature Labour		3.3	1,929	567	2,497	752	671
599		Plx9	3.3	1,929	567	2,497	752	671
600	Major Procedures In Pregnancy Or Childbirth		4.2	4,597	1,336	5,934	1,428	275
600		Plx9	4.2	4,597	1,336	5,934	1,428	275
601	Repeat Caesarean Delivery With Complicating Diagnosis		3.2	2,812	850	3,662	1,154	1,598

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
601		Plx9	3.2	2,812	850	3,662	1,154	1,598
602	Caesarean Delivery With Complicating Diagnosis		3.8	3,530	1,043	4,573	1,203	4,139
602		Plx9	3.8	3,530	1,043	4,573	1,203	4,139
603	Repeat Caesarean Delivery		2.7	2,261	707	2,968	1,093	3,063
603		Plx9	2.7	2,261	707	2,968	1,093	3,063
604	Caesarean Delivery		3.2	2,898	875	3,773	1,192	4,447
604		Plx9	3.2	2,898	875	3,773	1,192	4,447
605	Fetal Surgery		2.6	2,949	711	3,660	1,423	7
605		Plx9	2.6	2,949	711	3,660	1,423	7
606	Vaginal Delivery With Sterilization Procedures		2.3	2,517	796	3,312	1,449	28
606		Plx9	2.3	2,517	796	3,312	1,449	28
607	Vaginal Delivery With Minor Procedures		2.2	2,311	698	3,009	1,367	248
607		Plx9	2.2	2,311	698	3,009	1,367	248
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		1.7	1,922	522	2,445	1,468	544
608		Plx9	1.7	1,922	522	2,445	1,468	544
609	Vaginal Delivery With Complicating Diagnosis		1.9	1,976	556	2,532	1,311	15,318
609		Plx9	1.9	1,976	556	2,532	1,311	15,318
610	Vaginal Delivery After Caesarean Delivery (VBAC)		1.4	1,680	466	2,146	1,497	838
610		Plx9	1.4	1,680	466	2,146	1,497	838
611	Vaginal Delivery		1.4	1,530	440	1,970	1,359	20,220
611		Plx9	1.4	1,530	440	1,970	1,359	20,220
612	Ectopic Pregnancy With Major Procedures		3.2	3,049	1,063	4,111	1,303	167
612		Plx9	3.2	3,049	1,063	4,111	1,303	167
613	Ectopic Pregnancy With Minor Procedures		1.5	1,855	566	2,421	1,600	493
613		Plx9	1.5	1,855	566	2,421	1,600	493
614	Ectopic Pregnancy		1.0	511	173	684	684	111
614		Plx9	1.0	511	173	684	684	111
615	Threatened Abortion		1.4	783	246	1,029	747	98
615		Plx9	1.4	783	246	1,029	747	98

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
616	Abortive Outcome With Injection		1.5	1,247	428	1,675	1,117	34
616		Plx9	1.5	1,247	428	1,675	1,117	34
617	Abortive Outcome With D And C		1.0	783	233	1,016	1,016	2,078
617		Plx9	1.0	783	233	1,016	1,016	2,078
618	Abortive Outcome		1.0	1,012	286	1,298	1,298	350
618		Plx9	1.0	1,012	286	1,298	1,298	350
619	False Labour LOS < 3 Days (MNRH)		1.0	684	184	868	868	774
619		Plx9	1.0	684	184	868	868	774
620	Post-Partum Diagnosis With Procedures Other Than D And C		3.6	3,404	1,047	4,451	1,227	35
620		Plx9	3.6	3,404	1,047	4,451	1,227	35
621	Post-Partum Diagnosis With D And C		1.3	1,059	319	1,377	1,069	243
621		Plx9	1.3	1,059	319	1,377	1,069	243
622	Post-Partum Diagnosis		2.4	1,408	459	1,867	784	854
622		Plx9	2.4	1,408	459	1,867	784	854
623	Antepartum Diagnosis With Complicating Diagnosis		2.9	1,580	478	2,057	721	1,362
623		Plx9	2.9	1,580	478	2,057	721	1,362
624	Antepartum Diagnosis		1.7	1,091	313	1,405	825	1,797
624		Plx9	1.7	1,091	313	1,405	825	1,797
625	PWS - Neonates Weight < 750 Grams		4.4	11,608	2,401	14,009	3,184	110
625		Plx9	4.4	11,608	2,401	14,009	3,184	110
626	PWS - Neonates Weight 750-999 Grams		41.7	64,816	13,745	78,560	1,884	190
626		Plx9	41.7	64,816	13,745	78,560	1,884	190
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		26.7	48,428	9,927	58,354	2,188	6
627		Plx9	26.7	48,428	9,927	58,354	2,188	6
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		26.6	32,074	7,336	39,409	1,483	712
628		Plx9	26.6	32,074	7,336	39,409	1,483	712
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		26.8	41,315	10,040	51,355	1,916	5
630		Plx9	26.8	41,315	10,040	51,355	1,916	5
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		18.1	22,697	5,016	27,713	1,531	389

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
631		Plx9	18.1	22,697	5,016	27,713	1,531	389
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		13.9	11,916	2,739	14,654	1,055	1,091
632		Plx9	13.9	11,916	2,739	14,654	1,055	1,091
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		14.6	21,273	3,378	24,652	1,688	5
636		Plx9	14.6	21,273	3,378	24,652	1,688	5
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		10.9	15,346	3,138	18,484	1,703	366
637		Plx9	10.9	15,346	3,138	18,484	1,703	366
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		9.1	9,023	2,015	11,038	1,217	454
638		Plx9	9.1	9,023	2,015	11,038	1,217	454
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		5.5	4,068	1,034	5,102	921	1,979
639		Plx9	5.5	4,068	1,034	5,102	921	1,979
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		1.6	732	292	1,024	651	408
640		Plx9	1.6	732	292	1,024	651	408
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		9.1	20,154	4,134	24,288	2,662	48
643		Plx9	9.1	20,154	4,134	24,288	2,662	48
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		5.7	9,788	2,024	11,812	2,076	1,182
644		Plx9	5.7	9,788	2,024	11,812	2,076	1,182
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		3.4	3,410	821	4,231	1,252	2,562
645		Plx9	3.4	3,410	821	4,231	1,252	2,562
646	Neonates Weight > 2500 gm With Caesarian Delivery		2.8	1,060	429	1,488	531	10,890
646		Plx9	2.8	1,060	429	1,488	531	10,890
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		2.2	1,632	472	2,104	950	3,840
647		Plx9	2.2	1,632	472	2,104	950	3,840
648	Neonates Weight > 2500 gm (Normal Newborn)		1.3	537	217	754	591	33,661
648		Plx9	1.3	537	217	754	591	33,661
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		43.7	80,954	17,474	98,427	2,252	237
650		Plx1	17.9	19,794	5,422	25,216	1,409	10
650		Plx2	21.0	37,513	8,671	46,184	2,199	8
650		Plx3	50.0	45,597	11,400	56,997	1,140	7
650		Plx4	45.4	86,820	18,606	105,426	2,323	211

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		15.4	22,377	4,748	27,126	1,761	5
651		Plx9	15.4	22,377	4,748	27,126	1,761	5
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		25.2	74,446	13,169	87,616	3,477	5
652		Plx9	25.2	74,446	13,169	87,616	3,477	5
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		20.0	32,518	7,588	40,106	2,005	30
653		Plx9	20.0	32,518	7,588	40,106	2,005	30
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		8.4	22,742	4,976	27,718	3,282	9
654		Plx9	8.4	22,742	4,976	27,718	3,282	9
655	PWS - Spinal Procedures With Femur Procedures For Trauma		29.0	45,485	9,252	54,737	1,887	11
655		Plx9	29.0	45,485	9,252	54,737	1,887	11
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		18.4	35,409	8,335	43,744	2,377	5
656		Plx9	18.4	35,409	8,335	43,744	2,377	5
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		14.6	26,117	5,418	31,535	2,164	35
657		Plx9	14.6	26,117	5,418	31,535	2,164	35
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		16.5	24,573	6,187	30,759	1,865	143
658		Plx9	16.5	24,573	6,187	30,759	1,865	143
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		21.6	37,153	8,522	45,674	2,114	28
659		Plx9	21.6	37,153	8,522	45,674	2,114	28
660	PWS - Intracranial Procedures For Trauma		7.8	15,483	3,202	18,685	2,389	292
660		Plx1	5.4	8,039	1,776	9,815	1,801	156
660		Plx2	7.7	14,907	3,027	17,933	2,325	42
660		Plx3	11.9	20,896	4,197	25,093	2,116	21
660		Plx4	15.1	34,995	7,164	42,159	2,792	79
661	PWS - Spinal Procedures For Trauma		11.6	16,538	3,532	20,069	1,732	215
661		Plx1	8.5	11,819	2,557	14,375	1,697	121
661		Plx2	12.3	17,071	3,815	20,886	1,697	45
661		Plx3	18.1	24,409	5,450	29,859	1,647	16
661		Plx4	18.2	33,645	6,552	40,197	2,211	28
662	Femur Or Pelvic Procedures For Trauma		10.3	8,887	2,439	11,326	1,103	2,397
662		Plx1	8.0	7,049	1,932	8,982	1,122	1,657

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
662		Plx2	13.8	11,622	3,253	14,875	1,081	398
662		Plx3	18.7	14,695	4,102	18,797	1,008	167
662		Plx4	23.5	21,361	5,629	26,990	1,146	166
663	Thoraco-Abdominal Procedures For Trauma		7.0	9,218	2,302	11,520	1,652	361
663		Plx1	6.0	6,870	1,908	8,778	1,459	219
663		Plx2	7.4	9,559	2,288	11,846	1,611	62
663		Plx3	9.3	14,353	3,097	17,451	1,887	40
663		Plx4	18.5	37,966	7,606	45,572	2,462	59
664	Wound Debridement And Skin Graft For Trauma		9.9	11,225	3,181	14,406	1,457	490
664		Plx1	7.9	8,340	2,454	10,794	1,368	391
664		Plx2	14.2	16,711	4,744	21,455	1,516	45
664		Plx3	20.5	24,348	6,593	30,940	1,508	31
664		Plx4	25.1	37,983	9,405	47,388	1,889	24
665	PWS - Elevated Skull Fractures		5.3	9,029	2,169	11,197	2,095	29
665		Plx1	3.9	7,184	1,760	8,944	2,291	21
665		Plx2	10.1	15,275	3,525	18,800	1,857	8
665		Plx3	10.0	14,622	3,288	17,910	1,791	1
665		Plx4	18.0	33,851	7,148	40,999	2,278	1
666	Major Lower Extremity Procedures For Trauma		3.0	3,709	1,062	4,772	1,579	3,921
666		Plx1	2.9	3,615	1,038	4,653	1,579	3,794
666		Plx2	10.2	11,128	2,852	13,980	1,372	220
666		Plx3	12.0	13,080	3,602	16,682	1,395	74
666		Plx4	22.5	29,317	7,518	36,834	1,636	45
667	Minor Lower Extremity Procedures For Trauma		3.2	3,522	1,029	4,551	1,421	84
667		Plx1	3.1	3,473	1,016	4,489	1,439	83
667		Plx2	9.8	13,362	3,462	16,823	1,717	5
667		Plx3						
667		Plx4	15.5	23,950	4,537	28,486	1,838	2
668	Miscellaneous Musculoskeletal Procedures For Trauma		3.1	4,013	1,258	5,271	1,726	844
668		Plx1	3.0	3,860	1,228	5,088	1,725	805

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
668		Plx2	7.6	9,501	2,646	12,147	1,606	55
668		Plx3	14.5	19,578	4,163	23,741	1,637	6
668		Plx4	12.1	25,575	5,688	31,263	2,584	10
669	Vascular Repair For Trauma		2.6	4,382	1,338	5,720	2,201	167
669		Plx1	2.5	4,018	1,281	5,299	2,157	151
669		Plx2	6.4	7,714	2,348	10,062	1,565	7
669		Plx3	9.9	12,295	2,814	15,109	1,533	7
669		Plx4	2.0	6,775	1,920	8,695	4,347	4
670	Upper Extremity Procedures For Trauma		2.0	2,725	808	3,534	1,789	3,160
670		Plx1	1.7	2,474	740	3,214	1,869	2,925
670		Plx2	6.9	7,665	2,065	9,730	1,418	103
670		Plx3	10.4	10,096	2,714	12,810	1,227	18
670		Plx4	14.5	21,920	5,032	26,952	1,859	16
674	PWS - Intracranial Injuries With Spinal Injuries		7.8	11,622	2,373	13,995	1,801	52
674		Plx9	7.8	11,622	2,373	13,995	1,801	52
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		6.7	9,555	1,935	11,490	1,715	20
675		Plx9	6.7	9,555	1,935	11,490	1,715	20
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		8.8	12,935	2,768	15,703	1,791	77
676		Plx9	8.8	12,935	2,768	15,703	1,791	77
677	Spinal Injuries With Fractures Of Femur		8.6	6,897	1,693	8,590	1,002	106
677		Plx9	8.6	6,897	1,693	8,590	1,002	106
678	Spinal Injuries With Thoraco-Abdominal Injuries		8.1	9,158	2,026	11,184	1,383	147
678		Plx9	8.1	9,158	2,026	11,184	1,383	147
679	Fractures Of Femur With Thoraco-Abdominal Injuries		8.3	6,232	1,546	7,778	932	61
679		Plx9	8.3	6,232	1,546	7,778	932	61
680	Femur Or Pelvic Fractures And Dislocations		10.7	5,947	1,700	7,647	718	677
680		Plx1	8.6	4,718	1,338	6,056	701	487
680		Plx2	16.7	8,767	2,577	11,344	680	110
680		Plx3	18.2	10,500	3,075	13,575	747	52
680		Plx4	27.1	17,970	4,999	22,969	849	36

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
681	Frostbite		13.9	9,652	2,907	12,559	904	29
681		Plx1	11.0	7,465	2,505	9,970	903	22
681		Plx2	28.5	17,773	5,056	22,829	801	2
681		Plx3	11.8	7,678	2,024	9,702	826	4
681		Plx4	19.0	26,906	5,301	32,207	1,695	1
682	Spinal Injuries		5.6	4,021	977	4,998	898	707
682		Plx1	4.9	3,427	833	4,260	873	577
682		Plx2	6.9	5,107	1,199	6,306	916	85
682		Plx3	15.4	9,778	2,498	12,276	797	27
682		Plx4	26.2	19,587	4,930	24,516	936	27
683	Intracranial Injuries		4.8	5,268	1,139	6,407	1,322	653
683		Plx1	3.9	3,895	852	4,747	1,209	484
683		Plx2	6.7	5,592	1,412	7,005	1,040	30
683		Plx3	6.0	6,844	1,473	8,318	1,394	89
683		Plx4	16.4	19,784	4,256	24,040	1,464	55
684	Fracture Of Humerus		8.5	4,467	1,292	5,759	677	184
684		Plx1	5.3	2,820	841	3,661	684	146
684		Plx2	21.7	10,681	3,235	13,916	640	22
684		Plx3	12.7	7,842	1,913	9,755	770	6
684		Plx4	23.3	13,153	3,627	16,780	722	8
685	Hip And Thigh Injuries		7.1	3,756	1,084	4,840	679	71
685		Plx1	6.2	3,339	949	4,288	696	61
685		Plx2	25.4	13,085	3,431	16,516	650	12
685		Plx3	40.4	17,142	5,077	22,219	550	5
685		Plx4	16.5	12,426	2,903	15,329	929	2
686	Major Nerve Injuries		4.4	7,455	2,682	10,137	2,295	12
686		Plx1	4.4	7,923	2,870	10,793	2,473	11
686		Plx2						
686		Plx3	15.0	8,225	1,903	10,128	675	2
686		Plx4						

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
687	Thoraco-Abdominal Injuries		5.0	4,166	1,041	5,207	1,045	1,093
687		Plx1	4.3	3,483	882	4,365	1,004	922
687		Plx2	7.7	5,709	1,426	7,135	928	90
687		Plx3	11.2	9,652	2,346	11,998	1,068	51
687		Plx4	13.2	16,399	3,803	20,202	1,528	40
688	Weight Bearing Injuries		3.4	2,275	663	2,939	855	540
688		Plx1	2.4	1,690	491	2,181	905	462
688		Plx2	10.9	6,282	1,970	8,252	757	41
688		Plx3	20.2	12,629	3,511	16,140	800	18
688		Plx4	26.8	17,031	4,739	21,770	813	13
689	Genito-Urinary Injuries		3.6	2,664	720	3,383	929	114
689		Plx1	3.4	2,465	674	3,139	935	98
689		Plx2	5.9	3,923	1,097	5,020	847	14
689		Plx3	9.2	7,562	1,788	9,350	1,016	5
689		Plx4	16.8	20,243	5,214	25,456	1,515	5
690	Crushing Injuries And Contusions		3.1	2,259	613	2,872	941	172
690		Plx1	2.5	1,923	525	2,448	976	153
690		Plx2	9.7	5,278	1,451	6,729	693	7
690		Plx3	10.0	5,195	1,590	6,785	678	10
690		Plx4	12.3	6,699	1,987	8,686	704	3
691	Minor Lower Extremity Fractures		2.4	1,816	554	2,370	1,006	42
691		Plx1	2.0	1,692	522	2,214	1,122	38
691		Plx2	4.3	2,749	681	3,430	792	3
691		Plx3	5.0	4,220	1,418	5,638	1,128	1
691		Plx4						
692	Wounds		1.9	2,014	622	2,636	1,362	1,157
692		Plx1	1.9	1,964	612	2,576	1,369	1,121
692		Plx2	4.8	4,458	1,172	5,629	1,166	23
692		Plx3	5.9	4,684	1,256	5,940	1,014	21
692		Plx4	10.4	14,781	3,593	18,374	1,769	13

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
693	Amputations Or Vascular And Other Nerve Injuries		1.6	2,381	726	3,106	1,951	201
693		Plx1	1.6	2,351	721	3,072	1,961	196
693		Plx2	3.4	4,274	1,051	5,325	1,566	5
693		Plx3	6.2	8,105	1,864	9,969	1,617	6
693		Plx4	17.0	29,169	5,709	34,878	2,052	3
694	Facial Injuries		2.2	2,329	709	3,038	1,393	398
694		Plx1	2.1	2,245	693	2,938	1,382	388
694		Plx2	7.3	5,788	1,608	7,396	1,013	10
694		Plx3	4.2	3,224	886	4,110	979	5
694		Plx4	7.8	14,914	2,992	17,906	2,310	4
695	Other Cranial Injuries		2.5	2,539	559	3,098	1,224	664
695		Plx1	1.8	1,736	395	2,131	1,189	467
695		Plx2	5.4	4,791	1,086	5,877	1,098	48
695		Plx3	5.1	5,086	1,077	6,163	1,205	79
695		Plx4	11.3	15,149	3,012	18,161	1,607	47
696	Upper Extremity Fractures		1.6	1,595	459	2,054	1,256	497
696		Plx1	1.6	1,566	453	2,019	1,266	483
696		Plx2	9.4	5,928	1,602	7,530	799	38
696		Plx3	12.8	7,918	2,154	10,072	790	16
696		Plx4	30.0	18,755	4,774	23,528	784	5
700	PWS - Bone Marrow Transplant		27.0	46,730	9,716	56,445	2,090	296
700		Plx1	17.7	28,861	6,251	35,112	1,985	26
700		Plx2	22.5	35,456	7,706	43,162	1,915	15
700		Plx3	24.2	42,545	9,090	51,635	2,133	19
700		Plx4	28.7	50,027	10,360	60,387	2,104	237
701	Splenectomy		4.8	7,141	1,738	8,879	1,844	136
701		Plx1	4.1	6,370	1,568	7,938	1,924	119
701		Plx2	9.5	11,234	2,506	13,740	1,446	12
701		Plx3	7.4	8,452	2,884	11,336	1,532	5
701		Plx4	26.2	37,501	9,617	47,118	1,798	5

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		5.1	6,276	1,586	7,862	1,536	170
703		Plx1	4.0	4,559	1,232	5,791	1,440	137
703		Plx2	8.9	13,778	2,635	16,413	1,836	17
703		Plx3	13.1	13,141	3,222	16,363	1,251	12
703		Plx4	30.2	45,169	10,110	55,279	1,831	16
704	Red Blood Cell Disorders		5.6	3,919	1,037	4,956	889	1,017
704		Plx1	4.8	3,221	876	4,097	862	759
704		Plx2	7.7	5,307	1,383	6,691	874	145
704		Plx3	9.4	6,487	1,754	8,241	875	81
704		Plx4	15.0	13,014	3,346	16,361	1,092	46
709	Coagulation Disorders		3.9	2,939	787	3,727	961	413
709		Plx1	3.4	2,548	697	3,245	941	352
709		Plx2	6.6	5,257	1,279	6,536	995	30
709		Plx3	12.7	9,182	2,437	11,619	912	30
709		Plx4	12.4	11,942	2,841	14,783	1,192	15
710	Reticuloendothelial And Immunity Disorders		5.1	5,016	1,253	6,269	1,236	721
710		Plx1	4.6	4,327	1,098	5,425	1,191	590
710		Plx2	6.8	7,380	1,814	9,194	1,356	77
710		Plx3	8.7	9,413	2,268	11,682	1,345	38
710		Plx4	15.9	18,971	4,432	23,403	1,473	26
725	Major Leukemia And Lymphoma Procedures		6.5	8,231	2,207	10,438	1,597	245
725		Plx1	4.1	5,813	1,643	7,456	1,819	182
725		Plx2	10.4	9,670	2,709	12,379	1,191	28
725		Plx3	14.8	15,383	3,885	19,269	1,299	12
725		Plx4	34.3	45,128	10,271	55,399	1,615	33
726	Acute Leukemia Without Major Procedures		18.2	20,230	4,763	24,993	1,376	400
726		Plx1	9.0	9,232	2,252	11,484	1,282	167
726		Plx2	18.1	17,329	3,772	21,101	1,169	19
726		Plx3	17.3	18,213	4,333	22,546	1,306	60
726		Plx4	27.5	32,533	7,707	40,241	1,462	146

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
728	Lymphoma And Chronic Leukemia With Other Procedures		11.8	11,539	2,785	14,324	1,215	354
728		Plx1	6.6	6,446	1,618	8,064	1,227	215
728		Plx2	15.1	13,173	3,137	16,310	1,081	36
728		Plx3	15.7	14,515	3,747	18,262	1,163	30
728		Plx4	26.3	28,789	6,550	35,340	1,343	69
730	Lymphoma And Chronic Leukemia		10.6	8,326	2,046	10,371	979	775
730		Plx1	7.1	5,206	1,276	6,482	916	407
730		Plx2	11.0	7,908	2,074	9,982	907	157
730		Plx3	13.0	9,109	2,424	11,533	889	96
730		Plx4	22.1	22,174	5,067	27,241	1,232	112
733	Major Ill-Defined Neoplasm Procedures		10.3	11,612	3,055	14,667	1,428	111
733		Plx1	6.1	7,526	2,056	9,582	1,564	63
733		Plx2	14.0	12,543	3,594	16,137	1,153	22
733		Plx3	20.6	21,072	4,754	25,826	1,251	11
733		Plx4	25.3	30,146	7,888	38,034	1,501	18
734	Ill-Defined Neoplasm With Other Procedures		6.7	6,741	1,741	8,482	1,265	91
734		Plx1	3.8	4,836	1,248	6,085	1,617	63
734		Plx2	7.9	7,454	2,213	9,667	1,230	7
734		Plx3	18.8	14,917	3,988	18,905	1,004	12
734		Plx4	31.1	33,692	7,379	41,071	1,319	15
735	PWS - Radiation Therapy		4.9	3,617	933	4,550	937	324
735		Plx1	3.7	2,994	770	3,764	1,015	292
735		Plx2	13.7	8,329	2,202	10,531	769	16
735		Plx3	29.1	19,849	4,695	24,544	844	14
735		Plx4	24.8	18,241	4,771	23,012	930	8
736	Chemotherapy		3.3	4,043	924	4,967	1,484	1,475
736		Plx1	3.2	3,885	889	4,774	1,483	1,385
736		Plx2	6.7	7,412	1,815	9,227	1,371	26
736		Plx3	8.8	9,188	2,100	11,288	1,277	57
736		Plx4	18.8	16,909	3,825	20,735	1,101	79

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
737	Other Poorly Differentiated Neoplastic Diagnoses		11.5	7,478	2,051	9,529	828	183
737		Plx1	8.0	5,242	1,363	6,605	830	87
737		Plx2	12.8	7,946	2,236	10,182	795	48
737		Plx3	14.0	10,265	2,907	13,173	941	20
737		Plx4	20.3	13,237	3,810	17,046	838	27
750	Multisystemic Or Unspecified Site Infections With Surgery		16.0	20,434	4,836	25,271	1,579	705
750		Plx1	7.9	6,870	1,912	8,782	1,112	344
750		Plx2	14.4	13,347	3,619	16,966	1,178	73
750		Plx3	18.0	16,194	4,383	20,577	1,143	55
750		Plx4	36.8	57,492	12,956	70,448	1,912	263
751	Septicemia		7.8	8,141	1,973	10,113	1,290	996
751		Plx1	5.9	4,205	1,148	5,352	908	413
751		Plx2	8.2	6,656	1,749	8,406	1,023	139
751		Plx3	8.7	8,283	2,064	10,347	1,192	161
751		Plx4	11.9	15,668	3,598	19,266	1,617	302
756	Post-Operative And Post-Traumatic Infections		5.0	3,086	892	3,978	802	680
756		Plx1	4.9	2,993	887	3,881	787	595
756		Plx2	7.8	5,307	1,498	6,805	873	44
756		Plx3	6.2	4,019	1,056	5,075	816	41
756		Plx4	14.8	15,020	3,680	18,700	1,267	21
757	Viral Illness		3.3	2,543	705	3,247	972	406
757		Plx1	2.9	2,119	609	2,728	940	338
757		Plx2	3.9	3,160	964	4,124	1,048	31
757		Plx3	7.4	6,378	1,478	7,855	1,057	21
757		Plx4	17.6	19,398	4,179	23,576	1,340	17
761	Fever Of Unknown Origin		3.2	2,422	649	3,071	973	433
761		Plx1	3.3	2,373	651	3,024	916	373
761		Plx2	5.4	4,261	1,054	5,315	991	74
761		Plx3	5.8	4,572	1,181	5,753	989	22
761		Plx4	15.9	12,013	2,964	14,977	943	8

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
763	Other Infectious Diagnoses		6.4	5,598	1,427	7,026	1,102	238
763		Plx1	5.3	4,179	1,102	5,281	1,005	162
763		Plx2	8.1	6,589	1,766	8,355	1,026	28
763		Plx3	9.4	7,560	1,953	9,513	1,011	29
763		Plx4	19.6	22,209	4,978	27,187	1,384	31
764	Depressive Mood Disorders With ECT		38.0	14,499	4,939	19,439	512	536
764		Plx9	38.0	14,499	4,939	19,439	512	536
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		26.4	11,595	3,502	15,098	572	501
765		Plx9	26.4	11,595	3,502	15,098	572	501
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		20.2	7,695	2,372	10,067	498	1,912
766		Plx9	20.2	7,695	2,372	10,067	498	1,912
767	Depressive Mood Disorders LOS < 6 Days		3.0	1,877	530	2,406	811	582
767		Plx9	3.0	1,877	530	2,406	811	582
768	Bipolar Mood Disorders, Manic With ECT		41.6	18,190	5,939	24,129	580	41
768		Plx9	41.6	18,190	5,939	24,129	580	41
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		27.5	13,016	3,981	16,997	617	178
769		Plx9	27.5	13,016	3,981	16,997	617	178
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		21.2	9,037	2,803	11,840	558	1,037
770		Plx9	21.2	9,037	2,803	11,840	558	1,037
771	Bipolar Mood Disorders LOS < 6 Days		3.1	1,854	547	2,402	766	156
771		Plx9	3.1	1,854	547	2,402	766	156
772	Dementia With Or Without Delirium With Axis III Diagnosis		38.5	18,153	5,612	23,765	618	691
772		Plx9	38.5	18,153	5,612	23,765	618	691
773	Dementia With Or Without Delirium Without Axis III Diagnosis		33.2	15,036	4,543	19,580	589	519
773		Plx9	33.2	15,036	4,543	19,580	589	519
774	Organic Mental Disorders Induced By Drugs		8.5	4,434	1,307	5,741	678	690
774		Plx9	8.5	4,434	1,307	5,741	678	690
775	Schizophrenia And Other Psychotic Disorders With ECT		42.9	20,118	6,298	26,416	615	80
775		Plx9	42.9	20,118	6,298	26,416	615	80
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		30.2	13,931	4,036	17,967	595	449

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
776		Plx9	30.2	13,931	4,036	17,967	595	449
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		25.1	10,550	3,156	13,706	545	2,561
777		Plx9	25.1	10,550	3,156	13,706	545	2,561
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		3.0	1,856	510	2,366	798	497
778		Plx9	3.0	1,856	510	2,366	798	497
779	Dissociative Disorders		6.1	3,534	935	4,469	730	108
779		Plx9	6.1	3,534	935	4,469	730	108
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		8.4	5,686	1,627	7,313	872	301
780		Plx9	8.4	5,686	1,627	7,313	872	301
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		5.1	2,725	804	3,529	695	368
781		Plx9	5.1	2,725	804	3,529	695	368
783	Psychoactive Substance Dependence		8.5	4,395	1,265	5,660	665	889
783		Plx9	8.5	4,395	1,265	5,660	665	889
784	Psychoactive Substance Abuse		4.6	2,655	757	3,411	744	760
784		Plx9	4.6	2,655	757	3,411	744	760
785	Developmental Delay		21.3	12,051	3,508	15,559	730	123
785		Plx9	21.3	12,051	3,508	15,559	730	123
786	Disruptive Behaviour Disorders		18.7	10,961	3,070	14,031	752	435
786		Plx9	18.7	10,961	3,070	14,031	752	435
787	Eating Disorders		23.1	13,150	3,312	16,462	714	236
787		Plx9	23.1	13,150	3,312	16,462	714	236
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		20.5	10,901	3,302	14,203	693	339
788		Plx9	20.5	10,901	3,302	14,203	693	339
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		17.0	8,256	2,474	10,730	632	268
789		Plx9	17.0	8,256	2,474	10,730	632	268
790	Somatoform Disorders		6.5	3,063	855	3,918	603	56
790		Plx9	6.5	3,063	855	3,918	603	56
791	Anxiety Disorders (MNRH)		11.4	5,166	1,569	6,735	592	353
791		Plx9	11.4	5,166	1,569	6,735	592	353

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
792	Adjustment Disorders (MNRH)		3.9	2,326	659	2,985	759	2,729
792		Plx9	3.9	2,326	659	2,985	759	2,729
793	Personality Disorders With Axis III Diagnosis (MNRH)		10.0	5,580	1,564	7,144	712	94
793		Plx9	10.0	5,580	1,564	7,144	712	94
794	Personality Disorders Without Axis III Diagnosis (MNRH)		3.9	2,286	671	2,957	766	713
794		Plx9	3.9	2,286	671	2,957	766	713
795	Sexual Dysfunction And Sexual Disorders (MNRH)		12.9	9,443	2,720	12,164	944	25
795		Plx9	12.9	9,443	2,720	12,164	944	25
796	Specific Developmental Disorders (MNRH)		18.1	10,299	2,873	13,171	730	20
796		Plx9	18.1	10,299	2,873	13,171	730	20
797	Miscellaneous Psychiatric Diagnoses (MNRH)		11.4	6,730	1,963	8,693	764	79
797		Plx9	11.4	6,730	1,963	8,693	764	79
803	Extensive Procedures For Injury Or Complication Of Treatment		11.5	14,237	3,674	17,911	1,553	562
803		Plx1	7.0	8,460	2,226	10,687	1,535	331
803		Plx2	10.2	13,597	3,454	17,051	1,672	61
803		Plx3	16.4	17,473	4,714	22,187	1,354	62
803		Plx4	41.4	59,893	14,375	74,268	1,794	135
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		4.1	4,599	1,250	5,849	1,442	1,328
804		Plx1	3.0	3,457	973	4,430	1,484	1,123
804		Plx2	10.4	9,355	2,676	12,031	1,161	116
804		Plx3	13.8	12,965	3,274	16,239	1,180	58
804		Plx4	29.7	38,504	9,199	47,703	1,608	82
805	MNRH Procedures For Injury Or Complication Of Treatment		3.6	3,391	1,024	4,415	1,238	261
805		Plx1	2.9	2,916	899	3,815	1,319	233
805		Plx2	10.5	8,713	2,412	11,125	1,064	11
805		Plx3	11.9	8,573	2,735	11,308	950	10
805		Plx4	43.4	36,080	9,190	45,270	1,042	7
811	Allergic Reaction		1.8	1,701	429	2,129	1,199	98
811		Plx1	1.7	1,578	399	1,977	1,148	90
811		Plx2	1.7	1,490	394	1,884	1,130	3

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
811		Plx3	3.3	4,331	1,001	5,332	1,600	6
811		Plx4	6.8	5,963	1,438	7,402	1,088	5
813	Drug Reactions		2.5	2,473	625	3,098	1,220	1,299
813		Plx1	2.3	2,061	535	2,597	1,108	1,041
813		Plx2	5.0	3,941	1,066	5,007	996	110
813		Plx3	4.2	4,611	1,127	5,738	1,357	131
813		Plx4	8.7	12,344	2,847	15,192	1,742	119
818	Complications Of Treatment		3.8	2,942	773	3,714	978	2,113
818		Plx1	3.2	2,337	637	2,973	935	1,779
818		Plx2	6.9	5,742	1,421	7,164	1,039	180
818		Plx3	9.2	7,854	1,851	9,704	1,055	114
818		Plx4	16.8	16,684	3,905	20,589	1,229	77
823	Minor Injuries And Trauma Diagnosis		2.7	2,943	654	3,598	1,349	250
823		Plx1	2.2	2,154	483	2,637	1,222	210
823		Plx2	6.2	4,950	1,183	6,132	984	13
823		Plx3	7.7	6,155	1,480	7,635	987	19
823		Plx4	10.9	19,739	4,485	24,225	2,216	15
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		31.7	59,907	13,282	73,189	2,308	51
830		Plx1	21.2	32,637	7,940	40,577	1,917	30
830		Plx2	18.7	30,841	8,353	39,194	2,100	3
830		Plx3						
830		Plx4	68.0	149,365	32,056	181,421	2,666	23
831	Extensive Burns Without Burn Procedures		9.3	11,835	2,790	14,625	1,578	15
831		Plx1	9.6	10,668	2,615	13,283	1,378	11
831		Plx2	13.0	13,526	3,311	16,837	1,295	2
831		Plx3						
831		Plx4	20.0	33,684	6,845	40,530	2,026	4
832	PWS - Non-Extensive Burns With Skin Graft		11.7	13,903	3,546	17,449	1,497	211
832		Plx1	10.5	11,924	3,096	15,020	1,425	190
832		Plx2	19.0	24,510	6,012	30,522	1,606	11

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
832		Plx3	24.4	33,350	8,044	41,394	1,693	9
832		Plx4	62.6	126,010	25,895	151,905	2,428	7
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		4.8	4,735	1,341	6,075	1,266	5
833		Plx1	3.8	4,002	993	4,995	1,332	4
833		Plx2						
833		Plx3	9.0	7,665	2,731	10,396	1,155	1
833		Plx4						
834	Non-Extensive Burns Without Burn Procedures		4.4	4,444	1,050	5,494	1,256	181
834		Plx1	4.1	4,061	978	5,039	1,231	171
834		Plx2	7.4	11,151	2,404	13,554	1,832	5
834		Plx3	15.8	12,057	3,101	15,158	957	6
834		Plx4	18.8	20,196	4,412	24,609	1,309	5
840	Other Admissions With Surgery		33.6	26,110	6,501	32,610	970	844
840		Plx1	6.5	6,046	1,755	7,801	1,209	468
840		Plx2	41.3	26,953	7,138	34,091	825	94
840		Plx3	64.7	46,655	11,535	58,189	900	74
840		Plx4	86.1	76,941	17,434	94,375	1,096	167
841	Rehabilitation		40.7	20,238	5,748	25,987	638	3,380
841		Plx1	36.4	17,388	5,000	22,388	615	1,996
841		Plx2	44.7	23,370	6,556	29,926	670	715
841		Plx3	48.5	23,660	6,615	30,276	624	380
841		Plx4	60.2	33,416	9,364	42,780	711	318
842	Signs And Symptoms		11.6	5,859	1,719	7,578	655	792
842		Plx1	8.3	4,242	1,233	5,475	657	535
842		Plx2	16.5	8,136	2,441	10,577	640	134
842		Plx3	20.0	10,054	2,987	13,041	652	69
842		Plx4	28.7	16,859	4,922	21,782	759	48
846	Aftercare Following Surgery Or Treatment		1.3	1,082	323	1,406	1,118	4,381
846		Plx1	1.2	1,067	319	1,386	1,111	4,308
846		Plx2	4.0	3,401	1,035	4,435	1,109	78

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
846		Plx3	6.6	5,267	1,431	6,697	1,017	12
846		Plx4	9.4	10,418	2,337	12,755	1,357	5
847	Other Specified Aftercare		15.2	9,130	2,957	12,087	794	1,128
847		Plx1	14.6	8,694	2,854	11,548	792	987
847		Plx2	16.9	10,079	2,918	12,997	771	75
847		Plx3	17.0	10,948	3,317	14,265	841	32
847		Plx4	22.7	15,743	4,823	20,567	908	29
849	Multiple Or Unspecified Congenital Anomalies		6.5	8,637	2,240	10,876	1,673	10
849		Plx1	2.0	3,086	732	3,818	1,909	6
849		Plx2	12.0	20,957	4,532	25,489	2,124	2
849		Plx3	8.0	4,968	1,732	6,700	838	2
849		Plx4						
850	Perinatal Conditions Age > 28 Days		20.9	17,120	4,033	21,153	1,010	154
850		Plx1	20.7	15,755	3,577	19,332	936	82
850		Plx2	22.5	18,905	4,013	22,918	1,020	15
850		Plx3	17.3	13,550	3,158	16,708	964	43
850		Plx4	42.8	48,527	13,647	62,174	1,452	18
851	Other Factors Causing Hospitalization		3.9	2,737	747	3,485	900	476
851		Plx1	3.4	2,523	675	3,198	943	443
851		Plx2	7.5	4,009	1,247	5,255	705	22
851		Plx3	12.7	6,955	2,260	9,215	725	7
851		Plx4	16.8	7,347	2,859	10,206	608	5
852	Procedures Cancelled (MNRH)		1.0	361	106	466	466	1,034
852		Plx1	1.0	355	104	460	460	1,015
852		Plx2	1.0	602	151	753	753	14
852		Plx3	1.0	810	247	1,057	1,057	5
852		Plx4						
860	Respiratory Tract Disorders With HIV		9.2	8,388	1,970	10,358	1,125	86
860		Plx9	9.2	8,388	1,970	10,358	1,125	86
861	CNS Infection With HIV		14.3	10,768	2,361	13,128	916	9

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
861		Plx9	14.3	10,768	2,361	13,128	916	9
862	GI And Hepatobiliary Disorders With HIV		9.2	5,434	1,427	6,861	748	17
862		Plx9	9.2	5,434	1,427	6,861	748	17
863	Ophthalmic Disorders With HIV		15.0	11,706	3,047	14,754	984	8
863		Plx9	15.0	11,706	3,047	14,754	984	8
864	Blood Infections With HIV		19.7	9,307	2,900	12,206	619	7
864		Plx9	19.7	9,307	2,900	12,206	619	7
865	Lymphoma With HIV		23.3	22,938	6,822	29,760	1,275	3
865		Plx9	23.3	22,938	6,822	29,760	1,275	3
866	Psychosocial Conditions With HIV		46.0	28,483	8,109	36,592	795	6
866		Plx9	46.0	28,483	8,109	36,592	795	6
867	Other Conditions Associated With HIV		12.0	11,540	2,839	14,379	1,198	5
867		Plx9	12.0	11,540	2,839	14,379	1,198	5
868	Miscellaneous Conditions With HIV		11.5	9,057	2,488	11,545	1,000	48
868		Plx9	11.5	9,057	2,488	11,545	1,000	48
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		26.3	24,710	7,173	31,884	1,212	82
880		Plx1	15.7	13,850	4,234	18,084	1,151	31
880		Plx2	17.0	14,974	5,160	20,133	1,184	11
880		Plx3	20.1	21,034	6,178	27,212	1,355	12
880		Plx4	49.4	45,102	12,684	57,787	1,169	29
881	Amputation Of Lower Limb Except Toe		20.3	15,203	4,436	19,638	968	432
881		Plx1	11.4	8,114	2,573	10,687	934	190
881		Plx2	18.0	14,614	4,127	18,741	1,041	85
881		Plx3	25.5	16,943	5,168	22,111	866	63
881		Plx4	48.3	36,760	10,040	46,800	970	100
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		23.5	20,659	5,687	26,346	1,120	19
882		Plx1	14.8	11,958	3,320	15,278	1,030	6
882		Plx2	19.0	16,006	4,116	20,121	1,059	5
882		Plx3	21.4	18,576	5,827	24,403	1,140	5
882		Plx4	43.2	37,723	9,953	47,676	1,104	6

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
883	Wound Debridement And Grafting Other Than Hand		18.8	14,661	4,166	18,827	999	46
883		Plx1	13.5	10,066	3,031	13,098	969	29
883		Plx2	17.7	11,306	3,771	15,077	853	6
883		Plx3	18.8	12,911	3,798	16,709	889	5
883		Plx4	56.9	62,817	15,847	78,664	1,383	9
884	Other Amputations Including Toe		13.5	9,784	2,856	12,640	936	87
884		Plx1	7.8	5,430	1,624	7,054	902	49
884		Plx2	13.6	10,516	3,182	13,698	1,005	16
884		Plx3	24.7	14,590	4,389	18,979	768	14
884		Plx4	35.1	28,103	7,600	35,704	1,017	9
885	PWS - Aortic Replacement		8.7	15,678	3,450	19,128	2,189	379
885		Plx1	6.8	12,649	2,714	15,363	2,245	231
885		Plx2	10.8	16,687	4,073	20,760	1,919	50
885		Plx3	12.5	19,438	4,287	23,726	1,895	48
885		Plx4	17.5	32,679	7,360	40,039	2,291	67
887	Vascular Bypass Surgery		8.8	11,641	3,250	14,892	1,697	558
887		Plx1	7.1	9,276	2,646	11,922	1,686	371
887		Plx2	10.8	11,761	3,725	15,486	1,435	71
887		Plx3	11.7	14,856	3,863	18,719	1,599	69
887		Plx4	20.7	32,202	8,276	40,478	1,952	60
890	Other Thoraco-Abdominal Procedures		10.6	13,925	2,984	16,909	1,595	83
890		Plx1	6.3	7,930	1,688	9,619	1,533	40
890		Plx2	9.4	9,994	2,502	12,496	1,329	10
890		Plx3	13.6	12,442	2,895	15,337	1,130	14
890		Plx4	24.2	38,805	8,517	47,322	1,953	22
891	Vascular Repair		5.4	8,768	2,052	10,821	2,019	281
891		Plx1	4.0	6,728	1,616	8,344	2,101	212
891		Plx2	9.5	10,283	2,759	13,043	1,367	24
891		Plx3	8.3	11,624	2,692	14,317	1,715	26
891		Plx4	23.2	37,245	7,728	44,972	1,936	31

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
892	Other Vascular Procedures		4.8	6,215	1,499	7,714	1,615	139
892		Plx1	4.3	5,775	1,406	7,182	1,652	115
892		Plx2	9.3	9,680	2,384	12,064	1,295	16
892		Plx3	8.7	11,917	2,754	14,672	1,686	10
892		Plx4	33.6	35,987	9,007	44,994	1,339	5
893	Vein Ligation And Stripping (MNRH)		1.0	1,417	612	2,029	2,029	49
893		Plx1	1.0	1,417	612	2,029	2,029	49
893		Plx2	1.0	1,235	565	1,800	1,800	2
893		Plx3						
893		Plx4						
895	Deep Vein Thrombophlebitis		6.8	3,909	1,076	4,984	729	495
895		Plx1	5.9	3,310	929	4,239	724	330
895		Plx2	7.3	4,254	1,148	5,402	735	103
895		Plx3	12.6	7,302	1,948	9,250	735	53
895		Plx4	21.7	15,425	4,154	19,579	902	14
898	Peripheral Vascular Disease		5.5	4,297	1,144	5,441	992	352
898		Plx1	4.4	3,393	892	4,285	974	251
898		Plx2	7.8	5,512	1,517	7,029	900	59
898		Plx3	13.5	8,681	2,401	11,082	824	35
898		Plx4	17.5	14,813	3,906	18,719	1,071	21
900	Extensive Unrelated O.R. Procedures		20.5	24,573	5,949	30,522	1,490	580
900		Plx1	8.0	12,986	3,029	16,015	2,003	217
900		Plx2	20.8	17,935	4,980	22,915	1,104	65
900		Plx3	25.4	23,042	5,936	28,978	1,141	78
900		Plx4	35.5	42,930	10,233	53,163	1,499	229
901	Non-Extensive Unrelated O.R. Procedures		12.6	13,186	3,273	16,459	1,302	1,565
901		Plx1	6.1	6,006	1,577	7,583	1,249	863
901		Plx2	14.5	11,504	3,065	14,569	1,004	168
901		Plx3	19.9	16,420	4,280	20,701	1,043	193
901		Plx4	30.8	36,772	8,734	45,506	1,477	366

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
902	Post-Operative Complications With Unrelated O.R. Procedures		10.7	12,232	3,408	15,640	1,466	154
902		Plx1	4.4	5,280	1,536	6,815	1,543	79
902		Plx2	14.3	13,589	4,248	17,836	1,249	28
902		Plx3	18.5	16,126	4,277	20,403	1,105	15
902		Plx4	25.1	35,347	8,747	44,094	1,754	35
906	Unrelated O.R. Procedures (MNRH)		10.5	8,936	2,409	11,345	1,079	290
906		Plx1	6.1	5,349	1,513	6,862	1,130	196
906		Plx2	19.9	12,702	3,543	16,244	815	34
906		Plx3	23.1	16,814	4,476	21,290	921	27
906		Plx4	25.1	24,215	5,846	30,061	1,198	35
908	Other Major Procedures For Gynecological Malignancy		3.3	3,631	1,214	4,845	1,472	31
908		Plx1	3.5	3,783	1,246	5,029	1,443	31
908		Plx2	9.0	8,591	2,889	11,480	1,276	3
908		Plx3						
908		Plx4						
909	Obsolete Psychiatric Diagnoses (MNRH)		10.9	4,955	1,468	6,424	592	335
909		Plx9	10.9	4,955	1,468	6,424	592	335
910	Diagnosis Not Generally Hospitalized		1.6	2,038	505	2,543	1,609	162
910		Plx9	1.6	2,038	505	2,543	1,609	162
912	Obstetric Codes Invalid As Most Responsible Diagnosis		1.8	1,430	421	1,851	1,028	15
912		Plx9	1.8	1,430	421	1,851	1,028	15
996	Cadaveric Donor Organ and Tissue Retrieval							
996		Plx9						
997	Stillbirths							
997		Plx9						
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		2.8	2,613	494	3,107	1,130	8
998		Plx9	2.8	2,613	494	3,107	1,130	8
999	Ungroupable Data		2.3	1,742	515	2,257	1,003	44
999		Plx9	2.3	1,742	515	2,257	1,003	44

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
001	PWS - Craniotomy Procedures		1,043	1,052	2,095	15,995	14,768	15,379	7.4	7.2	7.3
001		Plx1	826	829	1,655	13,079	12,330	12,704	6.2	6.1	6.1
001		Plx2	92	101	193	21,885	18,043	19,874	10.3	10.3	10.3
001		Plx3	59	65	124	28,692	23,240	25,834	15.1	12.6	13.7
001		Plx4	115	113	228	55,744	59,638	57,674	25.3	27.5	26.4
003	PWS - Spinal Procedures		123	149	272	11,217	10,223	10,673	5.9	5.9	5.9
003		Plx1	104	120	224	9,530	8,749	9,112	5.2	4.9	5.0
003		Plx2	15	13	28	18,207	13,855	16,186	13.0	10.1	11.6
003		Plx3	4	14	18	31,103	19,476	22,060	18.0	10.4	12.1
003		Plx4	12	7	19	51,312	30,278	43,562	25.8	27.4	26.4
004	PWS - Extracranial Vascular Procedures		256	339	595	7,140	6,831	6,964	3.4	3.3	3.3
004		Plx1	223	298	521	6,442	6,103	6,248	2.8	2.8	2.8
004		Plx2	22	13	35	15,422	14,251	14,987	10.2	9.4	9.9
004		Plx3	10	14	24	17,538	12,480	14,588	10.3	7.8	8.8
004		Plx4	10	13	23	37,236	25,245	30,458	19.1	14.3	16.4
005	PWS - Ventricular Shunt Revision		75	86	161	6,301	6,124	6,207	3.0	2.9	3.0
005		Plx1	72	78	150	6,236	5,983	6,105	2.9	2.8	2.9
005		Plx2	3	6	9	11,940	10,874	11,230	8.7	6.3	7.1
005		Plx3	1	3	5	6,804	6,175	6,887	4.0	3.0	3.3
005		Plx4									
006	Carpal Tunnel Release And Specified Nervous System Procedures		85	82	167	5,920	5,875	5,898	2.7	2.8	2.7
006		Plx1	82	75	157	5,743	5,602	5,676	2.5	2.5	2.5
006		Plx2	1	3	5	10,110	6,306	6,462	9.0	4.7	5.8
006		Plx3	3	1	5	20,995	12,707	19,673	26.7	15.0	23.8
006		Plx4	5	3	8	89,157	24,495	64,909	37.4	23.0	32.0
007	Peripheral, Cranial Nerve And Other Neurological Procedures		39	35	74	19,665	23,180	21,327	14.4	13.4	13.9
007		Plx1	25	19	44	12,531	10,313	11,574	6.9	6.3	6.7
007		Plx2	2	4	6	20,698	19,285	19,756	24.0	12.8	16.5
007		Plx3		1	3		47,706	28,272		30.0	30.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
007		Plx4	11	10	21	41,780	48,903	45,172	28.9	26.8	27.9
010	Neoplasm Of Nervous System		249	253	502	8,760	7,864	8,308	10.6	9.8	10.2
010		Plx1	178	166	344	6,719	6,241	6,489	8.5	7.7	8.1
010		Plx2	37	55	92	10,486	8,988	9,590	14.8	12.2	13.2
010		Plx3	23	22	45	16,672	14,836	15,774	13.8	18.5	16.1
010		Plx4	7	12	19	30,381	18,654	22,975	19.7	18.8	19.1
011	Degenerative Nervous Disorders		165	142	307	12,942	11,743	12,388	18.4	15.2	16.9
011		Plx1	124	102	226	9,430	8,701	9,101	14.4	12.3	13.5
011		Plx2	18	15	33	22,084	16,664	19,620	32.7	25.1	29.3
011		Plx3	14	17	31	20,400	18,734	19,486	26.6	21.8	23.9
011		Plx4	9	13	22	34,609	38,058	36,647	36.2	44.5	41.1
012	Multiple Sclerosis And Cerebellar Disorders		116	101	217	7,031	6,389	6,732	9.3	7.6	8.5
012		Plx1	99	88	187	5,773	5,467	5,629	7.7	6.8	7.3
012		Plx2	9	10	19	11,184	20,670	16,177	17.6	23.8	20.8
012		Plx3	8	5	13	21,664	20,204	21,103	36.4	27.4	32.9
012		Plx4	1	3	5	29,849	16,930	28,533	26.0	22.3	23.3
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1,713	1,597	3,310	8,795	8,233	8,524	9.0	8.7	8.9
013		Plx1	1,272	1,165	2,437	6,335	5,832	6,095	6.6	6.1	6.4
013		Plx2	183	198	381	14,160	14,349	14,258	16.8	18.0	17.4
013		Plx3	138	124	262	16,465	15,572	16,042	16.5	17.2	16.8
013		Plx4	129	138	267	26,993	25,753	26,352	22.4	24.9	23.7
014	Transient Ischemic Attacks And Precerebral Occlusions		571	541	1,112	3,806	4,109	3,953	3.7	3.8	3.7
014		Plx1	521	489	1,010	3,400	3,713	3,551	3.3	3.4	3.4
014		Plx2	32	35	67	7,306	8,581	7,972	8.6	9.9	9.2
014		Plx3	16	23	39	14,094	13,651	13,833	11.8	14.6	13.4
014		Plx4	10	10	20	20,266	23,615	21,940	20.8	23.4	22.1
015	Nonspecific Cerebrovascular Disorders		77	79	156	6,591	6,805	6,699	6.1	6.5	6.3
015		Plx1	56	62	118	5,224	4,710	4,954	4.7	5.3	5.0
015		Plx2	11	5	16	9,208	5,674	8,104	10.0	7.0	9.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
015		Plx3	6	5	11	7,096	8,865	7,900	6.3	6.8	6.5
015		Plx4	4	8	12	18,189	30,036	26,087	17.3	27.8	24.3
017	Cranial And Peripheral Nerve Diseases		179	157	336	6,483	6,000	6,257	8.2	7.3	7.8
017		Plx1	145	125	270	5,634	4,682	5,193	6.8	6.1	6.5
017		Plx2	14	14	28	11,334	8,627	9,980	16.8	11.1	13.9
017		Plx3	16	10	26	9,721	9,648	9,693	12.1	13.6	12.7
017		Plx4	8	10	18	39,879	48,023	44,403	56.9	35.7	45.1
018	Viral Meningitis		90	99	189	2,269	2,224	2,245	3.1	2.7	2.9
018		Plx1	87	97	184	2,195	2,207	2,202	3.0	2.7	2.8
018		Plx2	2	1	5	11,757	4,855	7,583	8.5	7.0	8.0
018		Plx3	1	1	5	6,103	1,156	4,805	7.0	1.0	4.0
018		Plx4	1		1	3,078		3,078	5.0		5.0
019	Infection Except Viral Meningitis		172	182	354	7,866	8,230	8,053	7.1	7.0	7.1
019		Plx1	132	130	262	5,406	5,211	5,309	5.8	5.2	5.5
019		Plx2	19	13	32	11,365	11,274	11,328	9.4	8.0	8.8
019		Plx3	9	18	27	15,812	14,093	14,666	14.1	13.3	13.6
019		Plx4	13	23	36	33,716	27,129	29,508	23.0	18.8	20.3
020	Hypertensive Encephalopathy		8	6	14	14,866	12,440	13,826	10.8	8.8	9.9
020		Plx1	4	4	8	5,059	3,282	4,170	5.0	3.8	4.4
020		Plx2	2	1	3	13,479	30,810	19,256	14.0	17.0	15.0
020		Plx3									
020		Plx4	2		2	35,866		35,866	19.0		19.0
021	Non-Traumatic Stupor And Coma		90	76	166	4,914	5,861	5,348	4.6	5.9	5.2
021		Plx1	63	46	109	4,588	4,248	4,445	4.3	4.8	4.5
021		Plx2	14	14	28	4,292	7,013	5,653	4.5	8.9	6.7
021		Plx3	7	10	17	8,859	7,915	8,304	7.7	8.1	7.9
021		Plx4	7	7	14	10,502	12,543	11,522	7.3	6.6	6.9
022	Seizure And Headache		1,116	1,058	2,174	3,366	3,435	3,399	3.2	3.3	3.2
022		Plx1	1,021	967	1,988	3,153	3,233	3,192	3.1	3.2	3.1
022		Plx2	68	48	116	7,419	6,920	7,212	7.1	6.2	6.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
022		Plx3	45	50	95	9,150	7,169	8,107	7.2	6.7	6.9
022		Plx4	30	25	55	23,145	25,063	24,017	12.3	14.9	13.5
028	Other Nervous System Diagnoses		425	406	831	7,544	7,229	7,391	7.8	7.6	7.7
028		Plx1	305	289	594	4,822	4,809	4,816	6.2	6.1	6.1
028		Plx2	47	40	87	9,595	7,955	8,841	10.4	11.6	10.9
028		Plx3	25	26	51	12,443	11,249	11,834	11.5	11.3	11.4
028		Plx4	42	44	86	22,168	20,153	21,137	12.4	9.9	11.1
040	Tracheostomy And Gastrostomy Procedures		235	265	500	74,388	85,141	80,087	45.7	51.2	48.6
040		Plx1	44	37	81	32,101	31,778	31,954	32.0	31.8	31.9
040		Plx2	8	5	13	33,146	32,640	32,951	34.6	23.2	30.2
040		Plx3	32	30	62	38,281	41,400	39,790	36.2	40.0	38.0
040		Plx4	149	194	343	97,674	105,600	102,157	51.3	58.2	55.2
050	Orbital Procedures		314	375	689	2,320	2,285	2,301	1.3	1.3	1.3
050		Plx1	310	372	682	2,312	2,283	2,296	1.3	1.4	1.3
050		Plx2	5	5	10	6,204	7,215	6,709	4.0	7.8	5.9
050		Plx3	1	3	5	2,431	8,296	6,580	2.0	6.3	5.3
050		Plx4	1	2	5	42,057	27,711	22,030	10.0	15.0	13.3
051	Other Intraocular Procedures		92	114	206	2,680	2,258	2,447	1.5	1.4	1.4
051		Plx1	89	113	202	2,661	2,274	2,445	1.5	1.4	1.4
051		Plx2	5	2	7	4,809	3,052	4,307	3.6	3.0	3.4
051		Plx3									
051		Plx4									
052	Retinal Procedures		1,186	1,072	2,258	2,123	2,044	2,086	1.0	1.0	1.0
052		Plx1	1,182	1,069	2,251	2,124	2,045	2,086	1.0	1.0	1.0
052		Plx2	4	5	9	3,123	2,832	2,962	2.0	2.4	2.2
052		Plx3	2	1	5	2,711	4,024	3,200	1.5	3.0	2.0
052		Plx4	1		1	16,509		16,509	9.0		9.0
053	Iris And Lens Procedures		15	6	21	2,555	2,964	2,672	1.4	1.8	1.5
053		Plx1	15	6	21	2,555	2,964	2,672	1.4	1.8	1.5
053		Plx2									

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
053		Plx3		1	1		9,574	9,574		7.0	7.0
053		Plx4									
054	Extraocular Procedures		26	29	55	1,955	2,345	2,161	1.2	1.2	1.2
054		Plx1	23	24	47	1,952	2,273	2,116	1.0	1.0	1.0
054		Plx2	1		1	11,152		11,152	5.0		5.0
054		Plx3		1	2		15,387	17,463		20.0	20.0
054		Plx4		1	1		28,863	28,863		13.0	13.0
055	Lens Insertion (MNRH)		245	140	385	3,129	2,964	3,069	1.0	1.0	1.0
055		Plx1	241	140	381	3,138	2,964	3,074	1.0	1.0	1.0
055		Plx2	3		3	2,907		2,907	1.3		1.3
055		Plx3	2		3	2,268		2,749	1.0		1.0
055		Plx4									
057	Other Ophthalmic Procedures (MNRH)		48	51	99	1,688	1,613	1,649	1.0	1.0	1.0
057		Plx1	47	51	98	1,660	1,613	1,635	1.0	1.0	1.0
057		Plx2	1	1	3	2,999	2,649	2,713	1.0	2.0	1.5
057		Plx3		1	2		3,738	2,898		4.0	4.0
057		Plx4									
060	Major Eye Infections		62	52	114	5,231	4,658	4,970	4.9	4.3	4.6
060		Plx1	57	49	106	4,900	4,541	4,734	4.6	4.2	4.4
060		Plx2	3	2	5	9,027	4,321	7,145	5.7	8.0	6.6
060		Plx3	4	1	5	19,555	5,030	16,650	28.0	4.0	23.2
060		Plx4									
062	HypHEMA		4	4	8	2,581	1,988	2,285	3.0	3.0	3.0
062		Plx1	4	4	8	2,581	1,988	2,285	3.0	3.0	3.0
062		Plx2									
062		Plx3									
062		Plx4									
063	Other Ophthalmic Diagnoses (MNRH)		100	118	218	3,137	3,093	3,113	2.9	2.7	2.8
063		Plx1	94	109	203	3,083	2,854	2,960	2.8	2.5	2.7
063		Plx2	7	9	16	7,709	8,010	7,878	7.0	9.9	8.6

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
063		Plx3	1	4	5	4,133	8,995	8,022	7.0	6.0	6.2
063		Plx4	1		4	21,403		20,857	17.0		17.0
075	PWS - Radical Laryngectomy And Glossectomy		74	77	151	45,395	37,615	41,428	18.8	17.9	18.3
075		Plx1	47	47	94	38,779	32,073	35,426	15.7	14.7	15.2
075		Plx2	7	8	15	51,943	47,436	49,539	24.9	23.4	24.1
075		Plx3	6	10	16	47,707	54,510	51,959	21.0	31.5	27.6
075		Plx4	18	14	32	72,211	47,351	61,335	33.0	22.7	28.5
076	PWS - Major Head And Neck Procedures		176	163	339	14,695	15,210	14,943	6.4	7.3	6.8
076		Plx1	146	121	267	9,130	9,785	9,427	4.4	4.5	4.4
076		Plx2	7	11	18	24,371	25,193	24,873	12.0	13.2	12.7
076		Plx3	7	9	16	39,964	20,242	28,870	14.7	13.0	13.8
076		Plx4	15	21	36	51,102	56,109	54,022	20.0	22.5	21.5
077	Less Extensive Head And Neck Procedures		188	211	399	3,262	3,136	3,195	1.5	1.5	1.5
077		Plx1	185	207	392	3,210	3,084	3,143	1.5	1.5	1.5
077		Plx2	5	2	7	16,203	5,252	13,074	11.4	3.5	9.1
077		Plx3	2	3	5	11,070	7,092	8,683	5.0	5.0	5.0
077		Plx4	7	1	8	23,165	27,315	23,684	12.4	9.0	12.0
078	Cleft Lip And Palate Repair		112	105	217	5,133	4,214	4,688	1.7	1.7	1.7
078		Plx1	110	105	215	4,991	4,214	4,611	1.7	1.7	1.7
078		Plx2	2	1	5	12,934	18,623	12,577	2.0	5.0	3.0
078		Plx3									
078		Plx4									
081	Salivary Gland Procedures		147	143	290	4,028	3,759	3,895	1.3	1.4	1.4
081		Plx1	146	143	289	4,023	3,759	3,892	1.3	1.4	1.4
081		Plx2	1	1	2	4,733	11,036	7,885	1.0	6.0	3.5
081		Plx3									
081		Plx4									
082	Minor Ear, Nose And Throat Procedures		35	45	80	2,584	2,557	2,569	1.4	1.4	1.4
082		Plx1	34	45	79	2,555	2,557	2,556	1.4	1.4	1.4
082		Plx2	1		2	3,577		5,496	3.0		3.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
082		Plx3	1		1	23,091		23,091	23.0		23.0
082		Plx4		1	2		43,258	23,538		15.0	15.0
083	Reconstructive ENT Procedures		391	400	791	6,526	6,060	6,290	2.3	2.2	2.3
083		Plx1	387	396	783	6,495	6,046	6,267	2.2	2.2	2.2
083		Plx2	3	3	6	10,755	7,888	9,321	3.7	3.3	3.5
083		Plx3	4	1	5	16,277	6,458	14,313	6.3	5.0	6.0
083		Plx4		2	2		22,174	22,174		7.5	7.5
084	Miscellaneous Ear, Nose And Throat Procedures		94	96	190	5,072	4,335	4,699	3.3	2.6	3.0
084		Plx1	90	92	182	4,846	4,214	4,527	3.1	2.6	2.9
084		Plx2	1	5	6	6,833	14,320	13,072	5.0	11.6	10.5
084		Plx3	3	1	5	15,883	1,704	11,305	15.0	1.0	11.5
084		Plx4	4	1	5	30,324	23,851	29,029	13.8	7.0	12.4
085	Mastoid Procedures		125	187	312	8,686	10,682	9,882	1.1	1.3	1.2
085		Plx1	112	140	252	7,949	6,441	7,111	1.0	1.0	1.0
085		Plx2	2	5	7	3,001	19,835	15,025	1.0	3.0	2.4
085		Plx3	1	3	5	11,881	41,140	32,734	10.0	3.3	5.0
085		Plx4									
086	Other Tonsillar Procedures		31	24	55	2,873	3,495	3,144	2.0	2.5	2.2
086		Plx1	31	21	52	2,873	3,517	3,133	2.0	2.5	2.2
086		Plx2		1	1		1,575	1,575		1.0	1.0
086		Plx3		1	1		1,826	1,826		1.0	1.0
086		Plx4		3	3		15,060	15,060		7.7	7.7
087	Sinus Procedures		43	40	83	2,493	2,480	2,487	1.0	1.0	1.0
087		Plx1	42	39	81	2,511	2,474	2,493	1.0	1.0	1.0
087		Plx2	1		2	14,069		15,364	4.0		4.0
087		Plx3	2	2	5	3,175	6,122	6,992	1.5	4.0	2.8
087		Plx4		1	2		9,212	8,701		8.0	8.0
088	Ethmoidectomy (MNRH)		299	256	555	2,351	2,297	2,326	1.0	1.0	1.0
088		Plx1	297	256	553	2,348	2,297	2,324	1.0	1.0	1.0
088		Plx2	1	1	3	3,325	4,851	3,535	1.0	4.0	2.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
088		Plx3	3		3	4,192		4,192	2.3		2.3
088		Plx4									
089	Dental Extraction Or Restoration (MNRH)		154	147	301	2,465	2,592	2,527	1.3	1.4	1.3
089		Plx1	149	144	293	2,429	2,571	2,498	1.3	1.3	1.3
089		Plx2	4	4	8	2,684	5,391	4,038	2.0	4.3	3.1
089		Plx3	1	1	3	7,091	3,016	4,639	3.0	1.0	2.0
089		Plx4	1		2	26,019		16,734	30.0		30.0
090	External And Middle Ear Procedures (MNRH)		96	100	196	2,434	2,179	2,304	1.0	1.0	1.0
090		Plx1	96	99	195	2,434	2,170	2,300	1.0	1.0	1.0
090		Plx2	1		1	7,590		7,590	10.0		10.0
090		Plx3	1	1	2	9,744	3,022	6,383	3.0	1.0	2.0
090		Plx4									
091	Nasal Procedures (MNRH)		77	70	147	2,097	1,837	1,973	1.0	1.0	1.0
091		Plx1	76	70	146	2,104	1,837	1,976	1.0	1.0	1.0
091		Plx2	2	2	4	4,874	18,582	11,728	2.0	6.0	4.0
091		Plx3									
091		Plx4									
092	Myringotomy (MNRH)		21	24	45	2,540	2,267	2,394	1.7	1.4	1.5
092		Plx1	19	22	41	2,627	1,927	2,252	1.7	1.2	1.5
092		Plx2	1	1	4	6,969	6,161	4,884	7.0	7.0	7.0
092		Plx3	3	2	5	4,372	6,006	5,025	2.3	3.5	2.8
092		Plx4									
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		297	334	631	1,944	2,040	1,995	1.0	1.0	1.0
093		Plx1	295	328	623	1,937	2,028	1,985	1.0	1.0	1.0
093		Plx2	7	6	13	15,989	5,044	10,938	8.1	2.7	5.6
093		Plx3	1	2	4	3,645	2,960	3,777	1.0	1.0	1.0
093		Plx4		1	3		43,968	30,889		13.0	13.0
100	ENT Malignancy		50	47	97	8,903	11,569	10,195	9.5	12.0	10.7
100		Plx1	32	30	62	6,327	6,986	6,646	6.1	7.3	6.7
100		Plx2	9	8	17	9,947	13,980	11,845	12.9	16.0	14.4

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
100		Plx3	6	6	12	15,108	20,685	17,897	18.0	25.8	21.9
100		Plx4	2	3	5	18,115	43,876	33,571	7.5	27.3	19.4
101	Acute Suppurative Infections		27	19	46	2,882	2,818	2,856	2.6	3.2	2.8
101		Plx1	27	19	46	2,882	2,818	2,856	2.6	3.2	2.8
101		Plx2			1			2,244			
101		Plx3									
101		Plx4									
102	Dysequilibrium		234	255	489	2,679	2,593	2,634	3.8	3.6	3.7
102		Plx1	213	234	447	2,417	2,348	2,381	3.3	3.2	3.3
102		Plx2	10	11	21	4,555	3,768	4,143	7.3	4.7	6.0
102		Plx3	3	2	5	5,684	5,702	5,691	9.0	6.5	8.0
102		Plx4	2		2	5,507		5,507	8.5		8.5
104	Influenza		182	228	410	3,485	3,284	3,373	3.3	3.2	3.2
104		Plx1	165	204	369	3,338	3,216	3,271	3.2	3.1	3.1
104		Plx2	12	13	25	6,597	4,149	5,324	5.2	4.1	4.6
104		Plx3	8	11	19	6,072	5,145	5,536	8.8	4.2	6.1
104		Plx4	2	5	7	7,537	45,469	34,632	7.0	27.6	21.7
107	Epiglottitis		20	27	47	4,784	4,676	4,722	3.1	3.3	3.2
107		Plx1	19	21	40	4,874	3,463	4,133	3.2	2.6	2.9
107		Plx2	1	1	5	3,066	6,984	4,679	2.0	2.0	2.0
107		Plx3		1	2		2,934	8,322		3.0	3.0
107		Plx4		3	5		18,892	16,147		8.3	8.3
108	Epistaxis		90	95	185	2,460	2,523	2,493	3.4	3.1	3.2
108		Plx1	84	85	169	2,405	2,294	2,349	3.2	3.0	3.1
108		Plx2	3	7	10	2,843	3,667	3,420	4.3	4.0	4.1
108		Plx3	3	4	7	5,945	9,458	7,953	7.7	12.3	10.3
108		Plx4	1	1	5	4,931	3,031	6,489	9.0	4.0	6.5
109	Other ENT Infections		86	72	158	3,022	3,216	3,110	3.1	3.6	3.3
109		Plx1	76	67	143	2,876	2,937	2,904	3.0	3.4	3.2
109		Plx2	5	4	9	4,420	6,169	5,197	3.4	6.0	4.6

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
109		Plx3	5	1	6	3,843	10,098	4,885	4.4	6.0	4.7
109		Plx4	3		4	22,659		18,567	16.0		16.0
113	Sinusitis (MNRH)		38	32	70	2,703	2,840	2,766	2.7	2.9	2.8
113		Plx1	36	26	62	2,622	2,491	2,567	2.6	2.3	2.5
113		Plx2	2	5	7	4,178	4,952	4,731	5.5	7.2	6.7
113		Plx3		1	1		4,241	4,241		4.0	4.0
113		Plx4		1	2		4,583	5,714		8.0	8.0
114	Sore Throat (MNRH)		193	127	320	2,262	2,427	2,328	2.4	2.5	2.5
114		Plx1	184	124	308	2,169	2,386	2,256	2.4	2.4	2.4
114		Plx2	8	1	9	3,818	1,982	3,614	2.9	4.0	3.0
114		Plx3	1	2	5	7,064	5,198	5,899	2.0	6.5	5.0
114		Plx4			1			10,669			
115	Miscellaneous ENT Diagnoses (MNRH)		100	97	197	1,816	1,703	1,760	1.0	1.0	1.0
115		Plx1	91	90	181	1,759	1,687	1,723	1.0	1.0	1.0
115		Plx2	22	23	45	10,437	6,039	8,189	9.1	6.1	7.6
115		Plx3	18	6	24	6,870	10,259	7,717	5.6	9.5	6.5
115		Plx4	5	9	14	13,640	22,769	19,508	10.2	15.1	13.4
116	Croup (MNRH)		99	168	267	1,937	1,782	1,839	1.5	1.4	1.4
116		Plx1	98	165	263	1,930	1,746	1,815	1.5	1.4	1.4
116		Plx2	1	2	5	2,616	5,249	2,986	2.0	2.5	2.3
116		Plx3		2	3		7,604	6,600		3.0	3.0
116		Plx4	2	2	4	31,073	29,951	30,512	10.0	10.5	10.3
125	Tracheostomy		133	150	283	124,874	108,970	116,444	51.8	47.5	49.5
125		Plx1	11	10	21	10,547	14,843	12,593	6.3	10.3	8.2
125		Plx2	1		3	12,865		19,860	14.0		14.0
125		Plx3	4	4	8	66,439	31,410	48,924	27.3	12.0	19.6
125		Plx4	117	136	253	138,578	118,172	127,609	57.3	51.3	54.1
126	PWS - Resection Of Lung		394	415	809	11,776	11,352	11,558	7.5	6.8	7.2
126		Plx1	298	293	591	10,571	9,954	10,265	6.7	6.0	6.4
126		Plx2	55	84	139	14,801	12,906	13,656	10.5	8.8	9.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
126		Plx3	39	29	68	17,282	17,835	17,518	12.9	10.9	12.1
126		Plx4	14	24	38	25,973	32,465	30,073	12.9	18.4	16.4
127	Major Respiratory Procedures		427	426	853	13,521	14,149	13,835	10.8	10.6	10.7
127		Plx1	271	242	513	8,908	9,360	9,121	8.1	7.8	7.9
127		Plx2	60	81	141	12,841	13,239	13,070	12.7	13.4	13.1
127		Plx3	51	40	91	15,611	16,433	15,973	15.4	14.2	14.9
127		Plx4	46	65	111	47,489	37,058	41,381	21.2	17.8	19.2
128	Minor Respiratory Procedures		68	75	143	7,992	8,037	8,016	5.4	5.5	5.5
128		Plx1	51	54	105	6,806	7,254	7,036	4.5	4.5	4.5
128		Plx2	5	12	17	6,345	9,111	8,297	4.0	7.5	6.5
128		Plx3	6	7	13	14,744	9,743	12,051	10.0	10.6	10.3
128		Plx4	11	7	18	67,762	65,595	66,919	24.5	33.0	27.8
129	Other Respiratory Procedures		151	167	318	4,408	4,715	4,569	3.4	3.0	3.2
129		Plx1	109	127	236	2,909	3,387	3,166	1.4	1.4	1.4
129		Plx2	17	20	37	9,528	9,281	9,394	10.4	11.5	11.0
129		Plx3	8	7	15	13,668	9,598	11,769	18.3	14.3	16.4
129		Plx4	8	6	14	23,480	26,715	24,866	18.5	19.2	18.8
135	Tuberculosis		35	37	72	11,887	12,814	12,363	18.1	18.9	18.5
135		Plx1	25	28	53	10,740	10,016	10,358	15.7	16.4	16.1
135		Plx2	4	5	9	9,779	16,997	13,789	17.5	23.2	20.7
135		Plx3	4	2	6	12,234	25,597	16,689	17.3	30.0	21.5
135		Plx4	1	2	5	20,498	28,739	27,079	28.0	32.5	31.0
136	Respiratory Failure		309	361	670	13,648	14,622	14,173	8.8	10.1	9.5
136		Plx1	121	115	236	8,233	8,234	8,233	7.1	7.3	7.2
136		Plx2	50	73	123	8,181	9,901	9,202	5.9	8.9	7.7
136		Plx3	59	54	113	13,573	11,104	12,393	10.0	11.2	10.6
136		Plx4	84	126	210	29,807	27,442	28,388	14.2	14.9	14.6
137	Respiratory Infections And Inflammations		634	622	1,256	10,702	9,965	10,337	9.5	9.3	9.4
137		Plx1	346	336	682	6,929	7,189	7,057	7.6	7.8	7.7
137		Plx2	118	97	215	10,640	9,483	10,118	11.2	10.4	10.9

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
137		Plx3	92	98	190	13,331	11,291	12,279	12.0	12.0	12.0
137		Plx4	92	108	200	28,777	22,033	25,135	17.2	16.1	16.6
138	Respiratory Neoplasms		606	706	1,312	8,359	8,421	8,392	10.9	10.7	10.8
138		Plx1	305	308	613	6,347	6,232	6,290	8.5	7.9	8.2
138		Plx2	174	220	394	9,343	9,275	9,305	12.6	12.7	12.7
138		Plx3	80	112	192	9,369	10,474	10,014	12.0	13.3	12.7
138		Plx4	47	73	120	17,046	14,583	15,548	18.5	17.0	17.6
139	Interstitial Disease		149	140	289	6,815	8,304	7,536	8.1	9.1	8.6
139		Plx1	102	82	184	4,730	5,078	4,885	6.0	6.9	6.4
139		Plx2	19	16	35	11,905	7,376	9,835	15.6	10.6	13.3
139		Plx3	15	24	39	11,688	8,557	9,761	12.3	11.5	11.8
139		Plx4	19	19	38	23,595	33,684	28,639	26.9	23.1	25.0
140	Chronic Obstructive Pulmonary Disease (COPD)		1,325	1,106	2,431	6,993	6,474	6,757	8.5	8.5	8.5
140		Plx1	761	625	1,386	4,429	4,499	4,460	6.6	6.7	6.6
140		Plx2	215	183	398	7,621	7,182	7,419	11.1	10.3	10.7
140		Plx3	199	160	359	9,402	7,697	8,642	11.2	10.1	10.7
140		Plx4	185	156	341	19,799	16,553	18,314	17.2	17.2	17.2
141	Pulmonary Edema		92	106	198	13,438	11,392	12,342	8.0	6.7	7.3
141		Plx1	39	64	103	4,864	4,393	4,572	4.3	4.5	4.4
141		Plx2	18	8	26	7,004	5,304	6,481	8.3	6.3	7.7
141		Plx3	14	11	25	12,762	6,877	10,173	11.6	7.2	9.6
141		Plx4	26	25	51	42,029	36,571	39,353	16.7	15.4	16.0
142	Chronic Bronchitis		1,635	1,593	3,228	5,225	5,157	5,191	7.0	6.7	6.9
142		Plx1	1,201	1,156	2,357	4,022	3,816	3,921	5.9	5.6	5.8
142		Plx2	192	172	364	7,001	6,520	6,774	9.6	9.1	9.4
142		Plx3	172	165	337	9,534	7,870	8,719	10.7	9.2	10.0
142		Plx4	75	108	183	16,255	18,737	17,719	16.1	15.6	15.8
143	Simple Pneumonia And Pleurisy		2,556	2,781	5,337	5,461	5,316	5,386	6.1	6.0	6.0
143		Plx1	1,806	1,944	3,750	3,816	3,751	3,782	4.8	4.6	4.7
143		Plx2	346	401	747	7,462	6,939	7,181	9.5	9.0	9.3

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
143		Plx3	247	256	503	9,320	8,612	8,959	10.2	9.1	9.6
143		Plx4	182	173	355	21,310	19,885	20,616	13.6	14.4	14.0
144	Pneumothorax		165	179	344	3,540	3,867	3,710	4.6	4.7	4.6
144		Plx1	155	162	317	3,166	3,450	3,311	4.1	4.3	4.2
144		Plx2	7	12	19	9,960	6,926	8,044	12.1	8.5	9.8
144		Plx3	4	4	8	12,256	12,645	12,451	15.0	11.0	13.0
144		Plx4	1	1	4	19,230	18,044	22,631	21.0	8.0	14.5
145	Tracheobronchitis		716	797	1,513	3,550	3,764	3,663	3.2	3.2	3.2
145		Plx1	678	760	1,438	3,454	3,611	3,537	3.1	3.1	3.1
145		Plx2	28	32	60	5,539	8,493	7,115	5.8	7.1	6.5
145		Plx3	22	19	41	9,849	12,463	11,061	8.1	8.6	8.3
145		Plx4	27	21	48	44,979	55,591	49,622	14.8	14.1	14.5
146	Asthma		1,099	1,217	2,316	2,543	2,595	2,570	2.4	2.4	2.4
146		Plx1	1,059	1,185	2,244	2,437	2,519	2,480	2.4	2.3	2.4
146		Plx2	29	25	54	5,230	6,756	5,937	4.8	5.9	5.3
146		Plx3	21	21	42	10,811	8,422	9,616	6.4	5.6	6.0
146		Plx4	10	8	18	28,964	28,925	28,946	11.1	8.1	9.8
147	Other Respiratory Diagnoses		667	618	1,285	5,074	4,200	4,654	4.5	4.0	4.3
147		Plx1	512	488	1,000	3,782	3,271	3,533	3.6	3.3	3.5
147		Plx2	70	55	125	5,655	5,819	5,727	6.0	5.5	5.8
147		Plx3	52	49	101	8,536	9,233	8,874	8.9	8.7	8.8
147		Plx4	42	44	86	31,277	19,675	25,341	14.8	13.2	14.0
175	PWS - Heart Or Lung Transplant		52	46	98	104,944	81,030	93,719	41.0	31.0	36.3
175		Plx1	6	7	13	42,834	49,053	46,183	15.3	16.0	15.7
175		Plx2	9	6	15	54,671	41,335	49,336	19.9	13.8	17.5
175		Plx3	2	5	7	40,515	43,137	42,388	11.5	10.6	10.9
175		Plx4	34	26	60	143,623	102,827	125,945	55.8	39.4	48.7
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		75	63	138	51,298	43,658	47,810	25.7	23.9	24.9
176		Plx1	18	20	38	31,388	30,981	31,174	17.9	18.2	18.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
176		Plx2	11	13	24	36,355	36,666	36,524	22.4	23.7	23.1
176		Plx3	17	13	30	44,628	40,310	42,757	28.5	28.5	28.5
176		Plx4	31	19	50	83,218	78,689	81,497	33.5	32.8	33.2
PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath											
177			461	523	984	25,934	24,305	25,068	9.1	8.6	8.9
177		Plx1	286	313	599	21,184	19,685	20,401	7.1	6.8	6.9
177		Plx2	65	92	157	27,044	24,618	25,622	9.8	9.5	9.6
177		Plx3	40	51	91	30,867	32,528	31,798	12.9	14.1	13.6
177		Plx4	75	77	152	58,265	55,806	57,019	21.5	19.1	20.3
PWS - Coronary Bypass With Heart Pump With Cardiac Cath											
178			275	290	565	32,876	32,050	32,452	17.8	17.8	17.8
178		Plx1	86	74	160	25,598	25,823	25,702	15.4	16.5	15.9
178		Plx2	93	120	213	28,007	28,007	28,007	17.3	16.6	16.9
178		Plx3	50	46	96	29,981	33,158	31,503	19.4	19.2	19.3
178		Plx4	49	53	102	63,830	56,036	59,780	23.7	23.4	23.6
PWS - Coronary Bypass With Heart Pump Without Cardiac Cath											
179			1,186	1,356	2,542	18,249	17,704	17,958	8.0	7.6	7.8
179		Plx1	726	785	1,511	15,667	15,371	15,513	6.7	6.4	6.6
179		Plx2	268	333	601	18,848	18,535	18,675	9.0	8.5	8.7
179		Plx3	108	138	246	24,735	22,006	23,204	11.4	9.8	10.5
179		Plx4	105	135	240	46,688	43,580	44,940	17.6	16.6	17.0
PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath											
181			19	31	50	66,676	64,328	65,220	21.9	22.6	22.3
181		Plx1	2	4	6	28,938	18,700	22,113	11.0	10.5	10.7
181		Plx2	3	9	12	21,527	27,013	25,642	17.7	16.7	16.9
181		Plx3	1	2	5	28,694	21,363	26,923	25.0	9.5	14.7
181		Plx4	14	16	30	96,577	102,096	99,520	27.6	30.6	29.2
PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath											
182			261	294	555	25,209	23,693	24,406	8.2	7.8	8.0
182		Plx1	141	165	306	16,753	17,408	17,106	5.9	6.1	6.0
182		Plx2	47	50	97	22,358	22,062	22,206	7.9	7.0	7.5
182		Plx3	24	21	45	30,059	21,134	25,894	10.4	9.7	10.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
182		Plx4	60	68	128	63,090	54,633	58,597	18.6	16.8	17.6
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		104	141	245	21,850	22,459	22,201	9.4	9.1	9.2
183		Plx1	29	45	74	12,016	14,240	13,368	5.1	5.4	5.2
183		Plx2	21	28	49	15,557	20,471	18,365	6.0	9.0	7.7
183		Plx3	16	24	40	20,446	25,520	23,490	6.6	9.7	8.5
183		Plx4	36	46	82	37,204	32,785	34,725	16.8	14.3	15.4
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		76	90	166	18,899	16,555	17,628	11.6	10.1	10.8
184		Plx1	31	46	77	14,523	10,712	12,246	7.2	5.4	6.1
184		Plx2	20	11	31	14,718	16,761	15,443	9.6	11.6	10.3
184		Plx3	14	12	26	18,756	16,135	17,546	15.4	14.2	14.8
184		Plx4	13	20	33	47,976	37,201	41,446	30.8	22.7	25.8
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		161	198	359	43,024	39,852	41,275	11.0	11.0	11.0
185		Plx1	72	94	166	39,181	34,887	36,750	6.9	8.8	8.0
185		Plx2	42	62	104	39,966	39,646	39,775	12.7	11.3	11.9
185		Plx3	30	32	62	46,610	50,542	48,640	13.7	14.9	14.3
185		Plx4	19	14	33	65,543	61,881	63,989	23.9	28.1	25.7
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		517	539	1,056	18,544	18,556	18,550	5.4	5.4	5.4
186		Plx1	409	401	810	16,309	16,366	16,337	4.4	3.9	4.1
186		Plx2	52	82	134	25,220	22,490	23,550	8.4	9.5	9.1
186		Plx3	47	47	94	28,610	28,092	28,351	8.9	11.2	10.1
186		Plx4	10	19	29	42,666	37,390	39,209	19.2	20.8	20.3
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		1,291	1,210	2,501	11,696	11,682	11,689	5.4	5.1	5.3
188		Plx1	943	868	1,811	10,812	10,968	10,887	4.8	4.5	4.7
188		Plx2	178	211	389	13,127	12,159	12,602	6.5	6.4	6.4
188		Plx3	124	90	214	15,171	15,166	15,169	7.7	8.4	8.0
188		Plx4	60	70	130	26,953	24,393	25,575	12.7	12.9	12.8
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1,533	1,165	2,698	7,889	7,977	7,927	1.8	1.7	1.8

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
189		Plx1	752	564	1,316	6,934	7,595	7,218	1.0	1.0	1.0
189		Plx2	659	470	1,129	8,997	8,781	8,907	3.2	2.9	3.1
189		Plx3	53	59	112	13,336	11,983	12,623	6.0	5.3	5.6
189		Plx4	15	5	20	33,728	21,084	30,567	16.0	12.6	15.2
191	Temporary Cardiac Pacemaker		15	10	25	13,509	8,656	11,568	5.9	5.4	5.7
191		Plx1	7	6	13	5,132	7,677	6,306	4.3	5.2	4.7
191		Plx2		1	4		5,296	9,651		5.0	5.0
191		Plx3	1	2	5	2,614	16,015	12,272	1.0	8.5	6.0
191		Plx4	7	1	8	23,443	3,170	20,909	8.1	1.0	7.3
193	Cardiac Pacemaker Device Replacement Or Revision		50	45	95	13,979	10,289	12,231	4.4	3.0	3.7
193		Plx1	31	32	63	12,298	8,719	10,480	2.0	1.6	1.8
193		Plx2	5	5	10	31,358	21,760	26,559	14.4	8.6	11.5
193		Plx3	1	3	5	12,235	23,718	20,702	7.0	10.7	9.8
193		Plx4	2	1	5	34,935	83,975	38,421	28.0	22.0	26.0
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		224	222	446	6,777	7,820	7,296	2.3	2.2	2.3
194		Plx1	175	175	350	5,788	6,816	6,302	1.3	1.3	1.3
194		Plx2	18	15	33	15,825	12,972	14,528	10.0	6.4	8.4
194		Plx3	8	6	14	10,896	13,379	11,960	3.9	6.3	4.9
194		Plx4	4	3	7	12,028	43,077	25,334	9.8	20.3	14.3
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		62	80	142	13,563	14,118	13,876	8.7	7.9	8.3
200		Plx1	19	17	36	6,571	6,085	6,341	4.3	3.4	3.9
200		Plx2	8	15	23	6,719	13,457	11,113	6.1	7.7	7.2
200		Plx3	11	24	35	11,668	11,361	11,458	8.6	8.8	8.7
200		Plx4	21	27	48	21,131	28,170	25,090	11.5	14.2	13.0
201	AMI With Cardiac Cath With Congestive Heart Failure		65	84	149	13,805	15,271	14,631	11.8	12.2	12.0
201		Plx1	34	55	89	12,111	12,212	12,174	11.2	10.6	10.8
201		Plx2	18	14	32	15,721	14,942	15,380	13.8	12.2	13.1
201		Plx3	8	5	13	15,322	14,327	14,939	10.6	9.2	10.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
201		Plx4	6	12	18	19,208	39,880	32,989	15.5	25.5	22.2
202	AMI With Cardiac Cath With Ventricular Tachycardia		10	5	15	9,870	11,836	10,525	8.2	9.8	8.7
202		Plx1	8	2	10	9,288	9,704	9,371	7.4	10.5	8.0
202		Plx2		1	1		6,266	6,266		5.0	5.0
202		Plx3	2		4	12,199		11,786	11.5		11.5
202		Plx4		2	3		16,753	17,382		11.5	11.5
203	AMI With Cardiac Cath With Angina		18	27	45	8,696	6,801	7,559	8.6	6.7	7.4
203		Plx1	16	24	40	8,411	6,329	7,162	8.1	6.0	6.9
203		Plx2	1	3	5	14,307	10,581	11,265	17.0	12.0	13.3
203		Plx3	1		3	7,655		7,182	8.0		8.0
203		Plx4			1			6,067			
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		388	404	792	8,459	8,381	8,419	8.1	7.9	8.0
204		Plx1	319	353	672	7,648	7,747	7,700	7.4	7.3	7.4
204		Plx2	36	27	63	10,821	11,240	11,001	10.9	11.7	11.2
204		Plx3	21	16	37	12,309	11,906	12,135	10.1	10.3	10.2
204		Plx4	11	7	18	22,014	23,462	22,577	14.5	17.6	15.7
205	AMI Without Cardiac Cath With Congestive Heart Failure		187	214	401	9,361	9,568	9,471	9.0	9.1	9.1
205		Plx1	109	111	220	7,661	7,234	7,446	8.1	7.3	7.7
205		Plx2	28	41	69	9,294	10,002	9,715	9.5	10.3	10.0
205		Plx3	29	23	52	10,155	8,932	9,614	9.0	10.0	9.4
205		Plx4	24	40	64	18,660	18,271	18,417	15.7	14.3	14.8
206	AMI Without Cardiac Cath With Ventricular Tachycardia		9	20	29	4,030	6,738	5,898	3.2	6.4	5.4
206		Plx1	8	15	23	4,213	5,085	4,782	3.5	5.0	4.5
206		Plx2		2	4		8,979	7,716		8.5	8.5
206		Plx3	1	2	5	2,562	13,521	6,800	1.0	8.0	5.7
206		Plx4		1	5		13,491	12,547		19.0	19.0
207	AMI Without Cardiac Cath With Angina		18	18	36	8,479	6,665	7,572	7.2	7.1	7.2
207		Plx1	11	15	26	5,960	6,213	6,106	5.5	6.7	6.2
207		Plx2	4		5	15,516		15,767	9.5		9.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
207		Plx3	2	3	5	6,383	8,921	7,906	10.5	9.0	9.6
207		Plx4	1		2	12,229		13,084	11.0		11.0
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		705	710	1,415	5,478	5,550	5,514	4.8	4.9	4.9
208		Plx1	591	585	1,176	4,977	4,996	4,986	4.5	4.6	4.6
208		Plx2	60	51	111	9,150	7,614	8,444	9.3	6.7	8.1
208		Plx3	34	45	79	8,725	6,299	7,343	7.6	6.2	6.8
208		Plx4	37	40	77	11,299	16,596	14,051	8.3	11.2	9.8
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		8	20	28	9,662	10,349	10,153	8.8	10.0	9.6
210		Plx1	8	13	21	9,662	7,937	8,594	8.8	7.7	8.1
210		Plx2		4	5		15,179	13,327		18.0	18.0
210		Plx3		3	4		14,323	17,944		12.7	12.7
210		Plx4		1	2		27,485	19,145		22.0	22.0
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		146	186	332	6,620	6,741	6,687	7.9	6.8	7.3
211		Plx1	139	173	312	6,452	6,701	6,590	7.7	6.8	7.2
211		Plx2	5	10	15	9,620	7,805	8,410	11.4	8.8	9.7
211		Plx3	2	4	6	15,172	8,771	10,905	18.5	7.5	11.2
211		Plx4	1		3	11,181		18,345	14.0		14.0
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		45	35	80	6,947	7,864	7,349	7.3	7.3	7.3
212		Plx1	31	31	62	5,350	7,948	6,649	5.1	7.1	6.1
212		Plx2	7	2	9	8,424	6,835	8,071	10.6	6.0	9.6
212		Plx3	4	1	5	12,952	7,953	11,952	14.0	10.0	13.2
212		Plx4	5	2	7	17,385	14,056	16,434	19.8	21.5	20.3
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		342	362	704	3,375	3,412	3,394	3.9	3.4	3.6
213		Plx1	321	336	657	3,301	3,287	3,294	3.8	3.3	3.5
213		Plx2	17	20	37	4,423	4,904	4,683	4.9	4.9	4.9
213		Plx3	3	10	13	4,417	11,369	9,765	5.3	14.2	12.2
213		Plx4	1	5	6	6,137	8,944	8,476	8.0	7.0	7.2

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
215	Cardiac Cath With Congestive Heart Failure		219	229	448	11,678	12,084	11,886	12.4	12.4	12.4
215		Plx1	167	153	320	9,675	9,780	9,725	10.9	10.6	10.8
215		Plx2	22	30	52	14,556	12,746	13,512	16.4	14.2	15.1
215		Plx3	19	29	48	17,667	14,746	15,902	17.2	14.5	15.5
215		Plx4	18	16	34	31,324	27,577	29,561	27.0	21.5	24.4
216	Cardiac Cath With Ventricular Tachycardia		133	111	244	9,177	9,451	9,301	9.3	9.4	9.4
216		Plx1	115	100	215	8,257	8,406	8,326	8.5	8.8	8.7
216		Plx2	6	2	8	13,059	10,336	12,379	11.3	9.0	10.8
216		Plx3	9	3	12	13,908	8,624	12,587	14.2	10.7	13.3
216		Plx4	2	4	6	22,178	22,200	22,193	18.5	13.5	15.2
217	Cardiac Cath With Unstable Angina		140	164	304	6,337	6,001	6,156	7.4	6.7	7.0
217		Plx1	135	155	290	6,218	5,829	6,010	7.4	6.5	6.9
217		Plx2	3	5	8	8,711	7,987	8,258	8.0	9.8	9.1
217		Plx3	2	4	6	10,855	13,669	12,731	11.5	14.8	13.7
217		Plx4		1	5		6,251	11,731		7.0	7.0
218	Cardiac Cath Without Specified Cardiac Conditions		859	743	1,602	5,024	4,904	4,969	4.8	4.9	4.8
218		Plx1	823	704	1,527	4,868	4,747	4,812	4.7	4.7	4.7
218		Plx2	25	25	50	8,619	7,927	8,273	6.8	8.4	7.6
218		Plx3	10	14	24	14,498	8,593	11,053	12.8	8.5	10.3
218		Plx4	6	6	12	19,221	13,680	16,450	13.8	18.0	15.9
219	Endocarditis		61	52	113	14,444	15,779	15,058	15.0	16.5	15.7
219		Plx1	33	32	65	8,311	10,289	9,285	11.4	13.9	12.6
219		Plx2	7	6	13	11,322	10,457	10,923	12.4	11.3	11.9
219		Plx3	5	4	9	19,956	13,649	17,153	19.8	9.5	15.2
219		Plx4	17	10	27	28,618	37,024	31,731	25.2	31.2	27.4
220	Pulmonary Embolism		518	541	1,059	5,474	5,492	5,483	6.9	6.8	6.9
220		Plx1	322	335	657	4,391	4,371	4,381	5.8	5.8	5.8
220		Plx2	132	135	267	5,798	5,888	5,844	7.7	7.8	7.7
220		Plx3	42	48	90	9,082	11,072	10,143	10.9	13.6	12.3
220		Plx4	28	34	62	21,191	13,709	17,088	14.8	11.7	13.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
222	Heart Failure		1,764	1,792	3,556	6,911	6,660	6,785	8.9	8.7	8.8
222		Plx1	1,109	1,122	2,231	5,442	5,077	5,258	7.4	7.0	7.2
222		Plx2	336	335	671	7,881	8,024	7,953	11.1	11.3	11.2
222		Plx3	200	214	414	9,764	10,888	10,345	13.2	14.9	14.1
222		Plx4	176	179	355	19,748	16,587	18,154	21.1	17.6	19.3
225	Hypertensive Heart Disease		11	26	37	8,769	6,402	7,106	11.0	8.4	9.2
225		Plx1		8	8		5,002	5,002		6.3	6.3
225		Plx2	7	12	19	5,532	5,185	5,313	7.9	7.8	7.8
225		Plx3	4	5	9	18,751	10,723	14,291	21.0	14.0	17.1
225		Plx4	2	2	5	19,450	24,733	19,930	22.0	28.0	25.0
226	Other Circulatory Diagnoses		561	478	1,039	5,956	5,523	5,756	5.4	5.7	5.6
226		Plx1	386	316	702	4,284	4,172	4,234	4.5	4.5	4.5
226		Plx2	97	98	195	8,548	6,974	7,757	7.5	8.1	7.8
226		Plx3	63	48	111	9,715	11,343	10,419	9.6	12.0	10.7
226		Plx4	31	35	66	26,256	19,042	22,431	13.5	15.2	14.4
229	Atherosclerosis (MNRH)		299	340	639	5,135	4,541	4,819	5.3	5.2	5.2
229		Plx1	227	250	477	3,962	3,320	3,625	4.3	3.9	4.1
229		Plx2	42	55	97	8,591	7,599	8,028	8.7	9.2	9.0
229		Plx3	26	27	53	10,996	12,302	11,662	14.6	12.1	13.3
229		Plx4	16	18	34	24,940	20,355	22,513	20.3	18.2	19.2
232	Acquired Valvular Disorders (MNRH)		63	63	126	5,979	6,468	6,223	6.9	7.2	7.0
232		Plx1	42	41	83	4,691	5,397	5,040	5.5	6.6	6.0
232		Plx2	14	15	29	7,428	5,845	6,609	9.4	6.0	7.6
232		Plx3	9	3	12	19,559	11,465	17,536	22.1	24.7	22.8
232		Plx4	1	7	8	4,280	29,478	26,328	1.0	25.9	22.8
233	Hypertension (MNRH)		122	109	231	3,578	3,321	3,457	4.4	4.1	4.2
233		Plx1	102	92	194	3,156	3,171	3,163	4.2	3.9	4.1
233		Plx2	15	13	28	5,843	4,783	5,351	6.3	5.6	6.0
233		Plx3	7	4	11	9,713	2,295	7,016	9.6	3.5	7.4
233		Plx4	3	2	5	6,837	11,864	8,848	7.3	19.5	12.2

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
234	Congenital Cardiac Disorders (MNRH)		29	16	45	10,631	13,801	11,758	6.5	6.3	6.4
234		Plx1	13	11	24	6,998	6,881	6,944	3.8	3.6	3.7
234		Plx2	6	3	9	5,083	8,509	6,225	4.2	7.0	5.1
234		Plx3	5		5	18,113		18,113	11.0		11.0
234		Plx4	3	3	6	13,118	73,968	43,543	8.7	22.3	15.5
235	Angina Pectoris		98	79	177	2,578	2,925	2,733	3.2	3.3	3.3
235		Plx1	96	74	170	2,585	2,809	2,682	3.2	3.2	3.2
235		Plx2	2	5	7	2,262	5,829	4,810	3.5	7.8	6.6
235		Plx3	1	1	5	7,819	6,111	7,065	11.0	6.0	8.5
235		Plx4	1		1	8,857		8,857	11.0		11.0
237	Arrhythmia		994	951	1,945	4,240	4,353	4,295	4.7	4.8	4.7
237		Plx1	761	719	1,480	3,540	3,707	3,621	3.9	4.0	4.0
237		Plx2	173	165	338	6,674	5,720	6,209	8.3	6.9	7.6
237		Plx3	68	58	126	9,256	8,868	9,078	9.6	10.3	9.9
237		Plx4	21	32	53	18,191	19,121	18,752	18.6	20.3	19.6
240	Syncope And Collapse		305	297	602	3,272	3,390	3,330	3.9	4.3	4.1
240		Plx1	276	266	542	3,042	3,196	3,117	3.7	4.0	3.9
240		Plx2	17	25	42	7,659	5,535	6,395	9.5	8.1	8.7
240		Plx3	15	15	30	5,169	8,431	6,800	6.9	11.7	9.3
240		Plx4	1	3	5	6,208	9,774	11,204	8.0	13.3	12.0
242	Chest Pain		978	931	1,909	2,339	2,349	2,344	2.6	2.5	2.6
242		Plx1	951	898	1,849	2,311	2,322	2,316	2.6	2.5	2.5
242		Plx2	30	31	61	4,098	3,833	3,963	5.0	4.5	4.8
242		Plx3	7	10	17	7,588	5,392	6,296	9.1	6.5	7.6
242		Plx4	1	3	5	6,706	11,713	10,053	8.0	18.0	15.5
250	Extensive Gastrointestinal Procedures		58	73	131	22,692	24,124	23,490	13.2	15.5	14.4
250		Plx1	37	33	70	17,819	17,321	17,584	10.5	11.3	10.9
250		Plx2	9	11	20	21,699	20,998	21,314	12.9	14.2	13.6
250		Plx3	5	13	18	34,221	29,789	31,020	19.8	18.2	18.7
250		Plx4	8	16	24	50,460	40,087	43,545	27.1	24.3	25.3

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
251	Gastrostomy And Colostomy Procedures		813	852	1,665	22,036	19,627	20,804	16.0	15.5	15.7
251		Plx1	427	452	879	13,482	12,088	12,765	10.5	10.6	10.5
251		Plx2	83	92	175	19,664	18,280	18,936	16.2	15.7	15.9
251		Plx3	120	128	248	25,193	20,580	22,812	21.0	17.6	19.2
251		Plx4	216	200	416	57,474	51,831	54,761	34.9	34.6	34.7
252	Major Esophageal, Stomach And Duodenum Procedures		67	53	120	18,741	15,241	17,195	13.0	13.1	13.0
252		Plx1	41	34	75	13,490	12,392	12,992	10.0	11.0	10.5
252		Plx2	9	9	18	20,772	17,258	19,015	14.2	13.7	13.9
252		Plx3	9	2	11	23,526	15,968	22,152	15.4	15.0	15.4
252		Plx4	11	10	21	49,716	51,475	50,553	32.0	31.2	31.6
253	Major Intestinal And Rectal Procedures		1,335	1,308	2,643	13,244	12,236	12,745	10.5	10.5	10.5
253		Plx1	916	885	1,801	10,646	9,749	10,205	8.7	8.8	8.7
253		Plx2	111	138	249	17,248	14,846	15,917	15.1	13.4	14.1
253		Plx3	170	143	313	16,062	15,824	15,953	13.2	14.1	13.6
253		Plx4	182	181	363	35,360	32,434	33,901	22.9	21.5	22.2
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		534	547	1,081	8,570	8,437	8,503	6.0	6.6	6.3
255		Plx1	454	440	894	7,728	7,578	7,654	5.5	5.9	5.7
255		Plx2	34	42	76	10,193	11,459	10,893	7.4	8.6	8.1
255		Plx3	25	50	75	11,329	12,931	12,397	9.9	11.2	10.7
255		Plx4	32	39	71	29,362	29,789	29,597	16.6	18.7	17.7
258	Laparotomy		587	463	1,050	8,823	8,702	8,770	7.7	7.8	7.7
258		Plx1	451	347	798	7,236	7,153	7,200	6.3	6.7	6.5
258		Plx2	52	53	105	11,213	13,752	12,495	11.3	12.7	12.0
258		Plx3	38	44	82	13,097	15,021	14,129	11.3	13.2	12.3
258		Plx4	41	30	71	25,948	24,014	25,131	18.6	17.5	18.1
260	Less Extensive Intestinal And Rectal Procedures		161	162	323	3,558	3,166	3,361	3.1	2.8	2.9
260		Plx1	155	151	306	3,496	2,988	3,245	3.1	2.6	2.9
260		Plx2	4	8	12	3,756	7,317	6,130	2.8	6.5	5.3
260		Plx3	4	4	8	14,077	3,801	8,939	11.5	4.0	7.8
260		Plx4		2	5		27,199	41,282		25.5	25.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
261	Complicated Appendectomy		591	573	1,164	5,718	5,603	5,661	4.7	4.8	4.7
261		Plx1	517	483	1,000	5,139	4,989	5,067	4.2	4.2	4.2
261		Plx2	31	26	57	10,229	8,961	9,650	8.3	8.2	8.3
261		Plx3	31	33	64	10,082	7,754	8,882	8.1	6.7	7.4
261		Plx4	8	16	24	14,243	11,027	12,099	11.3	8.1	9.1
262	Simple Appendectomy		1,429	1,456	2,885	3,270	3,067	3,168	2.2	2.2	2.2
262		Plx1	1,412	1,440	2,852	3,221	3,051	3,136	2.2	2.2	2.2
262		Plx2	11	11	22	4,794	5,109	4,951	4.0	4.5	4.2
262		Plx3	14	12	26	9,977	6,313	8,286	5.4	5.7	5.5
262		Plx4	7	4	11	11,756	11,877	11,800	10.7	10.8	10.7
264	Minor Gastrointestinal Procedures		64	62	126	5,549	5,153	5,354	3.1	3.0	3.1
264		Plx1	59	53	112	5,260	5,125	5,196	3.0	2.9	2.9
264		Plx2	3	7	10	10,594	5,271	6,868	10.3	3.6	5.6
264		Plx3	7	3	10	14,935	9,131	13,194	11.6	7.0	10.2
264		Plx4	4	1	5	43,416	11,043	36,942	13.8	9.0	12.8
265	Abdominal Laparoscopy		50	46	96	3,628	3,503	3,568	2.8	2.8	2.8
265		Plx1	43	43	86	3,385	3,591	3,488	2.7	2.9	2.8
265		Plx2	2	2	4	3,180	1,548	2,364	3.5	1.5	2.5
265		Plx3	4		5	8,167		7,872	6.5		6.5
265		Plx4	2	1	3	6,474	3,628	5,525	4.0	3.0	3.7
266	Anus And Stomal Procedures (MNRH)		403	389	792	2,866	2,730	2,799	2.3	2.2	2.3
266		Plx1	394	376	770	2,860	2,677	2,771	2.3	2.2	2.2
266		Plx2	10	13	23	5,368	5,239	5,295	6.1	5.5	5.7
266		Plx3	10	7	17	8,895	10,142	9,409	9.7	11.4	10.4
266		Plx4	1	10	11	29,666	43,383	42,136	21.0	38.4	36.8
269	Bilateral Hernia Procedures		1,083	926	2,009	3,530	3,473	3,504	2.2	2.4	2.3
269		Plx1	1,056	881	1,937	3,465	3,378	3,425	2.2	2.3	2.2
269		Plx2	26	34	60	7,925	6,241	6,971	6.2	5.2	5.6
269		Plx3	14	19	33	8,674	7,047	7,737	7.0	5.8	6.3
269		Plx4	7	6	13	25,396	16,445	21,265	13.4	10.0	11.8

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
271	Unilateral Hernia Procedures (MNRH)		202	244	446	2,628	2,589	2,607	1.8	1.7	1.7
271		Plx1	192	238	430	2,599	2,551	2,572	1.7	1.7	1.7
271		Plx2	9	10	19	4,765	7,232	6,063	4.8	7.4	6.2
271		Plx3	3	5	8	3,129	10,181	7,537	2.7	6.2	4.9
271		Plx4	3	3	6	18,749	39,616	29,183	19.7	20.3	20.0
279	Digestive System Malignancy		397	389	786	7,120	7,045	7,083	9.6	9.3	9.4
279		Plx1	278	226	504	5,479	5,289	5,394	7.5	7.1	7.3
279		Plx2	54	82	136	8,753	8,146	8,387	11.7	11.0	11.3
279		Plx3	40	46	86	11,851	8,719	10,176	17.2	11.2	14.0
279		Plx4	27	34	61	17,235	14,594	15,763	20.7	18.0	19.2
281	G.I. Hemorrhage		1,242	1,149	2,391	4,170	3,828	4,006	4.6	4.5	4.6
281		Plx1	1,022	934	1,956	3,379	3,259	3,322	4.0	4.0	4.0
281		Plx2	105	105	210	7,135	6,349	6,742	8.2	7.6	7.9
281		Plx3	78	78	156	7,956	8,169	8,063	8.8	9.7	9.2
281		Plx4	64	47	111	17,307	12,187	15,139	13.2	10.9	12.2
285	Complicated Ulcer		85	91	176	4,476	3,943	4,201	5.8	5.3	5.5
285		Plx1	66	77	143	3,605	3,577	3,590	5.0	4.9	4.9
285		Plx2	7	8	15	6,687	12,138	9,594	9.4	16.3	13.1
285		Plx3	10	10	20	9,382	8,892	9,137	11.5	13.2	12.4
285		Plx4	5	4	9	15,456	8,101	12,187	13.6	10.5	12.2
286	Uncomplicated Ulcer		82	89	171	3,221	3,283	3,253	4.0	4.1	4.0
286		Plx1	76	79	155	3,109	3,201	3,156	3.8	4.0	3.9
286		Plx2	3	7	10	6,638	4,001	4,793	7.7	5.4	6.1
286		Plx3	3	5	8	7,469	5,727	6,380	9.3	8.6	8.9
286		Plx4	4		5	10,683		11,965	12.8		12.8
289	Inflammatory Bowel Disease		449	409	858	3,892	3,847	3,871	5.5	5.4	5.4
289		Plx1	404	382	786	3,763	3,907	3,833	5.3	5.5	5.4
289		Plx2	16	16	32	6,650	6,056	6,353	9.2	9.5	9.3
289		Plx3	33	21	54	6,120	5,221	5,771	8.0	7.7	7.9
289		Plx4	6	4	10	10,709	17,224	13,315	17.2	22.3	19.2

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
290	G.I. Obstruction		982	917	1,899	3,276	3,120	3,201	4.5	4.3	4.4
290		Plx1	874	820	1,694	2,871	2,787	2,830	4.1	3.8	4.0
290		Plx2	39	49	88	5,778	5,213	5,464	7.5	6.7	7.0
290		Plx3	37	25	62	7,043	7,671	7,296	8.8	11.2	9.8
290		Plx4	21	20	41	12,857	12,565	12,715	15.0	14.5	14.7
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3,739	3,539	7,278	3,103	2,848	2,979	3.9	3.7	3.8
294		Plx1	3,210	3,101	6,311	2,696	2,541	2,620	3.4	3.3	3.3
294		Plx2	256	217	473	5,475	4,662	5,102	6.7	6.5	6.6
294		Plx3	164	139	303	5,752	5,568	5,668	7.4	7.2	7.3
294		Plx4	72	80	152	14,234	14,552	14,401	14.3	17.1	15.8
297	Other G.I. Diagnoses		976	998	1,974	3,693	3,667	3,679	4.4	4.4	4.4
297		Plx1	816	838	1,654	2,969	3,057	3,014	3.7	3.9	3.8
297		Plx2	66	71	137	7,050	7,067	7,059	8.9	8.9	8.9
297		Plx3	65	63	128	8,624	7,106	7,877	10.1	8.2	9.2
297		Plx4	40	38	78	16,303	14,739	15,541	13.8	13.4	13.6
310	PWS - Liver Transplant		61	58	119	77,476	55,588	66,808	30.8	23.0	27.0
310		Plx1	12	8	20	37,835	29,637	34,556	14.1	10.8	12.8
310		Plx2	4	4	8	41,801	29,073	35,437	17.0	11.0	14.0
310		Plx3	5	7	12	53,126	34,610	42,325	20.4	14.6	17.0
310		Plx4	40	39	79	95,979	67,397	81,869	38.4	28.2	33.4
311	Major Pancreatic Procedures		178	159	337	24,034	22,880	23,489	16.1	16.0	16.0
311		Plx1	93	77	170	17,256	15,607	16,509	11.2	11.7	11.4
311		Plx2	30	29	59	18,812	21,196	19,984	16.2	14.5	15.4
311		Plx3	16	23	39	32,543	27,442	29,535	24.4	22.1	23.1
311		Plx4	43	38	81	55,190	49,971	52,742	33.1	35.7	34.3
312	Major Hepatobiliary Procedures		184	122	306	17,183	14,934	16,286	9.5	9.0	9.3
312		Plx1	135	86	221	13,996	13,014	13,614	8.0	7.8	8.0
312		Plx2	18	15	33	17,442	15,474	16,547	11.9	8.3	10.3
312		Plx3	15	8	23	21,968	17,358	20,364	14.5	13.1	14.0
312		Plx4	26	15	41	55,924	37,439	49,161	26.1	21.4	24.4

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
313	Common Duct Exploration		20	31	51	18,411	11,148	13,996	18.4	13.0	15.1
313		Plx1	7	19	26	10,430	8,684	9,154	12.1	9.1	9.9
313		Plx2	3	4	7	16,566	14,243	15,238	12.7	15.5	14.3
313		Plx3	8	3	11	23,957	11,026	20,430	24.0	15.0	21.5
313		Plx4	1	3	5	24,892	12,813	20,211	19.0	16.7	17.3
314	Other Hepatobiliary And Pancreatic Procedures		127	140	267	11,842	10,751	11,270	8.9	9.0	8.9
314		Plx1	86	95	181	8,414	8,618	8,521	6.9	7.7	7.3
314		Plx2	18	21	39	11,077	10,919	10,992	9.9	11.0	10.5
314		Plx3	15	12	27	26,009	14,487	20,888	17.7	12.6	15.4
314		Plx4	15	16	31	34,982	28,123	31,442	26.4	19.6	22.9
315	Cholecystectomy		187	225	412	9,673	8,666	9,123	7.5	7.6	7.5
315		Plx1	128	145	273	8,057	7,463	7,742	6.4	6.3	6.3
315		Plx2	33	49	82	10,995	9,275	9,967	8.7	8.5	8.6
315		Plx3	16	23	39	17,724	12,907	14,883	13.5	12.8	13.1
315		Plx4	13	12	25	26,320	27,235	26,759	18.8	23.8	21.2
317	Laparoscopic Cholecystectomy		912	912	1,824	4,149	4,018	4,083	2.9	2.9	2.9
317		Plx1	799	777	1,576	3,963	3,775	3,870	2.7	2.7	2.7
317		Plx2	129	143	272	6,209	5,921	6,057	5.5	5.5	5.5
317		Plx3	21	29	50	10,014	8,291	9,015	9.3	8.1	8.6
317		Plx4	12	17	29	11,957	13,578	12,907	11.4	12.4	12.0
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		67	62	129	12,806	11,738	12,293	11.5	8.8	10.2
320		Plx1	40	42	82	8,981	6,616	7,769	8.9	6.0	7.4
320		Plx2	7	8	15	7,686	10,460	9,166	8.9	10.3	9.6
320		Plx3	7	3	10	11,096	23,911	14,940	12.4	17.3	13.9
320		Plx4	10	10	20	35,502	39,110	37,306	22.6	22.7	22.7
323	Cirrhosis And Alcoholic Hepatitis		207	255	462	8,172	7,913	8,029	9.7	9.0	9.3
323		Plx1	77	88	165	5,413	4,530	4,942	6.7	6.5	6.6
323		Plx2	64	70	134	6,060	5,309	5,667	8.3	7.6	7.9
323		Plx3	39	51	90	11,704	9,405	10,401	14.6	12.8	13.6
323		Plx4	33	51	84	24,153	19,024	21,039	21.8	15.4	17.9

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		360	387	747	7,854	7,864	7,859	10.7	10.4	10.5
324		Plx1	180	184	364	6,775	5,954	6,360	9.4	8.3	8.8
324		Plx2	101	96	197	7,586	7,355	7,473	10.9	10.3	10.6
324		Plx3	49	59	108	10,103	10,558	10,352	12.5	12.9	12.7
324		Plx4	30	47	77	12,612	13,098	12,909	15.3	15.7	15.5
325	Pancreas Diseases Except Malignancy		896	851	1,747	3,696	3,782	3,738	5.0	5.2	5.1
325		Plx1	752	696	1,448	3,261	3,246	3,254	4.5	4.8	4.6
325		Plx2	102	93	195	6,163	5,714	5,949	8.0	7.5	7.8
325		Plx3	55	50	105	9,055	8,990	9,024	12.1	11.2	11.7
325		Plx4	27	43	70	23,173	20,090	21,279	19.0	14.6	16.3
326	Liver Diseases Except Cirrhosis Or Cancer		396	380	776	8,598	8,272	8,438	8.2	7.8	8.0
326		Plx1	201	193	394	4,813	4,293	4,558	5.7	5.3	5.5
326		Plx2	83	75	158	7,793	6,322	7,095	9.7	7.6	8.7
326		Plx3	46	41	87	8,244	10,481	9,298	10.3	11.8	11.0
326		Plx4	62	74	136	23,531	25,700	24,711	13.3	15.0	14.2
329	Biliary Tract Diseases		509	514	1,023	3,751	3,450	3,600	4.3	4.3	4.3
329		Plx1	403	376	779	3,191	2,689	2,949	3.7	3.6	3.6
329		Plx2	41	48	89	5,666	5,449	5,549	7.0	6.9	7.0
329		Plx3	41	72	113	6,042	5,169	5,486	6.9	5.5	6.0
329		Plx4	31	21	52	12,377	14,651	13,295	11.1	13.3	12.0
350	Multiple Or Bilateral Joint Replacement		62	51	113	16,446	15,274	15,917	10.5	8.5	9.6
350		Plx1	44	36	80	13,768	13,086	13,461	7.0	6.4	6.7
350		Plx2		6	6		16,438	16,438		9.2	9.2
350		Plx3	12	3	15	26,588	14,986	24,268	24.1	6.0	20.5
350		Plx4	11	2	13	45,909	43,434	45,529	45.2	31.5	43.1
351	Joint Replacement For Trauma		519	605	1,124	15,325	15,283	15,302	14.1	14.1	14.1
351		Plx1	338	380	718	13,071	11,883	12,443	11.9	10.7	11.2
351		Plx2	79	87	166	19,599	19,582	19,590	19.7	21.3	20.5
351		Plx3	45	60	105	18,956	19,469	19,250	17.1	18.7	18.0
351		Plx4	56	87	143	25,267	30,986	28,747	22.2	27.0	25.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
352	Hip Replacement		1,548	1,520	3,068	10,359	10,272	10,316	6.1	6.2	6.1
352		Plx1	1,395	1,336	2,731	9,975	9,944	9,960	5.7	5.9	5.8
352		Plx2	63	105	168	13,259	13,144	13,187	9.4	9.5	9.5
352		Plx3	49	50	99	14,597	14,143	14,367	10.2	8.8	9.5
352		Plx4	23	26	49	24,005	17,504	20,556	15.2	13.6	14.3
354	Knee Replacement		1,749	1,691	3,440	9,087	8,875	8,983	5.6	5.7	5.7
354		Plx1	1,650	1,580	3,230	8,951	8,792	8,873	5.5	5.6	5.6
354		Plx2	66	85	151	11,695	10,626	11,093	8.0	7.6	7.8
354		Plx3	48	40	88	12,826	12,566	12,708	9.9	9.9	9.9
354		Plx4	16	15	31	19,364	18,301	18,850	15.3	14.1	14.7
Reattachment Procedures Or Lower Extremity Or Shoulder											
355	Amputations		50	56	106	14,064	9,429	11,615	12.4	8.5	10.4
355		Plx1	23	39	62	8,926	6,388	7,330	7.4	6.2	6.6
355		Plx2	13	10	23	14,083	14,759	14,377	15.6	16.9	16.2
355		Plx3	10	7	17	18,737	15,373	17,352	18.9	15.9	17.6
355		Plx4	5	8	13	50,194	79,168	68,024	32.2	58.4	48.3
356	Repair Hip And Femur Procedures		140	167	307	9,009	9,699	9,385	5.5	6.9	6.2
356		Plx1	124	137	261	7,655	8,309	7,998	4.3	5.5	4.9
356		Plx2	9	11	20	14,744	17,867	16,462	10.1	15.9	13.3
356		Plx3	3	10	13	23,492	18,161	19,391	20.0	15.0	16.2
356		Plx4	3	12	15	41,376	20,652	24,797	48.0	20.8	26.2
358	Lower Extremity Procedures With Infection		64	86	150	10,939	9,101	9,885	9.4	9.3	9.3
358		Plx1	47	69	116	8,696	7,804	8,166	7.6	7.8	7.7
358		Plx2	11	11	22	11,857	12,753	12,305	11.3	13.7	12.5
358		Plx3	2	3	5	34,060	43,241	39,569	46.5	38.0	41.4
358		Plx4	5	5	10	31,493	21,498	26,495	31.8	22.4	27.1
359	Upper Extremity Procedures With Infection		22	36	58	8,684	7,392	7,882	7.6	6.8	7.1
359		Plx1	16	34	50	5,931	6,891	6,584	4.9	6.1	5.7
359		Plx2		1	4		21,946	18,181		24.0	24.0
359		Plx3	2		4	23,356		45,842	20.5		20.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
359		Plx4	4	2	6	12,362	28,602	17,775	12.3	30.5	18.3
360	Upper Extremity Amputations And Revisions		38	48	86	13,557	12,970	13,229	12.3	12.5	12.4
360		Plx1	26	31	57	6,848	9,009	8,024	5.5	8.7	7.3
360		Plx2	5	4	9	26,223	16,817	22,043	21.6	20.0	20.9
360		Plx3	4	6	10	47,263	15,413	28,153	39.3	12.2	23.0
360		Plx4	3	9	12	59,477	32,728	39,415	43.3	30.8	33.9
361	Musculoskeletal Biopsy For Malignancy		28	31	59	15,386	20,122	17,874	16.6	15.9	16.3
361		Plx1	22	22	44	12,584	16,520	14,552	12.6	12.8	12.7
361		Plx2	3	2	5	25,766	9,695	19,338	31.7	8.5	22.4
361		Plx3	1	1	5	5,095	38,440	30,377	3.0	41.0	22.0
361		Plx4	1	6	7	46,172	33,750	35,525	40.0	25.7	27.7
362	Musculoskeletal Biopsy Without Malignancy		50	66	116	12,966	12,400	12,644	13.6	15.1	14.5
362		Plx1	36	39	75	8,217	7,282	7,731	9.7	8.3	9.0
362		Plx2	5	10	15	10,855	16,890	14,878	13.8	24.9	21.2
362		Plx3	5	10	15	15,400	18,305	17,337	19.6	20.0	19.9
362		Plx4	4	5	9	99,179	36,425	64,316	52.8	34.2	42.4
363	Back And Neck Procedures With Fusion		775	737	1,512	12,147	11,711	11,934	5.3	5.2	5.2
363		Plx1	679	644	1,323	10,995	10,644	10,824	4.8	4.7	4.8
363		Plx2	52	61	113	17,806	17,963	17,891	7.7	9.1	8.4
363		Plx3	31	37	68	22,936	24,889	23,999	9.8	13.3	11.7
363		Plx4	19	29	48	54,421	51,428	52,613	21.6	24.2	23.2
365	Back And Neck Procedures Without Fusion		840	984	1,824	5,182	4,767	4,958	2.8	2.7	2.7
365		Plx1	784	913	1,697	4,822	4,429	4,611	2.5	2.4	2.4
365		Plx2	28	36	64	8,828	9,703	9,320	6.1	6.1	6.1
365		Plx3	12	9	21	11,782	11,385	11,612	8.6	10.1	9.2
365		Plx4	1	8	9	18,866	22,270	21,892	18.0	13.4	13.9
367	Shoulder Arthroplasty		82	105	187	8,787	7,715	8,185	3.3	3.3	3.3
367		Plx1	80	103	183	8,772	7,671	8,152	3.2	3.2	3.2
367		Plx2	3	2	5	12,331	9,955	11,380	10.0	6.0	8.4
367		Plx3	1		3	8,795		8,010	6.0		6.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
367		Plx4									
368	Major Hip And Knee Procedures		18	24	42	6,921	6,005	6,397	3.9	4.3	4.1
368		Plx1	17	24	41	6,384	6,005	6,162	3.6	4.3	4.0
368		Plx2	1		3	16,047		10,826	9.0		9.0
368		Plx3									
368		Plx4	1		1	24,494		24,494	25.0		25.0
369	Major Lower Extremity Procedures		324	277	601	5,897	5,988	5,939	3.0	3.1	3.0
369		Plx1	324	268	592	5,946	5,873	5,913	3.0	3.1	3.1
369		Plx2	6	13	19	9,436	11,640	10,944	6.5	7.2	6.9
369		Plx3	4	1	5	12,157	7,659	11,257	10.0	6.0	9.2
369		Plx4			1			45,768			
372	Major Upper Extremity Procedures		178	137	315	5,058	4,814	4,952	2.1	1.9	2.0
372		Plx1	173	137	310	4,924	4,814	4,875	2.1	1.9	2.0
372		Plx2	4	1	5	12,822	17,038	13,665	5.5	12.0	6.8
372		Plx3	2		5	8,240		9,945	5.0		5.0
372		Plx4									
374	Minor Lower Extremity Procedures		396	391	787	4,259	3,742	4,002	2.0	1.9	1.9
374		Plx1	393	388	781	4,251	3,727	3,991	2.0	1.9	1.9
374		Plx2	4	5	9	7,572	8,906	8,313	4.8	6.6	5.8
374		Plx3	3	2	5	14,926	7,282	11,869	9.0	8.5	8.8
374		Plx4	2		3	16,602		17,836	9.0		9.0
375	Minor Upper Extremity Procedures		247	250	497	2,984	2,918	2,951	1.0	1.0	1.0
375		Plx1	247	249	496	2,984	2,917	2,950	1.0	1.0	1.0
375		Plx2	3	3	6	7,419	7,355	7,387	6.3	6.0	6.2
375		Plx3			2			4,889			
375		Plx4		1	2		138,352	81,846		89.0	89.0
376	Miscellaneous Musculoskeletal Procedures		156	131	287	7,967	6,822	7,445	3.0	2.7	2.9
376		Plx1	152	128	280	7,898	6,627	7,317	2.9	2.7	2.8
376		Plx2	5	4	9	22,191	23,468	22,758	12.6	13.3	12.9
376		Plx3	1	2	5	20,613	30,365	23,369	8.0	12.5	11.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
376		Plx4	2	4	6	28,689	60,542	49,924	9.0	20.3	16.5
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		151	166	317	10,025	8,547	9,251	6.5	5.8	6.1
377		Plx1	124	136	260	7,286	6,351	6,797	4.6	3.9	4.3
377		Plx2	10	12	22	16,684	19,893	18,434	14.2	14.7	14.5
377		Plx3	8	11	19	22,451	15,962	18,694	13.5	10.5	11.8
377		Plx4	10	11	21	64,795	79,639	72,570	35.2	52.6	44.3
378	Soft Tissue Procedures (MNRH)		65	66	131	6,138	5,633	5,883	3.9	3.6	3.8
378		Plx1	55	55	110	4,858	4,792	4,825	2.9	2.8	2.8
378		Plx2	6	4	10	12,167	8,481	10,693	7.7	8.5	8.0
378		Plx3	3	6	9	12,518	10,006	10,843	13.7	7.0	9.2
378		Plx4	2	2	5	26,949	22,261	24,946	15.0	21.0	18.0
379	Other Musculoskeletal Procedures (MNRH)		400	503	903	5,844	4,399	5,039	2.4	2.1	2.2
379		Plx1	332	453	785	3,863	3,511	3,660	1.8	1.7	1.8
379		Plx2	9	11	20	9,826	17,081	13,816	5.2	5.9	5.6
379		Plx3	1	5	6	23,765	20,895	21,374	7.0	14.0	12.8
379		Plx4	8	11	19	50,265	31,580	39,447	39.4	21.0	28.7
380	Other Lower Extremity Procedures (MNRH)		251	244	495	1,658	1,738	1,697	1.0	1.0	1.0
380		Plx1	251	244	495	1,658	1,738	1,697	1.0	1.0	1.0
380		Plx2	1	2	5	3,420	6,032	6,099	4.0	5.5	5.0
380		Plx3									
380		Plx4									
381	Hand And Wrist Procedures (MNRH)		70	68	138	2,857	2,592	2,726	1.0	1.0	1.0
381		Plx1	70	68	138	2,857	2,592	2,726	1.0	1.0	1.0
381		Plx2		1	3		9,411	6,768		4.0	4.0
381		Plx3	1		2	67,450		50,201	121.0		121.0
381		Plx4		1	1		20,677	20,677		13.0	13.0
382	Arthroscopy (MNRH)		7	10	17	4,094	2,832	3,352	2.6	1.5	1.9
382		Plx1	5	9	14	1,566	2,742	2,322	1.0	1.6	1.4
382		Plx2		1	2		3,643	7,747		1.0	1.0
382		Plx3	1	1	2	10,658	22,257	16,458	6.0	14.0	10.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
382		Plx4	1		1	11,738		11,738	8.0		8.0
383	PWS - Joint Replacement For Malignancy		16	17	33	24,605	18,933	21,683	17.3	15.2	16.2
383		Plx1	7	12	19	19,183	15,340	16,756	15.4	13.2	14.0
383		Plx2	7	1	8	24,439	8,541	22,452	15.4	5.0	14.1
383		Plx3	2	1	5	47,420	18,926	34,226	41.0	21.0	34.3
383		Plx4	1	3	5	39,647	45,998	54,258	30.0	33.7	32.8
384	PWS - Back And Neck Procedures For Malignancy		13	24	37	27,117	25,016	25,754	16.9	17.7	17.4
384		Plx1	7	14	21	14,973	16,955	16,294	8.7	11.1	10.3
384		Plx2	2	2	5	54,995	20,716	32,525	35.5	10.0	22.8
384		Plx3	2	3	5	14,656	35,863	27,380	14.0	22.0	18.8
384		Plx4	3	2	5	114,691	37,098	83,654	60.7	28.5	47.8
385	PWS - Major Orthopaedic Oncology Procedures		12	15	27	15,823	20,727	18,547	6.9	11.7	9.6
385		Plx1	9	10	19	11,934	11,477	11,693	5.1	8.5	6.9
385		Plx2	1	1	5	4,590	10,073	10,405	2.0	9.0	5.5
385		Plx3	1	2	3	30,662	37,978	35,539	23.0	18.0	19.7
385		Plx4	1	2	5	47,222	55,052	62,037	12.0	22.5	19.0
386	Other Orthopaedic Oncology Procedures		44	45	89	12,902	10,902	11,891	8.1	6.2	7.2
386		Plx1	36	37	73	12,096	9,229	10,643	7.1	5.5	6.3
386		Plx2	4	4	8	7,295	14,032	10,663	6.3	6.3	6.3
386		Plx3	2	4	6	36,161	31,753	33,222	31.0	21.0	24.3
386		Plx4	1	5	6	23,293	40,136	37,329	14.0	31.6	28.7
391	Secondary Neoplasms And Pathological Fractures		333	343	676	10,467	10,599	10,534	15.3	14.4	14.9
391		Plx1	201	199	400	8,139	8,184	8,161	12.7	12.2	12.4
391		Plx2	71	83	154	12,506	11,203	11,804	17.9	14.7	16.2
391		Plx3	42	25	67	16,156	12,779	14,896	22.1	18.6	20.8
391		Plx4	25	38	63	27,872	24,363	25,756	33.4	27.9	30.1
392	Osteomyelitis		63	56	119	10,683	9,313	10,038	12.9	11.2	12.1
392		Plx1	35	41	76	6,484	7,239	6,891	7.1	8.0	7.6
392		Plx2	9	2	11	18,010	23,710	19,046	25.2	31.0	26.3
392		Plx3	12	9	21	10,775	13,440	11,917	15.2	19.6	17.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
392		Plx4	4	5	9	21,476	30,089	26,261	27.5	43.0	36.1
393	Rheumatoid Arthritis		73	71	144	7,795	7,570	7,684	8.1	8.6	8.3
393		Plx1	51	44	95	5,174	4,293	4,766	6.5	6.2	6.4
393		Plx2	9	7	16	6,499	6,633	6,558	7.6	8.9	8.1
393		Plx3	4	9	13	5,532	9,215	8,082	8.8	8.7	8.7
393		Plx4	7	10	17	24,328	26,017	25,322	14.7	22.5	19.3
394	Septic Arthritis		40	44	84	6,056	5,955	6,003	6.6	7.1	6.9
394		Plx1	33	27	60	5,303	4,021	4,726	5.8	4.5	5.2
394		Plx2	1	5	6	22,230	8,655	10,918	21.0	10.4	12.2
394		Plx3	5	8	13	8,815	6,045	7,111	10.0	6.8	8.0
394		Plx4	3	2	5	19,060	28,723	22,925	32.0	35.0	33.2
397	Non-Inflammatory Arthritis		51	47	98	5,400	5,550	5,472	8.2	7.8	8.0
397		Plx1	43	39	82	4,734	5,157	4,935	7.0	6.6	6.8
397		Plx2	4	6	10	9,255	12,495	11,199	19.8	23.0	21.7
397		Plx3	5	3	8	13,546	5,137	10,393	22.8	7.7	17.1
397		Plx4	2	1	4	24,622	24,410	24,356	33.0	41.0	35.7
398	Other Inflammatory Arthritis		267	291	558	5,264	4,879	5,063	6.5	6.0	6.3
398		Plx1	191	204	395	4,234	3,880	4,051	5.4	5.0	5.2
398		Plx2	40	36	76	6,715	5,484	6,132	10.0	7.6	8.9
398		Plx3	32	37	69	13,074	9,603	11,213	14.9	13.5	14.2
398		Plx4	17	26	43	24,083	18,304	20,589	22.4	15.2	18.0
399	Orthopaedic Aftercare		165	197	362	6,423	5,283	5,803	8.6	7.8	8.2
399		Plx1	116	142	258	4,594	3,643	4,071	6.2	5.3	5.7
399		Plx2	22	28	50	14,218	9,190	11,402	21.2	15.3	17.9
399		Plx3	25	21	46	11,987	10,546	11,329	19.2	17.7	18.5
399		Plx4	11	8	19	13,313	19,924	16,097	20.6	27.6	23.6
401	Other Musculoskeletal Malignancies		22	32	54	10,677	7,608	8,858	9.6	6.8	8.0
401		Plx1	16	16	32	5,724	5,134	5,429	6.9	3.9	5.4
401		Plx2	3	11	14	15,247	8,829	10,204	17.7	7.6	9.8
401		Plx3	1	4	5	6,794	16,473	14,537	7.0	20.3	17.6

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
401		Plx4	2	1	5	45,383	6,563	26,524	21.0	9.0	17.0
402	Disc Disease		200	223	423	5,188	5,143	5,164	8.1	7.8	7.9
402		Plx1	175	188	363	4,724	4,297	4,503	7.4	6.6	7.0
402		Plx2	20	26	46	14,062	12,050	12,925	26.1	21.2	23.3
402		Plx3	13	10	23	15,327	16,053	15,642	23.7	20.2	22.2
402		Plx4	12	7	19	23,842	21,447	22,960	36.0	33.3	35.0
404	Other Musculoskeletal Infections			1	4		1,152	6,982		1.0	1.0
404		Plx1		1	4		1,152	6,982		1.0	1.0
404		Plx2									
404		Plx3									
404		Plx4									
407	Other Musculoskeletal Disorders		55	53	108	5,612	5,376	5,496	5.7	5.0	5.3
407		Plx1	43	40	83	3,699	3,787	3,741	4.1	3.8	3.9
407		Plx2	5	6	11	5,728	12,320	9,324	8.6	11.8	10.4
407		Plx3	1	6	7	6,217	9,332	8,887	5.0	9.2	8.6
407		Plx4	10	2	12	34,642	14,014	31,204	39.2	9.5	34.3
409	Back Pain (MNRH)		220	184	404	3,749	3,718	3,735	5.4	5.5	5.4
409		Plx1	189	154	343	3,114	3,003	3,064	4.5	4.4	4.4
409		Plx2	14	20	34	7,222	9,675	8,665	11.6	15.6	13.9
409		Plx3	13	9	22	11,104	9,282	10,359	17.5	10.8	14.7
409		Plx4	7	5	12	13,099	10,198	11,890	15.9	15.6	15.8
411	Signs, Symptoms And Deformities (MNRH)		133	145	278	4,252	3,680	3,954	5.6	5.1	5.4
411		Plx1	114	130	244	3,925	3,517	3,708	5.2	5.0	5.1
411		Plx2	16	12	28	7,158	7,277	7,209	11.7	10.8	11.3
411		Plx3	7	8	15	9,765	8,562	9,123	12.4	14.3	13.4
411		Plx4	1	1	4	14,220	6,932	23,958	11.0	14.0	12.5
413	Joint Derangements (MNRH)		37	49	86	4,240	3,778	3,977	5.7	4.9	5.2
413		Plx1	26	42	68	3,336	3,180	3,240	3.4	3.8	3.6
413		Plx2	6	3	9	5,398	4,960	5,252	9.7	8.0	9.1
413		Plx3	2	2	5	5,296	16,156	10,298	7.5	18.5	13.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
413		Plx4		1	2		3,644	10,623		7.0	7.0
414	Sprains Strains And Minor Injuries (MNRH)		37	45	82	3,153	3,257	3,210	4.3	4.3	4.3
414		Plx1	35	41	76	2,611	2,934	2,785	3.9	3.7	3.8
414		Plx2		3	4		9,074	8,744		14.7	14.7
414		Plx3		2	3		20,646	15,249		30.0	30.0
414		Plx4	1	1	2	12,241	7,763	10,002	6.0	14.0	10.0
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		478	649	1,127	4,209	3,597	3,856	1.4	1.3	1.4
425		Plx1	467	642	1,109	4,150	3,582	3,821	1.4	1.3	1.3
425		Plx2	22	22	44	12,390	11,699	12,044	6.0	6.8	6.4
425		Plx3	2	8	10	6,728	20,409	17,673	4.5	8.5	7.7
425		Plx4	4	14	18	23,951	34,126	31,865	19.8	17.3	17.8
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		39	47	86	32,232	18,236	24,583	33.8	20.5	26.5
427		Plx1	22	36	58	12,625	10,513	11,314	14.1	12.6	13.2
427		Plx2	4	3	7	56,661	55,678	56,240	59.8	77.7	67.4
427		Plx3	1	3	5	52,121	29,649	36,088	50.0	37.3	40.5
427		Plx4	11	6	17	58,042	59,479	58,549	57.2	58.5	57.6
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		94	175	269	3,790	3,963	3,903	1.3	1.3	1.3
428		Plx1	93	169	262	3,786	3,852	3,829	1.3	1.3	1.3
428		Plx2	1	6	7	4,099	9,223	8,491	1.0	3.2	2.9
428		Plx3	1		2	25,571		14,780	13.0		13.0
428		Plx4		1	1		7,429	7,429		4.0	4.0
429	Total Mastectomy For Breast Malignancy		735	640	1,375	4,203	3,464	3,859	1.6	1.6	1.6
429		Plx1	726	629	1,355	4,187	3,434	3,837	1.6	1.6	1.6
429		Plx2	11	15	26	7,657	6,924	7,234	4.9	5.2	5.1
429		Plx3	5	5	10	9,564	7,783	8,674	5.8	6.4	6.1
429		Plx4		1	1		22,453	22,453		16.0	16.0
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		595	595	1,190	3,609	3,055	3,332	1.2	1.3	1.3
432		Plx1	591	589	1,180	3,596	3,044	3,321	1.2	1.3	1.3

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
432		Plx2	4	7	11	5,481	6,315	6,012	2.3	3.9	3.3
432		Plx3	3	1	5	13,979	6,107	13,780	14.7	4.0	12.0
432		Plx4			2			7,271			
434	Breast Biopsy And Local Excision Without Malignancy		30	43	73	2,643	2,385	2,491	1.0	1.0	1.0
434		Plx1	29	43	72	2,646	2,385	2,490	1.0	1.0	1.0
434		Plx2	1	1	3	2,543	4,364	4,391	1.0	3.0	2.0
434		Plx3	1		1	4,155		4,155	2.0		2.0
434		Plx4		1	1		575,926	575,926		361.0	361.0
435	Perianal And Pilonidal Cyst Procedures		26	41	67	3,324	2,066	2,554	2.9	1.6	2.1
435		Plx1	25	38	63	3,331	1,905	2,471	2.9	1.5	2.1
435		Plx2	1	3	5	3,150	4,110	5,681	2.0	3.0	2.8
435		Plx3			1			10,215			
435		Plx4	3	1	5	75,853	10,253	51,942	93.3	11.0	72.8
436	Plastic Surgery		27	29	56	3,556	3,895	3,732	1.4	1.7	1.6
436		Plx1	27	29	56	3,556	3,895	3,732	1.4	1.7	1.6
436		Plx2	1		1	25,794		25,794	31.0		31.0
436		Plx3			1			14,989			
436		Plx4		1	1		25,066	25,066		34.0	34.0
Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis											
437			143	142	285	4,612	4,203	4,408	3.9	3.3	3.6
437		Plx1	123	126	249	3,858	3,756	3,806	3.1	2.8	2.9
437		Plx2	11	7	18	8,694	5,665	7,516	8.0	5.7	7.1
437		Plx3	6	5	11	20,685	7,178	14,545	16.5	6.2	11.8
437		Plx4	4	6	10	38,738	29,901	33,436	32.5	21.7	26.0
Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis											
438			113	120	233	10,691	8,951	9,795	10.5	7.9	9.1
438		Plx1	84	82	166	6,643	4,516	5,592	5.4	3.5	4.5
438		Plx2	10	14	24	18,698	13,551	15,696	23.3	18.5	20.5
438		Plx3	6	12	18	21,816	15,267	17,450	22.3	18.1	19.5
438		Plx4	11	20	31	40,155	51,278	47,331	41.2	42.9	42.3

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
439	Skin Ulcer		54	45	99	15,082	14,132	14,651	18.6	19.9	19.2
439		Plx1	28	25	53	10,898	10,815	10,859	14.2	16.0	15.0
439		Plx2	6	4	10	12,339	13,828	12,935	13.5	26.3	18.6
439		Plx3	15	6	21	15,385	12,817	14,652	21.3	17.2	20.1
439		Plx4	5	11	16	40,898	31,100	34,162	41.0	36.7	38.1
440	Major Skin Disorders		53	46	99	4,844	4,590	4,726	5.3	5.2	5.3
440		Plx1	45	38	83	4,098	3,929	4,021	4.9	4.5	4.7
440		Plx2	4	6	10	7,047	6,478	6,706	7.3	7.8	7.6
440		Plx3	5	3	8	13,695	12,988	13,430	13.0	16.7	14.4
440		Plx4	1		5	116,522		47,853	37.0		37.0
443	Malignant Breast Disorders		26	37	63	8,448	7,726	8,024	10.7	11.0	10.9
443		Plx1	11	15	26	5,472	5,951	5,748	6.6	7.1	6.9
443		Plx2	9	10	19	8,598	8,772	8,690	13.0	13.3	13.2
443		Plx3	1	7	8	6,007	9,985	9,488	7.0	15.4	14.4
443		Plx4	5	5	10	15,212	7,793	11,502	16.4	12.0	14.2
446	Non-Malignant Breast Disorders		15	15	30	2,025	1,670	1,848	2.1	1.3	1.7
446		Plx1	15	15	30	2,025	1,670	1,848	2.1	1.3	1.7
446		Plx2									
446		Plx3									
446		Plx4									
447	Cellulitis		708	588	1,296	4,608	4,375	4,503	6.5	6.1	6.3
447		Plx1	540	425	965	3,856	3,668	3,774	5.4	5.2	5.3
447		Plx2	92	87	179	6,736	5,592	6,180	10.0	8.6	9.3
447		Plx3	60	54	114	8,019	6,941	7,508	11.1	9.3	10.2
447		Plx4	25	45	70	15,743	16,222	16,051	21.8	22.5	22.2
452	Trauma Of Skin, Subcutaneous Tissue And Breast		76	78	154	3,362	2,550	2,951	4.2	3.1	3.7
452		Plx1	60	65	125	2,829	2,379	2,595	3.4	2.7	3.0
452		Plx2	7	9	16	5,892	4,245	4,965	8.4	6.8	7.5
452		Plx3	5	6	11	4,586	4,343	4,454	4.8	7.0	6.0
452		Plx4	1		2	3,133		8,750	4.0		4.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
454	Minor Skin Disorders		146	116	262	3,717	3,064	3,428	3.6	3.5	3.5
454		Plx1	129	102	231	3,200	2,787	3,017	3.3	3.1	3.2
454		Plx2	9	11	20	9,277	5,324	7,103	10.1	8.4	9.2
454		Plx3	7	5	12	20,146	17,634	19,100	15.1	25.8	19.6
454		Plx4	6	6	12	15,507	20,547	18,027	11.7	25.3	18.5
476	PWS - Adrenal And Pituitary Procedures		88	116	204	10,776	9,967	10,316	5.1	4.8	4.9
476		Plx1	68	93	161	8,678	8,397	8,516	3.8	3.7	3.7
476		Plx2	10	11	21	24,682	15,860	20,061	14.5	8.7	11.5
476		Plx3	5	5	10	21,631	20,880	21,256	13.2	9.2	11.2
476		Plx4	6	2	8	27,647	43,299	31,560	16.8	18.0	17.1
477	Parathyroid Procedures		135	135	270	4,329	4,361	4,345	1.8	2.0	1.9
477		Plx1	125	120	245	4,157	3,967	4,064	1.7	1.7	1.7
477		Plx2	5	4	9	7,736	9,132	8,357	3.2	5.3	4.1
477		Plx3	5	4	9	7,137	5,487	6,404	5.0	3.3	4.2
477		Plx4	2		5	48,317		43,505	61.0		61.0
478	Obesity Procedures		106	93	199	6,897	5,820	6,394	3.9	4.3	4.1
478		Plx1	101	86	187	6,622	5,677	6,187	3.8	4.1	4.0
478		Plx2	2	6	8	7,949	8,064	8,035	4.0	6.2	5.6
478		Plx3	2	2	5	11,743	7,816	10,700	7.5	7.5	7.5
478		Plx4	2	1	4	28,247	65,876	34,549	11.5	26.0	16.3
479	Thyroid Procedures		703	743	1,446	4,350	3,745	4,039	1.5	1.5	1.5
479		Plx1	693	730	1,423	4,321	3,705	4,005	1.5	1.5	1.5
479		Plx2	3	9	12	7,073	6,184	6,407	3.0	3.0	3.0
479		Plx3	13	6	19	8,585	9,583	8,900	4.8	5.3	5.0
479		Plx4	5	4	9	27,064	19,870	23,866	14.2	13.5	13.9
480	Thyroglossal Procedures		6	10	16	2,484	2,727	2,636	1.0	1.3	1.2
480		Plx1	6	10	16	2,484	2,727	2,636	1.0	1.3	1.2
480		Plx2									
480		Plx3									
480		Plx4									

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
482	Other Endocrine, Nutrition And Metabolic Procedures		89	97	186	26,589	31,826	29,320	8.9	10.3	9.6
482		Plx1	57	53	110	25,666	34,006	29,684	4.6	6.2	5.4
482		Plx2	6	15	21	24,218	26,660	25,962	11.7	10.3	10.7
482		Plx3	12	10	22	23,312	28,107	25,492	15.9	17.0	16.4
482		Plx4	15	27	42	43,850	60,336	54,448	27.3	34.6	32.0
483	Diabetes		955	923	1,878	4,221	3,873	4,050	4.9	4.9	4.9
483		Plx1	690	679	1,369	3,036	3,054	3,045	3.6	3.9	3.8
483		Plx2	126	89	215	6,942	5,766	6,455	9.6	8.4	9.1
483		Plx3	89	108	197	6,835	5,802	6,269	8.2	7.3	7.7
483		Plx4	78	58	136	16,928	17,305	17,089	16.4	15.1	15.9
485	Nutritional And Miscellaneous Metabolic Disorders		934	905	1,839	4,802	4,521	4,664	5.6	5.5	5.6
485		Plx1	600	580	1,180	3,624	3,288	3,459	4.3	4.1	4.2
485		Plx2	180	162	342	6,659	6,066	6,378	8.4	7.7	8.1
485		Plx3	114	105	219	7,684	7,520	7,605	8.6	8.9	8.7
485		Plx4	51	69	120	11,808	13,682	12,885	13.8	15.1	14.5
487	Cystic Fibrosis		82	98	180	14,272	12,561	13,340	12.5	11.1	11.7
487		Plx1	48	65	113	15,374	12,483	13,711	12.2	11.1	11.6
487		Plx2	11	8	19	13,354	8,933	11,493	13.7	8.1	11.4
487		Plx3	18	17	35	12,175	11,498	11,846	12.2	10.9	11.5
487		Plx4	8	9	17	25,638	28,344	27,071	22.6	16.2	19.2
488	Inborn Errors Of Metabolism		37	42	79	16,513	10,685	13,415	6.4	5.3	5.8
488		Plx1	28	37	65	17,437	11,448	14,028	5.6	5.2	5.4
488		Plx2	4	4	8	3,743	5,030	4,386	5.3	5.8	5.5
488		Plx3	5		5	21,554		21,554	11.2		11.2
488		Plx4	2	2	5	77,961	34,848	46,564	46.5	44.0	45.3
489	Endocrine Disorders		132	172	304	4,610	5,388	5,050	5.7	6.4	6.1
489		Plx1	105	128	233	3,787	3,714	3,747	4.7	4.5	4.6
489		Plx2	19	22	41	9,151	10,181	9,704	13.5	14.0	13.8
489		Plx3	9	12	21	11,544	8,099	9,576	14.3	10.7	12.2
489		Plx4	5	7	12	38,076	21,902	28,641	19.8	16.1	17.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
500	PWS - Kidney Transplant		123	126	249	23,610	21,583	22,585	10.7	10.1	10.4
500		Plx1	65	66	131	16,465	16,595	16,530	7.9	8.0	8.0
500		Plx2	11	13	24	18,122	18,657	18,412	9.3	9.8	9.5
500		Plx3	21	26	47	30,602	24,918	27,457	13.9	11.9	12.8
500		Plx4	25	23	48	47,034	42,434	44,830	20.2	19.5	19.8
501	Urinary Diversion And Augmentation		101	111	212	16,784	14,357	15,513	11.4	11.2	11.3
501		Plx1	69	72	141	14,422	11,718	13,041	9.5	9.3	9.4
501		Plx2	11	12	23	20,844	14,124	17,338	14.3	10.8	12.4
501		Plx3	7	16	23	20,594	23,487	22,606	16.4	18.6	18.0
501		Plx4	18	16	34	32,383	30,782	31,630	23.8	22.4	23.2
502	Radical Prostatectomy		625	645	1,270	7,501	6,098	6,788	3.5	3.9	3.7
502		Plx1	607	597	1,204	7,454	5,969	6,717	3.5	3.8	3.6
502		Plx2	11	38	49	9,051	7,520	7,864	5.0	4.6	4.7
502		Plx3	7	9	16	10,001	8,499	9,156	6.9	6.4	6.6
502		Plx4	2	4	6	12,445	10,569	11,194	9.0	9.8	9.5
503	Dialysis Procedures		142	140	282	10,309	7,323	8,826	7.0	6.1	6.6
503		Plx1	74	79	153	2,984	2,286	2,624	1.1	1.2	1.2
503		Plx2	22	22	44	11,686	4,523	8,104	7.1	3.5	5.3
503		Plx3	9	13	22	25,261	25,874	25,623	19.2	24.0	22.0
503		Plx4	15	19	34	56,495	96,123	78,640	44.0	68.4	57.6
504	Major Urinary Tract Procedures		608	562	1,170	8,479	7,535	8,025	4.8	4.7	4.7
504		Plx1	541	489	1,030	8,003	7,113	7,581	4.4	4.3	4.4
504		Plx2	33	47	80	12,380	10,119	11,052	7.7	6.9	7.2
504		Plx3	23	16	39	11,854	13,271	12,435	7.8	9.9	8.7
504		Plx4	22	18	40	45,235	29,124	37,985	24.3	18.0	21.5
505	Reconstructive Urological Procedures		45	47	92	5,248	4,700	4,968	3.7	3.7	3.7
505		Plx1	41	43	84	4,838	4,380	4,604	3.4	3.4	3.4
505		Plx2	5	5	10	12,654	12,101	12,377	8.4	9.0	8.7
505		Plx3			2			3,836			
505		Plx4	3		3	60,932		60,932	33.7		33.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
506	Open Prostatectomy		8	20	28	7,868	5,215	5,973	6.0	4.4	4.8
506		Plx1	6	17	23	6,881	4,487	5,111	5.0	3.6	4.0
506		Plx2	1	2	5	11,813	8,291	7,919	8.0	7.0	7.3
506		Plx3	1	1	2	9,848	11,439	10,643	10.0	11.0	10.5
506		Plx4	1		2	22,087		17,902	21.0		21.0
507	Vascular And Other Urinary Procedures		21	21	42	22,437	13,762	18,099	10.9	10.5	10.7
507		Plx1	10	12	22	10,983	7,210	8,925	5.6	4.3	4.9
507		Plx2	1	1	5	13,520	23,783	17,025	12.0	22.0	17.0
507		Plx3	1	2	5	7,589	14,909	13,003	5.0	14.5	11.3
507		Plx4	10	6	16	49,755	35,667	44,472	22.5	33.5	26.6
508	Minor Upper Urinary Tract Procedures		198	224	422	7,052	5,981	6,483	3.7	3.6	3.7
508		Plx1	174	199	373	6,301	5,542	5,896	3.0	3.0	3.0
508		Plx2	3	11	14	8,061	8,183	8,157	5.7	6.5	6.3
508		Plx3	13	12	25	12,806	14,006	13,382	10.4	11.6	11.0
508		Plx4	8	6	14	37,023	28,515	33,377	21.1	28.8	24.4
509	Minor Lower Urinary Tract Procedures		97	85	182	5,650	4,579	5,150	2.9	2.6	2.8
509		Plx1	96	81	177	5,643	4,563	5,149	2.9	2.6	2.7
509		Plx2	2	4	6	8,066	13,896	11,952	8.5	12.5	11.2
509		Plx3	2	1	4	37,936	5,888	22,196	22.5	3.0	16.0
509		Plx4		3	4		19,413	16,455		25.0	25.0
510	Transurethral Prostatectomy		667	987	1,654	3,362	2,824	3,041	2.2	1.9	2.0
510		Plx1	638	955	1,593	3,267	2,764	2,965	2.1	1.9	2.0
510		Plx2	26	31	57	7,609	5,172	6,284	6.8	4.9	5.8
510		Plx3	14	10	24	6,193	8,446	7,132	7.0	9.4	8.0
510		Plx4	7	4	11	16,997	8,892	14,050	13.3	10.3	12.2
512	Other Transurethral Or Biopsy Procedures (MNRH)		1,086	1,169	2,255	2,130	2,075	2,101	1.4	1.5	1.4
512		Plx1	1,073	1,157	2,230	2,117	2,052	2,083	1.4	1.4	1.4
512		Plx2	15	21	36	6,490	5,704	6,032	6.4	5.6	5.9
512		Plx3	9	9	18	4,521	8,604	6,562	4.4	10.4	7.4
512		Plx4	9	8	17	26,431	23,233	24,926	20.1	23.5	21.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
514	Miscellaneous Urinary Tract Procedures (MNRH)		14	9	23	2,151	1,619	1,943	1.5	1.1	1.3
514		Plx1	14	9	23	2,151	1,619	1,943	1.5	1.1	1.3
514		Plx2									
514		Plx3									
514		Plx4									
520	Renal Failure With Dialysis		131	133	264	19,553	16,078	17,802	16.2	14.6	15.4
520		Plx1	44	51	95	12,479	12,309	12,388	12.5	12.0	12.3
520		Plx2	24	33	57	13,762	13,142	13,403	13.4	12.5	12.8
520		Plx3	30	21	51	22,235	14,102	18,886	20.3	12.9	17.3
520		Plx4	35	28	63	36,122	28,628	32,791	23.1	24.3	23.6
521	Renal Failure Without Dialysis		567	533	1,100	7,089	6,972	7,032	8.4	8.6	8.5
521		Plx1	340	283	623	4,928	4,845	4,890	6.2	6.2	6.2
521		Plx2	110	105	215	6,986	7,353	7,165	8.5	9.9	9.2
521		Plx3	68	85	153	10,139	9,572	9,824	12.2	12.9	12.6
521		Plx4	51	71	122	21,876	16,786	18,914	22.9	18.0	20.0
522	Urinary Neoplasm		153	155	308	8,284	8,161	8,222	10.6	10.6	10.6
522		Plx1	71	73	144	6,056	5,289	5,667	7.3	6.8	7.1
522		Plx2	47	43	90	8,998	8,593	8,804	12.6	12.1	12.4
522		Plx3	19	21	40	10,548	12,764	11,711	12.7	16.5	14.7
522		Plx4	17	23	40	18,500	19,163	18,881	21.6	24.2	23.1
524	Nephrotic Syndrome		33	33	66	4,368	3,813	4,090	4.3	4.6	4.5
524		Plx1	26	25	51	3,723	3,695	3,709	3.2	4.0	3.6
524		Plx2	1	4	5	4,489	4,887	4,808	6.0	7.8	7.4
524		Plx3	6	4	10	7,142	3,472	5,674	8.8	5.3	7.4
524		Plx4	1	1	5	11,234	21,258	21,523	21.0	24.0	22.5
525	Nephropathy Without Nephrotic Syndrome		50	42	92	5,584	5,259	5,435	5.4	5.4	5.4
525		Plx1	30	24	54	3,614	3,470	3,550	3.0	3.3	3.1
525		Plx2	3	7	10	5,195	6,870	6,368	5.7	6.9	6.5
525		Plx3	11	10	21	9,503	9,618	9,558	9.7	10.0	9.9
525		Plx4	4	2	6	8,386	16,565	11,112	9.3	16.0	11.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
526	Miscellaneous Nephrological Diagnosis		14	13	27	4,162	3,930	4,050	4.8	4.5	4.6
526		Plx1	13	8	21	3,790	3,561	3,703	3.8	3.6	3.8
526		Plx2	1	1	5	13,478	1,742	8,886	24.0	2.0	13.0
526		Plx3		4	4		5,215	5,215		6.8	6.8
526		Plx4	1	1	2	8,992	74,043	41,517	17.0	40.0	28.5
527	Upper Urinary Tract Infection		431	410	841	3,835	3,470	3,657	4.3	4.1	4.2
527		Plx1	376	365	741	3,643	3,304	3,476	4.1	3.9	4.0
527		Plx2	26	20	46	6,325	5,856	6,121	7.6	6.8	7.2
527		Plx3	30	25	55	5,145	5,374	5,249	6.6	7.0	6.8
527		Plx4	15	10	25	15,786	10,560	13,696	13.1	9.6	11.7
529	Lower Urinary Tract Infection		989	774	1,763	5,024	4,676	4,871	6.4	6.1	6.3
529		Plx1	664	535	1,199	3,880	3,670	3,786	5.0	4.9	5.0
529		Plx2	143	106	249	6,110	6,941	6,464	8.5	9.5	8.9
529		Plx3	99	82	181	5,882	6,586	6,201	8.1	8.7	8.3
529		Plx4	72	59	131	16,003	13,185	14,734	16.1	15.0	15.6
532	Urinary Retention And Other Functional Disorders Of Bladder		95	77	172	3,439	3,153	3,311	3.9	3.3	3.6
532		Plx1	83	70	153	3,177	2,820	3,014	3.2	2.9	3.1
532		Plx2	7	5	12	4,617	5,939	5,167	8.1	5.6	7.1
532		Plx3	6	1	7	9,802	12,145	10,137	12.2	19.0	13.1
532		Plx4	1	2	4	27,149	7,851	11,638	37.0	11.5	20.0
534	Miscellaneous Urological Diagnoses (MNRH)		132	158	290	2,754	3,118	2,952	2.9	3.5	3.2
534		Plx1	116	135	251	2,474	2,623	2,554	2.6	2.8	2.7
534		Plx2	10	11	21	4,763	5,490	5,144	4.7	6.0	5.4
534		Plx3	5	8	13	8,008	7,976	7,988	5.0	8.1	6.9
534		Plx4		5	5		23,346	23,346		25.8	25.8
535	Hematuria (MNRH)		118	109	227	2,992	2,683	2,844	3.6	3.4	3.5
535		Plx1	101	99	200	2,522	2,498	2,510	3.1	3.3	3.2
535		Plx2	11	5	16	6,510	3,028	5,422	8.2	4.0	6.9
535		Plx3	7	3	10	6,788	5,765	6,481	9.0	5.3	7.9
535		Plx4	5	3	8	14,113	13,025	13,705	19.0	20.0	19.4

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
536	Urinary Obstruction (MNRH)		719	699	1,418	2,058	1,900	1,980	1.9	1.8	1.8
536		Plx1	685	674	1,359	1,976	1,869	1,923	1.8	1.8	1.8
536		Plx2	15	16	31	3,687	3,839	3,766	3.8	5.0	4.4
536		Plx3	23	15	38	5,054	4,590	4,871	4.6	5.5	5.0
536		Plx4	4	6	10	17,476	12,296	14,368	23.0	16.7	19.2
538	Admission For Dialysis (MNRH)		1	2	4	4,824	6,519	4,960	4.0	4.5	4.3
538		Plx1	1		2	4,824		3,401	4.0		4.0
538		Plx2		1	1		8,771	8,771		7.0	7.0
538		Plx3		1	1		4,266	4,266		2.0	2.0
538		Plx4									
550	Major Pelvic And Retroperitoneum Procedures		3	2	5	12,173	27,285	18,218	5.3	10.5	7.4
550		Plx1	3	1	4	12,173	12,072	12,148	5.3	6.0	5.5
550		Plx2	1		1	43,665		43,665	28.0		28.0
550		Plx3									
550		Plx4		1	1		42,499	42,499		15.0	15.0
551	Penis Procedures		75	84	159	3,430	3,579	3,508	1.3	1.4	1.4
551		Plx1	74	84	158	3,422	3,579	3,505	1.3	1.4	1.3
551		Plx2	1	2	4	3,974	7,247	6,031	2.0	8.0	6.0
551		Plx3									
551		Plx4		1	5		120,770	75,207		64.0	64.0
552	Testes Procedures		115	112	227	2,828	2,433	2,633	1.3	1.4	1.4
552		Plx1	113	111	224	2,814	2,435	2,627	1.3	1.4	1.4
552		Plx2	1	1	5	2,754	2,133	7,029	2.0	1.0	1.5
552		Plx3	2		4	22,332		21,915	18.5		18.5
552		Plx4	5	3	8	74,709	48,789	64,989	26.6	35.0	29.8
554	Miscellaneous Male Reproductive System Procedures (MNRH)		71	75	146	2,138	1,707	1,917	1.0	1.0	1.0
554		Plx1	70	75	145	2,091	1,707	1,892	1.0	1.0	1.0
554		Plx2		1	2		6,540	10,220		8.0	8.0
554		Plx3		1	1		3,465	3,465		2.0	2.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
554		Plx4	4	1	5	29,667	109,270	45,588	15.8	52.0	23.0
555	Circumcision (MNRH)		8	8	16	2,243	1,857	2,050	1.0	1.0	1.0
555		Plx1	8	8	16	2,243	1,857	2,050	1.0	1.0	1.0
555		Plx2		1	1		4,547	4,547		3.0	3.0
555		Plx3									
555		Plx4									
560	Malignancy Of Male Reproductive Organ		5	1	6	9,842	22,777	11,998	10.8	17.0	11.8
560		Plx1	3		4	5,972		7,379	5.7		5.7
560		Plx2			1			8,453			
560		Plx3	1		2	9,873		9,213	11.0		11.0
560		Plx4		1	1		22,777	22,777		17.0	17.0
561	Male Reproductive System Inflammation		41	43	84	3,344	2,400	2,861	4.0	3.2	3.6
561		Plx1	37	41	78	3,274	2,334	2,780	4.0	3.1	3.5
561		Plx2	3	2	5	2,870	3,747	3,221	3.7	4.5	4.0
561		Plx3	1		2	7,390		4,871	6.0		6.0
561		Plx4			1			6,984			
562	Other Male Reproductive System Diagnoses		9	8	17	2,377	2,246	2,315	2.4	3.1	2.8
562		Plx1	9	7	16	2,377	1,999	2,212	2.4	2.7	2.6
562		Plx2		1	2		3,973	2,912		6.0	6.0
562		Plx3									
562		Plx4		1	2		14,310	15,026		21.0	21.0
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		5	10	15	1,884	2,810	2,501	1.8	3.3	2.8
563		Plx1	5	9	14	1,884	2,915	2,547	1.8	3.6	2.9
563		Plx2		1	1		1,858	1,858		1.0	1.0
563		Plx3									
563		Plx4									
575	PWS - Pelvic Exenteration		1	2	4	23,907	12,381	17,003	17.0	10.0	12.3
575		Plx1	1	1	2	23,907	13,093	18,500	17.0	11.0	14.0
575		Plx2									

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
575		Plx3		1	2		11,669	15,507		9.0	9.0
575		Plx4	1		1	47,064		47,064	45.0		45.0
576	PWS - Radical Hysterectomy And Vulvectomy		64	78	142	8,447	7,422	7,884	5.5	5.6	5.6
576		Plx1	55	63	118	8,093	6,950	7,483	5.1	5.1	5.1
576		Plx2	6	3	9	10,286	9,491	10,021	7.2	8.0	7.4
576		Plx3	1	9	10	9,135	9,304	9,287	7.0	7.9	7.8
576		Plx4	4	3	7	49,475	20,983	37,264	40.3	18.7	31.0
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		199	180	379	8,500	8,051	8,287	5.8	6.2	6.0
577		Plx1	146	132	278	7,544	6,869	7,223	5.2	5.2	5.2
577		Plx2	18	18	36	9,005	8,634	8,820	6.3	7.1	6.7
577		Plx3	23	17	40	11,001	11,375	11,160	8.1	10.3	9.1
577		Plx4	16	17	33	21,327	18,264	19,749	13.6	13.8	13.7
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		300	290	590	6,205	5,273	5,747	4.0	4.1	4.0
578		Plx1	269	258	527	5,933	4,957	5,455	3.8	3.8	3.8
578		Plx2	16	21	37	7,968	7,446	7,672	5.3	5.8	5.6
578		Plx3	14	14	28	9,819	10,619	10,219	7.8	8.6	8.2
578		Plx4	8	7	15	17,544	15,497	16,588	13.4	12.1	12.8
579	Major Uterine And Adnexal Procedures Without Malignancy		4,080	4,206	8,286	4,327	3,972	4,147	3.1	3.1	3.1
579		Plx1	3,975	4,066	8,041	4,275	3,895	4,083	3.0	3.0	3.0
579		Plx2	70	78	148	6,557	6,417	6,483	5.2	5.1	5.1
579		Plx3	45	67	112	8,070	7,218	7,560	6.6	6.1	6.3
579		Plx4	13	23	36	8,619	11,275	10,316	7.8	7.9	7.9
581	Reconstructive Gynecological Procedures		832	881	1,713	3,678	3,917	3,801	2.7	2.7	2.7
581		Plx1	818	868	1,686	3,645	3,903	3,778	2.7	2.7	2.7
581		Plx2	10	17	27	7,418	8,019	7,796	5.7	6.5	6.2
581		Plx3	4	13	17	4,787	9,484	8,379	3.5	9.0	7.7
581		Plx4	5	3	8	8,781	14,148	10,794	8.8	10.7	9.5
582	Other Gynecological Procedures		75	81	156	4,548	4,265	4,401	3.4	3.5	3.5
582		Plx1	67	77	144	4,011	4,163	4,092	3.0	3.4	3.2

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
582		Plx2	3	1	5	5,104	4,289	4,554	4.7	5.0	4.8
582		Plx3	4	2	6	12,585	4,234	9,801	9.3	3.0	7.2
582		Plx4	4	1	5	11,471	12,157	11,608	10.8	11.0	10.8
583	Radio-Implant For Malignancy		23	28	51	2,799	3,763	3,329	2.1	2.1	2.1
583		Plx1	22	28	50	2,835	3,763	3,355	2.2	2.1	2.2
583		Plx2									
583		Plx3									
583		Plx4	2		2	5,849		5,849	5.0		5.0
584	Vagina, Cervix And Vulva Procedures		203	147	350	3,178	3,235	3,202	2.7	2.6	2.6
584		Plx1	201	144	345	3,152	3,211	3,176	2.7	2.6	2.6
584		Plx2	2	3	5	7,941	4,366	5,796	6.0	4.0	4.8
584		Plx3	2		3	8,609		9,008	9.0		9.0
584		Plx4									
585	Gynecological Laparoscopy (MNRH)		19	18	37	2,477	2,194	2,339	2.2	2.1	2.2
585		Plx1	19	17	36	2,477	2,094	2,296	2.2	1.9	2.1
585		Plx2		1	1		3,882	3,882		5.0	5.0
585		Plx3									
585		Plx4									
586	Tubal Interruption (MNRH)		6	10	16	2,703	2,084	2,316	2.0	1.5	1.7
586		Plx1	5	10	15	2,578	2,084	2,249	1.8	1.5	1.6
586		Plx2	1		1	3,330		3,330	3.0		3.0
586		Plx3									
586		Plx4									
587	Miscellaneous Gynecological Procedures (MNRH)		299	234	533	1,370	1,366	1,368	1.2	1.3	1.2
587		Plx1	297	232	529	1,362	1,344	1,354	1.2	1.2	1.2
587		Plx2	3	2	5	4,377	3,956	4,209	6.0	2.5	4.6
587		Plx3	2	1	5	12,813	4,337	13,628	13.5	5.0	10.7
587		Plx4	3	2	5	48,256	22,591	37,990	35.0	30.0	33.0
592	Malignancy Of Female Reproductive Organ		75	70	145	6,315	6,750	6,525	8.7	8.9	8.8
592		Plx1	41	36	77	3,996	5,042	4,485	5.5	6.4	5.9

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
592		Plx2	18	23	41	6,243	7,518	6,958	8.6	10.4	9.6
592		Plx3	8	7	15	10,516	6,660	8,716	13.5	8.1	11.0
592		Plx4	9	4	13	16,815	17,870	17,140	22.9	24.5	23.4
594	Female Reproductive System Infection		78	78	156	2,443	2,365	2,404	3.3	3.0	3.2
594		Plx1	76	75	151	2,428	2,302	2,365	3.3	3.0	3.1
594		Plx2	2	4	6	6,042	6,853	6,583	9.5	9.0	9.2
594		Plx3	1	1	3	2,746	4,714	3,149	4.0	5.0	4.5
594		Plx4									
595	Other Female Reproductive System Diagnoses And Injuries		5	10	15	2,084	1,158	1,467	2.2	1.7	1.9
595		Plx1	4	8	12	2,006	1,045	1,365	2.3	1.5	1.8
595		Plx2	1	1	4	2,399	337	1,890	2.0	1.0	1.5
595		Plx3	2	1	3	6,761	2,885	5,469	10.0	4.0	8.0
595		Plx4									
596	Miscellaneous Gynecological Diagnoses (MNRH)		238	248	486	1,937	1,756	1,845	2.0	2.0	2.0
596		Plx1	230	241	471	1,888	1,723	1,804	1.9	1.9	1.9
596		Plx2	7	5	12	3,680	3,132	3,452	4.1	4.4	4.3
596		Plx3	2	2	5	3,888	2,269	3,071	4.5	2.0	3.3
596		Plx4									
599	Premature Labour		333	338	671	2,450	2,542	2,497	3.1	3.5	3.3
599		Plx9	333	338	671	2,450	2,542	2,497	3.1	3.5	3.3
600	Major Procedures In Pregnancy Or Childbirth		155	120	275	5,813	6,089	5,934	4.0	4.4	4.2
600		Plx9	155	120	275	5,813	6,089	5,934	4.0	4.4	4.2
601	Repeat Caesarean Delivery With Complicating Diagnosis		844	754	1,598	3,664	3,659	3,662	3.2	3.2	3.2
601		Plx9	844	754	1,598	3,664	3,659	3,662	3.2	3.2	3.2
602	Caesarean Delivery With Complicating Diagnosis		2,133	2,006	4,139	4,654	4,487	4,573	3.8	3.8	3.8
602		Plx9	2,133	2,006	4,139	4,654	4,487	4,573	3.8	3.8	3.8
603	Repeat Caesarean Delivery		1,571	1,492	3,063	3,033	2,899	2,968	2.7	2.7	2.7
603		Plx9	1,571	1,492	3,063	3,033	2,899	2,968	2.7	2.7	2.7
604	Caesarean Delivery		2,230	2,217	4,447	3,763	3,782	3,773	3.1	3.2	3.2
604		Plx9	2,230	2,217	4,447	3,763	3,782	3,773	3.1	3.2	3.2

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
605	Fetal Surgery		5	2	7	2,570	6,384	3,660	1.8	4.5	2.6
605		Plx9	5	2	7	2,570	6,384	3,660	1.8	4.5	2.6
606	Vaginal Delivery With Sterilization Procedures		9	19	28	3,122	3,403	3,312	2.4	2.2	2.3
606		Plx9	9	19	28	3,122	3,403	3,312	2.4	2.2	2.3
607	Vaginal Delivery With Minor Procedures		130	118	248	3,075	2,937	3,009	2.3	2.1	2.2
607		Plx9	130	118	248	3,075	2,937	3,009	2.3	2.1	2.2
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		277	267	544	2,387	2,505	2,445	1.7	1.7	1.7
608		Plx9	277	267	544	2,387	2,505	2,445	1.7	1.7	1.7
609	Vaginal Delivery With Complicating Diagnosis		7,793	7,525	15,318	2,504	2,561	2,532	1.9	2.0	1.9
609		Plx9	7,793	7,525	15,318	2,504	2,561	2,532	1.9	2.0	1.9
610	Vaginal Delivery After Caesarean Delivery (VBAC)		390	448	838	2,150	2,143	2,146	1.4	1.4	1.4
610		Plx9	390	448	838	2,150	2,143	2,146	1.4	1.4	1.4
611	Vaginal Delivery		10,012	10,208	20,220	1,958	1,982	1,970	1.4	1.5	1.4
611		Plx9	10,012	10,208	20,220	1,958	1,982	1,970	1.4	1.5	1.4
612	Ectopic Pregnancy With Major Procedures		80	87	167	4,185	4,043	4,111	3.2	3.1	3.2
612		Plx9	80	87	167	4,185	4,043	4,111	3.2	3.1	3.2
613	Ectopic Pregnancy With Minor Procedures		235	258	493	2,458	2,388	2,421	1.6	1.5	1.5
613		Plx9	235	258	493	2,458	2,388	2,421	1.6	1.5	1.5
614	Ectopic Pregnancy		54	57	111	646	721	684	1.0	1.0	1.0
614		Plx9	54	57	111	646	721	684	1.0	1.0	1.0
615	Threatened Abortion		49	49	98	1,042	1,016	1,029	1.4	1.3	1.4
615		Plx9	49	49	98	1,042	1,016	1,029	1.4	1.3	1.4
616	Abortive Outcome With Injection		12	22	34	1,911	1,546	1,675	1.9	1.3	1.5
616		Plx9	12	22	34	1,911	1,546	1,675	1.9	1.3	1.5
617	Abortive Outcome With D And C		1,014	1,064	2,078	1,038	994	1,016	1.0	1.0	1.0
617		Plx9	1,014	1,064	2,078	1,038	994	1,016	1.0	1.0	1.0
618	Abortive Outcome		181	169	350	1,440	1,146	1,298	1.0	1.0	1.0
618		Plx9	181	169	350	1,440	1,146	1,298	1.0	1.0	1.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
619	False Labour LOS < 3 Days (MNRH)		389	385	774	816	920	868	1.0	1.0	1.0
619		Plx9	389	385	774	816	920	868	1.0	1.0	1.0
620	Post-Partum Diagnosis With Procedures Other Than D And C		19	16	35	4,249	4,691	4,451	2.8	4.6	3.6
620		Plx9	19	16	35	4,249	4,691	4,451	2.8	4.6	3.6
621	Post-Partum Diagnosis With D And C		112	131	243	1,448	1,317	1,377	1.3	1.3	1.3
621		Plx9	112	131	243	1,448	1,317	1,377	1.3	1.3	1.3
622	Post-Partum Diagnosis		410	444	854	1,806	1,924	1,867	2.4	2.4	2.4
622		Plx9	410	444	854	1,806	1,924	1,867	2.4	2.4	2.4
623	Antepartum Diagnosis With Complicating Diagnosis		652	710	1,362	2,063	2,051	2,057	2.9	2.8	2.9
623		Plx9	652	710	1,362	2,063	2,051	2,057	2.9	2.8	2.9
624	Antepartum Diagnosis		944	853	1,797	1,396	1,414	1,405	1.7	1.7	1.7
624		Plx9	944	853	1,797	1,396	1,414	1,405	1.7	1.7	1.7
625	PWS - Neonates Weight < 750 Grams		31	79	110	17,120	12,789	14,009	5.5	4.0	4.4
625		Plx9	31	79	110	17,120	12,789	14,009	5.5	4.0	4.4
626	PWS - Neonates Weight 750-999 Grams		82	108	190	75,038	81,235	78,560	42.0	41.5	41.7
626		Plx9	82	108	190	75,038	81,235	78,560	42.0	41.5	41.7
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		2	4	6	35,671	69,696	58,354	13.5	33.3	26.7
627		Plx9	2	4	6	35,671	69,696	58,354	13.5	33.3	26.7
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		354	358	712	38,087	40,716	39,409	25.9	27.2	26.6
628		Plx9	354	358	712	38,087	40,716	39,409	25.9	27.2	26.6
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		1	4	5	20,426	59,087	51,355	22.0	28.0	26.8
630		Plx9	1	4	5	20,426	59,087	51,355	22.0	28.0	26.8
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		165	224	389	28,561	27,088	27,713	18.3	18.0	18.1
631		Plx9	165	224	389	28,561	27,088	27,713	18.3	18.0	18.1
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		538	553	1,091	15,324	14,003	14,654	13.7	14.0	13.9
632		Plx9	538	553	1,091	15,324	14,003	14,654	13.7	14.0	13.9
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		4	1	5	26,908	15,626	24,652	14.3	16.0	14.6

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
636		Plx9	4	1	5	26,908	15,626	24,652	14.3	16.0	14.6
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		203	163	366	18,901	17,964	18,484	10.2	11.7	10.9
637		Plx9	203	163	366	18,901	17,964	18,484	10.2	11.7	10.9
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		221	233	454	10,547	11,503	11,038	8.6	9.5	9.1
638		Plx9	221	233	454	10,547	11,503	11,038	8.6	9.5	9.1
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		972	1,007	1,979	5,248	4,961	5,102	5.5	5.6	5.5
639		Plx9	972	1,007	1,979	5,248	4,961	5,102	5.5	5.6	5.5
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		193	215	408	1,033	1,017	1,024	1.5	1.6	1.6
640		Plx9	193	215	408	1,033	1,017	1,024	1.5	1.6	1.6
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		23	25	48	29,233	19,739	24,288	10.1	8.2	9.1
643		Plx9	23	25	48	29,233	19,739	24,288	10.1	8.2	9.1
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		581	601	1,182	12,807	10,850	11,812	6.0	5.4	5.7
644		Plx9	581	601	1,182	12,807	10,850	11,812	6.0	5.4	5.7
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		1,281	1,281	2,562	4,384	4,077	4,231	3.4	3.4	3.4
645		Plx9	1,281	1,281	2,562	4,384	4,077	4,231	3.4	3.4	3.4
646	Neonates Weight > 2500 gm With Caesarian Delivery		5,584	5,306	10,890	1,519	1,456	1,488	2.8	2.8	2.8
646		Plx9	5,584	5,306	10,890	1,519	1,456	1,488	2.8	2.8	2.8
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		1,930	1,910	3,840	2,236	1,970	2,104	2.3	2.2	2.2
647		Plx9	1,930	1,910	3,840	2,236	1,970	2,104	2.3	2.2	2.2
648	Neonates Weight > 2500 gm (Normal Newborn)		16,875	16,786	33,661	763	745	754	1.3	1.3	1.3
648		Plx9	16,875	16,786	33,661	763	745	754	1.3	1.3	1.3
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		124	113	237	102,093	94,405	98,427	43.9	43.5	43.7
650		Plx1	4	6	10	28,931	22,739	25,216	18.5	17.5	17.9
650		Plx2	4	4	8	48,479	43,889	46,184	19.0	23.0	21.0
650		Plx3	5	2	7	57,275	56,303	56,997	56.8	33.0	50.0
650		Plx4	110	101	211	109,107	101,418	105,426	44.7	46.1	45.4
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		1	2	5	37,914	25,992	27,126	22.0	10.0	14.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
651		Plx9	1	2	5	37,914	25,992	27,126	22.0	10.0	14.0
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		2	3	5	76,189	95,233	87,616	23.5	26.3	25.2
652		Plx9	2	3	5	76,189	95,233	87,616	23.5	26.3	25.2
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		13	17	30	42,904	37,966	40,106	20.3	19.8	20.0
653		Plx9	13	17	30	42,904	37,966	40,106	20.3	19.8	20.0
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		3	6	9	33,706	24,724	27,718	9.7	7.8	8.4
654		Plx9	3	6	9	33,706	24,724	27,718	9.7	7.8	8.4
655	PWS - Spinal Procedures With Femur Procedures For Trauma		6	5	11	65,469	41,859	54,737	32.7	24.6	29.0
655		Plx9	6	5	11	65,469	41,859	54,737	32.7	24.6	29.0
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		3	2	5	35,139	56,652	43,744	16.0	22.0	18.4
656		Plx9	3	2	5	35,139	56,652	43,744	16.0	22.0	18.4
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		10	25	35	29,694	32,272	31,535	16.7	13.7	14.6
657		Plx9	10	25	35	29,694	32,272	31,535	16.7	13.7	14.6
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		78	65	143	30,964	30,514	30,759	15.9	17.2	16.5
658		Plx9	78	65	143	30,964	30,514	30,759	15.9	17.2	16.5
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		15	13	28	32,882	60,435	45,674	15.7	28.4	21.6
659		Plx9	15	13	28	32,882	60,435	45,674	15.7	28.4	21.6
660	PWS - Intracranial Procedures For Trauma		150	142	292	17,342	20,102	18,685	7.5	8.1	7.8
660		Plx1	87	69	156	10,220	9,303	9,815	5.7	5.1	5.4
660		Plx2	21	21	42	17,028	18,839	17,933	7.7	7.7	7.7
660		Plx3	12	9	21	26,558	23,140	25,093	13.4	9.8	11.9
660		Plx4	34	45	79	42,779	41,691	42,159	14.5	15.6	15.1
661	PWS - Spinal Procedures For Trauma		104	111	215	18,600	21,446	20,069	11.9	11.3	11.6
661		Plx1	59	62	121	14,726	14,041	14,375	9.1	7.9	8.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
661		Plx2	25	20	45	20,569	21,284	20,886	11.7	13.1	12.3
661		Plx3	7	9	16	42,189	20,268	29,859	23.0	14.3	18.1
661		Plx4	10	18	28	29,817	45,964	40,197	18.7	17.9	18.2
662	Femur Or Pelvic Procedures For Trauma		1,139	1,258	2,397	11,707	10,982	11,326	10.3	10.2	10.3
662		Plx1	801	856	1,657	9,318	8,666	8,982	8.1	7.9	8.0
662		Plx2	184	214	398	15,525	14,316	14,875	13.5	14.0	13.8
662		Plx3	70	97	167	19,015	18,640	18,797	18.9	18.5	18.7
662		Plx4	69	97	166	28,728	25,754	26,990	25.0	22.5	23.5
663	Thoraco-Abdominal Procedures For Trauma		175	186	361	11,939	11,126	11,520	6.9	7.0	7.0
663		Plx1	109	110	219	9,121	8,439	8,778	6.1	6.0	6.0
663		Plx2	30	32	62	11,766	11,921	11,846	7.2	7.5	7.4
663		Plx3	20	20	40	19,280	15,621	17,451	8.4	10.2	9.3
663		Plx4	23	36	59	53,498	40,509	45,572	18.4	18.6	18.5
664	Wound Debridement And Skin Graft For Trauma		261	229	490	14,576	14,212	14,406	10.1	9.6	9.9
664		Plx1	212	179	391	11,465	9,999	10,794	8.2	7.6	7.9
664		Plx2	26	19	45	23,446	18,731	21,455	14.2	14.1	14.2
664		Plx3	15	16	31	32,559	29,423	30,940	22.9	18.3	20.5
664		Plx4	7	17	24	58,952	42,626	47,388	30.3	22.9	25.1
665	PWS - Elevated Skull Fractures		14	15	29	12,513	9,970	11,197	6.0	4.7	5.3
665		Plx1	10	11	21	8,839	9,039	8,944	4.4	3.5	3.9
665		Plx2	5	3	8	23,639	10,736	18,800	11.6	7.7	10.1
665		Plx3		1	1		17,910	17,910		10.0	10.0
665		Plx4		1	1		40,999	40,999		18.0	18.0
666	Major Lower Extremity Procedures For Trauma		1,838	2,083	3,921	4,949	4,615	4,772	3.1	3.0	3.0
666		Plx1	1,779	2,015	3,794	4,812	4,513	4,653	3.0	2.9	2.9
666		Plx2	107	113	220	14,238	13,735	13,980	10.5	9.9	10.2
666		Plx3	35	39	74	18,537	15,018	16,682	12.4	11.5	12.0
666		Plx4	27	18	45	39,471	32,879	36,834	19.8	26.6	22.5
667	Minor Lower Extremity Procedures For Trauma		38	46	84	5,220	3,998	4,551	3.8	2.7	3.2
667		Plx1	37	46	83	5,101	3,998	4,489	3.6	2.7	3.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
667		Plx2	1	1	5	9,651	20,502	16,823	10.0	13.0	11.5
667		Plx3									
667		Plx4		1	2		23,394	28,486		16.0	16.0
668	Miscellaneous Musculoskeletal Procedures For Trauma		417	427	844	5,299	5,245	5,271	3.1	3.0	3.1
668		Plx1	400	405	805	5,125	5,052	5,088	3.0	2.9	3.0
668		Plx2	29	26	55	12,959	11,241	12,147	8.2	6.8	7.6
668		Plx3	2	4	6	23,390	23,916	23,741	13.5	15.0	14.5
668		Plx4	8	2	10	31,487	30,368	31,263	13.0	8.5	12.1
669	Vascular Repair For Trauma		69	98	167	5,993	5,527	5,720	2.8	2.4	2.6
669		Plx1	62	89	151	5,645	5,058	5,299	2.7	2.3	2.5
669		Plx2	5	2	7	9,124	12,408	10,062	4.2	12.0	6.4
669		Plx3	1	6	7	12,832	15,488	15,109	12.0	9.5	9.9
669		Plx4	1	2	4	6,364	10,520	8,695	2.0	1.0	1.3
670	Upper Extremity Procedures For Trauma		1,378	1,782	3,160	3,831	3,304	3,534	2.1	1.9	2.0
670		Plx1	1,264	1,661	2,925	3,461	3,026	3,214	1.8	1.7	1.7
670		Plx2	56	47	103	10,535	8,772	9,730	7.3	6.3	6.9
670		Plx3	7	11	18	8,566	15,511	12,810	7.4	12.4	10.4
670		Plx4	6	10	16	27,847	26,414	26,952	13.2	15.3	14.5
674	PWS - Intracranial Injuries With Spinal Injuries		28	24	52	13,075	15,068	13,995	7.0	8.7	7.8
674		Plx9	28	24	52	13,075	15,068	13,995	7.0	8.7	7.8
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		14	6	20	9,046	17,193	11,490	6.1	8.0	6.7
675		Plx9	14	6	20	9,046	17,193	11,490	6.1	8.0	6.7
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		42	35	77	13,934	17,827	15,703	8.3	9.4	8.8
676		Plx9	42	35	77	13,934	17,827	15,703	8.3	9.4	8.8
677	Spinal Injuries With Fractures Of Femur		48	58	106	8,545	8,626	8,590	8.5	8.7	8.6
677		Plx9	48	58	106	8,545	8,626	8,590	8.5	8.7	8.6
678	Spinal Injuries With Thoraco-Abdominal Injuries		66	81	147	12,781	9,882	11,184	8.5	7.8	8.1
678		Plx9	66	81	147	12,781	9,882	11,184	8.5	7.8	8.1
679	Fractures Of Femur With Thoraco-Abdominal Injuries		34	27	61	6,539	9,340	7,778	7.1	9.9	8.3
679		Plx9	34	27	61	6,539	9,340	7,778	7.1	9.9	8.3

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
680	Femur Or Pelvic Fractures And Dislocations		333	344	677	8,105	7,203	7,647	11.2	10.1	10.7
680		Plx1	241	246	487	6,091	6,022	6,056	8.7	8.6	8.6
680		Plx2	57	53	110	13,221	9,325	11,344	20.4	12.7	16.7
680		Plx3	24	28	52	17,488	10,222	13,575	24.3	12.9	18.2
680		Plx4	21	15	36	22,058	24,245	22,969	25.2	29.7	27.1
681	Frostbite		14	15	29	14,040	11,178	12,559	14.9	12.9	13.9
681		Plx1	9	13	22	11,177	9,135	9,970	11.8	10.5	11.0
681		Plx2		1	2		41,334	22,829		47.0	47.0
681		Plx3	3	1	4	10,409	7,582	9,702	12.3	10.0	11.8
681		Plx4	1		1	32,207		32,207	19.0		19.0
682	Spinal Injuries		369	338	707	5,179	4,801	4,998	5.6	5.6	5.6
682		Plx1	302	275	577	4,470	4,029	4,260	4.9	4.8	4.9
682		Plx2	47	38	85	6,332	6,274	6,306	6.8	7.0	6.9
682		Plx3	14	13	27	10,749	13,920	12,276	13.6	17.4	15.4
682		Plx4	9	18	27	21,844	25,853	24,516	25.8	26.4	26.2
683	Intracranial Injuries		347	306	653	6,689	6,086	6,407	5.0	4.7	4.8
683		Plx1	254	230	484	5,063	4,397	4,747	4.2	3.6	3.9
683		Plx2	17	13	30	7,166	6,794	7,005	5.8	7.9	6.7
683		Plx3	51	38	89	8,275	8,374	8,318	6.0	6.0	6.0
683		Plx4	28	27	55	28,011	19,922	24,040	18.6	14.1	16.4
684	Fracture Of Humerus		87	97	184	5,789	5,732	5,759	8.9	8.2	8.5
684		Plx1	66	80	146	3,505	3,789	3,661	5.3	5.4	5.3
684		Plx2	13	9	22	14,115	13,630	13,916	22.5	20.6	21.7
684		Plx3	3	3	6	7,710	11,799	9,755	12.3	13.0	12.7
684		Plx4	4	4	8	13,897	19,662	16,780	17.8	28.8	23.3
685	Hip And Thigh Injuries		42	29	71	5,748	3,526	4,840	8.4	5.3	7.1
685		Plx1	35	26	61	4,773	3,635	4,288	6.7	5.4	6.2
685		Plx2	8	4	12	22,099	5,350	16,516	32.5	11.3	25.4
685		Plx3	1	2	5	20,526	23,602	22,219	36.0	42.0	40.0
685		Plx4			2			15,329			

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
686	Major Nerve Injuries		3	9	12	9,838	10,236	10,137	4.0	4.6	4.4
686		Plx1	3	8	11	9,838	11,151	10,793	4.0	4.5	4.4
686		Plx2									
686		Plx3		1	2		2,917	10,128		5.0	5.0
686		Plx4									
687	Thoraco-Abdominal Injuries		566	527	1,093	4,931	5,504	5,207	4.8	5.2	5.0
687		Plx1	486	436	922	4,197	4,551	4,365	4.2	4.6	4.3
687		Plx2	46	44	90	6,784	7,502	7,135	7.4	8.0	7.7
687		Plx3	22	29	51	12,754	11,424	11,998	11.6	11.0	11.2
687		Plx4	13	27	40	18,376	21,081	20,202	12.8	13.4	13.2
688	Weight Bearing Injuries		273	267	540	2,964	2,913	2,939	3.5	3.4	3.4
688		Plx1	233	229	462	2,126	2,238	2,181	2.4	2.4	2.4
688		Plx2	22	19	41	9,221	7,131	8,252	12.0	9.6	10.9
688		Plx3	10	8	18	9,532	24,399	16,140	10.5	32.3	20.2
688		Plx4	5	8	13	20,989	22,257	21,770	27.2	26.5	26.8
689	Genito-Urinary Injuries		64	50	114	3,601	3,104	3,383	3.7	3.5	3.6
689		Plx1	52	46	98	3,083	3,202	3,139	3.1	3.6	3.4
689		Plx2	10	4	14	4,981	5,120	5,020	5.7	6.5	5.9
689		Plx3	3	1	5	14,026	1,466	9,350	13.7	1.0	10.5
689		Plx4		3	5		18,135	25,456		17.0	17.0
690	Crushing Injuries And Contusions		88	84	172	3,000	2,738	2,872	3.2	2.9	3.1
690		Plx1	76	77	153	2,291	2,603	2,448	2.4	2.7	2.5
690		Plx2	6	1	7	7,760	546	6,729	11.2	1.0	9.7
690		Plx3	5	5	10	9,514	4,055	6,785	13.4	6.6	10.0
690		Plx4	2	1	3	5,610	14,838	8,686	10.5	16.0	12.3
691	Minor Lower Extremity Fractures		22	20	42	2,493	2,235	2,370	2.2	2.5	2.4
691		Plx1	21	17	38	2,467	1,900	2,214	2.1	1.8	2.0
691		Plx2	1	2	3	3,047	3,621	3,430	4.0	4.5	4.3
691		Plx3			1			5,638			
691		Plx4									

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
692	Wounds		618	539	1,157	2,634	2,639	2,636	2.0	1.9	1.9
692		Plx1	601	520	1,121	2,584	2,567	2,576	1.9	1.8	1.9
692		Plx2	10	13	23	4,477	6,516	5,629	4.3	5.2	4.8
692		Plx3	13	8	21	6,740	4,641	5,940	6.3	5.1	5.9
692		Plx4	6	7	13	26,531	11,382	18,374	13.8	7.4	10.4
693	Amputations Or Vascular And Other Nerve Injuries		105	96	201	3,381	2,806	3,106	1.6	1.6	1.6
693		Plx1	102	94	196	3,364	2,756	3,072	1.6	1.5	1.6
693		Plx2	2	1	5	2,578	9,987	5,325	1.5	6.0	3.0
693		Plx3	3	3	6	12,435	7,504	9,969	8.0	4.3	6.2
693		Plx4	1	1	3	39,554	57,645	34,878	16.0	28.0	22.0
694	Facial Injuries		205	193	398	3,264	2,798	3,038	2.3	2.1	2.2
694		Plx1	200	188	388	3,135	2,730	2,938	2.2	2.1	2.1
694		Plx2	5	5	10	7,828	6,963	7,396	8.8	5.8	7.3
694		Plx3	1	1	5	8,256	1,834	4,110	4.0	2.0	3.0
694		Plx4	3		4	19,953		17,906	7.3		7.3
695	Other Cranial Injuries		346	318	664	3,225	2,959	3,098	2.6	2.5	2.5
695		Plx1	238	229	467	2,180	2,080	2,131	1.8	1.8	1.8
695		Plx2	29	19	48	6,113	5,517	5,877	5.6	5.0	5.4
695		Plx3	44	35	79	6,917	5,216	6,163	5.5	4.7	5.1
695		Plx4	22	25	47	18,500	17,863	18,161	12.4	10.3	11.3
696	Upper Extremity Fractures		243	254	497	2,095	2,016	2,054	1.6	1.6	1.6
696		Plx1	234	249	483	2,053	1,987	2,019	1.6	1.6	1.6
696		Plx2	25	13	38	7,047	8,460	7,530	8.1	11.9	9.4
696		Plx3	6	10	16	12,341	8,710	10,072	13.5	12.3	12.8
696		Plx4		4	5		25,049	23,528		34.8	34.8
700	PWS - Bone Marrow Transplant		144	152	296	58,251	54,735	56,445	27.0	27.0	27.0
700		Plx1	9	17	26	35,708	34,797	35,112	17.0	18.1	17.7
700		Plx2	4	11	15	32,321	47,104	43,162	18.5	24.0	22.5
700		Plx3	7	12	19	60,779	46,302	51,635	25.3	23.6	24.2
700		Plx4	124	113	237	60,580	60,175	60,387	28.2	29.3	28.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
701	Splenectomy		60	76	136	9,841	8,120	8,879	5.1	4.6	4.8
701		Plx1	48	71	119	8,256	7,723	7,938	3.8	4.4	4.1
701		Plx2	9	3	12	15,252	9,202	13,740	10.3	7.0	9.5
701		Plx3	1	1	5	14,048	8,670	11,336	6.0	7.0	6.5
701		Plx4	3	1	5	58,180	32,493	47,118	33.0	10.0	27.3
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		84	86	170	8,216	7,516	7,862	5.3	4.9	5.1
703		Plx1	67	70	137	5,861	5,725	5,791	4.1	3.9	4.0
703		Plx2	8	9	17	22,981	10,574	16,413	12.1	6.1	8.9
703		Plx3	7	5	12	15,742	17,232	16,363	14.0	11.8	13.1
703		Plx4	9	7	16	49,610	62,566	55,279	23.6	38.7	30.2
704	Red Blood Cell Disorders		548	469	1,017	4,791	5,149	4,956	5.5	5.6	5.6
704		Plx1	392	367	759	3,946	4,259	4,097	4.7	4.8	4.8
704		Plx2	87	58	145	6,026	7,688	6,691	7.1	8.5	7.7
704		Plx3	51	30	81	8,079	8,515	8,241	9.0	10.2	9.4
704		Plx4	25	21	46	15,476	17,414	16,361	15.0	15.0	15.0
709	Coagulation Disorders		229	184	413	4,019	3,363	3,727	4.2	3.5	3.9
709		Plx1	193	159	352	3,441	3,007	3,245	3.7	3.2	3.4
709		Plx2	19	11	30	6,785	6,107	6,536	6.6	6.5	6.6
709		Plx3	17	13	30	12,141	10,937	11,619	13.8	11.3	12.7
709		Plx4	7	8	15	10,861	18,214	14,783	12.0	12.8	12.4
710	Reticuloendothelial And Immunity Disorders		318	403	721	6,305	6,240	6,269	5.1	5.0	5.1
710		Plx1	256	334	590	5,484	5,380	5,425	4.7	4.5	4.6
710		Plx2	37	40	77	9,042	9,335	9,194	6.2	7.3	6.8
710		Plx3	17	21	38	12,218	11,247	11,682	9.5	8.0	8.7
710		Plx4	17	9	26	24,758	20,845	23,403	17.2	13.4	15.9
725	Major Leukemia And Lymphoma Procedures		122	123	245	12,108	8,781	10,438	7.0	6.1	6.5
725		Plx1	91	91	182	8,767	6,145	7,456	4.4	3.8	4.1
725		Plx2	15	13	28	15,840	8,386	12,379	13.4	6.9	10.4
725		Plx3	4	8	12	23,535	17,136	19,269	14.8	14.9	14.8
725		Plx4	13	20	33	65,659	48,729	55,399	31.7	36.0	34.3

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
726	Acute Leukemia Without Major Procedures		169	231	400	23,789	25,874	24,993	17.4	18.7	18.2
726		Plx1	80	87	167	10,700	12,205	11,484	9.5	8.5	9.0
726		Plx2	5	14	19	20,898	21,173	21,101	20.0	17.4	18.1
726		Plx3	23	37	60	22,155	22,789	22,546	16.5	17.8	17.3
726		Plx4	57	89	146	40,623	39,996	40,241	26.4	28.2	27.5
728	Lymphoma And Chronic Leukemia With Other Procedures		173	181	354	14,073	14,564	14,324	11.3	12.3	11.8
728		Plx1	111	104	215	7,849	8,293	8,064	6.5	6.6	6.6
728		Plx2	21	15	36	13,576	20,137	16,310	12.1	19.3	15.1
728		Plx3	11	19	30	24,843	14,452	18,262	22.4	11.8	15.7
728		Plx4	29	40	69	40,874	31,327	35,340	27.3	25.6	26.3
730	Lymphoma And Chronic Leukemia		367	408	775	9,982	10,722	10,371	10.4	10.8	10.6
730		Plx1	203	204	407	6,687	6,279	6,482	7.3	6.9	7.1
730		Plx2	69	88	157	9,077	10,692	9,982	9.4	12.3	11.0
730		Plx3	48	48	96	11,573	11,493	11,533	14.2	11.8	13.0
730		Plx4	46	66	112	27,190	27,276	27,241	23.6	21.1	22.1
733	Major Ill-Defined Neoplasm Procedures		60	51	111	16,070	13,017	14,667	10.6	9.9	10.3
733		Plx1	40	23	63	9,646	9,472	9,582	6.0	6.4	6.1
733		Plx2	7	15	22	21,273	13,740	16,137	16.4	12.9	14.0
733		Plx3	3	8	11	30,444	24,094	25,826	26.0	18.6	20.6
733		Plx4	10	8	18	44,659	29,752	38,034	24.8	26.0	25.3
734	Ill-Defined Neoplasm With Other Procedures		40	51	91	9,631	7,580	8,482	7.5	6.1	6.7
734		Plx1	26	37	63	5,641	6,396	6,085	3.1	4.2	3.8
734		Plx2	2	5	7	13,492	8,137	9,667	12.0	6.2	7.9
734		Plx3	6	6	12	23,203	14,607	18,905	19.0	18.7	18.8
734		Plx4	12	3	15	49,048	9,160	41,071	36.3	10.3	31.1
735	PWS - Radiation Therapy		153	171	324	4,192	4,870	4,550	4.4	5.2	4.9
735		Plx1	137	155	292	3,409	4,078	3,764	3.2	4.2	3.7
735		Plx2	9	7	16	11,510	9,273	10,531	14.8	12.3	13.7
735		Plx3	6	8	14	20,873	27,297	24,544	27.7	30.1	29.1
735		Plx4	3	5	8	19,713	24,992	23,012	21.3	26.8	24.8

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
736	Chemotherapy		742	733	1,475	4,867	5,068	4,967	3.3	3.4	3.3
736		Plx1	688	697	1,385	4,612	4,934	4,774	3.2	3.3	3.2
736		Plx2	10	16	26	7,426	10,352	9,227	5.4	7.6	6.7
736		Plx3	38	19	57	10,682	12,499	11,288	7.9	10.7	8.8
736		Plx4	34	45	79	20,067	21,240	20,735	17.4	19.9	18.8
737	Other Poorly Differentiated Neoplastic Diagnoses		84	99	183	9,031	9,952	9,529	11.6	11.5	11.5
737		Plx1	43	44	87	6,086	7,111	6,605	7.8	8.1	8.0
737		Plx2	21	27	48	8,620	11,397	10,182	11.9	13.6	12.8
737		Plx3	6	14	20	9,539	14,730	13,173	9.3	16.0	14.0
737		Plx4	11	16	27	17,835	16,504	17,046	21.0	19.9	20.3
750	Multisystemic Or Unspecified Site Infections With Surgery		351	354	705	26,106	24,442	25,271	16.0	16.0	16.0
750		Plx1	178	166	344	9,130	8,409	8,782	8.2	7.6	7.9
750		Plx2	37	36	73	16,240	17,711	16,966	13.5	15.3	14.4
750		Plx3	25	30	55	22,157	19,261	20,577	18.7	17.4	18.0
750		Plx4	122	141	263	73,240	68,033	70,448	38.3	35.6	36.8
751	Septicemia		472	524	996	9,816	10,381	10,113	7.7	8.0	7.8
751		Plx1	202	211	413	5,386	5,320	5,352	5.8	6.0	5.9
751		Plx2	67	72	139	9,134	7,728	8,406	8.8	7.7	8.2
751		Plx3	87	74	161	9,942	10,824	10,347	8.5	8.9	8.7
751		Plx4	128	174	302	19,698	18,949	19,266	12.2	11.7	11.9
756	Post-Operative And Post-Traumatic Infections		355	325	680	3,976	3,981	3,978	4.9	5.0	5.0
756		Plx1	303	292	595	3,855	3,907	3,881	4.8	5.0	4.9
756		Plx2	24	20	44	7,626	5,820	6,805	8.1	7.4	7.8
756		Plx3	26	15	41	4,390	6,263	5,075	5.5	7.4	6.2
756		Plx4	9	12	21	15,670	20,972	18,700	12.3	16.6	14.8
757	Viral Illness		191	215	406	3,218	3,273	3,247	3.4	3.3	3.3
757		Plx1	163	175	338	2,875	2,592	2,728	3.0	2.8	2.9
757		Plx2	10	21	31	3,590	4,378	4,124	3.9	4.0	3.9
757		Plx3	15	6	21	9,031	4,918	7,855	8.4	5.0	7.4
757		Plx4	4	13	17	18,024	25,285	23,576	16.8	17.8	17.6

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
761	Fever Of Unknown Origin		234	199	433	3,201	2,918	3,071	3.3	3.0	3.2
761		Plx1	189	184	373	3,073	2,973	3,024	3.3	3.3	3.3
761		Plx2	48	26	74	4,945	5,998	5,315	5.3	5.5	5.4
761		Plx3	11	11	22	4,961	6,545	5,753	3.6	8.0	5.8
761		Plx4	6	2	8	16,783	9,560	14,977	17.0	12.5	15.9
763	Other Infectious Diagnoses		122	116	238	6,844	7,217	7,026	6.1	6.7	6.4
763		Plx1	87	75	162	5,529	4,994	5,281	5.0	5.6	5.3
763		Plx2	13	15	28	7,947	8,709	8,355	9.0	7.4	8.1
763		Plx3	15	14	29	12,600	6,205	9,513	11.8	6.9	9.4
763		Plx4	17	14	31	31,030	22,520	27,187	22.7	15.9	19.6
764	Depressive Mood Disorders With ECT		265	271	536	19,906	18,981	19,439	38.2	37.8	38.0
764		Plx9	265	271	536	19,906	18,981	19,439	38.2	37.8	38.0
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		215	286	501	15,900	14,494	15,098	26.9	26.0	26.4
765		Plx9	215	286	501	15,900	14,494	15,098	26.9	26.0	26.4
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		937	975	1,912	10,305	9,838	10,067	20.5	19.9	20.2
766		Plx9	937	975	1,912	10,305	9,838	10,067	20.5	19.9	20.2
767	Depressive Mood Disorders LOS < 6 Days		277	305	582	2,346	2,461	2,406	2.9	3.0	3.0
767		Plx9	277	305	582	2,346	2,461	2,406	2.9	3.0	3.0
768	Bipolar Mood Disorders, Manic With ECT		21	20	41	28,295	19,754	24,129	45.9	37.1	41.6
768		Plx9	21	20	41	28,295	19,754	24,129	45.9	37.1	41.6
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		97	81	178	17,520	16,370	16,997	28.8	26.1	27.5
769		Plx9	97	81	178	17,520	16,370	16,997	28.8	26.1	27.5
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		505	532	1,037	11,867	11,815	11,840	21.5	21.0	21.2
770		Plx9	505	532	1,037	11,867	11,815	11,840	21.5	21.0	21.2
771	Bipolar Mood Disorders LOS < 6 Days		78	78	156	2,232	2,571	2,402	3.0	3.2	3.1
771		Plx9	78	78	156	2,232	2,571	2,402	3.0	3.2	3.1
772	Dementia With Or Without Delirium With Axis III Diagnosis		350	341	691	23,836	23,692	23,765	38.1	38.8	38.5
772		Plx9	350	341	691	23,836	23,692	23,765	38.1	38.8	38.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
773	Dementia With Or Without Delirium Without Axis III Diagnosis		276	243	519	20,037	19,061	19,580	34.0	32.4	33.2
773		Plx9	276	243	519	20,037	19,061	19,580	34.0	32.4	33.2
774	Organic Mental Disorders Induced By Drugs		373	317	690	5,352	6,199	5,741	8.0	9.1	8.5
774		Plx9	373	317	690	5,352	6,199	5,741	8.0	9.1	8.5
775	Schizophrenia And Other Psychotic Disorders With ECT		38	42	80	26,554	26,291	26,416	41.8	44.0	42.9
775		Plx9	38	42	80	26,554	26,291	26,416	41.8	44.0	42.9
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		252	197	449	17,830	18,143	17,967	29.7	30.8	30.2
776		Plx9	252	197	449	17,830	18,143	17,967	29.7	30.8	30.2
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		1,305	1,256	2,561	13,547	13,871	13,706	24.9	25.4	25.1
777		Plx9	1,305	1,256	2,561	13,547	13,871	13,706	24.9	25.4	25.1
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		249	248	497	2,390	2,343	2,366	3.0	2.9	3.0
778		Plx9	249	248	497	2,390	2,343	2,366	3.0	2.9	3.0
779	Dissociative Disorders		56	52	108	4,076	4,892	4,469	5.8	6.5	6.1
779		Plx9	56	52	108	4,076	4,892	4,469	5.8	6.5	6.1
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		160	141	301	7,754	6,813	7,313	8.9	7.8	8.4
780		Plx9	160	141	301	7,754	6,813	7,313	8.9	7.8	8.4
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		202	166	368	3,632	3,403	3,529	5.3	4.8	5.1
781		Plx9	202	166	368	3,632	3,403	3,529	5.3	4.8	5.1
783	Psychoactive Substance Dependence		491	398	889	5,312	6,089	5,660	7.9	9.2	8.5
783		Plx9	491	398	889	5,312	6,089	5,660	7.9	9.2	8.5
784	Psychoactive Substance Abuse		423	337	760	3,482	3,323	3,411	4.6	4.6	4.6
784		Plx9	423	337	760	3,482	3,323	3,411	4.6	4.6	4.6
785	Developmental Delay		69	54	123	14,180	17,321	15,559	19.6	23.5	21.3
785		Plx9	69	54	123	14,180	17,321	15,559	19.6	23.5	21.3
786	Disruptive Behaviour Disorders		240	195	435	13,233	15,013	14,031	18.4	19.0	18.7
786		Plx9	240	195	435	13,233	15,013	14,031	18.4	19.0	18.7
787	Eating Disorders		132	104	236	17,053	15,712	16,462	22.4	23.8	23.1
787		Plx9	132	104	236	17,053	15,712	16,462	22.4	23.8	23.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
Organic Mental Disorders Associated W Physical Disorders W Axis III											
788	Diagnosis		172	167	339	15,360	13,010	14,203	21.5	19.5	20.5
788		Plx9	172	167	339	15,360	13,010	14,203	21.5	19.5	20.5
Organic Mental Disorders Associated W Physical Disorders W/O Axis III											
789	Diagnosis		152	116	268	10,208	11,415	10,730	16.2	18.0	17.0
789		Plx9	152	116	268	10,208	11,415	10,730	16.2	18.0	17.0
790	Somatoform Disorders		30	26	56	4,294	3,483	3,918	7.6	5.2	6.5
790		Plx9	30	26	56	4,294	3,483	3,918	7.6	5.2	6.5
791	Anxiety Disorders (MNRH)		186	167	353	6,288	7,232	6,735	10.9	11.9	11.4
791		Plx9	186	167	353	6,288	7,232	6,735	10.9	11.9	11.4
792	Adjustment Disorders (MNRH)		1,347	1,382	2,729	3,057	2,914	2,985	4.0	3.8	3.9
792		Plx9	1,347	1,382	2,729	3,057	2,914	2,985	4.0	3.8	3.9
793	Personality Disorders With Axis III Diagnosis (MNRH)		47	47	94	7,433	6,854	7,144	10.8	9.3	10.0
793		Plx9	47	47	94	7,433	6,854	7,144	10.8	9.3	10.0
794	Personality Disorders Without Axis III Diagnosis (MNRH)		373	340	713	3,000	2,909	2,957	3.9	3.9	3.9
794		Plx9	373	340	713	3,000	2,909	2,957	3.9	3.9	3.9
795	Sexual Dysfunction And Sexual Disorders (MNRH)		10	15	25	11,517	12,595	12,164	12.5	13.1	12.9
795		Plx9	10	15	25	11,517	12,595	12,164	12.5	13.1	12.9
796	Specific Developmental Disorders (MNRH)		9	11	20	15,802	11,019	13,171	22.9	14.1	18.1
796		Plx9	9	11	20	15,802	11,019	13,171	22.9	14.1	18.1
797	Miscellaneous Psychiatric Diagnoses (MNRH)		38	41	79	9,129	8,289	8,693	11.9	10.9	11.4
797		Plx9	38	41	79	9,129	8,289	8,693	11.9	10.9	11.4
Extensive Procedures For Injury Or Complication Of Treatment											
803		Plx1	150	181	331	10,384	10,938	10,687	6.2	7.6	7.0
803		Plx2	31	30	61	16,675	17,440	17,051	10.4	10.0	10.2
803		Plx3	31	31	62	20,735	23,639	22,187	15.8	17.0	16.4
803		Plx4	52	83	135	79,878	70,753	74,268	45.8	38.6	41.4
Non-Extensive Procedures For Injury Or Complication Of Treatment											
804		Plx1	593	530	1,123	4,436	4,424	4,430	3.0	3.0	3.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
804		Plx2	56	60	116	12,383	11,703	12,031	10.1	10.6	10.4
804		Plx3	27	31	58	18,024	14,684	16,239	15.3	12.5	13.8
804		Plx4	37	45	82	49,514	46,214	47,703	30.0	29.4	29.7
805	MNRH Procedures For Injury Or Complication Of Treatment		124	137	261	4,253	4,561	4,415	3.6	3.5	3.6
805		Plx1	109	124	233	3,595	4,008	3,815	2.9	2.9	2.9
805		Plx2	6	5	11	12,020	10,051	11,125	10.8	10.0	10.5
805		Plx3	7	3	10	10,077	14,179	11,308	10.7	14.7	11.9
805		Plx4	3	4	7	62,470	32,369	45,270	69.7	23.8	43.4
811	Allergic Reaction		49	49	98	2,033	2,226	2,129	1.9	1.7	1.8
811		Plx1	45	45	90	2,037	1,917	1,977	1.9	1.6	1.7
811		Plx2	2	1	3	2,204	1,243	1,884	1.5	2.0	1.7
811		Plx3	3	3	6	3,488	7,177	5,332	3.3	3.3	3.3
811		Plx4		1	5		6,196	7,402		8.0	8.0
813	Drug Reactions		638	661	1,299	3,111	3,085	3,098	2.6	2.5	2.5
813		Plx1	513	528	1,041	2,680	2,516	2,597	2.4	2.3	2.3
813		Plx2	65	45	110	4,683	5,475	5,007	4.9	5.2	5.0
813		Plx3	59	72	131	5,995	5,527	5,738	4.4	4.1	4.2
813		Plx4	57	62	119	17,943	12,662	15,192	9.4	8.1	8.7
818	Complications Of Treatment		1,029	1,084	2,113	3,677	3,750	3,714	3.7	3.9	3.8
818		Plx1	870	909	1,779	2,925	3,020	2,973	3.1	3.3	3.2
818		Plx2	85	95	180	7,105	7,216	7,164	6.8	7.0	6.9
818		Plx3	55	59	114	8,742	10,602	9,704	8.6	9.8	9.2
818		Plx4	36	41	77	22,427	18,974	20,589	18.4	15.3	16.8
823	Minor Injuries And Trauma Diagnosis		137	113	250	3,498	3,719	3,598	2.8	2.5	2.7
823		Plx1	117	93	210	2,803	2,427	2,637	2.3	1.9	2.2
823		Plx2	5	8	13	4,817	6,955	6,132	5.8	6.5	6.2
823		Plx3	10	9	19	7,929	7,308	7,635	8.1	7.3	7.7
823		Plx4	7	8	15	21,955	26,211	24,225	10.6	11.3	10.9
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		31	20	51	77,127	67,085	73,189	32.5	30.6	31.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
830		Plx1	17	13	30	43,642	36,569	40,577	21.6	20.5	21.2
830		Plx2			3			39,194			
830		Plx3									
830		Plx4	15	8	23	128,636	280,393	181,421	56.5	89.8	68.0
831	Extensive Burns Without Burn Procedures		9	6	15	14,793	14,373	14,625	10.7	7.2	9.3
831		Plx1	6	5	11	14,260	12,111	13,283	11.2	7.8	9.6
831		Plx2	2		2	16,837		16,837	13.0		13.0
831		Plx3									
831		Plx4	3	1	4	45,478	25,685	40,530	25.3	4.0	20.0
832	PWS - Non-Extensive Burns With Skin Graft		97	114	211	18,077	16,915	17,449	11.7	11.6	11.7
832		Plx1	88	102	190	16,501	13,742	15,020	10.6	10.4	10.5
832		Plx2	5	6	11	35,256	26,577	30,522	20.4	17.8	19.0
832		Plx3	4	5	9	31,279	49,486	41,394	23.3	25.4	24.4
832		Plx4	4	3	7	141,886	165,263	151,905	62.8	62.3	62.6
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		2	2	5	7,315	2,716	6,075	5.5	2.0	3.8
833		Plx1	1	2	4	4,233	2,716	4,995	2.0	2.0	2.0
833		Plx2									
833		Plx3	1		1	10,396		10,396	9.0		9.0
833		Plx4									
834	Non-Extensive Burns Without Burn Procedures		88	93	181	5,828	5,179	5,494	4.7	4.0	4.4
834		Plx1	82	89	171	5,107	4,976	5,039	4.2	4.0	4.1
834		Plx2	2	1	5	10,507	14,294	13,554	7.5	9.0	8.0
834		Plx3	2	4	6	25,159	10,158	15,158	28.5	9.5	15.8
834		Plx4	2	1	5	23,936	18,848	24,609	12.5	43.0	22.7
840	Other Admissions With Surgery		462	382	844	33,729	31,258	32,610	34.3	32.8	33.6
840		Plx1	254	214	468	7,610	8,027	7,801	5.8	7.3	6.5
840		Plx2	47	47	94	33,045	35,138	34,091	36.6	46.1	41.3
840		Plx3	43	31	74	62,603	52,068	58,189	70.8	56.1	64.7
840		Plx4	96	71	167	95,731	92,540	94,375	88.5	83.0	86.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
841	Rehabilitation		1,627	1,753	3,380	26,561	25,453	25,987	40.9	40.6	40.7
841		Plx1	952	1,044	1,996	22,885	21,934	22,388	37.0	35.9	36.4
841		Plx2	356	359	715	30,845	29,014	29,926	44.6	44.7	44.7
841		Plx3	174	206	380	29,022	31,335	30,276	45.8	50.8	48.5
841		Plx4	155	163	318	42,158	43,373	42,780	58.0	62.3	60.2
842	Signs And Symptoms		459	333	792	7,895	7,142	7,578	11.8	11.2	11.6
842		Plx1	303	232	535	5,639	5,260	5,475	8.5	8.1	8.3
842		Plx2	83	51	134	10,940	9,986	10,577	16.2	17.1	16.5
842		Plx3	37	32	69	12,700	13,435	13,041	19.9	20.1	20.0
842		Plx4	34	14	48	22,319	20,476	21,782	29.5	26.7	28.7
846	Aftercare Following Surgery Or Treatment		2,604	1,777	4,381	1,403	1,410	1,406	1.2	1.3	1.3
846		Plx1	2,553	1,755	4,308	1,380	1,396	1,386	1.2	1.3	1.2
846		Plx2	53	25	78	3,499	6,421	4,435	3.3	5.5	4.0
846		Plx3	3	9	12	7,364	6,475	6,697	6.3	6.7	6.6
846		Plx4	2	2	5	14,431	14,525	12,755	7.5	13.0	10.3
847	Other Specified Aftercare		612	516	1,128	11,822	12,401	12,087	14.8	15.8	15.2
847		Plx1	538	449	987	11,416	11,706	11,548	14.2	15.0	14.6
847		Plx2	46	29	75	10,130	17,545	12,997	13.5	22.1	16.9
847		Plx3	14	18	32	12,212	15,861	14,265	15.1	18.4	17.0
847		Plx4	10	19	29	25,743	17,842	20,567	27.3	20.2	22.7
849	Multiple Or Unspecified Congenital Anomalies		3	7	10	2,320	14,543	10,876	2.0	8.4	6.5
849		Plx1	3	3	6	2,320	5,315	3,818	2.0	2.0	2.0
849		Plx2		2	2		25,489	25,489		12.0	12.0
849		Plx3		1	2		1,225	6,700		1.0	1.0
849		Plx4									
850	Perinatal Conditions Age > 28 Days		87	67	154	21,331	20,923	21,153	20.9	21.0	20.9
850		Plx1	53	29	82	21,091	16,117	19,332	21.6	19.0	20.7
850		Plx2	6	9	15	23,356	22,625	22,918	22.8	22.2	22.5
850		Plx3	22	21	43	14,941	18,558	16,708	15.3	19.5	17.3
850		Plx4	10	8	18	77,802	42,640	62,174	52.3	31.0	42.8

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
851	Other Factors Causing Hospitalization		225	251	476	3,459	3,507	3,485	4.1	3.6	3.9
851		Plx1	211	232	443	3,101	3,287	3,198	3.6	3.2	3.4
851		Plx2	9	13	22	5,792	4,883	5,255	7.7	7.3	7.5
851		Plx3	3	4	7	13,292	6,157	9,215	20.3	7.0	12.7
851		Plx4	1	1	5	8,974	6,001	10,206	7.0	3.0	5.0
852	Procedures Cancelled (MNRH)		518	516	1,034	476	457	466	1.0	1.0	1.0
852		Plx1	511	504	1,015	471	448	460	1.0	1.0	1.0
852		Plx2	5	9	14	765	746	753	1.0	1.0	1.0
852		Plx3	2	3	5	1,101	1,028	1,057	1.0	1.0	1.0
852		Plx4									
860	Respiratory Tract Disorders With HIV		45	41	86	10,456	10,250	10,358	8.5	10.0	9.2
860		Plx9	45	41	86	10,456	10,250	10,358	8.5	10.0	9.2
861	CNS Infection With HIV		7	2	9	14,344	8,873	13,128	15.4	10.5	14.3
861		Plx9	7	2	9	14,344	8,873	13,128	15.4	10.5	14.3
862	GI And Hepatobiliary Disorders With HIV		6	11	17	9,305	5,528	6,861	12.3	7.5	9.2
862		Plx9	6	11	17	9,305	5,528	6,861	12.3	7.5	9.2
863	Ophthalmic Disorders With HIV		2	6	8	12,920	15,365	14,754	19.5	13.5	15.0
863		Plx9	2	6	8	12,920	15,365	14,754	19.5	13.5	15.0
864	Blood Infections With HIV		2	5	7	4,272	15,380	12,206	7.0	24.8	19.7
864		Plx9	2	5	7	4,272	15,380	12,206	7.0	24.8	19.7
865	Lymphoma With HIV		1		3	3,428		29,760	4.0		4.0
865		Plx9	1		3	3,428		29,760	4.0		4.0
866	Psychosocial Conditions With HIV		2	4	6	73,923	17,927	36,592	90.0	24.0	46.0
866		Plx9	2	4	6	73,923	17,927	36,592	90.0	24.0	46.0
867	Other Conditions Associated With HIV		1	1	5	13,813	16,766	14,379	11.0	23.0	17.0
867		Plx9	1	1	5	13,813	16,766	14,379	11.0	23.0	17.0
868	Miscellaneous Conditions With HIV		23	25	48	10,776	12,252	11,545	11.9	11.2	11.5
868		Plx9	23	25	48	10,776	12,252	11,545	11.9	11.2	11.5
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		38	44	82	33,189	30,756	31,884	28.7	24.3	26.3
880		Plx1	19	12	31	21,007	13,457	18,084	18.4	11.4	15.7

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
880		Plx2	2	9	11	17,316	20,760	20,133	15.5	17.3	17.0
880		Plx3	5	7	12	24,825	28,916	27,212	16.8	22.4	20.1
880		Plx4	12	17	29	62,786	54,257	57,787	58.5	43.1	49.4
881	Amputation Of Lower Limb Except Toe		201	231	432	21,283	18,207	19,638	21.9	18.9	20.3
881		Plx1	89	101	190	11,601	9,882	10,687	11.9	11.0	11.4
881		Plx2	36	49	85	21,688	16,576	18,741	19.7	16.8	18.0
881		Plx3	32	31	63	22,212	22,008	22,111	25.1	25.9	25.5
881		Plx4	44	56	100	48,995	45,076	46,800	51.5	45.7	48.3
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		11	8	19	27,372	24,934	26,346	24.3	22.5	23.5
882		Plx1	3	3	6	17,866	12,690	15,278	20.0	9.7	14.8
882		Plx2	3	1	5	21,461	24,206	20,121	18.3	32.0	21.8
882		Plx3	1	3	5	18,271	29,774	24,403	12.0	29.0	24.8
882		Plx4	4	2	6	41,211	60,608	47,676	35.0	59.5	43.2
883	Wound Debridement And Grafting Other Than Hand		20	26	46	20,424	17,599	18,827	20.0	18.0	18.8
883		Plx1	13	16	29	13,050	13,136	13,098	12.9	14.0	13.5
883		Plx2	4	2	6	19,439	6,353	15,077	23.8	5.5	17.7
883		Plx3		4	5		16,373	16,709		19.3	19.3
883		Plx4	5	4	9	72,024	86,963	78,664	65.2	46.5	56.9
884	Other Amputations Including Toe		44	43	87	14,181	11,064	12,640	15.5	11.4	13.5
884		Plx1	26	23	49	7,759	6,256	7,054	8.8	6.7	7.8
884		Plx2	7	9	16	19,849	8,914	13,698	17.9	10.3	13.6
884		Plx3	6	8	14	15,431	21,640	18,979	20.3	28.0	24.7
884		Plx4	4	5	9	39,925	32,327	35,704	41.8	29.8	35.1
885	PWS - Aortic Replacement		183	196	379	19,683	18,611	19,128	8.7	8.8	8.7
885		Plx1	115	116	231	15,985	14,746	15,363	6.8	6.9	6.8
885		Plx2	19	31	50	22,320	19,804	20,760	11.1	10.6	10.8
885		Plx3	26	22	48	24,623	22,666	23,726	12.8	12.1	12.5
885		Plx4	31	36	67	41,020	39,195	40,039	17.3	17.7	17.5
887	Vascular Bypass Surgery		258	300	558	14,461	15,262	14,892	8.4	9.1	8.8

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
887		Plx1	181	190	371	12,047	11,803	11,922	6.9	7.2	7.1
887		Plx2	28	43	71	16,702	14,694	15,486	11.3	10.5	10.8
887		Plx3	30	39	69	17,665	19,529	18,719	11.1	12.2	11.7
887		Plx4	26	34	60	40,440	40,507	40,478	21.3	20.3	20.7
890	Other Thoraco-Abdominal Procedures		40	43	83	13,811	19,791	16,909	10.1	11.1	10.6
890		Plx1	18	22	40	8,507	10,528	9,619	5.2	7.1	6.3
890		Plx2	6	4	10	13,832	10,493	12,496	11.8	5.8	9.4
890		Plx3	7	7	14	17,079	13,595	15,337	16.1	11.0	13.6
890		Plx4	9	13	22	27,869	60,789	47,322	15.0	30.6	24.2
891	Vascular Repair		129	152	281	10,913	10,742	10,821	5.3	5.4	5.4
891		Plx1	104	108	212	9,202	7,519	8,344	4.1	3.9	4.0
891		Plx2	7	17	24	16,619	11,570	13,043	14.1	7.6	9.5
891		Plx3	13	13	26	16,874	11,759	14,317	9.2	7.5	8.3
891		Plx4	14	17	31	48,669	41,928	44,972	25.7	21.2	23.2
892	Other Vascular Procedures		65	74	139	8,186	7,299	7,714	5.0	4.6	4.8
892		Plx1	52	63	115	7,887	6,599	7,182	4.8	4.0	4.3
892		Plx2	9	7	16	11,021	13,405	12,064	8.4	10.4	9.3
892		Plx3	6	4	10	19,091	8,043	14,672	11.3	4.8	8.7
892		Plx4	1	2	5	58,271	27,694	44,994	46.0	25.5	32.3
893	Vein Ligation And Stripping (MNRH)		24	25	49	1,934	2,120	2,029	1.0	1.0	1.0
893		Plx1	24	25	49	1,934	2,120	2,029	1.0	1.0	1.0
893		Plx2			2			1,800			
893		Plx3									
893		Plx4									
895	Deep Vein Thrombophlebitis		242	253	495	4,856	5,108	4,984	6.7	6.9	6.8
895		Plx1	162	168	330	4,219	4,259	4,239	5.8	5.9	5.9
895		Plx2	47	56	103	5,689	5,162	5,402	7.7	7.1	7.3
895		Plx3	31	22	53	6,810	12,688	9,250	10.0	16.3	12.6
895		Plx4	4	10	14	37,270	12,503	19,579	37.0	15.6	21.7
898	Peripheral Vascular Disease		158	194	352	5,427	5,453	5,441	5.4	5.5	5.5

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
898		Plx1	114	137	251	4,465	4,135	4,285	4.5	4.3	4.4
898		Plx2	30	29	59	7,328	6,720	7,029	8.8	6.8	7.8
898		Plx3	15	20	35	11,176	11,012	11,082	12.1	14.5	13.5
898		Plx4	8	13	21	24,739	15,014	18,719	22.9	14.2	17.5
900	Extensive Unrelated O.R. Procedures		286	294	580	31,275	29,790	30,522	20.8	20.2	20.5
900		Plx1	106	111	217	16,954	15,118	16,015	8.9	7.1	8.0
900		Plx2	30	35	65	22,757	23,050	22,915	18.2	22.9	20.8
900		Plx3	34	44	78	32,948	25,911	28,978	26.6	24.5	25.4
900		Plx4	119	110	229	51,665	54,784	53,163	34.5	36.5	35.5
901	Non-Extensive Unrelated O.R. Procedures		748	817	1,565	17,115	15,859	16,459	13.0	12.4	12.6
901		Plx1	412	451	863	7,546	7,616	7,583	5.9	6.2	6.1
901		Plx2	72	96	168	16,044	13,463	14,569	16.0	13.4	14.5
901		Plx3	94	99	193	21,464	19,976	20,701	19.6	20.1	19.9
901		Plx4	172	194	366	45,869	45,185	45,506	29.3	32.2	30.8
902	Post-Operative Complications With Unrelated O.R. Procedures		72	82	154	14,608	16,546	15,640	9.9	11.4	10.7
902		Plx1	42	37	79	7,983	5,490	6,815	5.3	3.5	4.4
902		Plx2	12	16	28	17,449	18,127	17,836	14.5	14.1	14.3
902		Plx3	9	6	15	21,201	19,207	20,403	18.2	18.8	18.5
902		Plx4	11	24	35	49,245	41,734	44,094	25.8	24.8	25.1
906	Unrelated O.R. Procedures (MNRH)		133	157	290	12,632	10,255	11,345	11.5	9.7	10.5
906		Plx1	87	109	196	7,849	6,074	6,862	7.1	5.2	6.1
906		Plx2	13	21	34	13,646	17,852	16,244	17.1	21.7	19.9
906		Plx3	14	13	27	26,886	15,264	21,290	26.6	19.3	23.1
906		Plx4	19	16	35	28,798	31,562	30,061	22.4	28.3	25.1
908	Other Major Procedures For Gynecological Malignancy		18	13	31	5,197	4,358	4,845	3.6	2.9	3.3
908		Plx1	18	13	31	5,513	4,358	5,029	3.9	2.9	3.5
908		Plx2	1	1	3	8,228	17,684	11,480	5.0	16.0	10.5
908		Plx3									
908		Plx4									

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
909	Obsolete Psychiatric Diagnoses (MNRH)		155	180	335	6,742	6,150	6,424	11.2	10.5	10.9
909		Plx9	155	180	335	6,742	6,150	6,424	11.2	10.5	10.9
910	Diagnosis Not Generally Hospitalized		78	84	162	2,518	2,566	2,543	1.7	1.5	1.6
910		Plx9	78	84	162	2,518	2,566	2,543	1.7	1.5	1.6
912	Obstetric Codes Invalid As Most Responsible Diagnosis		5	10	15	1,736	1,909	1,851	1.6	1.9	1.8
912		Plx9	5	10	15	1,736	1,909	1,851	1.6	1.9	1.8
996	Cadaveric Donor Organ and Tissue Retrieval										
996		Plx9									
997	Stillbirths										
997		Plx9									
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		5	3	8	4,421	917	3,107	3.4	1.7	2.8
998		Plx9	5	3	8	4,421	917	3,107	3.4	1.7	2.8
999	Ungroupable Data		20	24	44	2,782	1,819	2,257	2.3	2.3	2.3
999		Plx9	20	24	44	2,782	1,819	2,257	2.3	2.3	2.3

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
001	PWS - Craniotomy Procedures		2.2455	1,168	1,043	2,095	15,379	0.72	11,121	25
001		Plx1	1.7580	889	826	1,655	12,704	0.58	7,386	21
001		Plx2	2.7451	98	92	193	19,874	0.63	12,590	32
001		Plx3	3.5794	63	59	124	25,834	0.69	17,904	51
001		Plx4	8.0496	118	115	228	57,674	0.59	34,313	86
003	PWS - Spinal Procedures		1.5637	154	123	272	10,673	0.80	8,501	21
003		Plx1	1.2624	122	104	224	9,112	0.74	6,764	17
003		Plx2	2.2942	16	15	28	16,186	0.58	9,334	42
003		Plx3	2.9436	4	4	18	22,060	0.68	15,091	49
003		Plx4	6.2827	12	12	19	43,562	0.65	28,229	76
004	PWS - Extracranial Vascular Procedures		1.0914	360	256	595	6,964	0.48	3,342	11
004		Plx1	0.9280	313	223	521	6,248	0.39	2,426	8
004		Plx2	2.1820	26	22	35	14,987	0.57	8,609	36
004		Plx3	2.0596	10	10	24	14,588	0.51	7,512	29
004		Plx4	4.3196	11	10	23	30,458	0.76	23,210	64
005	PWS - Ventricular Shunt Revision		0.8772	80	75	161	6,207	0.48	2,993	8
005		Plx1	0.8099	75	72	150	6,105	0.48	2,935	8
005		Plx2	1.4760	3	3	9	11,230	0.61	6,831	16
005		Plx3	0.8352	2	1	5	6,887	0.39	2,672	8
005		Plx4								21
006	Carpal Tunnel Release And Specified Nervous System Procedures		0.8471	116	85	167	5,898	0.67	3,960	10
006		Plx1	0.7507	106	82	157	5,676	0.67	3,795	7
006		Plx2	0.8949	2	1	5	6,462	0.39	2,490	22
006		Plx3	2.9091	3	3	5	19,673	0.39	7,631	54
006		Plx4	8.8996	5	5	8	64,909	1.17	75,998	113
007	Peripheral, Cranial Nerve And Other Neurological Procedures		3.1469	44	39	74	21,327	0.84	17,940	59
007		Plx1	1.5712	30	25	44	11,574	0.57	6,558	29
007		Plx2	2.6265	2	2	6	19,756	0.41	8,189	51
007		Plx3	4.1746	1		3	28,272	0.60	16,894	69
007		Plx4	6.3475	11	11	21	45,172	0.60	26,911	91

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
010	Neoplasm Of Nervous System		1.2543	442	249	502	8,308	0.88	7,325	42
010		Plx1	0.9254	321	178	344	6,489	0.82	5,327	33
010		Plx2	1.4050	68	37	92	9,590	0.77	7,425	47
010		Plx3	2.1978	36	23	45	15,774	0.77	12,105	57
010		Plx4	3.1924	17	7	19	22,975	0.90	20,710	76
011	Degenerative Nervous Disorders		1.9886	406	165	307	12,388	1.03	12,715	72
011		Plx1	1.3706	325	124	226	9,101	0.93	8,446	63
011		Plx2	2.9639	48	18	33	19,620	0.69	13,461	91
011		Plx3	2.8160	20	14	31	19,486	0.95	18,599	124
011		Plx4	5.4766	13	9	22	36,647	0.62	22,724	153
012	Multiple Sclerosis And Cerebellar Disorders		1.0570	264	116	217	6,732	0.90	6,043	39
012		Plx1	0.8230	231	99	187	5,629	0.79	4,422	33
012		Plx2	2.3875	19	9	19	16,177	0.83	13,354	97
012		Plx3	3.2443	10	8	13	21,103	0.70	14,728	137
012		Plx4	4.3128	4	1	5	28,533	0.76	21,633	114
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1.3119	2,689	1,713	3,310	8,524	0.98	8,332	39
013		Plx1	0.8769	1,981	1,272	2,437	6,095	0.79	4,788	27
013		Plx2	2.1345	330	183	381	14,258	0.76	10,818	71
013		Plx3	2.3420	214	138	262	16,042	0.85	13,589	74
013		Plx4	3.8563	164	129	267	26,352	0.91	23,905	95
014	Transient Ischemic Attacks And Precerebral Occlusions		0.5976	1,196	571	1,112	3,953	0.83	3,298	16
014		Plx1	0.5086	1,078	521	1,010	3,551	0.75	2,669	13
014		Plx2	1.1867	79	32	67	7,972	0.82	6,553	30
014		Plx3	1.9576	26	16	39	13,833	0.65	9,011	50
014		Plx4	3.1179	13	10	20	21,940	0.58	12,753	87
015	Nonspecific Cerebrovascular Disorders		1.0332	127	77	156	6,699	1.08	7,232	32
015		Plx1	0.7102	97	56	118	4,954	0.91	4,518	26
015		Plx2	1.1525	16	11	16	8,104	0.77	6,248	53
015		Plx3	1.1217	8	6	11	7,900	0.74	5,866	55
015		Plx4	3.9416	6	4	12	26,087	0.59	15,334	92

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
017	Cranial And Peripheral Nerve Diseases		0.9693	366	179	336	6,257	0.93	5,846	30
017		Plx1	0.7499	291	145	270	5,193	0.78	4,038	23
017		Plx2	1.4567	34	14	28	9,980	0.84	8,420	52
017		Plx3	1.3412	29	16	26	9,693	0.71	6,919	47
017		Plx4	6.4716	12	8	18	44,403	0.93	41,261	154
018	Viral Meningitis		0.3704	153	90	189	2,245	0.61	1,361	8
018		Plx1	0.3335	148	87	184	2,202	0.60	1,324	8
018		Plx2	1.1083	2	2	5	7,583	0.88	6,659	15
018		Plx3	0.7075	2	1	5	4,805	0.59	2,813	27
018		Plx4	0.4809	1	1	1	3,078			5
019	Infection Except Viral Meningitis		1.1918	268	172	354	8,053	1.07	8,618	27
019		Plx1	0.7375	211	132	262	5,309	0.85	4,532	18
019		Plx2	1.4787	27	19	32	11,328	0.77	8,732	34
019		Plx3	2.1712	13	9	27	14,666	0.90	13,147	42
019		Plx4	4.0287	17	13	36	29,508	0.64	18,937	68
020	Hypertensive Encephalopathy		2.2038	16	8	14	13,826	0.98	13,546	37
020		Plx1	0.6217	9	4	8	4,170	0.76	3,179	17
020		Plx2	2.7047	4	2	3	19,256	0.53	10,154	40
020		Plx3								4
020		Plx4	5.5348	3	2	2	35,866	0.12	4,234	24
021	Non-Traumatic Stupor And Coma		0.8409	164	90	166	5,348	0.79	4,229	16
021		Plx1	0.6502	125	63	109	4,445	0.71	3,148	13
021		Plx2	0.8191	22	14	28	5,653	0.72	4,055	21
021		Plx3	1.1786	10	7	17	8,304	0.57	4,757	28
021		Plx4	1.6853	7	7	14	11,522	0.93	10,725	30
022	Seizure And Headache		0.5049	2,678	1,116	2,174	3,399	0.91	3,109	10
022		Plx1	0.4415	2,428	1,021	1,988	3,192	0.87	2,787	10
022		Plx2	1.0092	139	68	116	7,212	0.94	6,787	23
022		Plx3	1.1383	74	45	95	8,107	0.93	7,526	27
022		Plx4	3.3003	37	30	55	24,017	0.83	19,821	51

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
028	Other Nervous System Diagnoses		1.1781	735	425	831	7,391	1.15	8,492	32
028		Plx1	0.7027	567	305	594	4,816	0.85	4,083	26
028		Plx2	1.3311	80	47	87	8,841	0.85	7,481	42
028		Plx3	1.7980	35	25	51	11,834	0.74	8,813	53
028		Plx4	3.1435	53	42	86	21,137	0.78	16,390	51
040	Tracheostomy And Gastrostomy Procedures		12.2663	274	235	500	80,087	0.82	65,734	151
040		Plx1	4.5714	55	44	81	31,954	0.62	19,869	105
040		Plx2	4.6357	9	8	13	32,951	0.62	20,487	109
040		Plx3	5.8690	37	32	62	39,790	0.53	20,986	122
040		Plx4	14.6886	173	149	343	102,157	0.71	72,177	177
050	Orbital Procedures		0.3969	347	314	689	2,301	0.46	1,070	4
050		Plx1	0.3663	339	310	682	2,296	0.47	1,071	4
050		Plx2	1.0763	5	5	10	6,709	0.68	4,586	23
050		Plx3	1.0463	1	1	5	6,580	0.83	5,457	18
050		Plx4	3.0450	2	1	5	22,030	1.00	21,976	47
051	Other Intraocular Procedures		0.4160	113	92	206	2,447	0.54	1,311	4
051		Plx1	0.3866	108	89	202	2,445	0.53	1,308	4
051		Plx2	0.6748	5	5	7	4,307	0.59	2,562	12
051		Plx3								2
051		Plx4								
052	Retinal Procedures		0.3591	1,316	1,186	2,258	2,086	0.32	666	1
052		Plx1	0.3335	1,308	1,182	2,251	2,086	0.32	667	1
052		Plx2	0.4788	5	4	9	2,962	0.68	2,023	9
052		Plx3	0.4924	2	2	5	3,200	0.21	677	7
052		Plx4	2.5105	1	1	1	16,509			9
053	Iris And Lens Procedures		0.4487	19	15	21	2,672	0.50	1,330	4
053		Plx1	0.4138	19	15	21	2,672	0.50	1,330	4
053		Plx2								
053		Plx3	1.6120			1	9,574			7
053		Plx4								

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
054	Extraocular Procedures		0.3589	32	26	55	2,161	0.40	865	4
054		Plx1	0.3239	31	23	47	2,116	0.42	894	2
054		Plx2	1.7422	1	1	1	11,152			5
054		Plx3	2.6994			2	17,463	0.17	2,936	20
054		Plx4	4.8599			1	28,863			13
055	Lens Insertion (MNRH)		0.5211	283	245	385	3,069	0.30	907	1
055		Plx1	0.4799	278	241	381	3,074	0.29	906	1
055		Plx2	0.4498	3	3	3	2,907	0.09	273	3
055		Plx3	0.4173	2	2	3	2,749	0.50	1,363	1
055		Plx4								
057	Other Ophthalmic Procedures (MNRH)		0.2698	60	48	99	1,649	0.41	676	1
057		Plx1	0.2454	59	47	98	1,635	0.41	666	1
057		Plx2	0.3678	1	1	3	2,713	0.10	260	2
057		Plx3	0.4539			2	2,898	0.41	1,187	4
057		Plx4								
060	Major Eye Infections		0.7836	101	62	114	4,970	0.72	3,581	14
060		Plx1	0.7016	92	57	106	4,734	0.71	3,348	13
060		Plx2	0.9691	4	3	5	7,145	0.81	5,763	23
060		Plx3	2.3997	5	4	5	16,650	0.71	11,808	124
060		Plx4								12
062	Hyphema		0.3344	14	4	8	2,285	0.62	1,406	7
062		Plx1	0.3057	13	4	8	2,285	0.62	1,406	7
062		Plx2		1						22
062		Plx3								
062		Plx4								
063	Other Ophthalmic Diagnoses (MNRH)		0.4717	186	100	218	3,113	0.81	2,522	10
063		Plx1	0.4181	170	94	203	2,960	0.81	2,409	10
063		Plx2	1.1796	13	7	16	7,878	0.86	6,767	33
063		Plx3	1.1537	1	1	5	8,022	0.78	6,223	19
063		Plx4	3.0481	2	1	4	20,857	0.90	18,777	35

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
075	PWS - Radical Laryngectomy And Glossectomy		6.2204	79	74	151	41,428	0.39	16,062	49
075		Plx1	4.9765	47	47	94	35,426	0.28	9,977	34
075		Plx2	6.9267	8	7	15	49,539	0.31	15,598	54
075		Plx3	7.4425	6	6	16	51,959	0.43	22,494	72
075		Plx4	8.5495	18	18	32	61,335	0.46	27,929	79
076	PWS - Major Head And Neck Procedures		2.2703	189	176	339	14,943	1.12	16,713	34
076		Plx1	1.3472	160	146	267	9,427	1.10	10,407	20
076		Plx2	3.5851	7	7	18	24,873	0.58	14,527	42
076		Plx3	4.1253	7	7	16	28,870	0.75	21,509	29
076		Plx4	7.2268	15	15	36	54,022	0.54	29,017	68
077	Less Extensive Head And Neck Procedures		0.5111	264	188	399	3,195	0.63	1,998	4
077		Plx1	0.4666	246	185	392	3,143	0.63	1,970	4
077		Plx2	1.8215	5	5	7	13,074	1.16	15,176	30
077		Plx3	1.2211	4	2	5	8,683	0.51	4,471	18
077		Plx4	3.2877	9	7	8	23,684	0.55	13,038	66
078	Cleft Lip And Palate Repair		0.6620	165	112	217	4,688	0.35	1,622	2
078		Plx1	0.5993	163	110	215	4,611	0.31	1,407	2
078		Plx2	1.6369	2	2	5	12,577	0.33	4,167	10
078		Plx3								10
078		Plx4								
081	Salivary Gland Procedures		0.6249	202	147	290	3,895	0.40	1,569	4
081		Plx1	0.5794	201	146	289	3,892	0.40	1,571	4
081		Plx2	1.1222	1	1	2	7,885	0.57	4,457	6
081		Plx3								2
081		Plx4								
082	Minor Ear, Nose And Throat Procedures		0.3847	54	35	80	2,569	0.45	1,157	4
082		Plx1	0.3560	52	34	79	2,556	0.45	1,159	4
082		Plx2	0.8061	1	1	2	5,496	0.49	2,714	310
082		Plx3	3.6073	1	1	1	23,091			23
082		Plx4	3.7912			2	23,538	1.18	27,889	59

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
083	Reconstructive ENT Procedures		1.0425	412	391	791	6,290	0.48	2,995	5
083		Plx1	0.9629	405	387	783	6,267	0.48	2,978	5
083		Plx2	1.4062	3	3	6	9,321	0.47	4,392	8
083		Plx3	2.1207	4	4	5	14,313	0.62	8,833	11
083		Plx4	3.1491			2	22,174	0.36	8,024	8
084	Miscellaneous Ear, Nose And Throat Procedures		0.7221	130	94	190	4,699	0.83	3,902	10
084		Plx1	0.6466	122	90	182	4,527	0.79	3,570	10
084		Plx2	1.9175	1	1	6	13,072	1.09	14,286	35
084		Plx3	1.4817	3	3	5	11,305	0.84	9,547	47
084		Plx4	4.0316	4	4	5	29,029	0.81	23,487	48
085	Mastoid Procedures		1.4467	190	125	312	9,882	1.30	12,891	4
085		Plx1	0.9316	186	112	252	7,111	1.31	9,298	1
085		Plx2	2.2246	3	2	7	15,025	2.11	31,659	10
085		Plx3	4.7758	1	1	5	32,734	0.93	30,580	36
085		Plx4								28
086	Other Tonsillar Procedures		0.4509	52	31	55	3,144	0.72	2,266	7
086		Plx1	0.4117	52	31	52	3,133	0.72	2,262	7
086		Plx2	0.2295			1	1,575			4
086		Plx3	0.2660			1	1,826			1
086		Plx4	2.1942			3	15,060	0.60	9,091	18
087	Sinus Procedures		0.4104	106	43	83	2,487	0.34	842	1
087		Plx1	0.3845	102	42	81	2,493	0.34	848	1
087		Plx2	2.1968	2	1	2	15,364	0.12	1,832	11
087		Plx3	0.9846	2	2	5	6,992	0.86	6,038	13
087		Plx4	1.2405			2	8,701	0.08	722	8
088	Ethmoidectomy (MNRH)		0.3966	404	299	555	2,326	0.28	652	1
088		Plx1	0.3712	399	297	553	2,324	0.28	652	1
088		Plx2	0.5670	2	1	3	3,535	0.35	1,225	10
088		Plx3	0.6548	3	3	3	4,192	0.38	1,606	12
088		Plx4								50

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
089	Dental Extraction Or Restoration (MNRH)		0.3825	212	154	301	2,527	0.54	1,363	4
089		Plx1	0.3510	205	149	293	2,498	0.54	1,343	4
089		Plx2	0.5511	4	4	8	4,038	0.50	2,039	9
089		Plx3	0.5919	2	1	3	4,639	0.47	2,161	6
089		Plx4	2.3734	1	1	2	16,734	0.78	13,130	30
090	External And Middle Ear Procedures (MNRH)		0.3663	139	96	196	2,304	0.59	1,363	1
090		Plx1	0.3419	136	96	195	2,300	0.59	1,366	1
090		Plx2	1.0206	2	1	1	7,590			10
090		Plx3	0.6559	1	1	2	6,383	0.74	4,754	3
090		Plx4								
091	Nasal Procedures (MNRH)		0.3226	180	77	147	1,973	0.47	932	1
091		Plx1	0.3008	178	76	146	1,976	0.47	934	1
091		Plx2	1.6744	2	2	4	11,728	1.11	13,069	18
091		Plx3								
091		Plx4								9
092	Myringotomy (MNRH)		0.3534	36	21	45	2,394	0.80	1,911	4
092		Plx1	0.3072	32	19	41	2,252	0.80	1,812	4
092		Plx2	0.6992	1	1	4	4,884	0.43	2,102	16
092		Plx3	0.6390	3	3	5	5,025	0.68	3,439	10
092		Plx4								6
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		0.2803	1,458	297	631	1,995	0.41	810	1
093		Plx1	0.2567	1,446	295	623	1,985	0.40	796	1
093		Plx2	1.4502	10	7	13	10,938	0.86	9,437	21
093		Plx3	0.4833	2	1	4	3,777	0.34	1,267	4
093		Plx4	3.9985			3	30,889	0.73	22,495	13
100	ENT Malignancy		1.5308	92	50	97	10,195	1.20	12,244	51
100		Plx1	0.9410	63	32	62	6,646	0.98	6,490	35
100		Plx2	1.6328	15	9	17	11,845	0.80	9,534	64
100		Plx3	2.5286	9	6	12	17,897	0.85	15,236	80
100		Plx4	4.8026	5	2	5	33,571	1.10	36,868	117

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
101	Acute Suppurative Infections		0.4054	69	27	46	2,856	0.75	2,140	11
101		Plx1	0.3737	66	27	46	2,856	0.75	2,140	11
101		Plx2	0.3370	1		1	2,244			8
101		Plx3		2						4
101		Plx4								12
102	Dysequilibrium		0.4329	960	234	489	2,634	0.73	1,933	13
102		Plx1	0.3626	919	213	447	2,381	0.67	1,592	10
102		Plx2	0.6267	31	10	21	4,143	0.67	2,788	25
102		Plx3	0.8403	8	3	5	5,691	0.74	4,240	31
102		Plx4	0.7850	2	2	2	5,507	0.72	3,966	11
104	Influenza		0.5070	751	182	410	3,373	0.86	2,894	10
104		Plx1	0.4516	703	165	369	3,271	0.86	2,811	10
104		Plx2	0.6972	29	12	25	5,324	0.90	4,778	20
104		Plx3	0.8103	15	8	19	5,536	0.99	5,454	21
104		Plx4	5.3073	4	2	7	34,632	0.89	30,823	67
107	Epiglottitis		0.7565	29	20	47	4,722	0.78	3,687	10
107		Plx1	0.6108	27	19	40	4,133	0.75	3,121	7
107		Plx2	0.7258	1	1	5	4,679	1.02	4,785	4
107		Plx3	1.2644			2	8,322	0.92	7,619	4
107		Plx4	2.4051	1		5	16,147	0.47	7,624	17
108	Epistaxis		0.3957	297	90	185	2,493	0.70	1,744	10
108		Plx1	0.3461	281	84	169	2,349	0.67	1,578	10
108		Plx2	0.5012	9	3	10	3,420	0.50	1,713	13
108		Plx3	1.1637	6	3	7	7,953	0.56	4,461	40
108		Plx4	0.9790	1	1	5	6,489	0.70	4,536	19
109	Other ENT Infections		0.4622	338	86	158	3,110	0.71	2,214	10
109		Plx1	0.4016	319	76	143	2,904	0.64	1,872	10
109		Plx2	0.6481	9	5	9	5,197	0.89	4,632	15
109		Plx3	0.6345	6	5	6	4,885	0.55	2,682	24
109		Plx4	2.2505	4	3	4	18,567	0.71	13,112	28

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
113	Sinusitis (MNRH)		0.4114	130	38	70	2,766	0.66	1,817	8
113		Plx1	0.3530	123	36	62	2,567	0.68	1,736	8
113		Plx2	0.6495	7	2	7	4,731	0.48	2,275	17
113		Plx3	0.4516			1	4,241			4
113		Plx4	0.8998			2	5,714	0.28	1,599	47
114	Sore Throat (MNRH)		0.3576	883	193	320	2,328	0.89	2,080	7
114		Plx1	0.3164	861	184	308	2,256	0.90	2,033	7
114		Plx2	0.5271	17	8	9	3,614	0.70	2,531	12
114		Plx3	0.8868	3	1	5	5,899	0.60	3,563	11
114		Plx4	1.6021	2		1	10,669			18
115	Miscellaneous ENT Diagnoses (MNRH)		0.2604	1,374	100	197	1,760	0.86	1,519	1
115		Plx1	0.2377	1,319	91	181	1,723	0.89	1,541	1
115		Plx2	1.1535	26	22	45	8,189	0.82	6,753	26
115		Plx3	1.1437	22	18	24	7,717	1.05	8,139	24
115		Plx4	2.8276	7	5	14	19,508	0.95	18,534	40
116	Croup (MNRH)		0.2665	340	99	267	1,839	0.75	1,386	4
116		Plx1	0.2382	337	98	263	1,815	0.73	1,334	4
116		Plx2	0.3516	1	1	5	2,986	1.04	3,113	7
116		Plx3	0.9721			3	6,600	1.09	7,167	13
116		Plx4	3.5643	2	2	4	30,512	0.56	17,023	23
125	Tracheostomy		18.8397	166	133	283	116,444	0.72	83,603	173
125		Plx1	1.8212	12	11	21	12,593	0.82	10,380	28
125		Plx2	2.9150	2	1	3	19,860	0.71	14,048	26
125		Plx3	7.2555	4	4	8	48,924	0.65	31,564	57
125		Plx4	19.2685	148	117	253	127,609	0.64	81,081	179
126	PWS - Resection Of Lung		1.7623	422	394	809	11,558	0.47	5,407	17
126		Plx1	1.4845	308	298	591	10,265	0.35	3,548	16
126		Plx2	1.9573	59	55	139	13,656	0.46	6,257	24
126		Plx3	2.5137	40	39	68	17,518	0.47	8,290	35
126		Plx4	4.2840	15	14	38	30,073	0.63	18,805	61

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
127	Major Respiratory Procedures		2.1313	520	427	853	13,835	1.03	14,239	38
127		Plx1	1.3059	324	271	513	9,121	0.67	6,109	28
127		Plx2	1.8908	78	60	141	13,070	0.71	9,303	40
127		Plx3	2.3268	58	51	91	15,973	0.61	9,797	44
127		Plx4	5.8964	60	46	111	41,381	0.86	35,471	62
128	Minor Respiratory Procedures		1.1450	87	68	143	8,016	0.66	5,318	18
128		Plx1	0.9168	60	51	105	7,036	0.49	3,469	14
128		Plx2	1.2231	8	5	17	8,297	0.70	5,772	29
128		Plx3	1.6299	7	6	13	12,051	0.84	10,110	31
128		Plx4	8.8813	12	11	18	66,919	0.97	65,013	98
129	Other Respiratory Procedures		0.6848	203	151	318	4,569	0.81	3,697	16
129		Plx1	0.4406	162	109	236	3,166	0.37	1,171	4
129		Plx2	1.3814	22	17	37	9,394	0.64	6,021	47
129		Plx3	1.7528	9	8	15	11,769	0.58	6,848	53
129		Plx4	3.7665	10	8	14	24,866	0.81	20,088	76
135	Tuberculosis		1.8797	45	35	72	12,363	0.86	10,645	74
135		Plx1	1.4671	34	25	53	10,358	0.90	9,295	58
135		Plx2	1.9719	5	4	9	13,789	0.91	12,573	106
135		Plx3	2.3783	4	4	6	16,689	0.55	9,164	58
135		Plx4	4.0109	2	1	5	27,079	0.62	16,692	104
136	Respiratory Failure		2.3006	460	309	670	14,173	1.00	14,122	36
136		Plx1	1.2484	198	121	236	8,233	0.85	7,022	26
136		Plx2	1.4200	83	50	123	9,202	0.90	8,273	32
136		Plx3	1.8744	75	59	113	12,393	0.88	10,951	42
136		Plx4	4.2255	104	84	210	28,388	0.83	23,559	51
137	Respiratory Infections And Inflammations		1.6629	992	634	1,256	10,337	1.04	10,716	34
137		Plx1	1.0481	575	346	682	7,057	0.77	5,462	27
137		Plx2	1.5387	174	118	215	10,118	0.75	7,591	37
137		Plx3	1.8151	123	92	190	12,279	0.78	9,614	41
137		Plx4	3.7511	120	92	200	25,135	0.86	21,696	61

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
138	Respiratory Neoplasms		1.3542	1,086	606	1,312	8,392	0.82	6,901	40
138		Plx1	0.9473	601	305	613	6,290	0.80	5,024	33
138		Plx2	1.4087	285	174	394	9,305	0.72	6,719	44
138		Plx3	1.5222	136	80	192	10,014	0.78	7,803	44
138		Plx4	2.3275	64	47	120	15,548	0.75	11,614	70
139	Interstitial Disease		1.2316	322	149	289	7,536	1.35	10,144	33
139		Plx1	0.7407	236	102	184	4,885	0.83	4,036	24
139		Plx2	1.5000	39	19	35	9,835	0.67	6,631	52
139		Plx3	1.4737	21	15	39	9,761	0.67	6,548	46
139		Plx4	4.2432	26	19	38	28,639	1.07	30,543	93
140	Chronic Obstructive Pulmonary Disease (COPD)		1.1459	2,983	1,325	2,431	6,757	1.01	6,806	28
140		Plx1	0.7099	1,930	761	1,386	4,460	0.70	3,144	21
140		Plx2	1.1868	488	215	398	7,419	0.73	5,422	35
140		Plx3	1.3504	306	199	359	8,642	0.78	6,730	38
140		Plx4	2.8100	259	185	341	18,314	0.81	14,833	59
141	Pulmonary Edema		2.0184	203	92	198	12,342	1.39	17,178	23
141		Plx1	0.6991	109	39	103	4,572	0.80	3,668	16
141		Plx2	0.9907	37	18	26	6,481	0.62	4,024	21
141		Plx3	1.5522	21	14	25	10,173	1.09	11,114	32
141		Plx4	5.8802	36	26	51	39,353	0.67	26,314	47
142	Chronic Bronchitis		0.8859	3,651	1,635	3,228	5,191	0.97	5,015	24
142		Plx1	0.6209	2,825	1,201	2,357	3,921	0.74	2,920	18
142		Plx2	1.0673	462	192	364	6,774	0.72	4,873	31
142		Plx3	1.3437	258	172	337	8,719	0.78	6,786	38
142		Plx4	2.7418	106	75	183	17,719	0.94	16,602	55
143	Simple Pneumonia And Pleurisy		0.8759	7,075	2,556	5,337	5,386	1.12	6,014	20
143		Plx1	0.5669	5,575	1,806	3,750	3,782	0.74	2,787	14
143		Plx2	1.0951	797	346	747	7,181	0.80	5,743	31
143		Plx3	1.3255	454	247	503	8,959	0.82	7,368	34
143		Plx4	3.0238	249	182	355	20,616	0.93	19,116	47

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
144	Pneumothorax		0.6157	290	165	344	3,710	0.90	3,347	17
144		Plx1	0.5060	265	155	317	3,311	0.87	2,877	14
144		Plx2	1.2223	15	7	19	8,044	0.59	4,764	35
144		Plx3	1.8270	7	4	8	12,451	0.59	7,335	31
144		Plx4	3.4629	3	1	4	22,631	0.54	12,112	65
145	Tracheobronchitis		0.5569	2,501	716	1,513	3,663	0.78	2,856	8
145		Plx1	0.4920	2,348	678	1,438	3,537	0.74	2,626	8
145		Plx2	0.9727	80	28	60	7,115	0.78	5,566	15
145		Plx3	1.4212	42	22	41	11,061	0.95	10,471	27
145		Plx4	5.9645	31	27	48	49,622	0.81	40,368	43
146	Asthma		0.3982	2,348	1,099	2,316	2,570	0.88	2,267	7
146		Plx1	0.3506	2,243	1,059	2,244	2,480	0.77	1,908	7
146		Plx2	0.7815	65	29	54	5,937	1.14	6,787	23
146		Plx3	1.2899	27	21	42	9,616	0.90	8,609	18
146		Plx4	3.8790	13	10	18	28,946	0.72	20,832	30
147	Other Respiratory Diagnoses		0.7205	1,500	667	1,285	4,654	1.24	5,786	16
147		Plx1	0.5071	1,241	512	1,000	3,533	0.97	3,416	13
147		Plx2	0.8026	141	70	125	5,727	0.94	5,385	23
147		Plx3	1.2892	67	52	101	8,874	0.84	7,451	30
147		Plx4	3.6182	51	42	86	25,341	0.93	23,578	45
175	PWS - Heart Or Lung Transplant		13.9436	56	52	98	93,719	0.70	65,696	129
175		Plx1	6.5069	7	6	13	46,183	0.30	14,046	36
175		Plx2	6.8199	10	9	15	49,336	0.47	23,160	39
175		Plx3	6.0459	3	2	7	42,388	0.25	10,607	47
175		Plx4	17.4361	36	34	60	125,945	0.63	79,235	173
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		6.8997	79	75	138	47,810	0.74	35,285	69
176		Plx1	4.3061	18	18	38	31,174	0.29	8,935	44
176		Plx2	5.0410	11	11	24	36,524	0.24	8,682	43
176		Plx3	5.9468	17	17	30	42,757	0.39	16,623	88
176		Plx4	11.2342	33	31	50	81,497	0.77	62,357	106

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		3.6820	499	461	984	25,068	0.49	12,311	24
177		Plx1	2.8358	307	286	599	20,401	0.30	6,162	14
177		Plx2	3.5683	68	65	157	25,622	0.35	8,894	22
177		Plx3	4.4691	41	40	91	31,798	0.39	12,504	42
177		Plx4	7.9386	83	75	152	57,019	0.64	36,496	64
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		4.7180	285	275	565	32,452	0.60	19,432	45
178		Plx1	3.5768	88	86	160	25,702	0.30	7,785	37
178		Plx2	3.8854	93	93	213	28,007	0.39	10,817	42
178		Plx3	4.3723	52	50	96	31,503	0.35	10,908	46
178		Plx4	8.2787	52	49	102	59,780	0.73	43,511	71
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		2.6315	1,260	1,186	2,542	17,958	0.40	7,240	20
179		Plx1	2.1592	754	726	1,511	15,513	0.25	3,853	14
179		Plx2	2.5999	278	268	601	18,675	0.37	6,841	21
179		Plx3	3.2240	114	108	246	23,204	0.38	8,827	28
179		Plx4	6.2267	114	105	240	44,940	0.70	31,294	52
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		9.7163	22	19	50	65,220	0.88	57,301	68
181		Plx1	3.0710	2	2	6	22,113	0.44	9,785	25
181		Plx2	3.5870	3	3	12	25,642	0.44	11,338	48
181		Plx3	3.8772	2	1	5	26,923	0.20	5,494	38
181		Plx4	13.9709	15	14	30	99,520	0.64	63,751	91
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		3.6307	294	261	555	24,406	0.60	14,681	23
182		Plx1	2.3960	148	141	306	17,106	0.34	5,892	13
182		Plx2	3.0966	53	47	97	22,206	0.32	7,019	15
182		Plx3	3.5981	28	24	45	25,894	0.41	10,668	24
182		Plx4	8.2089	65	60	128	58,597	0.52	30,433	49
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		3.3043	123	104	245	22,201	0.78	17,280	38
183		Plx1	1.8543	37	29	74	13,368	0.97	13,016	22
183		Plx2	2.5685	26	21	49	18,365	0.77	14,177	31

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
183		Plx3	3.3770	20	16	40	23,490	0.58	13,693	29
183		Plx4	4.9824	40	36	82	34,725	0.63	22,027	61
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		2.6606	104	76	166	17,628	0.76	13,461	38
184		Plx1	1.7274	44	31	77	12,246	0.67	8,154	21
184		Plx2	2.1724	25	20	31	15,443	0.53	8,214	27
184		Plx3	2.5244	19	14	26	17,546	0.54	9,522	44
184		Plx4	6.0541	16	13	33	41,446	0.58	23,981	80
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		5.9893	254	161	359	41,275	0.47	19,194	44
185		Plx1	5.1309	118	72	166	36,750	0.45	16,381	32
185		Plx2	5.5393	54	42	104	39,775	0.48	19,209	41
185		Plx3	6.7411	51	30	62	48,640	0.36	17,622	44
185		Plx4	8.9110	31	19	33	63,989	0.46	29,505	74
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		2.6877	1,045	517	1,056	18,550	0.59	11,013	23
186		Plx1	2.2752	787	409	810	16,337	0.55	8,914	19
186		Plx2	3.2762	135	52	134	23,550	0.53	12,585	32
186		Plx3	3.9703	92	47	94	28,351	0.54	15,254	35
186		Plx4	5.5241	31	10	29	39,209	0.42	16,630	54
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		1.7531	1,880	1,291	2,501	11,689	0.40	4,668	15
188		Plx1	1.5524	1,438	943	1,811	10,887	0.36	3,969	12
188		Plx2	1.8199	225	178	389	12,602	0.41	5,133	19
188		Plx3	2.1827	148	124	214	15,169	0.38	5,787	23
188		Plx4	3.7724	69	60	130	25,575	0.61	15,598	46
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1.1424	1,812	1,533	2,698	7,927	0.39	3,060	7
189		Plx1	0.9953	953	752	1,316	7,218	0.32	2,320	1
189		Plx2	1.2435	783	659	1,129	8,907	0.41	3,644	13
189		Plx3	1.7772	57	53	112	12,623	0.55	6,929	25
189		Plx4	4.3049	19	15	20	30,567	0.66	20,161	49

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
191	Temporary Cardiac Pacemaker		1.7473	30	15	25	11,568	1.26	14,591	26
191		Plx1	0.9041	16	7	13	6,306	0.50	3,176	16
191		Plx2	1.4625			4	9,651	0.32	3,107	14
191		Plx3	1.8413	2	1	5	12,272	0.75	9,225	26
191		Plx4	2.9610	12	7	8	20,909	1.08	22,644	42
193	Cardiac Pacemaker Device Replacement Or Revision		1.7869	152	50	95	12,231	0.86	10,554	10
193		Plx1	1.4552	137	31	63	10,480	0.93	9,790	5
193		Plx2	3.6576	10	5	10	26,559	0.86	22,974	34
193		Plx3	3.0189	2	1	5	20,702	0.67	13,772	25
193		Plx4	5.5251	3	2	5	38,421	0.75	28,939	46
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		1.0502	249	224	446	7,296	0.52	3,795	10
194		Plx1	0.8586	216	175	350	6,302	0.42	2,639	4
194		Plx2	2.0375	20	18	33	14,528	0.78	11,325	28
194		Plx3	1.6453	9	8	14	11,960	0.48	5,747	17
194		Plx4	3.6361	4	4	7	25,334	1.04	26,297	43
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		2.2400	89	62	142	13,876	1.01	14,013	34
200		Plx1	0.9708	30	19	36	6,341	0.89	5,639	19
200		Plx2	1.6130	17	8	23	11,113	0.74	8,221	30
200		Plx3	1.7473	15	11	35	11,458	0.71	8,128	34
200		Plx4	3.8340	27	21	48	25,090	0.88	22,202	55
201	AMI With Cardiac Cath With Congestive Heart Failure		2.3925	102	65	149	14,631	0.66	9,639	35
201		Plx1	1.8494	58	34	89	12,174	0.51	6,178	28
201		Plx2	2.3023	24	18	32	15,380	0.44	6,696	37
201		Plx3	2.2726	12	8	13	14,939	0.38	5,692	29
201		Plx4	5.3402	8	6	18	32,989	0.75	24,878	60
202	AMI With Cardiac Cath With Ventricular Tachycardia		1.6741	15	10	15	10,525	0.47	4,965	30
202		Plx1	1.3820	13	8	10	9,371	0.44	4,166	28
202		Plx2	1.0550			1	6,266			11
202		Plx3	1.7344	2	2	4	11,786	0.68	8,028	34
202		Plx4	2.6573			3	17,382	0.20	3,535	30

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
203	AMI With Cardiac Cath With Angina		1.2284	27	18	45	7,559	0.45	3,393	22
203		Plx1	1.0892	23	16	40	7,162	0.46	3,295	20
203		Plx2	1.7026	3	1	5	11,265	0.17	1,969	28
203		Plx3	1.0384	1	1	3	7,182	0.27	1,965	14
203		Plx4	0.9110			1	6,067			42
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		1.3598	748	388	792	8,419	0.49	4,122	23
204		Plx1	1.1596	648	319	672	7,700	0.41	3,194	20
204		Plx2	1.6378	56	36	63	11,001	0.42	4,580	31
204		Plx3	1.8079	29	21	37	12,135	0.52	6,264	34
204		Plx4	3.3317	15	11	18	22,577	0.54	12,114	41
205	AMI Without Cardiac Cath With Congestive Heart Failure		1.5762	362	187	401	9,471	0.77	7,338	31
205		Plx1	1.1730	224	109	220	7,446	0.62	4,631	24
205		Plx2	1.4771	59	28	69	9,715	0.54	5,230	38
205		Plx3	1.4414	46	29	52	9,614	0.72	6,922	37
205		Plx4	2.8035	33	24	64	18,417	0.77	14,194	53
206	AMI Without Cardiac Cath With Ventricular Tachycardia		0.9968	33	9	29	5,898	0.94	5,559	22
206		Plx1	0.7743	25	8	23	4,782	0.75	3,600	19
206		Plx2	1.1596	3		4	7,716	0.60	4,621	38
206		Plx3	0.9886	5	1	5	6,800	1.55	10,528	18
206		Plx4	1.8721			5	12,547	0.76	9,514	55
207	AMI Without Cardiac Cath With Angina		1.2392	54	18	36	7,572	0.98	7,413	20
207		Plx1	0.9128	46	11	26	6,106	0.84	5,125	20
207		Plx2	2.4905	5	4	5	15,767	0.95	15,014	34
207		Plx3	1.2101	2	2	5	7,906	0.38	2,990	28
207		Plx4	1.8688	1	1	2	13,084	0.09	1,209	13
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		0.9353	1,771	705	1,415	5,514	0.80	4,406	17
208		Plx1	0.7822	1,515	591	1,176	4,986	0.72	3,584	17
208		Plx2	1.2998	122	60	111	8,444	0.66	5,557	27
208		Plx3	1.1598	79	34	79	7,343	0.91	6,700	23
208		Plx4	2.1191	55	37	77	14,051	0.81	11,347	41

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		1.6515	22	8	28	10,153	0.53	5,341	27
210		Plx1	1.2948	21	8	21	8,594	0.45	3,830	27
210		Plx2	2.0033	1		5	13,327	0.65	8,668	35
210		Plx3	2.6418			4	17,944	0.45	8,043	58
210		Plx4	3.1253			2	19,145	0.62	11,793	22
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		1.1167	303	146	332	6,687	0.48	3,208	20
211		Plx1	1.0140	283	139	312	6,590	0.48	3,190	20
211		Plx2	1.2702	11	5	15	8,410	0.50	4,219	33
211		Plx3	1.6796	8	2	6	10,905	0.48	5,271	27
211		Plx4	2.6964	1	1	3	18,345	0.81	14,777	39
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		1.1824	145	45	80	7,349	0.88	6,462	19
212		Plx1	0.9881	114	31	62	6,649	1.04	6,925	17
212		Plx2	1.2611	17	7	9	8,071	0.42	3,404	28
212		Plx3	1.6920	6	4	5	11,952	0.39	4,676	42
212		Plx4	2.3653	8	5	7	16,434	0.34	5,605	69
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		0.5781	1,306	342	704	3,394	0.84	2,848	11
213		Plx1	0.5148	1,246	321	657	3,294	0.85	2,802	11
213		Plx2	0.7594	46	17	37	4,683	0.65	3,048	18
213		Plx3	1.8432	11	3	13	9,765	0.70	6,867	32
213		Plx4	1.3246	3	1	6	8,476	0.92	7,771	33
215	Cardiac Cath With Congestive Heart Failure		1.9013	294	219	448	11,886	0.66	7,801	35
215		Plx1	1.4598	216	167	320	9,725	0.52	5,077	31
215		Plx2	2.0003	34	22	52	13,512	0.46	6,193	42
215		Plx3	2.3630	21	19	48	15,902	0.50	7,974	42
215		Plx4	4.3589	23	18	34	29,561	0.51	15,039	68
216	Cardiac Cath With Ventricular Tachycardia		1.5152	178	133	244	9,301	0.63	5,840	29
216		Plx1	1.2645	158	115	215	8,326	0.51	4,241	26
216		Plx2	1.8462	8	6	8	12,379	0.84	10,430	33
216		Plx3	1.8870	9	9	12	12,587	0.36	4,580	30
216		Plx4	3.3799	3	2	6	22,193	0.38	8,478	53

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
217	Cardiac Cath With Unstable Angina		1.0125	242	140	304	6,156	0.51	3,128	22
217		Plx1	0.9208	236	135	290	6,010	0.51	3,070	22
217		Plx2	1.2803	4	3	8	8,258	0.26	2,184	28
217		Plx3	1.9807	2	2	6	12,731	0.36	4,568	38
217		Plx4	1.7437			5	11,731	0.56	6,591	40
218	Cardiac Cath Without Specified Cardiac Conditions		0.7794	1,255	859	1,602	4,969	0.62	3,099	17
218		Plx1	0.7020	1,200	823	1,527	4,812	0.61	2,925	17
218		Plx2	1.2401	33	25	50	8,273	0.64	5,281	29
218		Plx3	1.5083	16	10	24	11,053	1.01	11,130	37
218		Plx4	2.4746	6	6	12	16,450	0.62	10,199	48
219	Endocarditis		2.4835	85	61	113	15,058	1.08	16,229	59
219		Plx1	1.4199	47	33	65	9,285	0.73	6,795	43
219		Plx2	1.6994	10	7	13	10,923	0.49	5,306	51
219		Plx3	2.5492	9	5	9	17,153	0.63	10,836	44
219		Plx4	4.8403	19	17	27	31,731	0.81	25,617	88
220	Pulmonary Embolism		0.9085	821	518	1,059	5,483	0.79	4,359	22
220		Plx1	0.6807	548	322	657	4,381	0.68	2,996	18
220		Plx2	0.9104	183	132	267	5,844	0.69	4,038	25
220		Plx3	1.4977	53	42	90	10,143	0.65	6,595	44
220		Plx4	2.5278	37	28	62	17,088	0.97	16,627	39
222	Heart Failure		1.1389	4,364	1,764	3,556	6,785	0.88	5,940	28
222		Plx1	0.8214	2,938	1,109	2,231	5,258	0.70	3,691	24
222		Plx2	1.2441	746	336	671	7,953	0.70	5,578	35
222		Plx3	1.6289	416	200	414	10,345	0.76	7,888	48
222		Plx4	2.7522	264	176	355	18,154	0.85	15,409	74
225	Hypertensive Heart Disease		1.1952	73	11	37	7,106	0.68	4,841	24
225		Plx1	0.8161	35		8	5,002	0.62	3,122	17
225		Plx2	0.8280	29	7	19	5,313	0.51	2,732	22
225		Plx3	2.1249	6	4	9	14,291	0.65	9,310	73
225		Plx4	2.9298	3	2	5	19,930	0.49	9,773	69

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
226	Other Circulatory Diagnoses		0.9118	1,050	561	1,039	5,756	1.06	6,084	20
226		Plx1	0.6364	773	386	702	4,234	0.81	3,450	16
226		Plx2	1.1327	153	97	195	7,757	0.98	7,576	27
226		Plx3	1.5238	82	63	111	10,419	0.80	8,353	40
226		Plx4	3.2541	42	31	66	22,431	1.18	26,483	57
229	Atherosclerosis (MNRH)		0.8251	695	299	639	4,819	0.86	4,163	20
229		Plx1	0.5744	525	227	477	3,625	0.67	2,422	14
229		Plx2	1.2750	104	42	97	8,028	0.80	6,429	31
229		Plx3	1.8627	46	26	53	11,662	0.76	8,818	53
229		Plx4	3.3793	20	16	34	22,513	0.93	20,912	76
232	Acquired Valvular Disorders (MNRH)		1.0135	118	63	126	6,223	0.87	5,398	27
232		Plx1	0.7547	73	42	83	5,040	0.77	3,874	23
232		Plx2	1.0247	30	14	29	6,609	0.72	4,771	30
232		Plx3	2.7950	12	9	12	17,536	0.71	12,379	79
232		Plx4	3.8886	3	1	8	26,328	0.93	24,512	84
233	Hypertension (MNRH)		0.5570	823	122	231	3,457	0.71	2,449	11
233		Plx1	0.4779	728	102	194	3,163	0.70	2,229	13
233		Plx2	0.7872	72	15	28	5,351	0.55	2,927	21
233		Plx3	0.9117	19	7	11	7,016	1.24	8,667	29
233		Plx4	1.2687	4	3	5	8,848	0.61	5,430	33
234	Congenital Cardiac Disorders (MNRH)		1.6694	41	29	45	11,758	1.31	15,450	25
234		Plx1	0.9387	25	13	24	6,944	1.08	7,495	15
234		Plx2	0.7471	8	6	9	6,225	0.65	4,041	26
234		Plx3	2.0912	5	5	5	18,113	0.34	6,201	26
234		Plx4	5.4394	3	3	6	43,543	0.98	42,714	44
235	Angina Pectoris		0.4701	712	98	177	2,733	0.61	1,666	10
235		Plx1	0.4244	664	96	170	2,682	0.61	1,643	10
235		Plx2	0.7246	33	2	7	4,810	0.74	3,577	17
235		Plx3	1.0587	13	1	5	7,065	0.44	3,102	29
235		Plx4	1.3468	2	1	1	8,857			11

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
237	Arrhythmia		0.7243	3,161	994	1,945	4,295	0.81	3,490	16
237		Plx1	0.5623	2,562	761	1,480	3,621	0.78	2,818	13
237		Plx2	0.9702	421	173	338	6,209	0.67	4,139	24
237		Plx3	1.3991	142	68	126	9,078	0.75	6,820	31
237		Plx4	2.8744	36	21	53	18,752	0.72	13,412	64
240	Syncope And Collapse		0.5495	850	305	602	3,330	0.84	2,813	13
240		Plx1	0.4749	763	276	542	3,117	0.87	2,705	13
240		Plx2	1.0073	58	17	42	6,395	0.64	4,081	26
240		Plx3	1.0422	27	15	30	6,800	0.66	4,517	42
240		Plx4	1.7710	2	1	5	11,204	0.50	5,620	53
242	Chest Pain		0.3911	3,123	978	1,909	2,344	0.64	1,502	7
242		Plx1	0.3559	3,007	951	1,849	2,316	0.64	1,487	7
242		Plx2	0.6280	92	30	61	3,963	0.63	2,479	14
242		Plx3	0.9633	21	7	17	6,296	0.64	4,023	29
242		Plx4	1.5049	3	1	5	10,053	0.47	4,687	38
250	Extensive Gastrointestinal Procedures		3.7038	70	58	131	23,490	0.52	12,290	37
250		Plx1	2.5977	43	37	70	17,584	0.37	6,483	26
250		Plx2	3.1312	10	9	20	21,314	0.25	5,372	24
250		Plx3	4.4907	6	5	18	31,020	0.44	13,591	38
250		Plx4	6.5381	11	8	24	43,545	0.46	19,817	80
251	Gastrostomy And Colostomy Procedures		3.2173	1,479	813	1,665	20,804	0.88	18,259	50
251		Plx1	1.8435	814	427	879	12,765	0.53	6,722	30
251		Plx2	2.7931	141	83	175	18,936	0.57	10,780	48
251		Plx3	3.2888	196	120	248	22,812	0.61	13,877	56
251		Plx4	7.8868	328	216	416	54,761	0.88	48,200	116
252	Major Esophageal, Stomach And Duodenum Procedures		2.6690	97	67	120	17,195	0.61	10,490	39
252		Plx1	1.9120	58	41	75	12,992	0.46	6,025	25
252		Plx2	2.7317	13	9	18	19,015	0.38	7,167	28
252		Plx3	3.1298	12	9	11	22,152	0.56	12,406	41
252		Plx4	7.4932	14	11	21	50,553	0.71	35,838	74

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
253	Major Intestinal And Rectal Procedures		2.0228	2,520	1,335	2,643	12,745	0.59	7,529	28
253		Plx1	1.5085	1,715	916	1,801	10,205	0.39	3,971	21
253		Plx2	2.3659	213	111	249	15,917	0.46	7,267	35
253		Plx3	2.3525	283	170	313	15,953	0.49	7,775	35
253		Plx4	4.9677	309	182	363	33,901	0.77	26,014	69
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		1.3155	930	534	1,081	8,503	0.60	5,077	18
255		Plx1	1.0980	784	454	894	7,654	0.52	3,986	17
255		Plx2	1.5902	52	34	76	10,893	0.49	5,326	27
255		Plx3	1.8064	41	25	75	12,397	0.51	6,289	28
255		Plx4	4.3476	53	32	71	29,597	0.75	22,219	57
258	Laparotomy		1.3686	971	587	1,050	8,770	0.71	6,192	24
258		Plx1	1.0444	772	451	798	7,200	0.58	4,142	18
258		Plx2	1.8420	80	52	105	12,495	0.66	8,196	38
258		Plx3	2.1045	61	38	82	14,129	0.61	8,659	38
258		Plx4	3.6383	58	41	71	25,131	0.83	20,868	68
260	Less Extensive Intestinal And Rectal Procedures		0.5478	272	161	323	3,361	0.70	2,369	10
260		Plx1	0.4903	257	155	306	3,245	0.68	2,218	10
260		Plx2	0.8822	6	4	12	6,130	0.70	4,284	18
260		Plx3	1.3798	8	4	8	8,939	0.90	8,062	23
260		Plx4	6.1644	1		5	41,282	0.71	29,279	87
261	Complicated Appendectomy		0.8807	840	591	1,164	5,661	0.54	3,059	12
261		Plx1	0.7254	737	517	1,000	5,067	0.48	2,418	9
261		Plx2	1.3209	39	31	57	9,650	0.41	3,938	18
261		Plx3	1.3011	51	31	64	8,882	0.53	4,750	17
261		Plx4	1.6291	13	8	24	12,099	0.57	6,860	24
262	Simple Appendectomy		0.5060	2,335	1,429	2,885	3,168	0.54	1,716	5
262		Plx1	0.4596	2,283	1,412	2,852	3,136	0.41	1,295	5
262		Plx2	0.7550	19	11	22	4,951	0.56	2,782	13
262		Plx3	1.1848	23	14	26	8,286	1.40	11,618	12
262		Plx4	1.6095	10	7	11	11,800	0.35	4,101	25

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
264	Minor Gastrointestinal Procedures		0.7534	101	64	126	5,354	0.57	3,061	8
264		Plx1	0.6725	81	59	112	5,196	0.59	3,057	8
264		Plx2	0.8971	9	3	10	6,868	0.62	4,275	20
264		Plx3	1.8831	7	7	10	13,194	0.48	6,391	36
264		Plx4	4.9334	4	4	5	36,942	1.13	41,674	31
265	Abdominal Laparoscopy		0.5661	101	50	96	3,568	0.64	2,274	10
265		Plx1	0.5057	89	43	86	3,488	0.61	2,129	10
265		Plx2	0.4381	5	2	4	2,364	0.54	1,270	14
265		Plx3	1.0316	5	4	5	7,872	0.68	5,340	27
265		Plx4	0.8843	2	2	3	5,525	0.86	4,736	19
266	Anus And Stomal Procedures (MNRH)		0.4698	858	403	792	2,799	0.70	1,950	7
266		Plx1	0.4292	816	394	770	2,771	0.70	1,947	7
266		Plx2	0.7840	23	10	23	5,295	0.68	3,606	20
266		Plx3	1.3904	17	10	17	9,409	0.46	4,369	32
266		Plx4	6.6566	2	1	11	42,136	0.72	30,197	120
269	Bilateral Hernia Procedures		0.5834	1,869	1,083	2,009	3,504	0.54	1,885	7
269		Plx1	0.5253	1,793	1,056	1,937	3,425	0.53	1,811	7
269		Plx2	1.0717	43	26	60	6,971	0.52	3,653	14
269		Plx3	1.1962	25	14	33	7,737	0.61	4,682	18
269		Plx4	3.0880	8	7	13	21,265	0.82	17,480	32
271	Unilateral Hernia Procedures (MNRH)		0.4304	777	202	446	2,607	0.46	1,193	4
271		Plx1	0.3904	746	192	430	2,572	0.46	1,184	4
271		Plx2	0.9109	18	9	19	6,063	0.71	4,317	25
271		Plx3	1.0989	8	3	8	7,537	0.92	6,951	25
271		Plx4	4.4457	5	3	6	29,183	0.55	16,193	50
279	Digestive System Malignancy		1.1613	778	397	786	7,083	0.83	5,897	36
279		Plx1	0.8179	567	278	504	5,394	0.81	4,357	30
279		Plx2	1.2868	111	54	136	8,387	0.69	5,799	46
279		Plx3	1.5395	55	40	86	10,176	0.65	6,610	48
279		Plx4	2.4011	45	27	61	15,763	0.69	10,880	69

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
281	G.I. Hemorrhage		0.6514	2,433	1,242	2,391	4,006	0.90	3,600	14
281		Plx1	0.5026	2,023	1,022	1,956	3,322	0.65	2,166	11
281		Plx2	1.0147	200	105	210	6,742	0.67	4,540	25
281		Plx3	1.2029	126	78	156	8,063	0.81	6,502	31
281		Plx4	2.2362	84	64	111	15,139	0.93	14,067	41
285	Complicated Ulcer		0.6946	149	85	176	4,201	0.71	2,987	18
285		Plx1	0.5487	120	66	143	3,590	0.64	2,304	17
285		Plx2	1.4278	9	7	15	9,594	0.67	6,389	40
285		Plx3	1.4280	14	10	20	9,137	0.68	6,206	35
285		Plx4	1.9077	6	5	9	12,187	0.90	10,921	50
286	Uncomplicated Ulcer		0.5371	228	82	171	3,253	0.58	1,893	11
286		Plx1	0.4802	205	76	155	3,156	0.60	1,893	11
286		Plx2	0.7355	9	3	10	4,793	0.58	2,787	18
286		Plx3	0.9357	10	3	8	6,380	0.61	3,905	24
286		Plx4	1.7585	4	4	5	11,965	0.54	6,494	38
289	Inflammatory Bowel Disease		0.6209	879	449	858	3,871	0.67	2,612	15
289		Plx1	0.5724	800	404	786	3,833	0.70	2,669	17
289		Plx2	0.9472	26	16	32	6,353	0.71	4,522	29
289		Plx3	0.8421	45	33	54	5,771	0.72	4,142	35
289		Plx4	2.0304	8	6	10	13,315	0.72	9,589	58
290	G.I. Obstruction		0.5407	2,206	982	1,899	3,201	0.72	2,306	14
290		Plx1	0.4412	1,982	874	1,694	2,830	0.64	1,810	11
290		Plx2	0.8670	107	39	88	5,464	0.70	3,835	24
290		Plx3	1.1545	82	37	62	7,296	0.69	5,024	37
290		Plx4	1.9324	35	21	41	12,715	0.63	8,023	56
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		0.4818	12,436	3,739	7,278	2,979	0.81	2,402	13
294		Plx1	0.3911	11,345	3,210	6,311	2,620	0.70	1,841	10
294		Plx2	0.7457	636	256	473	5,102	0.70	3,553	21
294		Plx3	0.8437	329	164	303	5,668	0.85	4,843	27
294		Plx4	2.0539	126	72	152	14,401	0.90	13,020	56

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
297	Other G.I. Diagnoses		0.5932	1,791	976	1,974	3,679	0.92	3,400	16
297		Plx1	0.4540	1,527	816	1,654	3,014	0.76	2,289	13
297		Plx2	1.0522	112	66	137	7,059	0.74	5,223	33
297		Plx3	1.1750	96	65	128	7,877	0.82	6,439	33
297		Plx4	2.2214	56	40	78	15,541	0.88	13,667	47
310	PWS - Liver Transplant		9.9396	65	61	119	66,808	0.70	46,504	86
310		Plx1	4.7799	12	12	20	34,556	0.32	10,973	28
310		Plx2	4.9284	4	4	8	35,437	0.27	9,674	27
310		Plx3	5.9182	5	5	12	42,325	0.40	16,983	51
310		Plx4	11.3825	44	40	79	81,869	0.61	50,036	110
311	Major Pancreatic Procedures		3.6030	204	178	337	23,489	0.81	18,955	54
311		Plx1	2.3633	105	93	170	16,509	0.49	8,096	26
311		Plx2	2.8846	34	30	59	19,984	0.81	16,093	46
311		Plx3	4.3077	17	16	39	29,535	0.82	24,268	83
311		Plx4	7.8080	48	43	81	52,742	0.80	42,168	110
312	Major Hepatobiliary Procedures		2.3824	212	184	306	16,286	0.67	10,941	25
312		Plx1	1.8766	146	135	221	13,614	0.35	4,699	18
312		Plx2	2.2850	22	18	33	16,547	0.33	5,538	25
312		Plx3	2.8428	17	15	23	20,364	0.63	12,770	40
312		Plx4	6.8574	27	26	41	49,161	0.75	36,813	79
313	Common Duct Exploration		2.2869	23	20	51	13,996	0.73	10,196	52
313		Plx1	1.4313	10	7	26	9,154	0.52	4,764	29
313		Plx2	2.2208	3	3	7	15,238	0.24	3,724	30
313		Plx3	2.9531	8	8	11	20,430	0.81	16,625	60
313		Plx4	3.1856	2	1	5	20,211	0.58	11,635	55
314	Other Hepatobiliary And Pancreatic Procedures		1.7548	232	127	267	11,270	0.82	9,260	28
314		Plx1	1.2537	156	86	181	8,521	0.61	5,193	23
314		Plx2	1.6061	30	18	39	10,992	0.45	4,965	25
314		Plx3	2.9466	21	15	27	20,888	0.70	14,611	52
314		Plx4	4.5266	25	15	31	31,442	0.55	17,245	65

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
315	Cholecystectomy		1.4672	383	187	412	9,123	0.48	4,424	19
315		Plx1	1.1679	287	128	273	7,742	0.42	3,233	15
315		Plx2	1.5030	54	33	82	9,967	0.40	3,954	21
315		Plx3	2.2270	25	16	39	14,883	0.46	6,806	28
315		Plx4	3.9724	17	13	25	26,759	0.70	18,842	72
317	Laparoscopic Cholecystectomy		0.6544	3,288	912	1,824	4,083	0.45	1,835	7
317		Plx1	0.5736	2,957	799	1,576	3,870	0.44	1,712	7
317		Plx2	0.9061	247	129	272	6,057	0.40	2,448	15
317		Plx3	1.3465	62	21	50	9,015	0.51	4,596	22
317		Plx4	1.9489	22	12	29	12,907	0.43	5,582	34
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		1.9231	90	67	129	12,293	0.98	12,083	36
320		Plx1	1.1199	59	40	82	7,769	0.45	3,503	20
320		Plx2	1.3367	8	7	15	9,166	0.36	3,329	25
320		Plx3	2.0632	9	7	10	14,940	0.77	11,507	32
320		Plx4	5.5192	14	10	20	37,306	0.50	18,804	83
323	Cirrhosis And Alcoholic Hepatitis		1.3202	400	207	462	8,029	1.16	9,341	34
323		Plx1	0.7623	174	77	165	4,942	0.77	3,826	21
323		Plx2	0.8775	110	64	134	5,667	0.74	4,194	28
323		Plx3	1.5546	64	39	90	10,401	0.81	8,461	47
323		Plx4	3.2078	52	33	84	21,039	1.01	21,353	71
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		1.2655	597	360	747	7,859	0.77	6,088	39
324		Plx1	0.9649	338	180	364	6,360	0.78	4,968	33
324		Plx2	1.1426	158	101	197	7,473	0.68	5,052	37
324		Plx3	1.5089	65	49	108	10,352	0.79	8,159	47
324		Plx4	1.9109	36	30	77	12,909	0.61	7,861	52
325	Pancreas Diseases Except Malignancy		0.6274	1,950	896	1,747	3,738	0.82	3,054	15
325		Plx1	0.5049	1,627	752	1,448	3,254	0.70	2,283	14
325		Plx2	0.9046	194	102	195	5,949	0.79	4,721	25
325		Plx3	1.3925	91	55	105	9,024	0.68	6,174	36
325		Plx4	3.2796	38	27	70	21,279	0.87	18,588	50

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
326	Liver Diseases Except Cirrhosis Or Cancer		1.3429	692	396	776	8,438	1.24	10,477	30
326		Plx1	0.6783	399	201	394	4,558	0.80	3,630	20
326		Plx2	1.0574	137	83	158	7,095	1.02	7,241	34
326		Plx3	1.3880	73	46	87	9,298	0.82	7,595	42
326		Plx4	3.6436	83	62	136	24,711	0.93	23,051	48
329	Biliary Tract Diseases		0.6000	1,436	509	1,023	3,600	0.88	3,165	13
329		Plx1	0.4563	1,208	403	779	2,949	0.67	1,977	10
329		Plx2	0.8540	81	41	89	5,549	0.67	3,737	24
329		Plx3	0.8452	97	41	113	5,486	1.07	5,886	20
329		Plx4	2.0208	50	31	52	13,295	0.94	12,509	43
350	Multiple Or Bilateral Joint Replacement		2.6295	89	62	113	15,917	0.38	6,044	39
350		Plx1	2.0778	58	44	80	13,461	0.26	3,434	16
350		Plx2	2.4749	1		6	16,438	0.20	3,252	25
350		Plx3	3.6350	16	12	15	24,268	0.43	10,387	74
350		Plx4	6.6747	14	11	13	45,529	0.60	27,209	156
351	Joint Replacement For Trauma		2.4572	873	519	1,124	15,302	0.56	8,574	43
351		Plx1	1.8670	568	338	718	12,443	0.37	4,578	28
351		Plx2	2.9538	144	79	166	19,590	0.51	9,901	69
351		Plx3	2.8398	73	45	105	19,250	0.56	10,798	66
351		Plx4	4.3145	88	56	143	28,747	0.75	21,679	107
352	Hip Replacement		1.6930	2,517	1,548	3,068	10,316	0.29	2,987	14
352		Plx1	1.5191	2,267	1,395	2,731	9,960	0.26	2,566	11
352		Plx2	2.0054	113	63	168	13,187	0.36	4,778	25
352		Plx3	2.1842	107	49	99	14,367	0.42	6,022	28
352		Plx4	2.9920	30	23	49	20,556	0.53	10,994	43
354	Knee Replacement		1.4882	3,137	1,749	3,440	8,983	0.25	2,259	11
354		Plx1	1.3600	2,863	1,650	3,230	8,873	0.24	2,172	11
354		Plx2	1.6789	130	66	151	11,093	0.28	3,127	18
354		Plx3	1.9077	101	48	88	12,708	0.35	4,432	22
354		Plx4	2.8748	43	16	31	18,850	0.55	10,431	38

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		1.8125	97	50	106	11,615	1.06	12,263	39
355		Plx1	1.0692	53	23	62	7,330	0.70	5,099	20
355		Plx2	2.1132	20	13	23	14,377	0.74	10,623	49
355		Plx3	2.5700	15	10	17	17,352	0.78	13,470	60
355		Plx4	10.2023	9	5	13	68,024	0.70	47,578	137
356	Repair Hip And Femur Procedures		1.4225	199	140	307	9,385	0.79	7,409	26
356		Plx1	1.1245	176	124	261	7,998	0.77	6,152	20
356		Plx2	2.3355	14	9	20	16,462	0.48	7,835	51
356		Plx3	2.8884	5	3	13	19,391	0.45	8,677	31
356		Plx4	3.5904	4	3	15	24,797	0.69	17,182	135
358	Lower Extremity Procedures With Infection		1.5578	93	64	150	9,885	0.82	8,097	34
358		Plx1	1.1753	71	47	116	8,166	0.69	5,598	24
358		Plx2	1.8768	12	11	22	12,305	0.61	7,537	42
358		Plx3	6.0625	2	2	5	39,569	0.78	31,046	117
358		Plx4	3.9317	8	5	10	26,495	0.72	19,033	96
359	Upper Extremity Procedures With Infection		1.2308	33	22	58	7,882	0.76	6,000	29
359		Plx1	0.9480	26	16	50	6,584	0.70	4,595	23
359		Plx2	2.8302			4	18,181	0.42	7,686	54
359		Plx3	6.8709	3	2	4	45,842	0.63	29,061	130
359		Plx4	2.5467	4	4	6	17,775	0.88	15,600	55
360	Upper Extremity Amputations And Revisions		2.1025	57	38	86	13,229	0.90	11,916	46
360		Plx1	1.1793	38	26	57	8,024	0.80	6,428	31
360		Plx2	3.1847	9	5	9	22,043	0.59	12,896	68
360		Plx3	3.6173	6	4	10	28,153	1.19	33,443	128
360		Plx4	6.0451	4	3	12	39,415	0.60	23,728	97
361	Musculoskeletal Biopsy For Malignancy		2.6099	35	28	59	17,874	0.85	15,172	66
361		Plx1	1.9231	29	22	44	14,552	0.79	11,560	45
361		Plx2	2.6886	4	3	5	19,338	0.81	15,749	87
361		Plx3	4.5238	1	1	5	30,377	0.63	19,108	124
361		Plx4	4.8712	1	1	7	35,525	0.66	23,427	114

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
362	Musculoskeletal Biopsy Without Malignancy		1.9417	58	50	116	12,644	1.19	15,006	53
362		Plx1	1.0889	41	36	75	7,731	0.63	4,855	32
362		Plx2	2.2692	6	5	15	14,878	0.47	6,935	51
362		Plx3	2.4972	6	5	15	17,337	0.66	11,384	75
362		Plx4	8.7911	5	4	9	64,316	1.07	68,913	177
363	Back And Neck Procedures With Fusion		1.7474	1,031	775	1,512	11,934	0.66	7,821	15
363		Plx1	1.5135	907	679	1,323	10,824	0.61	6,572	14
363		Plx2	2.4865	61	52	113	17,891	0.46	8,295	23
363		Plx3	3.2555	38	31	68	23,999	0.60	14,394	33
363		Plx4	6.9167	25	19	48	52,613	0.82	43,062	85
365	Back And Neck Procedures Without Fusion		0.7517	1,155	840	1,824	4,958	0.53	2,644	10
365		Plx1	0.6664	1,107	784	1,697	4,611	0.44	2,040	7
365		Plx2	1.3047	33	28	64	9,320	0.56	5,224	21
365		Plx3	1.6668	13	12	21	11,612	0.51	5,909	33
365		Plx4	3.1582	2	1	9	21,892	0.87	19,077	75
367	Shoulder Arthroplasty		1.3670	146	82	187	8,185	0.28	2,327	8
367		Plx1	1.2459	141	80	183	8,152	0.29	2,336	8
367		Plx2	1.6683	4	3	5	11,380	0.20	2,275	20
367		Plx3	1.1569	1	1	3	8,010	0.22	1,798	7
367		Plx4								12
368	Major Hip And Knee Procedures		0.9531	24	18	42	6,397	0.66	4,240	14
368		Plx1	0.8663	21	17	41	6,162	0.65	4,005	14
368		Plx2	1.5418	2	1	3	10,826	0.47	5,115	19
368		Plx3								60
368		Plx4	3.2937	1	1	1	24,494			25
369	Major Lower Extremity Procedures		0.8912	511	324	601	5,939	0.50	2,990	8
369		Plx1	0.8179	499	324	592	5,913	0.50	2,965	10
369		Plx2	1.5455	8	6	19	10,944	0.48	5,285	17
369		Plx3	1.6093	4	4	5	11,257	0.32	3,622	21
369		Plx4	6.8732			1	45,768			44

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
372	Major Upper Extremity Procedures		0.7634	302	178	315	4,952	0.50	2,498	7
372		Plx1	0.6962	295	173	310	4,875	0.50	2,435	7
372		Plx2	1.9250	4	4	5	13,665	0.32	4,330	24
372		Plx3	1.3834	3	2	5	9,945	0.35	3,520	13
372		Plx4								56
374	Minor Lower Extremity Procedures		0.6206	1,338	396	787	4,002	0.44	1,759	4
374		Plx1	0.5661	1,324	393	781	3,991	0.44	1,752	4
374		Plx2	1.1602	6	4	9	8,313	0.56	4,687	16
374		Plx3	1.6471	5	3	5	11,869	0.54	6,398	13
374		Plx4	2.5046	3	2	3	17,836	0.56	9,900	28
375	Minor Upper Extremity Procedures		0.4778	1,516	247	497	2,951	0.29	863	1
375		Plx1	0.4395	1,507	247	496	2,950	0.29	864	1
375		Plx2	1.0987	7	3	6	7,387	0.65	4,804	23
375		Plx3	0.7342	2		2	4,889	0.26	1,285	11
375		Plx4	11.9819			2	81,846	0.98	79,910	89
376	Miscellaneous Musculoskeletal Procedures		1.0932	199	156	287	7,445	0.74	5,541	10
376		Plx1	0.9965	190	152	280	7,317	0.74	5,427	10
376		Plx2	3.0366	5	5	9	22,758	0.66	14,966	37
376		Plx3	3.1771	1	1	5	23,369	0.49	11,391	50
376		Plx4	6.3801	3	2	6	49,924	0.59	29,612	62
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		1.3999	194	151	317	9,251	1.05	9,759	28
377		Plx1	0.9491	161	124	260	6,797	0.89	6,040	19
377		Plx2	2.6322	12	10	22	18,434	0.73	13,400	50
377		Plx3	2.7456	10	8	19	18,694	0.78	14,518	41
377		Plx4	10.2009	11	10	21	72,570	0.77	55,619	143
378	Soft Tissue Procedures (MNRH)		0.8777	78	65	131	5,883	0.74	4,359	19
378		Plx1	0.6544	65	55	110	4,825	0.65	3,148	13
378		Plx2	1.4577	6	6	10	10,693	0.56	5,997	15
378		Plx3	1.4984	3	3	9	10,843	0.44	4,822	28
378		Plx4	3.8424	4	2	5	24,946	0.30	7,409	52

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
379	Other Musculoskeletal Procedures (MNRH)		0.7564	665	400	903	5,039	1.04	5,256	7
379		Plx1	0.5116	640	332	785	3,660	0.70	2,551	5
379		Plx2	1.9764	11	9	20	13,816	0.93	12,916	18
379		Plx3	2.7487	4	1	6	21,374	0.92	19,741	48
379		Plx4	5.8940	10	8	19	39,447	0.68	27,012	89
380	Other Lower Extremity Procedures (MNRH)		0.3231	482	251	495	1,697	0.43	729	1
380		Plx1	0.2913	481	251	495	1,697	0.43	729	1
380		Plx2	0.9354	1	1	5	6,099	0.44	2,706	9
380		Plx3								4
380		Plx4								
381	Hand And Wrist Procedures (MNRH)		0.4494	150	70	138	2,726	0.37	1,022	1
381		Plx1	0.4128	149	70	138	2,726	0.37	1,022	1
381		Plx2	1.0024			3	6,768	0.44	2,998	10
381		Plx3	7.8315	1	1	2	50,201	0.49	24,394	121
381		Plx4	3.0127			1	20,677			13
382	Arthroscopy (MNRH)		0.5319	23	7	17	3,352	0.91	3,048	7
382		Plx1	0.3779	20	5	14	2,322	0.69	1,612	4
382		Plx2	1.1553			2	7,747	0.75	5,804	11
382		Plx3	1.7266	1	1	2	16,458	0.50	8,201	14
382		Plx4	1.7850	2	1	1	11,738			64
383	PWS - Joint Replacement For Malignancy		3.2273	24	16	33	21,683	0.49	10,701	47
383		Plx1	2.4035	13	7	19	16,756	0.32	5,316	25
383		Plx2	3.1751	8	7	8	22,452	0.37	8,387	44
383		Plx3	4.8819	2	2	5	34,226	0.37	12,799	66
383		Plx4	7.6664	1	1	5	54,258	0.42	22,809	150
384	PWS - Back And Neck Procedures For Malignancy		3.8486	16	13	37	25,754	0.67	17,303	61
384		Plx1	2.3758	8	7	21	16,294	0.44	7,135	32
384		Plx2	4.7724	2	2	5	32,525	0.75	24,259	59
384		Plx3	3.9104	3	2	5	27,380	0.48	13,110	35
384		Plx4	12.3272	3	3	5	83,654	1.04	86,882	122

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
385	PWS - Major Orthopaedic Oncology Procedures		2.5561	22	12	27	18,547	1.01	18,752	36
385		Plx1	1.6555	19	9	19	11,693	0.72	8,392	20
385		Plx2	1.5591	1	1	5	10,405	0.49	5,119	39
385		Plx3	4.2676	1	1	3	35,539	0.52	18,305	23
385		Plx4	8.0479	1	1	5	62,037	0.46	28,311	58
386	Other Orthopaedic Oncology Procedures		1.8197	66	44	89	11,891	0.64	7,614	26
386		Plx1	1.5326	55	36	73	10,643	0.65	6,879	20
386		Plx2	1.6176	7	4	8	10,663	0.53	5,671	14
386		Plx3	5.1567	3	2	6	33,222	0.31	10,159	65
386		Plx4	5.1424	1	1	6	37,329	0.44	16,578	104
391	Secondary Neoplasms And Pathological Fractures		1.6867	677	333	676	10,534	0.78	8,252	51
391		Plx1	1.2323	457	201	400	8,161	0.70	5,701	41
391		Plx2	1.7226	125	71	154	11,804	0.69	8,172	58
391		Plx3	2.2447	55	42	67	14,896	0.65	9,667	62
391		Plx4	3.8736	40	25	63	25,756	0.91	23,419	106
392	Osteomyelitis		1.5944	136	63	119	10,038	0.85	8,581	50
392		Plx1	0.9683	82	35	76	6,891	0.63	4,343	31
392		Plx2	3.0753	25	9	11	19,046	0.81	15,422	87
392		Plx3	1.8320	20	12	21	11,917	0.52	6,252	49
392		Plx4	4.0258	9	4	9	26,261	0.99	26,107	141
393	Rheumatoid Arthritis		1.1863	159	73	144	7,684	1.12	8,630	30
393		Plx1	0.6822	123	51	95	4,766	0.87	4,148	21
393		Plx2	0.9865	12	9	16	6,558	0.92	6,058	50
393		Plx3	1.1949	11	4	13	8,082	0.99	8,000	40
393		Plx4	3.6137	13	7	17	25,322	0.57	14,490	73
394	Septic Arthritis		0.9523	96	40	84	6,003	0.89	5,336	26
394		Plx1	0.6843	73	33	60	4,726	0.93	4,408	20
394		Plx2	1.6068	7	1	6	10,918	0.61	6,605	46
394		Plx3	1.0470	10	5	13	7,111	0.69	4,884	39
394		Plx4	3.4810	6	3	5	22,925	0.76	17,430	115

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
397	Non-Inflammatory Arthritis		0.9687	248	51	98	5,472	0.78	4,263	30
397		Plx1	0.7912	204	43	82	4,935	0.78	3,872	24
397		Plx2	1.9375	23	4	10	11,199	0.75	8,434	56
397		Plx3	1.5181	14	5	8	10,393	0.93	9,701	122
397		Plx4	3.5386	7	2	4	24,356	0.20	4,861	90
398	Other Inflammatory Arthritis		0.7993	614	267	558	5,063	0.87	4,424	21
398		Plx1	0.5862	467	191	395	4,051	0.70	2,835	18
398		Plx2	0.9253	69	40	76	6,132	0.71	4,345	34
398		Plx3	1.7177	56	32	69	11,213	0.93	10,439	56
398		Plx4	3.0211	22	17	43	20,589	0.90	18,542	63
399	Orthopaedic Aftercare		0.9718	388	165	362	5,803	0.98	5,661	32
399		Plx1	0.6260	289	116	258	4,071	0.93	3,785	25
399		Plx2	1.7732	38	22	50	11,402	0.85	9,693	77
399		Plx3	1.8093	34	25	46	11,329	0.66	7,438	70
399		Plx4	2.5175	27	11	19	16,097	0.75	12,007	86
401	Other Musculoskeletal Malignancies		1.2843	42	22	54	8,858	1.19	10,536	33
401		Plx1	0.7667	29	16	32	5,429	0.78	4,233	20
401		Plx2	1.3553	5	3	14	10,204	0.84	8,598	44
401		Plx3	2.4767	5	1	5	14,537	0.56	8,119	40
401		Plx4	3.2427	3	2	5	26,524	0.93	24,730	71
402	Disc Disease		0.8566	851	200	423	5,164	0.74	3,819	27
402		Plx1	0.6985	759	175	363	4,503	0.66	2,966	24
402		Plx2	2.0759	49	20	46	12,925	0.77	9,929	69
402		Plx3	2.2760	26	13	23	15,642	0.69	10,791	87
402		Plx4	3.6115	17	12	19	22,960	0.67	15,423	99
404	Other Musculoskeletal Infections		1.0477			4	6,982	0.66	4,580	37
404		Plx1	1.0519			4	6,982	0.66	4,580	37
404		Plx2								
404		Plx3								
404		Plx4								

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
407	Other Musculoskeletal Disorders		0.8568	126	55	108	5,496	1.24	6,841	20
407		Plx1	0.5473	97	43	83	3,741	0.74	2,760	13
407		Plx2	1.2779	11	5	11	9,324	0.79	7,392	35
407		Plx3	1.3826	4	1	7	8,887	0.74	6,612	34
407		Plx4	4.5856	14	10	12	31,204	0.61	19,100	134
409	Back Pain (MNRH)		0.6133	1,000	220	404	3,735	0.82	3,071	17
409		Plx1	0.4623	887	189	343	3,064	0.73	2,245	14
409		Plx2	1.3436	75	14	34	8,665	0.68	5,860	40
409		Plx3	1.5237	23	13	22	10,359	0.75	7,797	50
409		Plx4	1.8424	15	7	12	11,890	0.77	9,151	87
411	Signs, Symptoms And Deformities (MNRH)		0.6339	435	133	278	3,954	0.84	3,312	17
411		Plx1	0.5545	370	114	244	3,708	0.86	3,187	17
411		Plx2	1.0846	38	16	28	7,209	0.73	5,294	36
411		Plx3	1.3652	20	7	15	9,123	0.73	6,620	52
411		Plx4	3.5520	7	1	4	23,958	1.15	27,631	192
413	Joint Derangements (MNRH)		0.6535	118	37	86	3,977	0.85	3,379	19
413		Plx1	0.4762	104	26	68	3,240	0.91	2,942	13
413		Plx2	0.8554	9	6	9	5,252	0.55	2,876	23
413		Plx3	1.5661	4	2	5	10,298	0.64	6,627	40
413		Plx4	1.6285	1		2	10,623	0.93	9,870	36
414	Sprains Strains And Minor Injuries (MNRH)		0.5082	141	37	82	3,210	0.87	2,797	19
414		Plx1	0.4162	132	35	76	2,785	0.79	2,189	16
414		Plx2	1.3482	5		4	8,744	0.75	6,581	42
414		Plx3	2.4017	2		3	15,249	0.76	11,557	42
414		Plx4	1.1874	2	1	2	10,002	0.32	3,166	44
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		0.6300	1,330	478	1,127	3,856	0.50	1,915	4
425		Plx1	0.5760	1,281	467	1,109	3,821	0.49	1,881	4
425		Plx2	1.7372	34	22	44	12,044	0.55	6,569	22
425		Plx3	2.7479	11	2	10	17,673	0.41	7,279	18

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
425		Plx4	4.5441	4	4	18	31,865	0.76	24,122	54
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		3.8726	52	39	86	24,583	1.11	27,343	111
427		Plx1	1.6781	31	22	58	11,314	0.84	9,452	54
427		Plx2	8.0034	6	4	7	56,240	0.35	19,482	159
427		Plx3	5.4502	1	1	5	36,088	0.45	16,122	103
427		Plx4	8.6906	14	11	17	58,549	0.67	39,075	164
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		0.6345	182	94	269	3,903	0.39	1,523	4
428		Plx1	0.5803	179	93	262	3,829	0.36	1,394	4
428		Plx2	1.2025	2	1	7	8,491	0.71	6,025	7
428		Plx3	2.0823	1	1	2	14,780	1.03	15,262	13
428		Plx4	1.0089			1	7,429			4
429	Total Mastectomy For Breast Malignancy		0.6471	1,017	735	1,375	3,859	0.39	1,512	4
429		Plx1	0.5936	994	726	1,355	3,837	0.39	1,503	4
429		Plx2	1.1345	16	11	26	7,234	0.62	4,458	20
429		Plx3	1.3651	7	5	10	8,674	0.26	2,288	17
429		Plx4	3.0491			1	22,453			109
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		0.5501	801	595	1,190	3,332	0.34	1,143	4
432		Plx1	0.5072	788	591	1,180	3,321	0.34	1,132	4
432		Plx2	0.9001	9	4	11	6,012	0.62	3,743	14
432		Plx3	2.0919	3	3	5	13,780	0.53	7,281	38
432		Plx4	1.0920	1		2	7,271	0.06	401	74
434	Breast Biopsy And Local Excision Without Malignancy		0.4232	78	30	73	2,491	0.40	991	1
434		Plx1	0.3865	76	29	72	2,490	0.40	998	1
434		Plx2	0.6627	1	1	3	4,391	0.42	1,863	3
434		Plx3	0.5588	1	1	1	4,155			11
434		Plx4	83.9137			1	575,926			361
435	Perianal And Pilonidal Cyst Procedures		0.4163	123	26	67	2,554	0.58	1,484	7
435		Plx1	0.3718	113	25	63	2,471	0.57	1,412	7
435		Plx2	0.8406	5	1	5	5,681	0.79	4,471	22
435		Plx3	1.5341	2		1	10,215			90

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
435		Plx4	7.2634	3	3	5	51,942	0.97	50,523	209
436	Plastic Surgery		0.5904	87	27	56	3,732	0.47	1,737	4
436		Plx1	0.5509	86	27	56	3,732	0.47	1,737	4
436		Plx2	3.7781	1	1	1	25,794			31
436		Plx3	2.2509			1	14,989			46
436		Plx4	4.4119			1	25,066			82
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		0.6802	255	143	285	4,408	0.74	3,265	13
437		Plx1	0.5433	228	123	249	3,806	0.70	2,674	10
437		Plx2	1.0768	12	11	18	7,516	0.66	4,960	22
437		Plx3	2.0198	8	6	11	14,545	0.76	10,996	60
437		Plx4	4.8562	7	4	10	33,436	0.50	16,696	84
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		1.5439	187	113	233	9,795	1.18	11,553	46
438		Plx1	0.8204	145	84	166	5,592	0.70	3,913	24
438		Plx2	2.4020	15	10	24	15,696	0.85	13,419	91
438		Plx3	2.5854	12	6	18	17,450	0.80	13,939	88
438		Plx4	6.9288	15	11	31	47,331	0.88	41,461	170
439	Skin Ulcer		2.4854	168	54	99	14,651	0.80	11,687	68
439		Plx1	1.7170	101	28	53	10,859	0.71	7,750	60
439		Plx2	2.0881	22	6	10	12,935	0.61	7,835	72
439		Plx3	2.2706	30	15	21	14,652	0.64	9,407	64
439		Plx4	5.1295	15	5	16	34,162	0.65	22,373	141
440	Major Skin Disorders		0.6978	146	53	99	4,726	0.85	4,017	23
440		Plx1	0.5617	118	45	83	4,021	0.83	3,328	20
440		Plx2	0.8520	15	4	10	6,706	0.77	5,177	37
440		Plx3	1.8163	12	5	8	13,430	0.45	6,052	41
440		Plx4	6.8202	1	1	5	47,853	0.87	41,579	87
443	Malignant Breast Disorders		1.3155	90	26	63	8,024	0.78	6,243	48
443		Plx1	0.8602	42	11	26	5,748	0.74	4,264	38
443		Plx2	1.3512	30	9	19	8,690	0.77	6,689	48

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
443		Plx3	1.5253	9	1	8	9,488	0.39	3,675	70
443		Plx4	1.6942	9	5	10	11,502	0.81	9,312	60
446	Non-Malignant Breast Disorders		0.2970	39	15	30	1,848	0.47	866	7
446		Plx1	0.2733	39	15	30	1,848	0.47	866	7
446		Plx2								5
446		Plx3								
446		Plx4								
447	Cellulitis		0.7425	1,919	708	1,296	4,503	0.74	3,318	18
447		Plx1	0.5701	1,565	540	965	3,774	0.72	2,717	15
447		Plx2	0.9554	200	92	179	6,180	0.58	3,571	26
447		Plx3	1.1558	112	60	114	7,508	0.71	5,323	35
447		Plx4	2.4769	42	25	70	16,051	0.70	11,233	75
452	Trauma Of Skin, Subcutaneous Tissue And Breast		0.4670	300	76	154	2,951	0.73	2,152	13
452		Plx1	0.3753	263	60	125	2,595	0.68	1,760	10
452		Plx2	0.7871	23	7	16	4,965	0.77	3,841	33
452		Plx3	0.6724	11	5	11	4,454	0.61	2,731	31
452		Plx4	1.2972	3	1	2	8,750	0.91	7,943	53
454	Minor Skin Disorders		0.5173	397	146	262	3,428	1.25	4,300	13
454		Plx1	0.4198	347	129	231	3,017	1.05	3,167	10
454		Plx2	0.9937	27	9	20	7,103	0.92	6,500	36
454		Plx3	2.5318	15	7	12	19,100	1.32	25,261	47
454		Plx4	2.5837	8	6	12	18,027	0.84	15,128	76
476	PWS - Adrenal And Pituitary Procedures		1.5298	102	88	204	10,316	0.54	5,558	15
476		Plx1	1.2172	79	68	161	8,516	0.40	3,385	9
476		Plx2	2.7472	11	10	21	20,061	0.59	11,855	32
476		Plx3	2.7577	5	5	10	21,256	0.58	12,365	41
476		Plx4	4.3752	7	6	8	31,560	0.46	14,573	47
477	Parathyroid Procedures		0.6414	191	135	270	4,345	0.42	1,824	7
477		Plx1	0.5708	175	125	245	4,064	0.36	1,475	4
477		Plx2	1.1376	7	5	9	8,357	0.37	3,099	14

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
477		Plx3	0.8841	7	5	9	6,404	0.42	2,720	23
477		Plx4	6.2951	2	2	5	43,505	0.48	21,099	125
478	Obesity Procedures		1.0683	428	106	199	6,394	0.44	2,821	10
478		Plx1	0.9698	414	101	187	6,187	0.39	2,435	9
478		Plx2	1.2541	7	2	8	8,035	0.33	2,664	12
478		Plx3	1.6922	3	2	5	10,700	0.50	5,365	19
478		Plx4	5.4777	4	2	4	34,549	0.64	22,134	48
479	Thyroid Procedures		0.6424	925	703	1,446	4,039	0.40	1,631	4
479		Plx1	0.5924	898	693	1,423	4,005	0.40	1,614	4
479		Plx2	0.9742	4	3	12	6,407	0.30	1,893	9
479		Plx3	1.2341	17	13	19	8,900	0.50	4,470	15
479		Plx4	3.3267	6	5	9	23,866	0.50	12,051	50
480	Thyroglossal Procedures		0.4379	9	6	16	2,636	0.42	1,105	4
480		Plx1	0.4039	9	6	16	2,636	0.42	1,105	4
480		Plx2								
480		Plx3								
480		Plx4								
482	Other Endocrine, Nutrition And Metabolic Procedures		4.4565	112	89	186	29,320	1.03	30,189	42
482		Plx1	4.1534	69	57	110	29,684	1.10	32,693	23
482		Plx2	3.7516	11	6	21	25,962	1.09	28,424	42
482		Plx3	3.4976	16	12	22	25,492	0.79	20,041	54
482		Plx4	8.0578	16	15	42	54,448	1.04	56,427	108
483	Diabetes		0.6561	2,802	955	1,878	4,050	0.97	3,933	20
483		Plx1	0.4508	2,124	690	1,369	3,045	0.81	2,453	14
483		Plx2	1.0037	325	126	215	6,455	0.78	5,049	31
483		Plx3	0.9344	230	89	197	6,269	0.82	5,145	27
483		Plx4	2.5843	123	78	136	17,089	1.09	18,561	65
485	Nutritional And Miscellaneous Metabolic Disorders		0.7406	2,298	934	1,839	4,664	1.01	4,701	20
485		Plx1	0.5079	1,683	600	1,180	3,459	0.95	3,293	14
485		Plx2	0.9407	357	180	342	6,378	0.78	5,001	27

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						
485		Plx3	1.1306	181	114	219	7,605	1.03	7,854	36
485		Plx4	1.8853	77	51	120	12,885	0.83	10,636	65
487	Cystic Fibrosis		1.8111	109	82	180	13,340	0.55	7,369	28
487		Plx1	1.6533	64	48	113	13,711	0.53	7,292	30
487		Plx2	1.5196	14	11	19	11,493	0.58	6,722	30
487		Plx3	1.5759	21	18	35	11,846	0.61	7,251	30
487		Plx4	3.4705	10	8	17	27,071	0.90	24,409	48
488	Inborn Errors Of Metabolism		1.6944	61	37	79	13,415	1.71	22,991	20
488		Plx1	1.5748	47	28	65	14,028	1.74	24,389	17
488		Plx2	0.6482	4	4	8	4,386	0.52	2,262	24
488		Plx3	2.3740	8	5	5	21,554	1.05	22,633	29
488		Plx4	5.6586	2	2	5	46,564	0.94	43,629	106
489	Endocrine Disorders		0.7877	338	132	304	5,050	0.99	4,998	22
489		Plx1	0.5416	283	105	233	3,747	0.73	2,732	16
489		Plx2	1.4522	32	19	41	9,704	0.78	7,568	56
489		Plx3	1.4307	15	9	21	9,576	0.73	6,954	58
489		Plx4	3.9957	8	5	12	28,641	1.11	31,725	99
500	PWS - Kidney Transplant		3.2904	133	123	249	22,585	0.51	11,616	25
500		Plx1	2.2900	70	65	131	16,530	0.27	4,478	13
500		Plx2	2.5777	13	11	24	18,412	0.31	5,747	19
500		Plx3	3.7763	21	21	47	27,457	0.42	11,426	26
500		Plx4	6.2570	29	25	48	44,830	0.60	27,085	52
501	Urinary Diversion And Augmentation		2.5030	115	101	212	15,513	0.46	7,178	29
501		Plx1	1.9323	76	69	141	13,041	0.38	4,997	22
501		Plx2	2.6161	12	11	23	17,338	0.38	6,562	35
501		Plx3	3.4936	8	7	23	22,606	0.51	11,429	47
501		Plx4	4.8047	19	18	34	31,630	0.64	20,097	74
502	Radical Prostatectomy		1.1347	672	625	1,270	6,788	0.25	1,711	9
502		Plx1	1.0351	642	607	1,204	6,717	0.25	1,652	9
502		Plx2	1.2258	19	11	49	7,864	0.28	2,186	10

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
502		Plx3	1.3853	9	7	16	9,156	0.29	2,683	17
502		Plx4	1.7506	2	2	6	11,194	0.29	3,246	32
503	Dialysis Procedures		1.3030	159	142	282	8,826	1.30	11,507	40
503		Plx1	0.3742	108	74	153	2,624	0.51	1,335	5
503		Plx2	1.0902	24	22	44	8,104	1.41	11,397	40
503		Plx3	3.6165	11	9	22	25,623	0.68	17,495	68
503		Plx4	11.1191	16	15	34	78,640	0.82	64,575	215
504	Major Urinary Tract Procedures		1.2602	750	608	1,170	8,025	0.51	4,090	15
504		Plx1	1.0995	655	541	1,030	7,581	0.49	3,749	12
504		Plx2	1.5974	40	33	80	11,052	0.51	5,635	20
504		Plx3	1.8482	29	23	39	12,435	0.55	6,892	24
504		Plx4	5.5811	26	22	40	37,985	0.99	37,647	72
505	Reconstructive Urological Procedures		0.8199	71	45	92	4,968	0.67	3,343	13
505		Plx1	0.7003	60	41	84	4,604	0.66	3,042	13
505		Plx2	1.9364	6	5	10	12,377	0.68	8,418	24
505		Plx3	0.5760	2		2	3,836	0.04	139	30
505		Plx4	8.0962	3	3	3	60,932	0.95	57,755	55
506	Open Prostatectomy		1.0084	11	8	28	5,973	0.44	2,657	12
506		Plx1	0.8099	8	6	23	5,111	0.35	1,782	11
506		Plx2	1.2125	1	1	5	7,919	0.40	3,183	12
506		Plx3	1.6853	1	1	2	10,643	0.11	1,124	11
506		Plx4	2.5150	1	1	2	17,902	0.33	5,917	21
507	Vascular And Other Urinary Procedures		2.7870	28	21	42	18,099	0.99	17,959	42
507		Plx1	1.3390	16	10	22	8,925	1.07	9,505	15
507		Plx2	2.5254	1	1	5	17,025	0.68	11,562	45
507		Plx3	1.9009	1	1	5	13,003	0.67	8,766	34
507		Plx4	6.2308	10	10	16	44,472	0.64	28,445	114
508	Minor Upper Urinary Tract Procedures		1.0572	276	198	422	6,483	0.48	3,133	14
508		Plx1	0.8935	232	174	373	5,896	0.42	2,459	8
508		Plx2	1.2671	11	3	14	8,157	0.44	3,628	23

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						
508		Plx3	1.9467	21	13	25	13,382	0.30	4,072	26
508		Plx4	4.5195	12	8	14	33,377	1.17	38,902	89
509	Minor Lower Urinary Tract Procedures		0.8101	191	97	182	5,150	0.49	2,512	10
509		Plx1	0.7514	177	96	177	5,149	0.49	2,538	10
509		Plx2	1.7366	10	2	6	11,952	0.81	9,673	30
509		Plx3	3.0288	3	2	4	22,196	0.98	21,844	62
509		Plx4	2.5237	1		4	16,455	0.71	11,710	77
510	Transurethral Prostatectomy		0.5274	1,495	667	1,654	3,041	0.42	1,281	7
510		Plx1	0.4694	1,402	638	1,593	2,965	0.39	1,157	7
510		Plx2	0.9816	53	26	57	6,284	0.57	3,597	17
510		Plx3	1.1107	27	14	24	7,132	0.53	3,766	37
510		Plx4	2.0681	13	7	11	14,050	0.50	6,992	39
512	Other Transurethral Or Biopsy Procedures (MNRH)		0.3607	1,881	1,086	2,255	2,101	0.43	903	4
512		Plx1	0.3259	1,821	1,073	2,230	2,083	0.42	874	4
512		Plx2	0.9215	28	15	36	6,032	0.64	3,869	26
512		Plx3	1.0381	18	9	18	6,562	0.58	3,835	31
512		Plx4	3.7474	14	9	17	24,926	0.78	19,496	100
514	Miscellaneous Urinary Tract Procedures (MNRH)		0.3344	25	14	23	1,943	0.46	902	4
514		Plx1	0.3061	25	14	23	1,943	0.46	902	3
514		Plx2								28
514		Plx3								
514		Plx4								
520	Renal Failure With Dialysis		2.6794	198	131	264	17,802	0.84	14,936	58
520		Plx1	1.7453	76	44	95	12,388	0.73	9,002	48
520		Plx2	1.8949	43	24	57	13,403	0.69	9,240	49
520		Plx3	2.6882	39	30	51	18,886	0.74	13,961	63
520		Plx4	4.7177	40	35	63	32,791	0.78	25,626	77
521	Renal Failure Without Dialysis		1.1425	1,258	567	1,100	7,032	1.01	7,111	33
521		Plx1	0.7403	748	340	623	4,890	0.84	4,090	21
521		Plx2	1.0900	276	110	215	7,165	0.76	5,437	34

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity					
521		Plx3	1.4985	142	68	9,824	0.77	7,528	44
521		Plx4	2.8133	92	51	18,914	0.83	15,687	73
522	Urinary Neoplasm		1.3405	396	153	8,222	0.87	7,171	45
522		Plx1	0.8615	215	71	5,667	0.89	5,045	32
522		Plx2	1.3392	113	47	8,804	0.83	7,347	52
522		Plx3	1.7686	36	19	11,711	0.90	10,542	63
522		Plx4	2.7729	32	17	18,881	0.68	12,804	82
524	Nephrotic Syndrome		0.5977	60	33	4,090	0.54	2,222	20
524		Plx1	0.4963	44	26	3,709	0.51	1,879	15
524		Plx2	0.7107	6	1	4,808	0.43	2,082	27
524		Plx3	0.7825	7	6	5,674	0.56	3,198	28
524		Plx4	3.2268	3	1	21,523	0.44	9,460	56
525	Nephropathy Without Nephrotic Syndrome		0.7979	78	50	5,435	0.80	4,322	20
525		Plx1	0.4701	50	30	3,550	0.72	2,546	11
525		Plx2	0.9102	4	3	6,368	0.92	5,874	17
525		Plx3	1.2755	18	11	9,558	0.59	5,601	23
525		Plx4	1.4933	6	4	11,112	0.78	8,621	60
526	Miscellaneous Nephrological Diagnosis		0.6026	22	14	4,050	0.78	3,148	22
526		Plx1	0.4993	18	13	3,703	0.76	2,808	13
526		Plx2	1.3598	2	1	8,886	0.68	6,008	45
526		Plx3	0.7533	1		5,215	0.87	4,556	27
526		Plx4	6.7009	1	1	41,517	1.11	45,998	40
527	Upper Urinary Tract Infection		0.5775	1,037	431	3,657	0.67	2,451	11
527		Plx1	0.4998	911	376	3,476	0.66	2,283	11
527		Plx2	0.8916	55	26	6,121	0.63	3,844	21
527		Plx3	0.7877	53	30	5,249	0.63	3,318	22
527		Plx4	2.0047	18	15	13,696	0.91	12,519	34
529	Lower Urinary Tract Infection		0.8016	2,071	989	4,871	0.79	3,845	20
529		Plx1	0.5755	1,583	664	3,786	0.65	2,452	14
529		Plx2	0.9867	256	143	6,464	0.69	4,460	28

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
529		Plx3	0.9464	145	99	181	6,201	0.66	4,103	28
529		Plx4	2.1774	87	72	131	14,734	0.90	13,331	51
532	Urinary Retention And Other Functional Disorders Of Bladder		0.5474	272	95	172	3,311	1.01	3,360	16
532		Plx1	0.4593	231	83	153	3,014	1.08	3,245	13
532		Plx2	0.8203	25	7	12	5,167	0.63	3,245	31
532		Plx3	1.4303	13	6	7	10,137	0.85	8,660	41
532		Plx4	1.8436	3	1	4	11,638	0.90	10,526	72
534	Miscellaneous Urological Diagnoses (MNRH)		0.4783	223	132	290	2,952	0.82	2,417	13
534		Plx1	0.3891	200	116	251	2,554	0.74	1,892	10
534		Plx2	0.6965	15	10	21	5,144	0.77	3,978	24
534		Plx3	1.0859	7	5	13	7,988	1.14	9,090	28
534		Plx4	3.6061	1		5	23,346	0.54	12,643	70
535	Hematuria (MNRH)		0.4797	277	118	227	2,844	0.79	2,253	14
535		Plx1	0.3894	246	101	200	2,510	0.73	1,830	13
535		Plx2	0.8451	15	11	16	5,422	0.69	3,750	25
535		Plx3	0.9139	11	7	10	6,481	0.69	4,464	26
535		Plx4	2.1709	5	5	8	13,705	0.55	7,566	46
536	Urinary Obstruction (MNRH)		0.3419	2,064	719	1,418	1,980	0.75	1,482	7
536		Plx1	0.3029	1,969	685	1,359	1,923	0.74	1,425	7
536		Plx2	0.6026	48	15	31	3,766	0.73	2,757	20
536		Plx3	0.7340	42	23	38	4,871	0.78	3,787	23
536		Plx4	2.2757	5	4	10	14,368	0.71	10,214	78
538	Admission For Dialysis (MNRH)		0.7031	1	1	4	4,960	0.57	2,823	19
538		Plx1	0.4729	1	1	2	3,401	0.59	2,012	18
538		Plx2	1.1911			1	8,771			7
538		Plx3	0.5793			1	4,266			2
538		Plx4								
550	Major Pelvic And Retroperitoneum Procedures		2.6619	4	3	5	18,218	0.76	13,774	22
550		Plx1	1.5651	3	3	4	12,148	0.22	2,703	10
550		Plx2	5.8715	1	1	1	43,665			28

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						
550		Plx3								
550		Plx4	6.1922		1	42,499			15	
551	Penis Procedures		0.5038	99	75	159	3,508	0.46	1,610	4
551		Plx1	0.4622	96	74	158	3,505	0.46	1,615	4
551		Plx2	0.9107	3	1	4	6,031	0.29	1,768	21
551		Plx3								
551		Plx4	11.1862			5	75,207	0.82	61,324	176
552	Testes Procedures		0.4286	170	115	227	2,633	0.51	1,350	4
552		Plx1	0.3898	159	113	224	2,627	0.52	1,353	4
552		Plx2	1.0547	3	1	5	7,029	0.84	5,931	44
552		Plx3	3.1435	2	2	4	21,915	0.89	19,476	85
552		Plx4	9.9520	6	5	8	64,989	1.12	72,467	73
554	Miscellaneous Male Reproductive System Procedures (MNRH)		0.3137	179	71	146	1,917	0.60	1,158	1
554		Plx1	0.2796	171	70	145	1,892	0.59	1,124	1
554		Plx2	1.5675	3		2	10,220	0.51	5,205	17
554		Plx3	0.3690			1	3,465			3
554		Plx4	6.7229	5	4	5	45,588	0.98	44,894	70
555	Circumcision (MNRH)		0.3843	51	8	16	2,050	0.43	884	1
555		Plx1	0.3408	48	8	16	2,050	0.43	884	1
555		Plx2	0.4842	3		1	4,547			12
555		Plx3								
555		Plx4								
560	Malignancy Of Male Reproductive Organ		1.7623	8	5	6	11,998	0.72	8,680	32
560		Plx1	1.0611	6	3	4	7,379	0.71	5,229	24
560		Plx2	1.2695	1		1	8,453			15
560		Plx3	1.4134	1	1	2	9,213	0.10	934	13
560		Plx4	3.0931			1	22,777			17
561	Male Reproductive System Inflammation		0.4702	108	41	84	2,861	0.70	2,010	11
561		Plx1	0.4168	101	37	78	2,780	0.72	2,007	11
561		Plx2	0.5470	5	3	5	3,221	0.30	957	12

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
561		Plx3	0.7178	1	1	2	4,871	0.73	3,562	14
561		Plx4	1.0489	1		1	6,984			11
562	Other Male Reproductive System Diagnoses		0.3895	15	9	17	2,315	0.73	1,699	13
562		Plx1	0.3371	13	9	16	2,212	0.77	1,698	10
562		Plx2	0.4887	1		2	2,912	0.52	1,501	10
562		Plx3								
562		Plx4	2.2880	1		2	15,026	0.07	1,013	103
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		0.3896	15	5	15	2,501	0.73	1,817	19
563		Plx1	0.3654	15	5	14	2,547	0.74	1,876	14
563		Plx2	0.2707			1	1,858			60
563		Plx3								69
563		Plx4								
575	PWS - Pelvic Exenteration		2.4945	2	1	4	17,003	0.33	5,683	34
575		Plx1	2.5558	1	1	2	18,500	0.41	7,647	17
575		Plx2								
575		Plx3	2.3027			2	15,507	0.35	5,427	10
575		Plx4	6.5628	1	1	1	47,064			45
576	PWS - Radical Hysterectomy And Vulvectomy		1.2302	80	64	142	7,884	0.31	2,450	13
576		Plx1	1.1140	68	55	118	7,483	0.29	2,172	10
576		Plx2	1.4271	6	6	9	10,021	0.29	2,860	15
576		Plx3	1.4000	2	1	10	9,287	0.34	3,139	16
576		Plx4	5.2060	4	4	7	37,264	0.67	25,142	106
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		1.3035	240	199	379	8,287	0.50	4,135	16
577		Plx1	1.0908	174	146	278	7,223	0.40	2,914	15
577		Plx2	1.2763	22	18	36	8,820	0.37	3,300	17
577		Plx3	1.6022	26	23	40	11,160	0.25	2,805	20
577		Plx4	2.9030	18	16	33	19,749	0.64	12,604	48
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		0.9343	388	300	590	5,747	0.40	2,277	9
578		Plx1	0.8385	338	269	527	5,455	0.38	2,098	9
578		Plx2	1.1282	17	16	37	7,672	0.28	2,159	11

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
578		Plx3	1.4755	22	14	28	10,219	0.39	3,990	18
578		Plx4	2.3718	11	8	15	16,588	0.58	9,694	47
579	Major Uterine And Adnexal Procedures Without Malignancy		0.7125	6,016	4,080	8,286	4,147	0.37	1,532	8
579		Plx1	0.6479	5,818	3,975	8,041	4,083	0.36	1,460	8
579		Plx2	1.0121	101	70	148	6,483	0.42	2,693	13
579		Plx3	1.1738	75	45	112	7,560	0.44	3,295	16
579		Plx4	1.6159	22	13	36	10,316	0.69	7,157	19
581	Reconstructive Gynecological Procedures		0.6390	1,262	832	1,713	3,801	0.44	1,680	8
581		Plx1	0.5902	1,238	818	1,686	3,778	0.45	1,702	10
581		Plx2	1.1589	13	10	27	7,796	0.33	2,573	16
581		Plx3	1.2907	5	4	17	8,379	0.51	4,295	20
581		Plx4	1.6810	6	5	8	10,794	0.39	4,239	23
582	Other Gynecological Procedures		0.7193	138	75	156	4,401	0.68	3,004	11
582		Plx1	0.6207	122	67	144	4,092	0.64	2,637	10
582		Plx2	0.7105	6	3	5	4,554	0.28	1,294	18
582		Plx3	1.5230	5	4	6	9,801	0.60	5,923	19
582		Plx4	1.6477	5	4	5	11,608	0.11	1,312	22
583	Radio-Implant For Malignancy		0.4722	60	23	51	3,329	0.26	861	8
583		Plx1	0.4601	54	22	50	3,355	0.25	849	8
583		Plx2		1						8
583		Plx3		2						28
583		Plx4	0.8325	3	2	2	5,849	0.93	5,422	25
584	Vagina, Cervix And Vulva Procedures		0.5513	290	203	350	3,202	0.45	1,448	7
584		Plx1	0.5078	284	201	345	3,176	0.45	1,428	7
584		Plx2	0.8641	3	2	5	5,796	0.62	3,613	23
584		Plx3	1.3342	3	2	3	9,008	0.13	1,145	17
584		Plx4								
585	Gynecological Laparoscopy (MNRH)		0.4023	46	19	37	2,339	0.48	1,130	7
585		Plx1	0.3585	46	19	36	2,296	0.49	1,115	7
585		Plx2	0.7946			1	3,882			5

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
585		Plx3							3	
585		Plx4								
586	Tubal Interruption (MNRH)		0.3955	46	6	16	2,316	0.56	1,301	4
586		Plx1	0.3504	45	5	15	2,249	0.59	1,317	4
586		Plx2	0.5203	1	1	1	3,330			3
586		Plx3								
586		Plx4								
587	Miscellaneous Gynecological Procedures (MNRH)		0.2317	411	299	533	1,368	0.54	743	4
587		Plx1	0.2113	399	297	529	1,354	0.53	719	4
587		Plx2	0.5973	5	3	5	4,209	0.66	2,757	21
587		Plx3	2.0003	4	2	5	13,628	0.66	8,963	70
587		Plx4	5.8523	3	3	5	37,990	0.60	22,758	53
592	Malignancy Of Female Reproductive Organ		1.0587	159	75	145	6,525	0.87	5,701	36
592		Plx1	0.6872	104	41	77	4,485	0.74	3,309	28
592		Plx2	1.0741	33	18	41	6,958	0.81	5,656	36
592		Plx3	1.2967	11	8	15	8,716	0.55	4,836	46
592		Plx4	2.5985	11	9	13	17,140	0.62	10,691	72
594	Female Reproductive System Infection		0.4053	181	78	156	2,404	0.64	1,546	8
594		Plx1	0.3689	177	76	151	2,365	0.66	1,551	8
594		Plx2	1.0150	3	2	6	6,583	0.54	3,573	26
594		Plx3	0.4520	1	1	3	3,149	0.45	1,407	5
594		Plx4								1
595	Other Female Reproductive System Diagnoses And Injuries		0.2476	15	5	15	1,467	0.69	1,016	7
595		Plx1	0.2072	12	4	12	1,365	0.70	961	7
595		Plx2	0.2906	1	1	4	1,890	0.74	1,394	4
595		Plx3	0.8528	2	2	3	5,469	0.43	2,328	11
595		Plx4								
596	Miscellaneous Gynecological Diagnoses (MNRH)		0.3120	515	238	486	1,845	0.79	1,456	7
596		Plx1	0.2827	496	230	471	1,804	0.80	1,436	7
596		Plx2	0.5300	14	7	12	3,452	0.57	1,953	10

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
596		Plx3	0.4724	5	2	5	3,071	0.33	1,023	16
596		Plx4								93
599	Premature Labour		0.4220	535	333	671	2,497	0.69	1,716	10
599		Plx9	0.3956	535	333	671	2,497	0.69	1,716	10
600	Major Procedures In Pregnancy Or Childbirth		0.9977	202	155	275	5,934	0.64	3,775	12
600		Plx9	0.9238	202	155	275	5,934	0.64	3,775	12
601	Repeat Caesarean Delivery With Complicating Diagnosis		0.6167	1,201	844	1,598	3,662	0.35	1,280	6
601		Plx9	0.5711	1,201	844	1,598	3,662	0.35	1,280	6
602	Caesarean Delivery With Complicating Diagnosis		0.7710	3,091	2,133	4,139	4,573	0.50	2,308	9
602		Plx9	0.7152	3,091	2,133	4,139	4,573	0.50	2,308	9
603	Repeat Caesarean Delivery		0.5063	2,500	1,571	3,063	2,968	0.29	866	5
603		Plx9	0.4669	2,500	1,571	3,063	2,968	0.29	866	5
604	Caesarean Delivery		0.6468	3,267	2,230	4,447	3,773	0.28	1,072	6
604		Plx9	0.5960	3,267	2,230	4,447	3,773	0.28	1,072	6
605	Fetal Surgery		0.6237	5	5	7	3,660	0.70	2,552	7
605		Plx9	0.5876	5	5	7	3,660	0.70	2,552	7
606	Vaginal Delivery With Sterilization Procedures		0.5754	105	9	28	3,312	0.39	1,297	5
606		Plx9	0.5269	105	9	28	3,312	0.39	1,297	5
607	Vaginal Delivery With Minor Procedures		0.5259	251	130	248	3,009	0.51	1,529	5
607		Plx9	0.4852	251	130	248	3,009	0.51	1,529	5
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		0.4119	433	277	544	2,445	0.38	937	4
608		Plx9	0.3820	433	277	544	2,445	0.38	937	4
609	Vaginal Delivery With Complicating Diagnosis		0.4288	11,200	7,793	15,318	2,532	0.50	1,258	7
609		Plx9	0.3971	11,200	7,793	15,318	2,532	0.50	1,258	7
610	Vaginal Delivery After Caesarean Delivery (VBAC)		0.3642	678	390	838	2,146	0.41	886	4
610		Plx9	0.3367	678	390	838	2,146	0.41	886	4
611	Vaginal Delivery		0.3375	17,314	10,012	20,220	1,970	0.45	886	4
611		Plx9	0.3110	17,314	10,012	20,220	1,970	0.45	886	4
612	Ectopic Pregnancy With Major Procedures		0.7046	130	80	167	4,111	0.48	1,983	8

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
612		Plx9	0.6524	130	80	167	4,111	0.48	1,983	8
613	Ectopic Pregnancy With Minor Procedures		0.4089	311	235	493	2,421	0.35	856	4
613		Plx9	0.3780	311	235	493	2,421	0.35	856	4
614	Ectopic Pregnancy		0.1209	97	54	111	684	0.70	481	1
614		Plx9	0.1120	97	54	111	684	0.70	481	1
615	Threatened Abortion		0.1801	175	49	98	1,029	0.58	592	4
615		Plx9	0.1663	175	49	98	1,029	0.58	592	4
616	Abortive Outcome With Injection		0.2938	18	12	34	1,675	0.60	1,007	4
616		Plx9	0.2755	18	12	34	1,675	0.60	1,007	4
617	Abortive Outcome With D And C		0.1735	1,681	1,014	2,078	1,016	0.44	447	1
617		Plx9	0.1595	1,681	1,014	2,078	1,016	0.44	447	1
618	Abortive Outcome		0.2125	566	181	350	1,298	0.78	1,009	1
618		Plx9	0.1990	566	181	350	1,298	0.78	1,009	1
619	False Labour LOS < 3 Days (MNRH)		0.1465	1,146	389	774	868	0.59	512	1
619		Plx9	0.1359	1,146	389	774	868	0.59	512	1
620	Post-Partum Diagnosis With Procedures Other Than D And C		0.7422	34	19	35	4,451	0.80	3,557	13
620		Plx9	0.6843	34	19	35	4,451	0.80	3,557	13
621	Post-Partum Diagnosis With D And C		0.2383	181	112	243	1,377	0.57	778	4
621		Plx9	0.2186	181	112	243	1,377	0.57	778	4
622	Post-Partum Diagnosis		0.3109	805	410	854	1,867	0.89	1,664	7
622		Plx9	0.2891	805	410	854	1,867	0.89	1,664	7
623	Antepartum Diagnosis With Complicating Diagnosis		0.3468	1,365	652	1,362	2,057	0.83	1,702	10
623		Plx9	0.3227	1,365	652	1,362	2,057	0.83	1,702	10
624	Antepartum Diagnosis		0.2383	2,409	944	1,797	1,405	0.65	910	4
624		Plx9	0.2214	2,409	944	1,797	1,405	0.65	910	4
625	PWS - Neonates Weight < 750 Grams		2.2126	174	31	110	14,009	1.63	22,799	33
625		Plx9	2.1013	174	31	110	14,009	1.63	22,799	33
626	PWS - Neonates Weight 750-999 Grams		12.4033	90	82	190	78,560	0.81	63,825	169
626		Plx9	11.7848	90	82	190	78,560	0.81	63,825	169

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		8.8359	2	2	6	58,354	0.68	39,514	114
627		Plx9	8.4564	2	2	6	58,354	0.68	39,514	114
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		6.4114	393	354	712	39,409	0.85	33,662	98
628		Plx9	6.0276	393	354	712	39,409	0.85	33,662	98
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		8.5190	1	1	5	51,355	0.66	33,811	62
630		Plx9	8.0552	1	1	5	51,355	0.66	33,811	62
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		4.4348	185	165	389	27,713	0.89	24,689	69
631		Plx9	4.1597	185	165	389	27,713	0.89	24,689	69
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		2.4546	644	538	1,091	14,654	0.72	10,586	48
632		Plx9	2.2760	644	538	1,091	14,654	0.72	10,586	48
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		3.7332	4	4	5	24,652	0.64	15,770	48
636		Plx9	3.5199	4	4	5	24,652	0.64	15,770	48
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		2.8616	237	203	366	18,484	1.15	21,200	45
637		Plx9	2.6753	237	203	366	18,484	1.15	21,200	45
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		1.7708	281	221	454	11,038	0.89	9,878	34
638		Plx9	1.6459	281	221	454	11,038	0.89	9,878	34
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		0.8614	1,264	972	1,979	5,102	0.99	5,054	20
639		Plx9	0.7976	1,264	972	1,979	5,102	0.99	5,054	20
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		0.1745	283	193	408	1,024	0.57	585	4
640		Plx9	0.1610	283	193	408	1,024	0.57	585	4
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		3.6401	28	23	48	24,288	1.21	29,306	30
643		Plx9	3.4092	28	23	48	24,288	1.21	29,306	30
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		1.7943	863	581	1,182	11,812	1.25	14,706	20
644		Plx9	1.6732	863	581	1,182	11,812	1.25	14,706	20
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		0.6648	1,952	1,281	2,562	4,231	1.32	5,602	11
645		Plx9	0.6177	1,952	1,281	2,562	4,231	1.32	5,602	11
646	Neonates Weight > 2500 gm With Caesarian Delivery		0.2547	8,443	5,584	10,890	1,488	0.42	618	5
646		Plx9	0.2350	8,443	5,584	10,890	1,488	0.42	618	5
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		0.3356	3,013	1,930	3,840	2,104	1.07	2,253	7

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
647		Plx9	0.3106	3,013	1,930	3,840	2,104	1.07	2,253	7
648	Neonates Weight > 2500 gm (Normal Newborn)		0.1293	26,742	16,875	33,661	754	0.62	464	4
648		Plx9	0.1191	26,742	16,875	33,661	754	0.62	464	4
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		14.9241	138	124	237	98,427	0.56	55,445	134
650		Plx1	3.7432	5	4	10	25,216	0.54	13,677	52
650		Plx2	6.6526	5	4	8	46,184	0.37	16,939	53
650		Plx3	8.2880	6	5	7	56,997	0.53	30,414	157
650		Plx4	15.0493	122	110	211	105,426	0.51	54,209	139
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		4.1206	1	1	5	27,126	0.28	7,481	40
651		Plx9	4.0259	1	1	5	27,126	0.28	7,481	40
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		12.4870	2	2	5	87,616	0.48	41,939	72
652		Plx9	11.7647	2	2	5	87,616	0.48	41,939	72
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		5.9657	17	13	30	40,106	0.81	32,464	95
653		Plx9	5.6206	17	13	30	40,106	0.81	32,464	95
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		4.3252	6	3	9	27,718	0.69	19,099	33
654		Plx9	4.1082	6	3	9	27,718	0.69	19,099	33
655	PWS - Spinal Procedures With Femur Procedures For Trauma		8.0475	6	6	11	54,737	0.84	45,779	71
655		Plx9	7.6934	6	6	11	54,737	0.84	45,779	71
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		6.7962	3	3	5	43,744	0.50	21,888	56
656		Plx9	6.4421	3	3	5	43,744	0.50	21,888	56
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		4.8578	11	10	35	31,535	0.71	22,427	49
657		Plx9	4.5945	11	10	35	31,535	0.71	22,427	49
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		4.6562	91	78	143	30,759	0.74	22,824	50
658		Plx9	4.3752	91	78	143	30,759	0.74	22,824	50
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		6.9305	19	15	28	45,674	0.70	31,925	76

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						
659		Plx9	6.5669	19	15	28	45,674	0.70	31,925	76
660	PWS - Intracranial Procedures For Trauma		2.7809	168	150	292	18,685	0.87	16,309	27
660		Plx1	1.3724	94	87	156	9,815	0.75	7,329	15
660		Plx2	2.4801	22	21	42	17,933	0.59	10,612	24
660		Plx3	3.3597	12	12	21	25,093	0.56	14,097	37
660		Plx4	6.0031	40	34	79	42,159	0.50	20,872	60
661	PWS - Spinal Procedures For Trauma		2.9995	116	104	215	20,069	0.78	15,647	36
661		Plx1	2.0174	68	59	121	14,375	0.60	8,650	23
661		Plx2	2.9949	29	25	45	20,886	0.62	12,866	34
661		Plx3	4.3777	7	7	16	29,859	0.97	29,032	63
661		Plx4	5.6831	12	10	28	40,197	0.64	25,812	64
662	Femur Or Pelvic Procedures For Trauma		1.7947	1,797	1,139	2,397	11,326	0.60	6,803	35
662		Plx1	1.3184	1,313	801	1,657	8,982	0.43	3,885	23
662		Plx2	2.2154	276	184	398	14,875	0.51	7,655	46
662		Plx3	2.8141	110	70	167	18,797	0.60	11,251	65
662		Plx4	3.9912	98	69	166	26,990	0.66	17,701	89
663	Thoraco-Abdominal Procedures For Trauma		1.7386	247	175	361	11,520	0.73	8,460	20
663		Plx1	1.2736	152	109	219	8,778	0.47	4,131	14
663		Plx2	1.6869	40	30	62	11,846	0.63	7,509	25
663		Plx3	2.4190	24	20	40	17,451	0.66	11,574	29
663		Plx4	6.3477	31	23	59	45,572	0.95	43,110	57
664	Wound Debridement And Skin Graft For Trauma		2.2018	334	261	490	14,406	0.89	12,868	36
664		Plx1	1.5502	279	212	391	10,794	0.74	8,037	29
664		Plx2	3.0823	31	26	45	21,455	0.50	10,653	44
664		Plx3	4.4352	16	15	31	30,940	0.61	18,836	79
664		Plx4	6.7160	8	7	24	47,388	0.56	26,327	72
665	PWS - Elevated Skull Fractures		1.6624	15	14	29	11,197	0.67	7,474	17
665		Plx1	1.2277	10	10	21	8,944	0.67	5,951	15
665		Plx2	2.6250	5	5	8	18,800	0.51	9,637	32
665		Plx3	2.6095			1	17,910			10

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
665		Plx4	5.9737		1	40,999			18	
666	Major Lower Extremity Procedures For Trauma		0.7513	3,506	1,838	3,921	4,772	0.55	2,608	8
666		Plx1	0.6835	3,280	1,779	3,794	4,653	0.53	2,459	8
666		Plx2	2.0203	139	107	220	13,980	0.60	8,412	29
666		Plx3	2.4565	50	35	74	16,682	0.55	9,140	34
666		Plx4	5.4563	37	27	45	36,834	0.64	23,539	73
667	Minor Lower Extremity Procedures For Trauma		0.7098	64	38	84	4,551	0.67	3,052	10
667		Plx1	0.6474	62	37	83	4,489	0.67	3,018	10
667		Plx2	2.5118	2	1	5	16,823	0.36	6,018	17
667		Plx3								
667		Plx4	4.1098			2	28,486	0.25	7,201	16
668	Miscellaneous Musculoskeletal Procedures For Trauma		0.8220	519	417	844	5,271	0.55	2,887	8
668		Plx1	0.7461	476	400	805	5,088	0.52	2,650	8
668		Plx2	1.7545	31	29	55	12,147	0.65	7,933	21
668		Plx3	3.0181	2	2	6	23,741	0.36	8,445	40
668		Plx4	4.1926	10	8	10	31,263	0.26	7,980	42
669	Vascular Repair For Trauma		0.9049	98	69	167	5,720	0.72	4,117	10
669		Plx1	0.7852	90	62	151	5,299	0.71	3,758	7
669		Plx2	1.5711	6	5	7	10,062	0.55	5,509	20
669		Plx3	2.1605	1	1	7	15,109	0.64	9,641	38
669		Plx4	1.2442	1	1	4	8,695	0.31	2,736	9
670	Upper Extremity Procedures For Trauma		0.5507	2,596	1,378	3,160	3,534	0.59	2,102	7
670		Plx1	0.4616	2,506	1,264	2,925	3,214	0.50	1,591	4
670		Plx2	1.4099	73	56	103	9,730	0.62	6,011	24
670		Plx3	1.7916	11	7	18	12,810	0.65	8,363	31
670		Plx4	3.9117	6	6	16	26,952	0.68	18,216	67
674	PWS - Intracranial Injuries With Spinal Injuries		2.1249	32	28	52	13,995	0.66	9,270	30
674		Plx9	2.0148	32	28	52	13,995	0.66	9,270	30
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		1.5871	17	14	20	11,490	0.79	9,068	31

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
675		Plx9	1.4829	17	14	20	11,490	0.79	9,068	31
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		2.3509	48	42	77	15,703	1.04	16,377	35
676		Plx9	2.2145	48	42	77	15,703	1.04	16,377	35
677	Spinal Injuries With Fractures Of Femur		1.3269	63	48	106	8,590	0.88	7,538	34
677		Plx9	1.2530	63	48	106	8,590	0.88	7,538	34
678	Spinal Injuries With Thoraco-Abdominal Injuries		1.6954	99	66	147	11,184	0.93	10,433	23
678		Plx9	1.6075	99	66	147	11,184	0.93	10,433	23
679	Fractures Of Femur With Thoraco-Abdominal Injuries		1.1985	48	34	61	7,778	0.63	4,914	27
679		Plx9	1.1304	48	34	61	7,778	0.63	4,914	27
680	Femur Or Pelvic Fractures And Dislocations		1.2511	859	333	677	7,647	0.96	7,349	44
680		Plx1	0.9145	682	241	487	6,056	0.92	5,541	37
680		Plx2	1.7437	97	57	110	11,344	0.89	10,149	71
680		Plx3	2.1086	45	24	52	13,575	0.82	11,131	66
680		Plx4	3.3641	35	21	36	22,969	0.98	22,475	116
681	Frostbite		1.8942	34	14	29	12,559	0.91	11,453	50
681		Plx1	1.4213	25	9	22	9,970	0.92	9,174	46
681		Plx2	3.1313	3		2	22,829	1.15	26,170	67
681		Plx3	1.3560	5	3	4	9,702	0.63	6,123	81
681		Plx4	4.4910	1	1	1	32,207			19
682	Spinal Injuries		0.7730	716	369	707	4,998	0.92	4,604	26
682		Plx1	0.6177	574	302	577	4,260	0.79	3,362	20
682		Plx2	0.9045	103	47	85	6,306	0.93	5,878	39
682		Plx3	1.7226	28	14	27	12,276	0.71	8,679	67
682		Plx4	3.7450	11	9	27	24,516	0.78	19,181	111
683	Intracranial Injuries		0.9480	450	347	653	6,407	1.17	7,492	20
683		Plx1	0.6612	335	254	484	4,747	1.08	5,111	14
683		Plx2	1.0299	21	17	30	7,005	0.81	5,707	26
683		Plx3	1.1452	64	51	89	8,318	1.03	8,564	27
683		Plx4	3.3736	30	28	55	24,040	0.66	15,833	60

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
684	Fracture Of Humerus		0.9363	248	87	184	5,759	1.13	6,534	46
684		Plx1	0.5688	200	66	146	3,661	1.04	3,789	31
684		Plx2	2.1640	29	13	22	13,916	0.68	9,403	102
684		Plx3	1.4432	13	3	6	9,755	0.58	5,679	76
684		Plx4	2.3998	6	4	8	16,780	0.62	10,463	104
685	Hip And Thigh Injuries		0.8021	178	42	71	4,840	0.73	3,529	26
685		Plx1	0.6633	154	35	61	4,288	0.62	2,659	20
685		Plx2	2.5175	18	8	12	16,516	0.89	14,686	81
685		Plx3	3.3968	6	1	5	22,219	0.44	9,846	82
685		Plx4	2.3020			2	15,329	0.38	5,798	66
686	Major Nerve Injuries		1.5590	6	3	12	10,137	0.65	6,545	17
686		Plx1	1.5636	6	3	11	10,793	0.60	6,437	16
686		Plx2								7
686		Plx3	1.5000			2	10,128	1.01	10,198	25
686		Plx4								
687	Thoraco-Abdominal Injuries		0.7916	1,008	566	1,093	5,207	0.89	4,621	17
687		Plx1	0.6204	850	486	922	4,365	0.76	3,335	14
687		Plx2	1.0318	89	46	90	7,135	0.65	4,635	25
687		Plx3	1.6883	40	22	51	11,998	0.68	8,102	36
687		Plx4	2.9044	29	13	40	20,202	0.63	12,822	44
688	Weight Bearing Injuries		0.4714	691	273	540	2,939	0.99	2,922	16
688		Plx1	0.3211	630	233	462	2,181	0.82	1,795	10
688		Plx2	1.2702	34	22	41	8,252	0.72	5,906	60
688		Plx3	2.4496	21	10	18	16,140	0.89	14,428	70
688		Plx4	3.2415	6	5	13	21,770	0.74	16,135	104
689	Genito-Urinary Injuries		0.5333	101	64	114	3,383	0.78	2,641	13
689		Plx1	0.4613	83	52	98	3,139	0.75	2,359	10
689		Plx2	0.7529	15	10	14	5,020	0.82	4,136	19
689		Plx3	1.2887	3	3	5	9,350	0.83	7,714	22
689		Plx4	3.8758			5	25,456	0.68	17,263	33

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
690	Crushing Injuries And Contusions		0.4538	392	88	172	2,872	0.97	2,799	13
690		Plx1	0.3603	345	76	153	2,448	0.89	2,171	10
690		Plx2	1.0707	27	6	7	6,729	0.93	6,281	39
690		Plx3	1.0833	16	5	10	6,785	0.66	4,471	46
690		Plx4	1.2963	4	2	3	8,686	0.62	5,366	32
691	Minor Lower Extremity Fractures		0.3819	50	22	42	2,370	0.58	1,371	13
691		Plx1	0.3297	48	21	38	2,214	0.60	1,323	10
691		Plx2	0.4989	1	1	3	3,430	0.10	332	7
691		Plx3	0.8467	1		1	5,638			18
691		Plx4								
692	Wounds		0.4218	1,092	618	1,157	2,636	0.66	1,740	7
692		Plx1	0.3836	1,041	601	1,121	2,576	0.63	1,615	7
692		Plx2	0.7957	20	10	23	5,629	1.01	5,664	29
692		Plx3	0.8579	24	13	21	5,940	0.56	3,325	15
692		Plx4	2.7520	7	6	13	18,374	1.09	19,991	41
693	Amputations Or Vascular And Other Nerve Injuries		0.4890	172	105	201	3,106	0.79	2,445	4
693		Plx1	0.4509	159	102	196	3,072	0.79	2,441	4
693		Plx2	0.7959	5	2	5	5,325	0.81	4,287	10
693		Plx3	1.4362	6	3	6	9,969	0.58	5,773	19
693		Plx4	4.7545	2	1	3	34,878	0.73	25,429	46
694	Facial Injuries		0.4658	327	205	398	3,038	0.73	2,203	7
694		Plx1	0.4208	316	200	388	2,938	0.64	1,885	7
694		Plx2	1.0814	7	5	10	7,396	0.68	5,036	20
694		Plx3	0.5896	1	1	5	4,110	0.60	2,465	8
694		Plx4	2.4999	3	3	4	17,906	0.79	14,213	23
695	Other Cranial Injuries		0.4504	1,016	346	664	3,098	0.94	2,918	7
695		Plx1	0.2910	891	238	467	2,131	0.77	1,644	4
695		Plx2	0.8294	47	29	48	5,877	0.70	4,092	17
695		Plx3	0.8273	52	44	79	6,163	0.92	5,662	16
695		Plx4	2.5595	26	22	47	18,161	0.95	17,318	46

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
696	Upper Extremity Fractures		0.3297	831	243	497	2,054	0.69	1,414	4
696		Plx1	0.2984	772	234	483	2,019	0.68	1,370	4
696		Plx2	1.1241	44	25	38	7,530	0.65	4,902	31
696		Plx3	1.5414	11	6	16	10,072	0.87	8,773	37
696		Plx4	3.5397	4		5	23,528	0.46	10,857	136
700	PWS - Bone Marrow Transplant		7.7469	199	144	296	56,445	0.52	29,142	62
700		Plx1	4.6407	22	9	26	35,112	0.44	15,539	54
700		Plx2	5.8928	8	4	15	43,162	0.35	15,293	42
700		Plx3	6.4841	14	7	19	51,635	0.35	18,328	52
700		Plx4	7.9309	155	124	237	60,387	0.51	30,841	69
701	Splenectomy		1.3760	78	60	136	8,879	0.55	4,874	20
701		Plx1	1.1343	61	48	119	7,938	0.41	3,224	14
701		Plx2	1.9800	9	9	12	13,740	0.54	7,386	34
701		Plx3	1.5581	3	1	5	11,336	0.46	5,221	25
701		Plx4	6.5925	5	3	5	47,118	0.48	22,629	97
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		1.1394	119	84	170	7,862	0.97	7,633	22
703		Plx1	0.7816	87	67	137	5,791	0.79	4,598	16
703		Plx2	2.3363	9	8	17	16,413	0.74	12,066	27
703		Plx3	2.3032	8	7	12	16,363	0.62	10,179	46
703		Plx4	7.3514	15	9	16	55,279	0.63	35,016	86
704	Red Blood Cell Disorders		0.7861	1,345	548	1,017	4,956	0.98	4,833	20
704		Plx1	0.6020	1,014	392	759	4,097	0.84	3,444	16
704		Plx2	0.9881	188	87	145	6,691	0.93	6,240	27
704		Plx3	1.2344	89	51	81	8,241	0.83	6,878	31
704		Plx4	2.3201	54	25	46	16,361	0.88	14,328	60
709	Coagulation Disorders		0.5581	357	229	413	3,727	0.88	3,292	14
709		Plx1	0.4493	300	193	352	3,245	0.84	2,735	13
709		Plx2	0.9266	28	19	30	6,536	0.66	4,291	26
709		Plx3	1.6375	20	17	30	11,619	0.93	10,748	44
709		Plx4	2.1222	9	7	15	14,783	1.00	14,854	58

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
710	Reticuloendothelial And Immunity Disorders		0.8781	735	318	721	6,269	0.91	5,673	17
710		Plx1	0.7024	582	256	590	5,425	0.85	4,603	14
710		Plx2	1.1584	74	37	77	9,194	0.95	8,716	18
710		Plx3	1.4659	50	17	38	11,682	0.74	8,603	25
710		Plx4	3.0469	29	17	26	23,403	0.93	21,853	60
725	Major Leukemia And Lymphoma Procedures		1.5894	182	122	245	10,438	0.84	8,750	29
725		Plx1	1.0622	134	91	182	7,456	0.51	3,772	14
725		Plx2	1.8064	20	15	28	12,379	0.66	8,164	40
725		Plx3	2.7453	8	4	12	19,269	0.69	13,310	60
725		Plx4	8.0625	20	13	33	55,399	0.71	39,390	116
726	Acute Leukemia Without Major Procedures		3.6786	204	169	400	24,993	0.96	23,883	74
726		Plx1	1.5683	101	80	167	11,484	0.96	11,017	32
726		Plx2	3.1178	12	5	19	21,101	0.93	19,675	61
726		Plx3	3.1656	25	23	60	22,546	0.69	15,511	70
726		Plx4	5.3893	66	57	146	40,241	0.68	27,219	77
728	Lymphoma And Chronic Leukemia With Other Procedures		2.1498	277	173	354	14,324	0.93	13,263	47
728		Plx1	1.1345	200	111	215	8,064	0.82	6,597	25
728		Plx2	2.3596	26	21	36	16,310	0.68	11,057	45
728		Plx3	2.4954	18	11	30	18,262	0.67	12,263	49
728		Plx4	4.9126	33	29	69	35,340	0.59	20,905	84
730	Lymphoma And Chronic Leukemia		1.6165	788	367	775	10,371	1.03	10,654	42
730		Plx1	0.9487	484	203	407	6,482	0.86	5,582	29
730		Plx2	1.4797	126	69	157	9,982	0.80	7,989	38
730		Plx3	1.6995	96	48	96	11,533	0.88	10,155	53
730		Plx4	3.9155	82	46	112	27,241	0.74	20,132	74
733	Major III-Defined Neoplasm Procedures		2.1825	74	60	111	14,667	0.78	11,381	41
733		Plx1	1.3482	46	40	63	9,582	0.51	4,926	19
733		Plx2	2.3060	11	7	22	16,137	0.67	10,869	48
733		Plx3	3.5504	6	3	11	25,826	0.41	10,681	63
733		Plx4	5.3685	11	10	18	38,034	0.82	31,035	110

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
734	III-Defined Neoplasm With Other Procedures		1.2876	66	40	91	8,482	0.82	6,978	29
734		Plx1	0.8439	41	26	63	6,085	0.80	4,849	16
734		Plx2	1.4183	4	2	7	9,667	0.81	7,790	46
734		Plx3	2.7629	8	6	12	18,905	0.77	14,495	83
734		Plx4	5.8231	13	12	15	41,071	1.26	51,683	101
735	PWS - Radiation Therapy		0.6439	199	153	324	4,550	0.84	3,826	28
735		Plx1	0.5148	177	137	292	3,764	0.70	2,645	19
735		Plx2	1.4537	10	9	16	10,531	0.54	5,662	31
735		Plx3	3.3657	9	6	14	24,544	0.63	15,518	75
735		Plx4	3.1520	3	3	8	23,012	0.52	12,078	82
736	Chemotherapy		0.6743	953	742	1,475	4,967	0.62	3,103	11
736		Plx1	0.6044	839	688	1,385	4,774	0.61	2,908	11
736		Plx2	1.1437	21	10	26	9,227	0.78	7,186	24
736		Plx3	1.4391	53	38	57	11,288	0.77	8,660	34
736		Plx4	2.8144	40	34	79	20,735	0.49	10,161	70
737	Other Poorly Differentiated Neoplastic Diagnoses		1.5120	175	84	183	9,529	0.72	6,892	37
737		Plx1	0.9758	97	43	87	6,605	0.66	4,388	27
737		Plx2	1.5121	44	21	48	10,182	0.70	7,154	39
737		Plx3	1.9765	19	6	20	13,173	0.72	9,439	46
737		Plx4	2.5260	15	11	27	17,046	0.60	10,148	67
750	Multisystemic Or Unspecified Site Infections With Surgery		3.8927	555	351	705	25,271	1.24	31,435	62
750		Plx1	1.2638	298	178	344	8,782	0.84	7,334	29
750		Plx2	2.4399	54	37	73	16,966	0.72	12,289	50
750		Plx3	3.0084	42	25	55	20,577	0.70	14,398	58
750		Plx4	10.2893	161	122	263	70,448	0.86	60,426	133
751	Septicemia		1.6380	927	472	996	10,113	1.22	12,307	29
751		Plx1	0.7953	463	202	413	5,352	0.88	4,697	20
751		Plx2	1.2408	141	67	139	8,406	0.89	7,522	32
751		Plx3	1.5721	143	87	161	10,347	1.04	10,783	35
751		Plx4	2.9056	180	128	302	19,266	0.96	18,585	51

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
756	Post-Operative And Post-Traumatic Infections		0.6451	697	355	680	3,978	0.75	2,987	15
756		Plx1	0.5838	585	303	595	3,881	0.74	2,890	17
756		Plx2	1.0445	48	24	44	6,805	0.94	6,418	28
756		Plx3	0.7603	49	26	41	5,075	0.94	4,758	21
756		Plx4	2.8229	15	9	21	18,700	0.93	17,369	69
757	Viral Illness		0.4762	695	191	406	3,247	0.92	2,976	10
757		Plx1	0.3691	644	163	338	2,728	0.72	1,955	7
757		Plx2	0.5578	25	10	31	4,124	0.71	2,917	14
757		Plx3	1.0160	20	15	21	7,855	0.75	5,915	24
757		Plx4	3.3898	6	4	17	23,576	0.80	18,960	56
761	Fever Of Unknown Origin		0.4629	575	234	433	3,071	0.68	2,095	8
761		Plx1	0.4308	466	189	373	3,024	0.69	2,074	10
761		Plx2	0.7359	80	48	74	5,315	0.77	4,086	15
761		Plx3	0.7869	22	11	22	5,753	0.59	3,405	21
761		Plx4	2.0052	7	6	8	14,977	0.52	7,826	57
763	Other Infectious Diagnoses		1.0245	217	122	238	7,026	0.98	6,869	21
763		Plx1	0.7187	157	87	162	5,281	0.83	4,380	17
763		Plx2	1.0837	19	13	28	8,355	0.80	6,704	36
763		Plx3	1.3061	21	15	29	9,513	0.95	8,999	36
763		Plx4	3.7487	20	17	31	27,187	0.76	20,595	78
764	Depressive Mood Disorders With ECT		3.2874	363	265	536	19,439	0.60	11,703	100
764		Plx9	3.0314	363	265	536	19,439	0.60	11,703	100
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		2.4569	567	215	501	15,098	0.70	10,593	82
765		Plx9	2.2727	567	215	501	15,098	0.70	10,593	82
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		1.6472	2,582	937	1,912	10,067	0.75	7,564	68
766		Plx9	1.5236	2,582	937	1,912	10,067	0.75	7,564	68
767	Depressive Mood Disorders LOS < 6 Days		0.3884	1,175	277	582	2,406	0.57	1,379	8
767		Plx9	0.3573	1,175	277	582	2,406	0.57	1,379	8
768	Bipolar Mood Disorders, Manic With ECT		4.0380	37	21	41	24,129	0.68	16,355	97

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						
768		Plx9	3.7293	37	21	41	24,129	0.68	16,355	97
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		2.8260	171	97	178	16,997	0.80	13,622	89
769		Plx9	2.6145	171	97	178	16,997	0.80	13,622	89
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		1.9739	1,120	505	1,037	11,840	0.74	8,722	78
770		Plx9	1.8255	1,120	505	1,037	11,840	0.74	8,722	78
771	Bipolar Mood Disorders LOS < 6 Days		0.4014	210	78	156	2,402	0.55	1,323	10
771		Plx9	0.3711	210	78	156	2,402	0.55	1,323	10
772	Dementia With Or Without Delirium With Axis III Diagnosis		4.0086	819	350	691	23,765	0.68	16,260	135
772		Plx9	3.6982	819	350	691	23,765	0.68	16,260	135
773	Dementia With Or Without Delirium Without Axis III Diagnosis		3.3105	906	276	519	19,580	0.85	16,624	167
773		Plx9	3.0324	906	276	519	19,580	0.85	16,624	167
774	Organic Mental Disorders Induced By Drugs		0.9410	706	373	690	5,741	1.01	5,820	41
774		Plx9	0.8776	706	373	690	5,741	1.01	5,820	41
775	Schizophrenia And Other Psychotic Disorders With ECT		4.3198	57	38	80	26,416	0.84	22,152	138
775		Plx9	4.0069	57	38	80	26,416	0.84	22,152	138
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		2.8557	437	252	449	17,967	0.83	14,889	109
776		Plx9	2.6652	437	252	449	17,967	0.83	14,889	109
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		2.2251	2,573	1,305	2,561	13,706	0.83	11,338	101
777		Plx9	2.0666	2,573	1,305	2,561	13,706	0.83	11,338	101
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		0.3898	637	249	497	2,366	0.57	1,343	8
778		Plx9	0.3616	637	249	497	2,366	0.57	1,343	8
779	Dissociative Disorders		0.7004	113	56	108	4,469	0.83	3,731	26
779		Plx9	0.6514	113	56	108	4,469	0.83	3,731	26
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		1.2016	333	160	301	7,313	1.20	8,749	33
780		Plx9	1.1175	333	160	301	7,313	1.20	8,749	33
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		0.5772	532	202	368	3,529	0.83	2,935	20
781		Plx9	0.5333	532	202	368	3,529	0.83	2,935	20
783	Psychoactive Substance Dependence		0.9186	1,260	491	889	5,660	0.93	5,289	35
783		Plx9	0.8466	1,260	491	889	5,660	0.93	5,289	35

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
784	Psychoactive Substance Abuse		0.5650	1,238	423	760	3,411	0.79	2,693	19
784		Plx9	0.5181	1,238	423	760	3,411	0.79	2,693	19
785	Developmental Delay		2.3937	108	69	123	15,559	0.92	14,340	100
785		Plx9	2.2051	108	69	123	15,559	0.92	14,340	100
786	Disruptive Behaviour Disorders		2.0555	384	240	435	14,031	0.98	13,817	77
786		Plx9	1.8890	384	240	435	14,031	0.98	13,817	77
787	Eating Disorders		2.3485	183	132	236	16,462	0.83	13,613	85
787		Plx9	2.1895	183	132	236	16,462	0.83	13,613	85
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		2.3399	285	172	339	14,203	0.92	13,048	99
788		Plx9	2.1671	285	172	339	14,203	0.92	13,048	99
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		1.7665	316	152	268	10,730	1.02	10,966	98
789		Plx9	1.6300	316	152	268	10,730	1.02	10,966	98
790	Somatoform Disorders		0.6064	81	30	56	3,918	0.77	3,006	25
790		Plx9	0.5644	81	30	56	3,918	0.77	3,006	25
791	Anxiety Disorders (MNRH)		1.0950	667	186	353	6,735	0.87	5,852	38
791		Plx9	1.0140	667	186	353	6,735	0.87	5,852	38
792	Adjustment Disorders (MNRH)		0.4918	2,216	1,347	2,729	2,985	0.71	2,129	17
792		Plx9	0.4523	2,216	1,347	2,729	2,985	0.71	2,129	17
793	Personality Disorders With Axis III Diagnosis (MNRH)		1.1547	74	47	94	7,144	1.09	7,797	47
793		Plx9	1.0737	74	47	94	7,144	1.09	7,797	47
794	Personality Disorders Without Axis III Diagnosis (MNRH)		0.4948	583	373	713	2,957	0.71	2,105	17
794		Plx9	0.4559	583	373	713	2,957	0.71	2,105	17
795	Sexual Dysfunction And Sexual Disorders (MNRH)		2.0129	48	10	25	12,164	0.58	7,034	644
795		Plx9	1.8518	48	10	25	12,164	0.58	7,034	644
796	Specific Developmental Disorders (MNRH)		1.9168	13	9	20	13,171	0.78	10,272	54
796		Plx9	1.7717	13	9	20	13,171	0.78	10,272	54
797	Miscellaneous Psychiatric Diagnoses (MNRH)		1.3501	98	38	79	8,693	1.16	10,117	78

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
797		Plx9	1.2323	98	38	79	8,693	1.16	10,117	78
803	Extensive Procedures For Injury Or Complication Of Treatment		2.8002	359	256	562	17,911	0.93	16,605	50
803		Plx1	1.5586	202	150	331	10,687	0.64	6,883	24
803		Plx2	2.4654	42	31	61	17,051	0.68	11,607	35
803		Plx3	3.2978	42	31	62	22,187	0.60	13,298	50
803		Plx4	10.8232	73	52	135	74,268	0.99	73,528	152
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		0.9109	998	690	1,328	5,849	1.02	5,993	19
804		Plx1	0.6490	836	593	1,123	4,430	0.86	3,814	13
804		Plx2	1.7502	73	56	116	12,031	0.68	8,168	37
804		Plx3	2.3257	44	27	58	16,239	0.53	8,593	46
804		Plx4	6.9332	45	37	82	47,703	0.95	45,187	98
805	MNRH Procedures For Injury Or Complication Of Treatment		0.6977	229	124	261	4,415	0.80	3,525	13
805		Plx1	0.5663	200	109	233	3,815	0.79	3,007	10
805		Plx2	1.6793	15	6	11	11,125	0.71	7,944	28
805		Plx3	1.7047	10	7	10	11,308	0.35	3,958	44
805		Plx4	6.1847	4	3	7	45,270	0.48	21,776	101
811	Allergic Reaction		0.3319	168	49	98	2,129	0.93	1,986	4
811		Plx1	0.2795	158	45	90	1,977	0.85	1,676	4
811		Plx2	0.2898	4	2	3	1,884	0.49	915	6
811		Plx3	0.8128	5	3	6	5,332	0.79	4,238	9
811		Plx4	1.1060	1		5	7,402	0.53	3,916	18
813	Drug Reactions		0.4960	1,972	638	1,299	3,098	0.96	2,959	7
813		Plx1	0.3851	1,705	513	1,041	2,597	0.93	2,425	7
813		Plx2	0.7572	109	65	110	5,007	0.77	3,853	20
813		Plx3	0.8536	88	59	131	5,738	0.72	4,110	14
813		Plx4	2.2558	70	57	119	15,192	0.91	13,755	31
818	Complications Of Treatment		0.5826	1,672	1,029	2,113	3,714	1.14	4,246	16
818		Plx1	0.4376	1,418	870	1,779	2,973	1.07	3,193	13
818		Plx2	1.0225	121	85	180	7,164	0.91	6,500	26
818		Plx3	1.3732	86	55	114	9,704	1.03	10,006	32

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
818		Plx4	2.9549	47	36	77	20,589	0.87	17,937	66
823	Minor Injuries And Trauma Diagnosis		0.5359	467	137	250	3,598	1.27	4,578	10
823		Plx1	0.3695	434	117	210	2,637	1.05	2,770	7
823		Plx2	0.8810	14	5	13	6,132	0.68	4,192	29
823		Plx3	1.0838	10	10	19	7,635	0.81	6,171	30
823		Plx4	3.2894	9	7	15	24,225	0.71	17,215	32
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		10.6482	35	31	51	73,189	0.92	67,547	129
830		Plx1	5.6293	18	17	30	40,577	0.44	17,880	49
830		Plx2	5.8859			3	39,194	0.23	8,939	26
830		Plx3								43
830		Plx4	25.3598	17	15	23	181,421	1.17	213,160	282
831	Extensive Burns Without Burn Procedures		2.1064	17	9	15	14,625	0.63	9,157	35
831		Plx1	1.7714	12	6	11	13,283	0.76	10,076	31
831		Plx2	2.3478	2	2	2	16,837	0.15	2,523	15
831		Plx3								18
831		Plx4	5.6745	3	3	4	40,530	0.66	26,798	102
832	PWS - Non-Extensive Burns With Skin Graft		2.6002	109	97	211	17,449	0.85	14,784	39
832		Plx1	2.0936	95	88	190	15,020	0.75	11,237	35
832		Plx2	4.3059	6	5	11	30,522	0.44	13,341	45
832		Plx3	5.8449	4	4	9	41,394	0.34	14,270	55
832		Plx4	20.1654	4	4	7	151,905	0.42	63,343	151
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		0.8714	3	2	5	6,075	0.66	4,014	23
833		Plx1	0.6926	2	1	4	4,995	0.74	3,701	25
833		Plx2								
833		Plx3	1.3980	1	1	1	10,396			9
833		Plx4								
834	Non-Extensive Burns Without Burn Procedures		0.7982	188	88	181	5,494	0.99	5,447	19
834		Plx1	0.6877	179	82	171	5,039	0.94	4,749	16
834		Plx2	1.9692	4	2	5	13,554	0.83	11,264	29

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
834		Plx3	1.9683	3	2	6	15,158	0.97	14,698	75
834		Plx4	3.6902	2	2	5	24,609	0.79	19,332	46
840	Other Admissions With Surgery		4.9200	717	462	844	32,610	1.25	40,841	185
840		Plx1	1.1458	390	254	468	7,801	1.09	8,524	54
840		Plx2	4.8918	105	47	94	34,091	0.69	23,498	132
840		Plx3	8.1743	84	43	74	58,189	0.63	36,573	214
840		Plx4	13.3382	138	96	167	94,375	0.73	68,703	253
841	Rehabilitation		3.9313	5,448	1,627	3,380	25,987	0.64	16,643	112
841		Plx1	3.1158	3,933	952	1,996	22,388	0.60	13,403	95
841		Plx2	4.1922	759	356	715	29,926	0.65	19,514	131
841		Plx3	4.2464	450	174	380	30,276	0.61	18,534	145
841		Plx4	6.0282	306	155	318	42,780	0.68	29,174	176
842	Signs And Symptoms		1.2600	1,344	459	792	7,578	0.87	6,600	41
842		Plx1	0.8486	1,011	303	535	5,475	0.86	4,708	29
842		Plx2	1.6031	191	83	134	10,577	0.71	7,475	56
842		Plx3	2.0019	79	37	69	13,041	0.80	10,437	80
842		Plx4	3.3068	63	34	48	21,782	0.74	16,211	112
846	Aftercare Following Surgery Or Treatment		0.2311	3,470	2,604	4,381	1,406	1.24	1,742	4
846		Plx1	0.2099	3,388	2,553	4,308	1,386	1.24	1,720	4
846		Plx2	0.6697	65	53	78	4,435	1.40	6,207	101
846		Plx3	0.8608	15	3	12	6,697	1.25	8,377	141
846		Plx4	1.6611	2	2	5	12,755	0.74	9,454	209
847	Other Specified Aftercare		2.2553	2,534	612	1,128	12,087	1.04	12,534	70
847		Plx1	1.9974	2,128	538	987	11,548	1.04	12,017	66
847		Plx2	2.0378	258	46	75	12,997	0.91	11,891	65
847		Plx3	2.2687	93	14	32	14,265	1.07	15,221	88
847		Plx4	3.1628	55	10	29	20,567	0.91	18,646	126
849	Multiple Or Unspecified Congenital Anomalies		1.5477	4	3	10	10,876	1.28	13,943	34
849		Plx1	0.4721	4	3	6	3,818	0.76	2,885	10
849		Plx2	2.7145			2	25,489	0.75	19,237	71

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
849		Plx3	0.9795		2	6,700	1.16	7,743	15	
849		Plx4							18	
850	Perinatal Conditions Age > 28 Days		3.5645	111	87	154	21,153	0.76	16,132	62
850		Plx1	2.9589	63	53	82	19,332	0.77	14,796	66
850		Plx2	3.5207	6	6	15	22,918	0.59	13,417	81
850		Plx3	2.6219	30	22	43	16,708	0.70	11,622	59
850		Plx4	9.7918	12	10	18	62,174	0.70	43,506	111
851	Other Factors Causing Hospitalization		0.5726	4,581	225	476	3,485	1.46	5,080	41
851		Plx1	0.4773	3,766	211	443	3,198	1.50	4,807	32
851		Plx2	0.9152	435	9	22	5,255	1.03	5,392	72
851		Plx3	1.2878	257	3	7	9,215	0.74	6,795	82
851		Plx4	1.4610	123	1	5	10,206	0.43	4,378	127
852	Procedures Cancelled (MNRH)		0.0729	1,138	518	1,034	466	1.99	928	1
852		Plx1	0.0670	1,118	511	1,015	460	2.02	930	1
852		Plx2	0.1101	13	5	14	753	0.88	660	1
852		Plx3	0.1605	6	2	5	1,057	0.93	982	1
852		Plx4		1						2
860	Respiratory Tract Disorders With HIV		1.6780	67	45	86	10,358	1.49	15,416	33
860		Plx9	1.5569	67	45	86	10,358	1.49	15,416	33
861	CNS Infection With HIV		2.0013	7	7	9	13,128	0.83	10,906	50
861		Plx9	1.8925	7	7	9	13,128	0.83	10,906	50
862	GI And Hepatobiliary Disorders With HIV		1.1031	16	6	17	6,861	0.76	5,248	27
862		Plx9	1.0326	16	6	17	6,861	0.76	5,248	27
863	Ophthalmic Disorders With HIV		2.3316	2	2	8	14,754	1.00	14,788	80
863		Plx9	2.1837	2	2	8	14,754	1.00	14,788	80
864	Blood Infections With HIV		2.1899	2	2	7	12,206	0.78	9,519	56
864		Plx9	2.0550	2	2	7	12,206	0.78	9,519	56
865	Lymphoma With HIV		4.4528	2	1	3	29,760	0.91	27,153	60
865		Plx9	4.4761	2	1	3	29,760	0.91	27,153	60

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005			Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases					
866	Psychosocial Conditions With HIV		5.7518	3	2	6	36,592	1.13	41,229	149
866		Plx9	5.3128	3	2	6	36,592	1.13	41,229	149
867	Other Conditions Associated With HIV		2.0973	1	1	5	14,379	0.74	10,672	27
867		Plx9	2.0678	1	1	5	14,379	0.74	10,672	27
868	Miscellaneous Conditions With HIV		1.8578	27	23	48	11,545	1.04	11,979	41
868		Plx9	1.7386	27	23	48	11,545	1.04	11,979	41
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		5.4073	43	38	82	31,884	0.80	25,653	89
880		Plx1	2.8385	20	19	31	18,084	0.51	9,275	47
880		Plx2	3.2058	3	2	11	20,133	0.48	9,694	68
880		Plx3	4.3955	6	5	12	27,212	0.65	17,688	63
880		Plx4	8.9087	14	12	29	57,787	0.58	33,376	152
881	Amputation Of Lower Limb Except Toe		3.2391	276	201	432	19,638	0.87	17,004	83
881		Plx1	1.6925	123	89	190	10,687	0.68	7,241	42
881		Plx2	2.8134	52	36	85	18,741	0.79	14,814	72
881		Plx3	3.4297	43	32	63	22,111	0.69	15,154	93
881		Plx4	6.9979	58	44	100	46,800	0.67	31,450	174
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		4.2753	16	11	19	26,346	0.56	14,729	86
882		Plx1	2.3061	5	3	6	15,278	0.45	6,808	75
882		Plx2	2.9953	3	3	5	20,121	0.36	7,152	68
882		Plx3	3.8513	2	1	5	24,403	0.37	8,938	77
882		Plx4	7.0262	6	4	6	47,676	0.42	20,138	110
883	Wound Debridement And Grafting Other Than Hand		2.9375	31	20	46	18,827	0.88	16,604	75
883		Plx1	1.8803	22	13	29	13,098	0.65	8,527	53
883		Plx2	2.2855	4	4	6	15,077	0.69	10,402	70
883		Plx3	2.5745			5	16,709	0.62	10,357	69
883		Plx4	11.5372	5	5	9	78,664	0.86	67,338	146
884	Other Amputations Including Toe		2.0495	66	44	87	12,640	0.98	12,392	56
884		Plx1	1.0787	44	26	49	7,054	0.64	4,537	31
884		Plx2	2.0519	8	7	16	13,698	0.89	12,161	55

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
884		Plx3	2.9549	9	6	14	18,979	0.63	11,885	77
884		Plx4	5.3424	5	4	9	35,704	0.51	18,046	91
885	PWS - Aortic Replacement		3.2064	316	183	379	19,128	0.57	10,855	24
885		Plx1	2.3575	197	115	231	15,363	0.43	6,597	19
885		Plx2	3.2077	33	19	50	20,760	0.52	10,750	27
885		Plx3	3.6111	41	26	48	23,726	0.47	11,081	29
885		Plx4	6.1396	45	31	67	40,039	0.61	24,468	51
887	Vascular Bypass Surgery		2.5166	444	258	558	14,892	0.67	9,998	26
887		Plx1	1.8538	303	181	371	11,922	0.48	5,771	19
887		Plx2	2.4189	44	28	71	15,486	0.44	6,837	28
887		Plx3	2.8935	53	30	69	18,719	0.46	8,694	30
887		Plx4	6.3283	44	26	60	40,478	0.65	26,453	60
890	Other Thoraco-Abdominal Procedures		2.7313	57	40	83	16,909	0.97	16,365	43
890		Plx1	1.4579	28	18	40	9,619	0.93	8,898	20
890		Plx2	1.8559	8	6	10	12,496	0.28	3,496	38
890		Plx3	2.2824	9	7	14	15,337	0.70	10,774	43
890		Plx4	6.9735	12	9	22	47,322	0.77	36,423	73
891	Vascular Repair		1.7608	223	129	281	10,821	0.99	10,704	22
891		Plx1	1.2448	176	104	212	8,344	0.85	7,057	13
891		Plx2	2.0521	15	7	24	13,043	0.56	7,239	31
891		Plx3	2.0396	15	13	26	14,317	0.68	9,714	33
891		Plx4	6.3477	17	14	31	44,972	0.67	30,056	79
892	Other Vascular Procedures		1.2309	139	65	139	7,714	0.65	4,992	16
892		Plx1	1.0651	116	52	115	7,182	0.60	4,312	13
892		Plx2	1.8044	13	9	16	12,064	0.87	10,462	44
892		Plx3	2.1247	9	6	10	14,672	0.76	11,190	36
892		Plx4	6.4449	1	1	5	44,994	0.71	32,006	104
893	Vein Ligation And Stripping (MNRH)		0.3848	185	24	49	2,029	0.37	751	1
893		Plx1	0.3530	184	24	49	2,029	0.37	751	1
893		Plx2	0.2703	1		2	1,800	0.01	16	14

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
			SWRV	Activity						Costed Cases
893		Plx3								
893		Plx4								
895	Deep Vein Thrombophlebitis		0.8260	620	242	495	4,984	0.78	3,896	24
895		Plx1	0.6580	454	162	330	4,239	0.68	2,899	18
895		Plx2	0.8277	100	47	103	5,402	0.85	4,587	28
895		Plx3	1.3533	59	31	53	9,250	0.85	7,857	41
895		Plx4	2.8428	7	4	14	19,579	0.82	16,027	82
898	Peripheral Vascular Disease		0.9153	368	158	352	5,441	1.13	6,136	23
898		Plx1	0.6615	271	114	251	4,285	0.95	4,077	19
898		Plx2	1.0734	54	30	59	7,029	0.74	5,207	36
898		Plx3	1.7758	30	15	35	11,082	0.83	9,221	51
898		Plx4	2.9278	13	8	21	18,719	0.90	16,862	60
900	Extensive Unrelated O.R. Procedures		4.7228	389	286	580	30,522	0.98	29,768	82
900		Plx1	2.2778	151	106	217	16,015	0.98	15,615	33
900		Plx2	3.4071	47	30	65	22,915	0.60	13,792	77
900		Plx3	4.2489	45	34	78	28,978	0.58	16,680	89
900		Plx4	7.6827	146	119	229	53,163	0.82	43,514	126
901	Non-Extensive Unrelated O.R. Procedures		2.5514	1,135	748	1,565	16,459	1.26	20,810	57
901		Plx1	1.0980	652	412	863	7,583	0.91	6,913	28
901		Plx2	2.1540	131	72	168	14,569	0.69	10,102	58
901		Plx3	3.0019	122	94	193	20,701	0.64	13,321	64
901		Plx4	6.5378	230	172	366	45,506	0.87	39,591	119
902	Post-Operative Complications With Unrelated O.R. Procedures		2.5961	105	72	154	15,640	1.11	17,368	48
902		Plx1	1.0112	54	42	79	6,815	0.77	5,269	22
902		Plx2	2.8079	20	12	28	17,836	0.67	11,925	49
902		Plx3	3.0737	13	9	15	20,403	0.74	15,194	61
902		Plx4	6.8066	18	11	35	44,094	0.83	36,427	73
906	Unrelated O.R. Procedures (MNRH)		1.7600	279	133	290	11,345	1.02	11,623	50
906		Plx1	0.9903	196	87	196	6,862	0.98	6,704	31
906		Plx2	2.3689	29	13	34	16,244	0.70	11,438	62

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity					
906		Plx3	3.0192	28	14	21,290	0.76	16,094	87
906		Plx4	4.3266	26	19	30,061	0.55	16,446	83
908	Other Major Procedures For Gynecological Malignancy		0.7912	22	18	4,845	0.51	2,494	10
908		Plx1	0.7679	21	18	5,029	0.58	2,923	11
908		Plx2	1.7535	1	1	11,480	0.47	5,375	26
908		Plx3							16
908		Plx4							8
909	Obsolete Psychiatric Diagnoses (MNRH)		1.0578	422	155	6,424	0.98	6,294	42
909		Plx9	0.9783	422	155	6,424	0.98	6,294	42
910	Diagnosis Not Generally Hospitalized		0.3784	243	78	2,543	1.76	4,468	4
910		Plx9	0.3528	243	78	2,543	1.76	4,468	4
912	Obstetric Codes Invalid As Most Responsible Diagnosis		0.3187	17	5	1,851	0.54	995	7
912		Plx9	0.2935	17	5	1,851	0.54	995	7
996	Cadaveric Donor Organ and Tissue Retrieval								
996		Plx9							
997	Stillbirths			292					
997		Plx9		292					
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		0.4691	5	5	3,107	0.83	2,587	8
998		Plx9	0.4457	5	5	3,107	0.83	2,587	8
999	Ungroupable Data		0.3584	283	20	2,257	0.93	2,107	7
999		Plx9	0.3345	283	20	2,257	0.93	2,107	7

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1.1	Nerve & Other, Local Anaesthetic	164	71	236	1,295
1.2	Nerve & Other, General Anaesthetic	1,148	448	1,596	1,547
1.3	Nerve & Other, Other Anaesthetic	610	248	859	419
1.4	Nerve & Other, No Anaesthetic	69	46	115	1,842
2	Spinal	485	130	615	3,737
3	Nerve Injection	57	37	94	1,990
4	Orbital & Other Eye	955	283	1,238	2,831
5	Lens Interventions	475	135	609	13,809
6	Iris & Other Eye	66	30	96	1,206
7	Strabismus	1,067	329	1,396	1,724
8	External Eye	320	60	380	11,583
9	Bronch/Pharynx	929	304	1,233	94
10	Tympanoplasty	1,042	363	1,405	1,210
11	Sinus Interventions	1,134	394	1,528	1,558
12	Other Sinus	797	268	1,065	158
13	Tonsils & Adenoids 12+ years	710	237	946	1,729
13.1	Tonsils & Adenoids 0 < 6 years	857	240	1,097	1,007
13.2	Tonsils & Adenoids 6 < 12 years	885	251	1,136	1,599
14	Nasal Interventions	475	178	654	5,401
15	Other Respiratory	795	199	995	422
16	External Ear 18 + years	218	82	300	605
16.1	External Ear 0 < 1.5 years	559	148	707	463
16.2	External Ear 1.5 < 6 years	518	138	656	1,913
16.3	External Ear 6 < 12 years	490	135	625	800
16.4	External Ear 12 < 18 years	419	121	541	161
17	Respiratory Endoscopy - ENT	372	114	486	5,743
18	Pacemaker Implant	14,437	1,272	15,709	374
19	Cardiac Catheter 18 + years	1,008	288	1,296	6,435
19.1	Cardiac Catheter 0 < 6 years	3,183	642	3,825	108
19.2	Cardiac Catheter 6 < 18 years	3,364	893	4,258	219
20	Angiography 18 + years	1,634	414	2,048	4,794
20.1	Angiography 0 < 6 years	1,006	175	1,182	9

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
20.2	Angiography 6 < 12 years	1,389	285	1,673	13
20.3	Angiography 12 < 18 years	1,660	468	2,129	52
21	Vascular Interventions 18 + years	1,097	283	1,380	2,572
21.1	Vascular Interventions 0 < 18 years	910	242	1,152	229
22	Other Vascular Interventions	822	303	1,125	1,430
23.1	Lymphatic Interventions, Local Anaesthetic	405	105	510	47
23.2	Lymphatic Interventions, General Anaesthetic	1,634	511	2,145	890
23.3	Lymphatic Interventions, Other Anaesthetic	701	190	891	183
23.4	Lymphatic Interventions, No Anaesthetic	198	66	263	225
24	Minor Vascular	155	62	217	5,508
25	Cholecystectomy	1,246	449	1,695	3,243
26	Hernia	1,100	372	1,472	6,368
27	ERCP	936	254	1,189	2,005
28.1	Endoscopy GI - Low	436	139	575	2,108
28.2	Endoscopy GI - Medium	347	106	453	52,657
28.3	Endoscopy GI - High	400	119	519	6,497
29.1	Ano-Rectal Interventions, Local Anaesthetic	168	68	236	98
29.2	Ano-Rectal Interventions, General Anaesthetic	798	296	1,093	991
29.3	Ano-Rectal Interventions, Other Anaesthetic	464	135	599	2,053
29.4	Ano-Rectal Interventions, No Anaesthetic	122	46	168	425
30.1	Minor Anal Interventions, Local Anaesthetic	109	43	152	259
30.2	Minor Anal Interventions, General Anaesthetic	1,038	300	1,337	415
30.3	Minor Anal Interventions, Other Anaesthetic	477	136	613	3,374
30.4	Minor Anal Interventions, No Anaesthetic	225	78	303	2,291
31	Mechanical Implants	2,002	386	2,388	208
32	Lithotripsy	526	208	734	4,977
33	Upper Urinary Interventions	1,039	305	1,344	1,812
34.1	Lower Uri & Genital	1,018	312	1,330	2,230
34.2	Reconstruction, Vas Deferens	1,824	675	2,500	65
35.1	Bladder & Urethral Interventions, Local Anaesthetic	170	68	238	28,836
35.2	Bladder & Urethral Interventions, General Anaesthetic	774	254	1,028	1,965
35.3	Bladder & Urethral Interventions, Other Anaesthetic	455	169	624	1,621

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
35.4	Bladder & Urethral Interventions, No Anaesthetic	210	77	286	341
36.1	Vasectomy	236	87	323	2,437
36.2	Other Male Genital Interventions	949	314	1,263	975
37	Circumcision 18 + years	750	258	1,008	499
37.1	Circumcision 0 < 1.5 years	138	64	202	1,914
37.2	Circumcision 1.5 < 6 years	807	213	1,020	305
37.3	Circumcision 6 < 12 years	811	230	1,041	257
37.4	Circumcision 12 < 18 years	821	275	1,095	119
38	Uro Diagnostic Interventions	225	82	307	6,567
39	Uterus & Adnexal Intervention	944	351	1,295	4,899
40	Endo & Gyn Interventions	635	241	877	5,579
41	Minor Gyn Interventions	211	53	264	10,831
42	Evacuations	386	186	572	5,430
43	Maxillo-Facial	1,016	342	1,358	316
44	Chest Wall Interventions	949	274	1,223	316
45.1	Upper Extremity Interventions	621	226	847	992
45.2	Shoulder Interventions	1,437	483	1,921	731
46	Open Reductions	1,166	418	1,584	948
47	Tendon & Muscle Interventions	554	206	760	2,925
48	Closed Reductions	281	95	375	8,220
49	Lower Extremity	1,103	343	1,446	148
50	Knee Interventions	887	331	1,218	6,930
51	Ankle & Foot	1,005	371	1,376	1,692
52.1	Remove Int Fixation, Lower Extremity	678	246	924	1,625
52.2	Other Removal, Int Fixation	340	127	467	1,543
53	Soft Tissue Interventions	384	134	518	2,445
54	Manipulations	456	157	614	161
55	Mastectomy	505	169	674	1,593
56.1	Augment/Reduc Breast Bilateral	1,832	637	2,469	1,376
56.2	Augment/Reduc Breast Unilateral	1,470	474	1,944	420
57	Breast Plastic Interventions	756	233	989	861
58.1	Ear & Cleft Lip Reconstruction	1,304	563	1,867	51

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
58.2	Face Rhytidectomy	1,851	568	2,419	75
58.3	Other Plastic Reconstruction	862	299	1,161	2,021
59.1	Skin Interventions, Local Anaesthetic	104	39	142	23,444
59.2	Skin Interventions, General Anaesthetic	978	322	1,300	1,922
59.3	Skin Interventions, Other Anaesthetic	151	58	209	3,974
59.4	Skin Interventions, No Anaesthetic	121	46	168	11,983
60	Dental Surgery	988	277	1,265	3,063
61.1	Biopsy, Other	683	141	824	1,491
61.2	Biopsy, Percutaneous	640	157	797	8,060
62	Hemodialysis	254	51	305	193,647
62.1	Home Hemodialysis Teaching	1,000	149	1,149	5
62.2	Selfcare Hemodialysis				
63	Transfusions	421	152	572	8,393
64	Cardioversion	383	112	494	1,272
65	Chemotherapy Oncology	326	80	406	532
66	Myelogram	535	132	667	77
68	Thyroid Interventions	1,299	461	1,760	43
69	Parotid Duct Interventions	1,214	408	1,622	45
70	Appendectomy	1,361	469	1,829	31
71	Gastro-Intestinal Related Interventions	280	96	376	2,469
72	Peritoneal Dialysis	416	38	454	1,033
72.1	Home Peritoneal Dialysis Teaching	153	14	167	6,423
73	Hos Visit Including Diagnostic Investigation of Vascular Sys				
74	Hospital Visit Including Nuclear Imaging	795	133	928	11,334
75	Hospital Visit Including CAT Scan	462	95	557	73,480
76	Hospital Visit Including MRI	498	94	592	35,171
77	Hospital Visit Radiotherapy	321	61	383	533
78	Chest Xray	61	12	74	17,322
79	Other Xray	121	26	147	45,875
80	Mammogram	97	45	142	5
81	Ultrasound	299	40	339	27,985
82.1	Extensive Sleep Studies	956	151	1,106	2,706

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
82.2	Other Sleep Labs	192	30	222	280
83	Inner Ear	1,476	585	2,061	220
84	Hyperbaric Chamber	239	45	283	2,629
85	Discrete Diagnostic Investigation of Vascular System				
86	Discrete Nuclear Imaging	647	95	742	5,371
87	Discrete CAT Scan	300	40	339	31,956
88	Discrete MRI	456	75	531	44,453
89	Discrete Radiotherapy	154	23	178	236
99	Ungroupables - Based on Interventions	1,435	430	1,865	168
201	Diag Inv General Cardiac 0 < 12 years	223	56	279	257
203	Diag Inv General Cardiac 12 < 18 years	221	62	283	240
205	Diag Inv General Cardiac 18+ years	311	86	397	13,256
206	Management General Cardiac 0 < 1.5 years	98	15	113	773
207	Management General Cardiac 1.5 < 12 years	100	17	117	1,740
208	Management General Cardiac 12 < 18 years	101	19	120	1,052
210	Management General Cardiac 18+ years	105	27	132	66,053
213	Dysrhythmia & Conductive Disorders	161	49	210	12,338
214	Congestive Heart Failure	153	41	194	7,936
215	Inflammatory Cardiac	182	52	233	203
216	Congenital Heart Disease	212	35	247	2,549
217	Diag Inv Angina	393	117	510	2,131
218	Management Angina	79	31	110	18,887
219	Diag Inv Vascular	302	74	376	1,188
220	Management Vascular	91	30	121	4,791
251	Diag Inv General Endocrinal 0 < 18 years	178	40	218	258
254	Diag Inv General Endocrinal 18 + years	231	64	294	121
255	Management General Endocrinal 0 < 1.5 years	83	28	112	602
256	Management General Endocrinal 1.5 < 6 years	72	24	96	626
257	Management General Endocrinal 6 < 18 years	55	17	72	1,341
258	Management General Endocrinal 18 + years	49	22	72	8,846
259	Management Diabetes < 18 years	152	81	233	4,289
260	Management Diabetes 18 + years	92	43	135	33,153

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
262	Thyrotoxicosis	42	19	61	2,153
264	Management Ketoacidosis	330	121	451	111
266	Fluid & Electrolyte < 6 years	264	97	361	679
267	Fluid & Electrolyte 6 + years	229	74	303	3,539
301	Diag Inv General ENT	179	57	236	7,367
303	Management General ENT	103	37	139	43,651
305	Otitis Media	69	29	99	13,126
306	Epistaxis	95	35	130	1,896
351	Diag Inv General Female Genital Disorders < 45 years	446	100	546	874
352	Diag Inv General Female Genital Disorders 45 + years	285	73	358	184
353	Management General Female Genital Disorders < 18 years	111	35	146	1,007
354	Management General Female Genital Disorders 18 < 45 years	91	22	113	12,570
355	Management General Female Genital Disorders 45 + years	82	34	116	3,770
356	Management Contraceptive	60	19	79	4,504
357	Diag Inv General Male Genital Disorders < 18 years	330	83	413	209
358	Diag Inv General Male Genital Disorders 18 + years	298	75	374	361
359	Management General Male Genital Disorders < 18 years	74	29	103	1,437
360	Management General Male Genital Disorders 18 + years	73	24	97	3,442
361	Diag Inv Other Genitourological Disorders < 18 years	286	81	368	610
362	Diag Inv Other Genitourological Disorders 18 + years	288	85	373	4,475
363	Management Other Genitourological Disorders < 18 years	112	40	152	7,120
364	Management Other Genitourological Disorders 18 + years	88	23	110	45,912
400	Diag Inv General Gastrointestinal 0 < 1.5 years	238	77	315	819
401	Diag Inv General Gastrointestinal 1.5 < 6 years	221	73	294	1,269
402	Diag Inv General Gastrointestinal 6 < 18 years	256	78	333	3,263
403	Diag Inv General Gastrointestinal 18 < 45 years	338	90	428	7,843
404	Diag Inv General Gastrointestinal 45 < 65 years	323	92	415	4,392
405	Diag Inv General Gastrointestinal 65 + years	346	103	450	3,751
406	Management General Gastrointestinal 0 < 1.5 years	92	38	130	9,927
407	Management General Gastrointestinal 1.5 < 6 years	102	42	144	9,374
408	Management General Gastrointestinal 6 < 18 years	104	40	145	10,996
409	Management General Gastrointestinal 18 < 45 years	104	35	139	29,460

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
410	Management General Gastrointestinal 45 < 65 years	91	30	121	14,312
411	Management General Gastrointestinal 65 + years	101	35	136	7,138
412	Constipation with Disimpaction	303	104	408	64
413	GI Bleed/Perforation/Obstruction	174	57	231	2,838
451	Diag Inv Hematological	303	76	379	845
452	Management Hematological 0 < 6 years	152	49	200	1,875
453	Management Hematological 6 < 12 years	149	46	196	1,772
454	Management Hematological 12 < 18 years	181	52	233	2,007
455	Management Hematological 18 < 65 years	141	46	187	10,207
456	Management Hematological 65 + years	124	39	164	4,598
501	Diag Inv Hepatobiliary	413	114	528	1,753
502	Management Hepatobiliary	68	22	90	11,498
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	255	80	335	33
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	206	58	264	85
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	198	53	251	110
555	Diag Inv Inflam Musculoskeletal 18 + years	202	54	256	3,448
556	Diag Inv Other Musculoskeletal < 18 years	112	35	148	15,043
557	Diag Inv Other Musculoskeletal 18 + years	123	43	166	61,873
558	Management Inflam Musculoskeletal 0 < 6 years	102	30	132	274
560	Management Inflam Musculoskeletal 6 < 12 years	87	27	113	378
561	Management Inflam Musculoskeletal 12 < 18 years	78	24	102	532
562	Management Inflam Musculoskeletal 18 + years	56	21	78	22,610
563	Management Other Musculoskeletal < 18 years	53	21	73	10,479
564	Management Other Musculoskeletal 18 + years	42	21	63	78,611
565	Diag Inv Congenital Musculoskeletal Deformities	268	69	336	85
566	Management Congenital Musculoskeletal Deformities	167	46	213	585
567	Diag Inv Other Inflam Musculoskeletal	171	54	225	1,496
568	Management Other Inflam Musculoskeletal	69	29	98	4,386
569	Infectious Musculoskeletal	109	40	149	2,703
601	Diag Inv General Neurology	227	64	291	1,081
602	Management General Neurology 0 < 6 years	111	32	144	2,162
603	Management General Neurology 6 < 12 years	137	38	175	2,288

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
604	Management General Neurology 12 < 18 years	106	31	137	1,347
605	Management General Neurology 18 < 65 years	92	36	128	9,377
606	Management General Neurology 65 + years	149	39	188	4,118
607	Migraine Headache	83	32	115	8,514
608	Diag Inv Headache	218	66	284	320
609	Management Headache	74	28	102	8,080
610	Diag Inv Meningitis	320	86	406	16
611	Management Meningitis	109	34	143	305
612	Diag Inv Cerebrovascular	326	90	416	972
613	Management Cerebrovascular	141	31	172	11,381
614	Diag Inv Convulsions	275	89	364	477
615	Management Convulsions	109	35	143	12,179
616	Diag Inv Vertigo	300	90	390	504
617	Management Vertigo	131	42	173	5,139
651	Antepartum Routine	100	31	130	2,171
652	Postpartum Routine	115	63	178	993
653	Diag Inv Neonatal & Congenital	238	74	312	180
654	Management Neonatal & Congenital	114	45	159	1,857
656	Delivery with Postpartum Complications	114	37	151	28
657	Delivery without Postpartum Complications	128	51	178	6
658	Postpartum Conditions Outcomes Uncomplicated	87	35	122	4,442
659	Diag Inv Pregnancy with Abortive	489	119	608	525
660	Management Pregnancy with Abortive Outcomes Uncomp	167	49	216	1,174
662	Diag Inv Antepartum	310	74	384	7,700
663	Management Antepartum	112	36	149	35,173
664	Diag Inv Pregnancy with Abortive Outcomes Complica	482	107	589	85
665	Management Pregnancy with Abortive Outcomes Complic	200	53	253	239
701	Diag Inv Oncological	263	81	344	816
702	Management Oncological	120	46	166	7,033
703	Radiotherapy (includes diagnosis code V58.0)	61	31	93	2
704	IV Therapy -- Non Cancer Related	97	33	130	87,078
751	Diag Inv Ophthalmology 0 < 12 years	130	53	183	202

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
752	Diag Inv Ophthalmology 12 < 18 years	121	54	175	207
753	Diag Inv Ophthalmology 18 < 45 years	130	58	187	1,848
754	Diag Inv Ophthalmology 45 + years	131	64	195	12,470
755	Management Ophthalmology 0 < 12 years	65	24	89	8,648
756	Management Ophthalmology 12 < 18 years	60	25	85	2,726
757	Management Ophthalmology 18 < 45 years	61	27	89	14,476
758	Management Ophthalmology 45 + years	74	33	107	52,187
801	Diag Inv Psychiatry	248	78	326	918
802	Management Psychiatry	92	36	128	54,745
803	Drug & Alcohol Related Conditions	194	69	262	8,093
851	Diag Inv General Respiratory < 18 years	197	68	265	8,020
852	Diag Inv General Respiratory 18 + years	246	76	323	18,173
853	Management General Respiratory 0 < 1.5 years	109	44	153	5,869
854	Management General Respiratory 1.5 < 6 years	110	45	155	10,405
855	Management General Respiratory 6 < 18 years	111	39	149	8,518
856	Management General Respiratory 18 < 65 years	111	36	147	12,669
857	Management General Respiratory 65 + years	158	47	204	6,061
863	Diag Inv Severe Respiratory Disease	283	103	386	649
864	Management Severe Respiratory Disease	199	88	288	1,178
901	Diag Inv Skin & Soft Tissue	176	57	233	8,953
902	Management Skin & Soft Tissue	64	28	93	67,816
906	Cellulitis	112	42	154	10,348
951	Diag Inv Systemic Infection	233	72	304	4,003
952	Management Systemic Infection < 18 years	95	38	133	14,197
953	Management Systemic Infection 18 < 45 years	97	32	130	2,372
954	Management Systemic Infection 45 + years	98	33	130	1,225
955	Diag Inv AIDS	281	41	322	258
956	Management AIDS	130	15	145	5,336
999	Ungroupable	129	41	170	221
1001	Open Fracture Fingers & Toes	154	51	205	140
1002	Closed Fracture Fingers & Toes	93	32	126	4,859
1003	Fractured Nose, Open & Closed	109	38	147	814

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1004	Open Fracture & Dislocations Other	157	48	205	800
1005	Closed Fracture & Dislocations Other	145	48	193	23,413
1007	Open Wounds without Complications	81	30	111	9,551
1008	Open Wound with Complications	100	34	134	1,772
1009	Sprains	119	39	159	28,597
1010	Contusions Fingers/Toes	91	31	122	2,284
1011	Contusions except Fingers/Toes	119	39	158	19,818
1012	Open Wound Eye	76	29	105	585
1013	Foreign Body Eyes, Ears, Nose	62	26	88	1,612
1014	Foreign Body except Eyes, Ears, Nose	129	44	173	1,585
1015	Diag Inv Poisoning	359	114	474	591
1016	Management Poisoning	193	71	264	7,924
1017	Amputation except Fingers/Toes	85	50	135	1
1018	Abuse/Sexual Assault 0 < 12 years	388	42	430	656
1019	Abuse/Sexual Assault 12+ years	255	50	306	702
1020	Burn Moderate to Severe	78	31	109	273
1021	Minor Other Injuries	119	41	160	14,676
1022	Moderate Other Injuries	409	119	527	2,478
1024	Comas	213	77	290	63
1025	Shock	166	65	231	509
1026	Open Spinal Fracture & Dislocation	413	177	591	1
1027	Closed Spinal Fracture & Dislocation	230	74	304	453
1028	Diag Inv Head Injury	216	73	290	899
1029	Management Head Injury	84	34	118	5,550
1030	Diag Inv Thoraco-Abdominal & Major Vascular	266	83	349	203
1031	Management Thoraco-Abdominal & Major Vascular	97	39	136	2,320
1032	Burn Minor 0 < 6 years	91	39	130	546
1033	Burn Minor 6 + years	67	27	94	2,205
1034	Diag Inv Major Other Injuries	242	71	313	46
1035	Management Major Other Injuries	248	51	299	328
1051	Assessment Referral	67	17	84	2,552
1052	Assessment Intake	204	53	258	16,918

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1053	Assessment Collateral	140	51	191	162
1054	Legal Assessment Half Day				
1055	Legal Assessment Full Day				
1056	Assessment Specialized	184	40	224	7,197
1057	Individual Therapy	83	19	102	58,191
1058	Crisis/Intervention Calls Telephone Crisis Calls				
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call				
1060	Couple Therapy	136	31	166	428
1061	Family Therapy	204	29	233	1,715
1062	Group Therapy	22	6	29	168,630
1063	ECT	216	94	310	1,423
1064	Medication Administration	140	32	172	14,686
1065	Patient Specific Consultations/Case Supervision	62	32	94	28,741
1066	Patient Specific Hearings				
1067	Patient Specific Professional Reports and Applications				
1068	Patient Specific Critical Incident Documentation				
1069	Diagnostic Testing/Scoring Testing Type 1	147	43	190	400
1070	Diagnostic Testing/Scoring Testing Type 2	473	86	558	310
1071	Diagnostic Testing/Scoring Testing Type 3	1,094	230	1,324	125
1072	Therapeutic Milieu Programs Half Day	63	14	77	1,786
1073	Therapeutic Milieu Programs Full Day	525	150	675	5
1074	Mental Health Education 0-120 min	70	22	92	18,237
1075	Mental Health Education 121-240 min	399	129	528	19
1076	Mental Health Education 241-360 min				
1077	Mental Health Education 361-480 min				
1101	OT Group 1	17	2	19	31,387
1102	OT Group 2	41	5	47	28,327
1103	OT Group 3	58	9	67	8,732
1104	OT Group 4	141	20	161	34,229
1105	OT Group 5	164	23	187	2,741
1106	OT Group 6	298	44	343	1,387
1111	Physical Therapy Group 1	22	11	33	51,569

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1112	Physical Therapy Group 2	40	11	50	58,006
1113	Physical Therapy Group 3	51	11	62	12,853
1114	Physical Therapy Group 4	98	18	116	39,377
1115	Physical Therapy Group 5	147	26	173	2,224
1116	Physical Therapy Group 6	261	49	310	918
1121	Recreational Therapy Group 1	18	3	21	11,733
1122	Recreational Therapy Group 2	39	6	45	7,922
1123	Recreational Therapy Group 3	55	9	65	594
1124	Recreational Therapy Group 4	95	16	110	2,793
1125	Recreational Therapy Group 5	161	21	182	153
1126	Recreational Therapy Group 6	240	30	270	55
1131	Speech-Language Pathology Group 1	28	5	33	7,249
1132	Speech-Language Pathology Group 2	52	9	60	11,675
1133	Speech-Language Pathology Group 3	81	15	96	485
1134	Speech-Language Pathology Group 4	210	35	244	23,022
1135	Speech-Language Pathology Group 5	247	45	292	805
1136	Speech-Language Pathology Group 6	428	72	499	713
1141	Audiology Group 1	119	29	148	964
1142	Audiology Group 2	65	14	79	3,641
1143	Audiology Group 3	260	45	305	9,839
1144	Audiology Group 4	558	101	659	489
1145	Audiology Group 5 - Cochlear Implant				
1151	Resp Therapy Group 1	39	7	46	13,490
1152	Resp Therapy Group 2	72	13	85	20,001
1153	Resp Therapy Group 3	62	9	71	10,820
1154	Resp Therapy Group 4	132	19	151	15,812
1155	Resp Therapy Group 5	151	22	173	5,943
1156	Resp Therapy Group 6	291	45	337	5,299
1201	Clinical Nutrition Group 1	24	4	29	37,186
1202	Clinical Nutrition Group 2	53	9	62	24,262
1203	Clinical Nutrition Group 3	81	10	91	5,524
1204	Clinical Nutrition Group 4	143	26	170	22,106

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1205	Clinical Nutrition Group 5	179	21	200	2,304
1206	Clinical Nutrition Group 6	286	31	316	753
1221	Social Work Group 1	44	7	51	24,084
1222	Social Work Group 2	99	14	113	16,697
1223	Social Work Group 3	174	22	197	2,745
1224	Social Work Group 4	279	45	325	2,256
1225	Social Work Group 5	359	44	403	237
1226	Social Work Group 6	577	72	648	44
1241	Psychology Group 1	45	8	53	11,718
1242	Psychology Group 2	137	21	158	6,784
1243	Psychology Group 3	224	34	258	1,517
1244	Psychology Group 4	454	79	534	5,165
1245	Psychology Group 5	620	110	730	596
1246	Psychology Group 6	1,483	194	1,676	255
1247	Psychology Group 7	442	74	516	88
1248	Psychology Group 8	519	84	603	72
1249	Psychology Group 9	628	106	734	45
2001	Critical Care Unit or O.R. with Secondary Diagnosis	380	113	493	3,023
2002	Critical Care Unit or O.R. without Secondary Diagnosis	477	103	579	3,985
2003	Other Unit with Secondary Diagnosis	337	104	441	34,316
2004	Other Unit without Secondary Diagnosis	285	85	371	33,758
2021	DOA	70	17	88	30
2022	Died During Visit	236	76	312	366
2023	Death - Organ Donor	27	3	30	1
2041	Patient Transferred with Secondary Diagnosis	404	135	538	5,580
2042	Patient Transferred without Secondary Diagnosis	361	113	474	4,304
2050	Diag Inv General Symptoms/Exam	226	40	266	20,563
2051	Management General Symptoms/Exam < 18 years	138	60	198	17,452
2052	Management General Symptoms/Exam 18 < 45 years	92	34	126	23,029
2053	Management General Symptoms/Exam 45 < 65 years	92	32	124	18,276
2054	Management General Symptoms/Exam 65+ years	126	41	168	18,113
2059	Prophylactic Vaccination	91	39	130	5,902

Schedule 4 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
2060	Therapeutic Medical Counseling	116	33	149	12,862
2062	Preoperative Exam	176	45	221	73,669
2064	Therapy - No Intervention Code	104	27	131	21,769
2066	Contact/Carrier of Communicable Disease	99	22	122	486
2067	Health Hazard Related to Personal/Family History	1,626	440	2,066	2,148
2068	Routine Health Supervision	61	27	88	21,533
2069	Postsurgical Status	98	38	135	17,885
2070	Follow-up/Convalescence	66	21	88	37,215
2071	Screening Exam	155	35	190	8,179
2072	Screening Exam - Genetics				
2073	Genetic Counselling	956	122	1,077	3,693
2081	Non Registered Service Recipients				
2082	Mode of Service - Telephone	41	10	51	358,766
2099	Patient Left Without Being Seen	92	45	137	1,932

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1.1	Nerve & Other, Local Anaesthetic	766	529	1,295	224	253	236
1.2	Nerve & Other, General Anaesthetic	746	801	1,547	1,721	1,480	1,596
1.3	Nerve & Other, Other Anaesthetic	244	175	419	837	889	859
1.4	Nerve & Other, No Anaesthetic	949	893	1,842	103	128	115
2	Spinal	1,819	1,918	3,737	673	560	615
3	Nerve Injection	1,077	913	1,990	88	101	94
4	Orbital & Other Eye	1,324	1,507	2,831	1,202	1,270	1,238
5	Lens Interventions	7,125	6,684	13,809	609	609	609
6	Iris & Other Eye	765	441	1,206	92	104	96
7	Strabismus	851	873	1,724	1,418	1,374	1,396
8	External Eye	5,757	5,826	11,583	396	363	380
9	Bronch/Pharynx	53	41	94	1,213	1,259	1,233
10	Tympanoplasty	688	522	1,210	1,450	1,346	1,405
11	Sinus Interventions	793	765	1,558	1,544	1,511	1,528
12	Other Sinus	69	89	158	1,044	1,082	1,065
13	Tonsils & Adenoids 12+ years	931	798	1,729	971	917	946
13.1	Tonsils & Adenoids 0 < 6 years	522	485	1,007	1,064	1,132	1,097
13.2	Tonsils & Adenoids 6 < 12 years	791	808	1,599	1,100	1,172	1,136
14	Nasal Interventions	2,763	2,638	5,401	672	635	654
15	Other Respiratory	194	228	422	1,059	940	995
16	External Ear 18 + years	297	308	605	342	259	300
16.1	External Ear 0 < 1.5 years	208	255	463	691	720	707
16.2	External Ear 1.5 < 6 years	958	955	1,913	651	661	656
16.3	External Ear 6 < 12 years	413	387	800	613	639	625
16.4	External Ear 12 < 18 years	83	78	161	562	518	541
17	Respiratory Endoscopy - ENT	2,832	2,911	5,743	502	470	486
18	Pacemaker Implant	329	45	374	16,278	11,544	15,709
19	Cardiac Catheter 18 + years	3,280	3,155	6,435	1,376	1,214	1,296
19.1	Cardiac Catheter 0 < 6 years	54	54	108	4,338	3,311	3,825
19.2	Cardiac Catheter 6 < 18 years	134	85	219	4,787	3,423	4,258
20	Angiography 18 + years	2,497	2,297	4,794	2,125	1,963	2,048
20.1	Angiography 0 < 6 years	6	3	9	1,146	1,252	1,182

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
20.2	Angiography 6 < 12 years	3	10	13	1,148	1,831	1,673
20.3	Angiography 12 < 18 years	28	24	52	2,000	2,278	2,129
21	Vascular Interventions 18 + years	1,542	1,030	2,572	1,570	1,094	1,380
21.1	Vascular Interventions 0 < 18 years	129	100	229	1,164	1,136	1,152
22	Other Vascular Interventions	750	680	1,430	1,169	1,077	1,125
23.1	Lymphatic Interventions, Local Anaesthetic	34	13	47	573	346	510
23.2	Lymphatic Interventions, General Anaesthetic	492	398	890	2,344	1,899	2,145
23.3	Lymphatic Interventions, Other Anaesthetic	127	56	183	833	1,021	891
23.4	Lymphatic Interventions, No Anaesthetic	123	102	225	267	259	263
24	Minor Vascular	3,159	2,349	5,508	214	221	217
25	Cholecystectomy	1,685	1,558	3,243	1,786	1,596	1,695
26	Hernia	3,210	3,158	6,368	1,542	1,402	1,472
27	ERCP	1,021	984	2,005	1,459	909	1,189
28.1	Endoscopy GI - Low	1,141	967	2,108	593	553	575
28.2	Endoscopy GI - Medium	29,087	23,570	52,657	480	420	453
28.3	Endoscopy GI - High	3,577	2,920	6,497	558	472	519
29.1	Ano-Rectal Interventions, Local Anaesthetic	62	36	98	237	235	236
29.2	Ano-Rectal Interventions, General Anaesthetic	510	481	991	1,137	1,047	1,093
29.3	Ano-Rectal Interventions, Other Anaesthetic	1,155	898	2,053	622	570	599
29.4	Ano-Rectal Interventions, No Anaesthetic	219	206	425	148	191	168
30.1	Minor Anal Interventions, Local Anaesthetic	134	125	259	160	143	152
30.2	Minor Anal Interventions, General Anaesthetic	226	189	415	1,475	1,173	1,337
30.3	Minor Anal Interventions, Other Anaesthetic	2,036	1,338	3,374	628	592	613
30.4	Minor Anal Interventions, No Anaesthetic	1,128	1,163	2,291	301	305	303
31	Mechanical Implants	167	41	208	2,462	2,089	2,388
32	Lithotripsy	2,490	2,487	4,977	684	783	734
33	Upper Urinary Interventions	937	875	1,812	1,495	1,183	1,344
34.1	Lower Uri & Genital	1,157	1,073	2,230	1,361	1,296	1,330
34.2	Reconstruction, Vas Deferens	31	34	65	2,497	2,502	2,500
35.1	Bladder & Urethral Interventions, Local Anaesthetic	14,898	13,938	28,836	233	243	238
35.2	Bladder & Urethral Interventions, General Anaesthetic	997	968	1,965	1,051	1,004	1,028
35.3	Bladder & Urethral Interventions, Other Anaesthetic	781	840	1,621	642	607	624

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
35.4	Bladder & Urethral Interventions, No Anaesthetic	193	148	341	272	306	286
36.1	Vasectomy	1,224	1,213	2,437	314	333	323
36.2	Other Male Genital Interventions	537	438	975	1,319	1,194	1,263
37	Circumcision 18 + years	265	234	499	1,035	978	1,008
37.1	Circumcision 0 < 1.5 years	855	1,059	1,914	211	195	202
37.2	Circumcision 1.5 < 6 years	139	166	305	1,022	1,019	1,020
37.3	Circumcision 6 < 12 years	127	130	257	1,072	1,012	1,041
37.4	Circumcision 12 < 18 years	67	52	119	1,100	1,089	1,095
38	Uro Diagnostic Interventions	3,250	3,317	6,567	338	276	307
39	Uterus & Adnexal Intervention	2,372	2,527	4,899	1,364	1,231	1,295
40	Endo & Gyn Interventions	2,733	2,846	5,579	897	857	877
41	Minor Gyn Interventions	5,362	5,469	10,831	271	256	264
42	Evacuations	2,643	2,787	5,430	603	543	572
43	Maxillo-Facial	170	146	316	1,326	1,396	1,358
44	Chest Wall Interventions	171	145	316	1,201	1,249	1,223
45.1	Upper Extremity Interventions	519	473	992	870	822	847
45.2	Shoulder Interventions	353	378	731	2,003	1,845	1,921
46	Open Reductions	566	382	948	1,496	1,714	1,584
47	Tendon & Muscle Interventions	1,574	1,351	2,925	740	784	760
48	Closed Reductions	4,155	4,065	8,220	358	393	375
49	Lower Extremity	59	89	148	1,643	1,316	1,446
50	Knee Interventions	3,517	3,413	6,930	1,251	1,184	1,218
51	Ankle & Foot	867	825	1,692	1,439	1,310	1,376
52.1	Remove Int Fixation, Lower Extremity	874	751	1,625	955	888	924
52.2	Other Removal, Int Fixation	819	724	1,543	469	465	467
53	Soft Tissue Interventions	1,388	1,057	2,445	543	485	518
54	Manipulations	79	82	161	663	566	614
55	Mastectomy	847	746	1,593	729	612	674
56.1	Augment/Reduc Breast Bilateral	712	664	1,376	2,545	2,388	2,469
56.2	Augment/Reduc Breast Unilateral	240	180	420	1,900	2,002	1,944
57	Breast Plastic Interventions	505	356	861	1,018	948	989
58.1	Ear & Cleft Lip Reconstruction	26	25	51	1,915	1,818	1,867

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
58.2	Face Rhytidectomy	65	10	75	2,481	2,010	2,419
58.3	Other Plastic Reconstruction	1,161	860	2,021	1,175	1,142	1,161
59.1	Skin Interventions, Local Anaesthetic	12,148	11,296	23,444	150	134	142
59.2	Skin Interventions, General Anaesthetic	1,003	919	1,922	1,394	1,198	1,300
59.3	Skin Interventions, Other Anaesthetic	2,097	1,877	3,974	212	205	209
59.4	Skin Interventions, No Anaesthetic	5,842	6,141	11,983	159	176	168
60	Dental Surgery	1,565	1,498	3,063	1,228	1,304	1,265
61.1	Biopsy, Other	769	722	1,491	849	797	824
61.2	Biopsy, Percutaneous	4,011	4,049	8,060	836	759	797
62	Hemodialysis	98,758	94,889	193,647	305	305	305
62.1	Home Hemodialysis Teaching			5			1,149
62.2	Selfcare Hemodialysis						
63	Transfusions	4,292	4,101	8,393	578	566	572
64	Cardioversion	676	596	1,272	490	500	494
65	Chemotherapy Oncology	216	316	532	404	407	406
66	Myelogram	43	34	77	776	529	667
68	Thyroid Interventions	23	20	43	1,992	1,493	1,760
69	Parotid Duct Interventions	22	23	45	2,175	1,093	1,622
70	Appendectomy	18	13	31	1,984	1,616	1,829
71	Gastro-Intestinal Related Interventions	1,124	1,345	2,469	375	376	376
72	Peritoneal Dialysis	552	481	1,033	464	444	454
72.1	Home Peritoneal Dialysis Teaching	2,915	3,508	6,423	180	157	167
73	Hos Visit Including Diagnostic Investigation of Vascular Sys						
74	Hospital Visit Including Nuclear Imaging	2,984	8,350	11,334	1,181	838	928
75	Hospital Visit Including CAT Scan	24,046	49,434	73,480	731	473	557
76	Hospital Visit Including MRI	855	34,316	35,171	1,192	577	592
77	Hospital Visit Radiotherapy	181	352	533	389	379	383
78	Chest Xray	8,373	8,949	17,322	69	78	74
79	Other Xray	22,255	23,620	45,875	173	122	147
80	Mammogram			5			142
81	Ultrasound	13,839	14,146	27,985	339	340	339
82.1	Extensive Sleep Studies	1,442	1,264	2,706	1,130	1,079	1,106

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
82.2	Other Sleep Labs	2	278	280	666	219	222
83	Inner Ear	116	104	220	2,255	1,844	2,061
84	Hyperbaric Chamber	1,354	1,275	2,629	264	304	283
85	Discrete Diagnostic Investigation Of Vascular System						
86	Discrete Nuclear Imaging	5,371		5,371	742		742
87	Discrete CAT Scan	31,956		31,956	339		339
88	Discrete MRI	44,453		44,453	531		531
89	Discrete Radiotherapy	236		236	178		178
99	Ungroupables - Based on Interventions	81	87	168	2,455	1,316	1,865
201	Diag Inv General Cardiac 0 < 12 years	131	126	257	277	282	279
203	Diag Inv General Cardiac 12 < 18 years	139	101	240	298	263	283
205	Diag Inv General Cardiac 18+ years	7,103	6,153	13,256	396	397	397
206	Management General Cardiac 0 < 1.5 years	513	260	773	111	117	113
207	Management General Cardiac 1.5 < 12 years	999	741	1,740	118	117	117
208	Management General Cardiac 12 < 18 years	581	471	1,052	124	115	120
210	Management General Cardiac 18+ years	33,275	32,778	66,053	136	127	132
213	Dysrhythmia & Conductive Disorders	6,343	5,995	12,338	214	205	210
214	Congestive Heart Failure	3,941	3,995	7,936	215	174	194
215	Inflammatory Cardiac	118	85	203	256	203	233
216	Congenital Heart Disease	775	1,774	2,549	224	257	247
217	Diag Inv Angina	981	1,150	2,131	507	513	510
218	Management Angina	8,531	10,356	18,887	111	109	110
219	Diag Inv Vascular	563	625	1,188	370	382	376
220	Management Vascular	2,291	2,500	4,791	127	117	121
251	Diag Inv General Endocrinal 0 < 18 years	140	118	258	207	231	218
254	Diag Inv General Endocrinal 18 + years	63	58	121	277	314	294
255	Management General Endocrinal 0 < 1.5 years	337	265	602	124	96	112
256	Management General Endocrinal 1.5 < 6 years	320	306	626	97	95	96
257	Management General Endocrinal 6 < 18 years	727	614	1,341	77	65	72
258	Management General Endocrinal 18 + years	4,415	4,431	8,846	72	71	72
259	Management Diabetes < 18 years	2,071	2,218	4,289	231	234	233
260	Management Diabetes 18 + years	16,923	16,230	33,153	136	133	135

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
262	Thyrotoxicosis	1,136	1,017	2,153	61	61	61
264	Management Ketoacidosis	36	75	111	556	401	451
266	Fluid & Electrolyte < 6 years	320	359	679	386	340	361
267	Fluid & Electrolyte 6 + years	1,680	1,859	3,539	315	293	303
301	Diag Inv General ENT	3,657	3,710	7,367	236	235	236
303	Management General ENT	21,379	22,272	43,651	151	128	139
305	Otitis Media	6,019	7,107	13,126	99	98	99
306	Epistaxis	1,080	816	1,896	130	131	130
351	Diag Inv General Female Genital Disorders < 45 years	422	452	874	483	605	546
352	Diag Inv General Female Genital Disorders 45 + years	75	109	184	420	315	358
353	Management General Female Genital Disorders < 18 years	498	509	1,007	152	141	146
354	Management General Female Genital Disorders 18 < 45 years	5,554	7,016	12,570	121	107	113
355	Management General Female Genital Disorders 45 + years	1,755	2,015	3,770	124	109	116
356	Management Contraceptive	2,218	2,286	4,504	78	80	79
357	Diag Inv General Male Genital Disorders < 18 years	114	95	209	430	391	413
358	Diag Inv General Male Genital Disorders 18 + years	189	172	361	364	384	374
359	Management General Male Genital Disorders < 18 years	742	695	1,437	99	107	103
360	Management General Male Genital Disorders 18 + years	1,683	1,759	3,442	100	94	97
361	Diag Inv Other Genitourological Disorders < 18 years	314	296	610	356	380	368
362	Diag Inv Other Genitourological Disorders 18 + years	2,162	2,313	4,475	382	365	373
363	Management Other Genitourological Disorders < 18 years	3,541	3,579	7,120	147	157	152
364	Management Other Genitourological Disorders 18 + years	23,730	22,182	45,912	111	109	110
400	Diag Inv General Gastrointestinal 0 < 1.5 years	419	400	819	329	299	315
401	Diag Inv General Gastrointestinal 1.5 < 6 years	625	644	1,269	294	293	294
402	Diag Inv General Gastrointestinal 6 < 18 years	1,657	1,606	3,263	344	322	333
403	Diag Inv General Gastrointestinal 18 < 45 years	3,921	3,922	7,843	417	439	428
404	Diag Inv General Gastrointestinal 45 < 65 years	2,196	2,196	4,392	410	420	415
405	Diag Inv General Gastrointestinal 65 + years	1,879	1,872	3,751	440	460	450
406	Management General Gastrointestinal 0 < 1.5 years	5,127	4,800	9,927	132	128	130
407	Management General Gastrointestinal 1.5 < 6 years	4,924	4,450	9,374	148	138	144
408	Management General Gastrointestinal 6 < 18 years	5,896	5,100	10,996	148	141	145
409	Management General Gastrointestinal 18 < 45 years	15,901	13,559	29,460	137	141	139

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
410	Management General Gastrointestinal 45 < 65 years	7,153	7,159	14,312	130	111	121
411	Management General Gastrointestinal 65 + years	3,460	3,678	7,138	147	126	136
412	Constipation with Disimpaction	31	33	64	394	420	408
413	GI Bleed/Perforation/Obstruction	1,512	1,326	2,838	224	240	231
451	Diag Inv Hematological	419	426	845	386	372	379
452	Management Hematological 0 < 6 years	832	1,043	1,875	206	195	200
453	Management Hematological 6 < 12 years	954	818	1,772	188	205	196
454	Management Hematological 12 < 18 years	993	1,014	2,007	218	248	233
455	Management Hematological 18 < 65 years	5,076	5,131	10,207	186	189	187
456	Management Hematological 65 + years	2,402	2,196	4,598	163	165	164
501	Diag Inv Hepatobiliary	898	855	1,753	529	526	528
502	Management Hepatobiliary	5,814	5,684	11,498	88	93	90
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	14	19	33	337	334	335
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	47	38	85	259	271	264
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	61	49	110	230	278	251
555	Diag Inv Inflam Musculoskeletal 18 + years	1,734	1,714	3,448	232	279	256
556	Diag Inv Other Musculoskeletal < 18 years	7,457	7,586	15,043	130	165	148
557	Diag Inv Other Musculoskeletal 18 + years	30,744	31,129	61,873	148	183	166
558	Management Inflam Musculoskeletal 0 < 6 years	139	135	274	146	119	132
560	Management Inflam Musculoskeletal 6 < 12 years	192	186	378	120	106	113
561	Management Inflam Musculoskeletal 12 < 18 years	291	241	532	104	100	102
562	Management Inflam Musculoskeletal 18 + years	11,486	11,124	22,610	78	77	78
563	Management Other Musculoskeletal < 18 years	5,026	5,453	10,479	75	72	73
564	Management Other Musculoskeletal 18 + years	39,499	39,112	78,611	62	64	63
565	Diag Inv Congenital Musculoskeletal Deformities	42	43	85	332	340	336
566	Management Congenital Musculoskeletal Deformities	273	312	585	214	213	213
567	Diag Inv Other Inflam Musculoskeletal	765	731	1,496	212	239	225
568	Management Other Inflam Musculoskeletal	2,077	2,309	4,386	102	95	98
569	Infectious Musculoskeletal	1,233	1,470	2,703	162	139	149
601	Diag Inv General Neurology	532	549	1,081	293	290	291
602	Management General Neurology 0 < 6 years	1,115	1,047	2,162	133	155	144
603	Management General Neurology 6 < 12 years	1,138	1,150	2,288	156	195	175

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
604	Management General Neurology 12 < 18 years	751	596	1,347	134	141	137
605	Management General Neurology 18 < 65 years	4,754	4,623	9,377	124	132	128
606	Management General Neurology 65 + years	2,176	1,942	4,118	185	191	188
607	Migraine Headache	4,159	4,355	8,514	119	111	115
608	Diag Inv Headache	165	155	320	308	258	284
609	Management Headache	4,359	3,721	8,080	103	101	102
610	Diag Inv Meningitis	7	9	16	522	316	406
611	Management Meningitis	131	174	305	162	129	143
612	Diag Inv Cerebrovascular	509	463	972	419	413	416
613	Management Cerebrovascular	7,227	4,154	11,381	179	161	172
614	Diag Inv Convulsions	214	263	477	369	360	364
615	Management Convulsions	5,911	6,268	12,179	150	137	143
616	Diag Inv Vertigo	272	232	504	390	391	390
617	Management Vertigo	2,982	2,157	5,139	169	180	173
651	Antepartum Routine	1,270	901	2,171	115	152	130
652	Postpartum Routine	374	619	993	138	202	178
653	Diag Inv Neonatal & Congenital	93	87	180	291	335	312
654	Management Neonatal & Congenital	962	895	1,857	154	166	159
656	Delivery with Postpartum Complications	11	17	28	206	116	151
657	Delivery without Postpartum Complications	2	4	6	78	229	178
658	Postpartum Conditions Outcomes Uncomplicated	2,174	2,268	4,442	123	121	122
659	Diag Inv Pregnancy with Abortive	273	252	525	532	690	608
660	Management Pregnancy with Abortive Outcomes Uncomp	602	572	1,174	209	223	216
662	Diag Inv Antepartum	3,894	3,806	7,700	388	380	384
663	Management Antepartum	18,659	16,514	35,173	143	155	149
664	Diag Inv Pregnancy with Abortive Outcomes Complica	35	50	85	453	684	589
665	Management Pregnancy with Abortive Outcomes Complic	121	118	239	256	251	253
701	Diag Inv Oncological	427	389	816	333	357	344
702	Management Oncological	3,722	3,311	7,033	186	144	166
703	Radiotherapy (includes diagnosis code V58.0)			2			93
704	IV Therapy -- Non Cancer Related	45,984	41,094	87,078	137	122	130
751	Diag Inv Ophthalmology 0 < 12 years	99	103	202	185	181	183

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
752	Diag Inv Ophthalmology 12 < 18 years	105	102	207	171	179	175
753	Diag Inv Ophthalmology 18 < 45 years	1,022	826	1,848	197	175	187
754	Diag Inv Ophthalmology 45 + years	6,822	5,648	12,470	209	177	195
755	Management Ophthalmology 0 < 12 years	4,253	4,395	8,648	91	87	89
756	Management Ophthalmology 12 < 18 years	1,323	1,403	2,726	87	82	85
757	Management Ophthalmology 18 < 45 years	7,532	6,944	14,476	90	88	89
758	Management Ophthalmology 45 + years	27,668	24,519	52,187	111	102	107
801	Diag Inv Psychiatry	472	446	918	319	333	326
802	Management Psychiatry	26,615	28,130	54,745	124	132	128
803	Drug & Alcohol Related Conditions	4,294	3,799	8,093	269	255	262
851	Diag Inv General Respiratory < 18 years	3,890	4,130	8,020	268	262	265
852	Diag Inv General Respiratory 18 + years	9,234	8,939	18,173	322	323	323
853	Management General Respiratory 0 < 1.5 years	2,734	3,135	5,869	155	151	153
854	Management General Respiratory 1.5 < 6 years	4,958	5,447	10,405	159	151	155
855	Management General Respiratory 6 < 18 years	4,148	4,370	8,518	156	143	149
856	Management General Respiratory 18 < 65 years	6,314	6,355	12,669	147	147	147
857	Management General Respiratory 65 + years	2,917	3,144	6,061	217	193	204
863	Diag Inv Severe Respiratory Disease	304	345	649	398	376	386
864	Management Severe Respiratory Disease	502	676	1,178	287	288	288
901	Diag Inv Skin & Soft Tissue	4,830	4,123	8,953	223	245	233
902	Management Skin & Soft Tissue	35,033	32,783	67,816	94	92	93
906	Cellulitis	5,064	5,284	10,348	154	153	154
951	Diag Inv Systemic Infection	1,968	2,035	4,003	308	301	304
952	Management Systemic Infection < 18 years	7,069	7,128	14,197	138	128	133
953	Management Systemic Infection 18 < 45 years	1,202	1,170	2,372	129	131	130
954	Management Systemic Infection 45 + years	650	575	1,225	128	133	130
955	Diag Inv AIDS	132	126	258	294	351	322
956	Management AIDS	2,502	2,834	5,336	148	143	145
999	Ungroupable	24	197	221	122	176	170
1001	Open Fracture Fingers & Toes	73	67	140	185	227	205
1002	Closed Fracture Fingers & Toes	2,498	2,361	4,859	117	135	126
1003	Fractured Nose, Open & Closed	423	391	814	142	151	147

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1004	Open Fracture & Dislocations Other	413	387	800	200	210	205
1005	Closed Fracture & Dislocations Other	11,657	11,756	23,413	181	205	193
1007	Open Wounds without Complications	4,789	4,762	9,551	109	114	111
1008	Open Wound with Complications	888	884	1,772	127	141	134
1009	Sprains	14,008	14,589	28,597	152	165	159
1010	Contusions Fingers/Toes	1,170	1,114	2,284	115	130	122
1011	Contusions except Fingers/Toes	9,793	10,025	19,818	152	163	158
1012	Open Wound Eye	304	281	585	110	99	105
1013	Foreign Body Eyes, Ears, Nose	781	831	1,612	88	88	88
1014	Foreign Body except Eyes, Ears, Nose	766	819	1,585	167	178	173
1015	Diag Inv Poisoning	305	286	591	469	479	474
1016	Management Poisoning	3,911	4,013	7,924	268	260	264
1017	Amputation except Fingers/Toes	1		1	135		135
1018	Abuse/Sexual Assault 0 < 12 years	308	348	656	383	471	430
1019	Abuse/Sexual Assault 12+ years	340	362	702	302	310	306
1020	Burn Moderate to Severe	109	164	273	112	107	109
1021	Minor Other Injuries	7,283	7,393	14,676	156	165	160
1022	Moderate Other Injuries	1,270	1,208	2,478	493	563	527
1024	Comas	36	27	63	313	259	290
1025	Shock	255	254	509	229	233	231
1026	Open Spinal Fracture & Dislocation		1	1		591	591
1027	Closed Spinal Fracture & Dislocation	217	236	453	296	311	304
1028	Diag Inv Head Injury	408	491	899	281	297	290
1029	Management Head Injury	2,880	2,670	5,550	112	124	118
1030	Diag Inv Thoraco-Abdominal & Major Vascular	98	105	203	365	334	349
1031	Management Thoraco-Abdominal & Major Vascular	1,125	1,195	2,320	138	134	136
1032	Burn Minor 0 < 6 years	235	311	546	136	126	130
1033	Burn Minor 6 + years	1,103	1,102	2,205	94	94	94
1034	Diag Inv Major Other Injuries	22	24	46	276	348	313
1035	Management Major Other Injuries	164	164	328	211	388	299
1051	Assessment Referral	1,368	1,184	2,552	90	77	84
1052	Assessment Intake	9,014	7,904	16,918	250	266	258

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1053	Assessment Collateral	77	85	162	179	202	191
1054	Legal Assessment Half Day						
1055	Legal Assessment Full Day						
1056	Assessment Specialized	3,523	3,674	7,197	226	223	224
1057	Individual Therapy	34,333	23,858	58,191	95	111	102
1058	Crisis/Intervention Calls Telephone Crisis Calls						
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call						
1060	Couple Therapy	148	280	428	202	148	166
1061	Family Therapy	945	770	1,715	227	241	233
1062	Group Therapy	92,288	76,342	168,630	27	31	29
1063	ECT	1,236	187	1,423	321	240	310
1064	Medication Administration	7,770	6,916	14,686	168	175	172
1065	Patient Specific Consultations/Case Supervision	15,807	12,934	28,741	95	93	94
1066	Patient Specific Hearings						
1067	Patient Specific Professional Reports and Applications						
1068	Patient Specific Critical Incident Documentation						
1069	Diagnostic Testing/Scoring Testing Type 1	312	88	400	189	192	190
1070	Diagnostic Testing/Scoring Testing Type 2	121	189	310	623	517	558
1071	Diagnostic Testing/Scoring Testing Type 3	64	61	125	1,331	1,316	1,324
1072	Therapeutic Milieu Programs Half Day	804	982	1,786	73	80	77
1073	Therapeutic Milieu Programs Full Day			5			675
1074	Mental Health Education 0-120 min	9,230	9,007	18,237	87	98	92
1075	Mental Health Education 121-240 min	19		19	528		528
1076	Mental Health Education 241-360 min						
1077	Mental Health Education 361-480 min						
1101	OT Group 1	14,508	16,879	31,387	19	19	19
1102	OT Group 2	13,884	14,443	28,327	47	46	47
1103	OT Group 3	4,273	4,459	8,732	68	66	67
1104	OT Group 4	16,511	17,718	34,229	163	158	161
1105	OT Group 5	1,200	1,541	2,741	197	180	187
1106	OT Group 6	647	740	1,387	350	336	343
1111	Physical Therapy Group 1	25,561	26,008	51,569	32	34	33

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1112	Physical Therapy Group 2	27,239	30,767	58,006	51	50	50
1113	Physical Therapy Group 3	6,126	6,727	12,853	64	60	62
1114	Physical Therapy Group 4	19,650	19,727	39,377	118	114	116
1115	Physical Therapy Group 5	1,193	1,031	2,224	169	178	173
1116	Physical Therapy Group 6	494	424	918	305	315	310
1121	Recreational Therapy Group 1	6,156	5,577	11,733	20	22	21
1122	Recreational Therapy Group 2	3,554	4,368	7,922	42	48	45
1123	Recreational Therapy Group 3	269	325	594	60	69	65
1124	Recreational Therapy Group 4	1,227	1,566	2,793	113	108	110
1125	Recreational Therapy Group 5	71	82	153	174	189	182
1126	Recreational Therapy Group 6	31	24	55	257	286	270
1131	Speech-Language Pathology Group 1	3,046	4,203	7,249	40	28	33
1132	Speech-Language Pathology Group 2	5,713	5,962	11,675	61	60	60
1133	Speech-Language Pathology Group 3	349	136	485	99	88	96
1134	Speech-Language Pathology Group 4	11,649	11,373	23,022	249	240	244
1135	Speech-Language Pathology Group 5	444	361	805	260	331	292
1136	Speech-Language Pathology Group 6	340	373	713	494	504	499
1141	Audiology Group 1	138	826	964	52	164	148
1142	Audiology Group 2	1,999	1,642	3,641	81	76	79
1143	Audiology Group 3	5,756	4,083	9,839	283	336	305
1144	Audiology Group 4	273	216	489	649	672	659
1145	Audiology Group 5 - Cochlear Implant						
1151	Resp Therapy Group 1	6,115	7,375	13,490	47	45	46
1152	Resp Therapy Group 2	10,084	9,917	20,001	80	91	85
1153	Resp Therapy Group 3	5,133	5,687	10,820	66	76	71
1154	Resp Therapy Group 4	7,271	8,541	15,812	136	163	151
1155	Resp Therapy Group 5	2,957	2,986	5,943	166	180	173
1156	Resp Therapy Group 6	2,492	2,807	5,299	337	336	337
1201	Clinical Nutrition Group 1	20,125	17,061	37,186	30	27	29
1202	Clinical Nutrition Group 2	13,248	11,014	24,262	63	61	62
1203	Clinical Nutrition Group 3	2,925	2,599	5,524	105	75	91
1204	Clinical Nutrition Group 4	11,812	10,294	22,106	166	174	170

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
1205	Clinical Nutrition Group 5	1,314	990	2,304	205	194	200
1206	Clinical Nutrition Group 6	426	327	753	317	315	316
1221	Social Work Group 1	10,933	13,151	24,084	53	50	51
1222	Social Work Group 2	7,925	8,772	16,697	115	111	113
1223	Social Work Group 3	1,356	1,389	2,745	197	197	197
1224	Social Work Group 4	1,087	1,169	2,256	310	338	325
1225	Social Work Group 5	116	121	237	381	425	403
1226	Social Work Group 6	17	27	44	603	677	648
1241	Psychology Group 1	4,328	7,390	11,718	60	49	53
1242	Psychology Group 2	3,813	2,971	6,784	165	149	158
1243	Psychology Group 3	836	681	1,517	273	240	258
1244	Psychology Group 4	2,455	2,710	5,165	575	497	534
1245	Psychology Group 5	303	293	596	792	666	730
1246	Psychology Group 6	129	126	255	1,761	1,589	1,676
1247	Psychology Group 7	88		88	516		516
1248	Psychology Group 8	72		72	603		603
1249	Psychology Group 9	45		45	734		734
2001	Critical Care Unit or O.R. with Secondary Diagnosis	1,500	1,523	3,023	485	502	493
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2,204	1,781	3,985	539	629	579
2003	Other Unit with Secondary Diagnosis	17,125	17,191	34,316	440	442	441
2004	Other Unit without Secondary Diagnosis	16,941	16,817	33,758	372	369	371
2021	DOA	22	8	30	112	19	88
2022	Died During Visit	199	167	366	349	268	312
2023	Death - Organ Donor	1		1	30		30
2041	Patient Transferred with Secondary Diagnosis	2,937	2,643	5,580	536	540	538
2042	Patient Transferred without Secondary Diagnosis	2,328	1,976	4,304	466	485	474
2050	Diag Inv General Symptoms/Exam	10,746	9,817	20,563	261	272	266
2051	Management General Symptoms/Exam < 18 years	7,750	9,702	17,452	187	206	198
2052	Management General Symptoms/Exam 18 < 45 years	8,762	14,267	23,029	118	130	126
2053	Management General Symptoms/Exam 45 < 65 years	9,222	9,054	18,276	121	128	124
2054	Management General Symptoms/Exam 65+ years	9,136	8,977	18,113	162	174	168
2059	Prophylactic Vaccination	2,857	3,045	5,902	135	125	130

Schedule 5 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2004/2005	2003/2004	Blended	2004/2005	2003/2004	Blended
2060	Therapeutic Medical Counseling	5,951	6,911	12,862	156	143	149
2062	Preoperative Exam	40,861	32,808	73,669	229	212	221
2064	Therapy - No Intervention Code	11,843	9,926	21,769	134	126	131
2066	Contact/Carrier of Communicable Disease	258	228	486	147	93	122
2067	Health Hazard Related to Personal/Family History	1,058	1,090	2,148	2,506	1,640	2,066
2068	Routine Health Supervision	10,861	10,672	21,533	82	95	88
2069	Postsurgical Status	8,643	9,242	17,885	155	117	135
2070	Follow-up/Convalescence	18,946	18,269	37,215	92	83	88
2071	Screening Exam	4,024	4,155	8,179	192	187	190
2072	Screening Exam - Genetics						
2073	Genetic Counselling	1,771	1,922	3,693	1,093	1,063	1,077
2081	Non Registered Service Recipients						
2082	Mode of Service - Telephone	186,234	172,532	358,766	53	49	51
2099	Patient Left Without Being Seen	700	1,232	1,932	125	144	137

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
1.1	Nerve & Other, Local Anaesthetic	1.1746	1,541	766	1,295	236	0.50	117
1.2	Nerve & Other, General Anaesthetic	7.6577	1,203	746	1,547	1,596	0.43	690
1.3	Nerve & Other, Other Anaesthetic	4.4327	1,559	244	419	859	0.48	408
1.4	Nerve & Other, No Anaesthetic	0.5604	1,126	949	1,842	115	0.55	64
2	Spinal	2.8280	4,460	1,819	3,737	615	0.80	491
3	Nerve Injection	0.4342	1,550	1,077	1,990	94	1.14	107
4	Orbital & Other Eye	6.0293	3,402	1,324	2,831	1,238	0.67	823
5	Lens Interventions	2.8577	24,305	7,125	13,809	609	0.55	336
6	Iris & Other Eye	0.4805	879	765	1,206	96	1.52	146
7	Strabismus	5.9867	1,085	851	1,724	1,396	0.29	403
8	External Eye	1.8467	17,596	5,757	11,583	380	1.76	668
9	Bronch/Pharynx	5.5473	83	53	94	1,233	0.66	818
10	Tympanoplasty	6.1913	957	688	1,210	1,405	0.41	573
11	Sinus Interventions	7.3417	1,442	793	1,558	1,528	0.37	561
12	Other Sinus	4.8366	551	69	158	1,065	0.60	636
13	Tonsils & Adenoids 12+ years	4.3377	1,914	931	1,729	946	0.50	477
13.1	Tonsils & Adenoids 0 < 6 years	4.4976	759	522	1,007	1,097	0.35	379
13.2	Tonsils & Adenoids 6 < 12 years	4.6874	1,206	791	1,599	1,136	0.33	378
14	Nasal Interventions	3.1462	7,764	2,763	5,401	654	0.98	642
15	Other Respiratory	4.7001	588	194	422	995	0.78	774
16	External Ear 18 + years	1.4649	2,841	297	605	300	1.24	372
16.1	External Ear 0 < 1.5 years	2.8755	341	208	463	707	0.50	357
16.2	External Ear 1.5 < 6 years	2.6668	1,658	958	1,913	656	0.33	219
16.3	External Ear 6 < 12 years	2.5888	876	413	800	625	0.45	279
16.4	External Ear 12 < 18 years	2.3221	264	83	161	541	0.69	375
17	Respiratory Endoscopy - ENT	2.2571	5,084	2,832	5,743	486	0.89	435
18	Pacemaker Implant	72.3251	955	329	374	15,709	0.73	11,423
19	Cardiac Catheter 18 + years	6.0115	9,501	3,280	6,435	1,296	0.55	719
19.1	Cardiac Catheter 0 < 6 years	17.0974	59	54	108	3,825	0.49	1,888
19.2	Cardiac Catheter 6 < 18 years	19.0580	160	134	219	4,258	0.54	2,291
20	Angiography 18 + years	9.6160	3,943	2,497	4,794	2,048	0.77	1,577

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
20.1	Angiography 0 < 6 years	5.3895	7	6	9	1,182	0.47	559
20.2	Angiography 6 < 12 years	7.6104	5	3	13	1,673	0.33	546
20.3	Angiography 12 < 18 years	9.7067	37	28	52	2,129	0.67	1,419
21	Vascular Interventions 18 + years	6.3317	3,568	1,542	2,572	1,380	0.63	876
21.1	Vascular Interventions 0 < 18 years	4.9999	157	129	229	1,152	0.56	642
22	Other Vascular Interventions	5.8029	1,308	750	1,430	1,125	0.63	713
23.1	Lymphatic Interventions, Local Anaesthetic	2.2708	115	34	47	510	0.64	327
23.2	Lymphatic Interventions, General Anaesthetic	9.8285	651	492	890	2,145	0.46	990
23.3	Lymphatic Interventions, Other Anaesthetic	4.0214	155	127	183	891	0.57	512
23.4	Lymphatic Interventions, No Anaesthetic	1.2609	200	123	225	263	0.81	214
24	Minor Vascular	1.0312	7,801	3,159	5,508	217	1.04	225
25	Cholecystectomy	8.4858	3,104	1,685	3,243	1,695	0.34	576
26	Hernia	7.0928	6,959	3,210	6,368	1,472	0.37	540
27	ERCP	5.5665	2,309	1,021	2,005	1,189	0.56	670
28.1	Endoscopy GI - Low	2.6889	1,799	1,141	2,108	575	0.70	400
28.2	Endoscopy GI - Medium	2.1498	57,994	29,087	52,657	453	0.56	252
28.3	Endoscopy GI - High	2.4577	7,290	3,577	6,497	519	0.47	246
29.1	Ano-Rectal Interventions, Local Anaesthetic	1.1259	262	62	98	236	0.65	154
29.2	Ano-Rectal Interventions, General Anaesthetic	5.3804	1,032	510	991	1,093	0.34	370
29.3	Ano-Rectal Interventions, Other Anaesthetic	2.8498	2,373	1,155	2,053	599	0.50	302
29.4	Ano-Rectal Interventions, No Anaesthetic	0.8346	502	219	425	168	0.68	114
30.1	Minor Anal Interventions, Local Anaesthetic	0.7349	423	134	259	152	0.75	114
30.2	Minor Anal Interventions, General Anaesthetic	5.8227	392	226	415	1,337	0.48	646
30.3	Minor Anal Interventions, Other Anaesthetic	2.9866	3,103	2,036	3,374	613	0.48	294
30.4	Minor Anal Interventions, No Anaesthetic	1.5821	3,313	1,128	2,291	303	0.81	246
31	Mechanical Implants	10.7315	170	167	208	2,388	1.24	2,960
32	Lithotripsy	3.5551	2,500	2,490	4,977	734	0.26	189
33	Upper Urinary Interventions	6.3420	1,841	937	1,812	1,344	0.61	822
34.1	Lower Uri & Genital	6.1192	1,794	1,157	2,230	1,330	0.45	596
34.2	Reconstruction, Vas Deferens	11.9421	71	31	65	2,500	0.41	1,026
35.1	Bladder & Urethral Interventions, Local Anaesthetic	1.1975	18,153	14,898	28,836	238	0.61	145

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
35.2	Bladder & Urethral Interventions, General Anaesthetic	4.8527	1,494	997	1,965	1,028	0.41	419
35.3	Bladder & Urethral Interventions, Other Anaesthetic	3.0443	993	781	1,621	624	0.60	375
35.4	Bladder & Urethral Interventions, No Anaesthetic	1.4386	3,280	193	341	286	0.82	234
36.1	Vasectomy	1.6301	2,816	1,224	2,437	323	0.73	236
36.2	Other Male Genital Interventions	5.9074	769	537	975	1,263	0.41	517
37	Circumcision 18 + years	4.9749	399	265	499	1,008	0.40	404
37.1	Circumcision 0 < 1.5 years	0.9993	2,181	855	1,914	202	0.89	180
37.2	Circumcision 1.5 < 6 years	4.1446	294	139	305	1,020	0.29	297
37.3	Circumcision 6 < 12 years	4.4253	209	127	257	1,041	0.30	308
37.4	Circumcision 12 < 18 years	4.8492	97	67	119	1,095	0.38	415
38	Uro Diagnostic Interventions	1.3256	6,229	3,250	6,567	307	0.46	143
39	Uterus & Adnexal Intervention	6.3596	5,585	2,372	4,899	1,295	0.42	545
40	Endo & Gyn Interventions	4.3757	7,579	2,733	5,579	877	0.34	301
41	Minor Gyn Interventions	1.2655	20,180	5,362	10,831	264	0.85	224
42	Evacuations	2.7539	13,879	2,643	5,430	572	0.44	250
43	Maxillo-Facial	6.4281	561	170	316	1,358	0.66	902
44	Chest Wall Interventions	5.6675	337	171	316	1,223	0.86	1,054
45.1	Upper Extremity Interventions	4.0685	1,180	519	992	847	0.87	737
45.2	Shoulder Interventions	10.0649	1,334	353	731	1,921	0.31	598
46	Open Reductions	7.3002	1,007	566	948	1,584	0.68	1,081
47	Tendon & Muscle Interventions	3.5722	4,008	1,574	2,925	760	0.98	745
48	Closed Reductions	1.7432	10,717	4,155	8,220	375	0.74	276
49	Lower Extremity	6.8588	153	59	148	1,446	0.54	786
50	Knee Interventions	6.2148	8,027	3,517	6,930	1,218	0.45	547
51	Ankle & Foot	6.6966	2,457	867	1,692	1,376	0.56	776
52.1	Remove Int Fixation, Lower Extremity	4.4062	2,570	874	1,625	924	0.70	645
52.2	Other Removal, Int Fixation	2.1770	1,696	819	1,543	467	1.14	531
53	Soft Tissue Interventions	2.4769	3,335	1,388	2,445	518	1.11	576
54	Manipulations	2.8598	221	79	161	614	0.56	343
55	Mastectomy	3.2610	3,042	847	1,593	674	1.04	701
56.1	Augment/Reduc Breast Bilateral	11.3425	1,301	712	1,376	2,469	0.29	717

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
56.2	Augment/Reduc Breast Unilateral	8.9946	449	240	420	1,944	0.44	854
57	Breast Plastic Interventions	4.7558	1,198	505	861	989	0.92	908
58.1	Ear & Cleft Lip Reconstruction	8.6035	30	26	51	1,867	0.43	809
58.2	Face Rhytidectomy	9.8188	110	65	75	2,419	0.48	1,159
58.3	Other Plastic Reconstruction	5.1509	3,614	1,161	2,021	1,161	0.73	846
59.1	Skin Interventions, Local Anaesthetic	0.6883	55,828	12,148	23,444	142	0.92	131
59.2	Skin Interventions, General Anaesthetic	5.9629	2,947	1,003	1,922	1,300	0.48	628
59.3	Skin Interventions, Other Anaesthetic	0.9587	5,009	2,097	3,974	209	0.95	199
59.4	Skin Interventions, No Anaesthetic	0.8187	42,707	5,842	11,983	168	0.66	111
60	Dental Surgery	5.1489	8,537	1,565	3,063	1,265	0.64	814
61.1	Biopsy, Other	3.7947	1,646	769	1,491	824	0.70	580
61.2	Biopsy, Percutaneous	3.7693	8,077	4,011	8,060	797	0.77	614
62	Hemodialysis	1.4055	192,214	98,758	193,647	305	0.24	72
62.1	Home Hemodialysis Teaching	5.2493	489		5	1,149	0.34	394
62.2	Selfcare Hemodialysis							
63	Transfusions	2.7340	9,228	4,292	8,393	572	0.64	367
64	Cardioversion	2.3627	1,519	676	1,272	494	0.94	466
65	Chemotherapy Oncology	1.8840	1,997	216	532	406	1.16	471
66	Myelogram	3.0418	269	43	77	667	0.37	248
68	Thyroid Interventions	8.2216	35	23	43	1,760	0.33	580
69	Parotid Duct Interventions	7.4319	59	22	45	1,622	0.86	1,400
70	Appendectomy	8.8825	78	18	31	1,829	0.46	840
71	Gastro-Intestinal Related Interventions	1.8631	2,254	1,124	2,469	376	0.77	289
72	Peritoneal Dialysis	2.0875	1,084	552	1,033	454	0.69	312
72.1	Home Peritoneal Dialysis Teaching	0.7714	3,082	2,915	6,423	167	1.08	181
73	Hos Visit Including Diagnostic Investigation of Vascular Sys							
74	Hospital Visit Including Nuclear Imaging	4.4122	10,487	2,984	11,334	928	0.45	414
75	Hospital Visit Including CAT Scan	2.6604	53,046	24,046	73,480	557	0.74	410
76	Hospital Visit Including MRI	2.9864	4,928	855	35,171	592	0.52	308
77	Hospital Visit Radiotherapy	1.7541	200	181	533	383	0.93	357
78	Chest Xray	0.3825	75,552	8,373	17,322	74	0.48	35

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
79	Other Xray	0.7524	181,647	22,255	45,875	147	0.81	119
80	Mammogram	0.6477	6,481		5	142	0.18	26
81	Ultrasound	1.6805	70,365	13,839	27,985	339	0.67	228
82.1	Extensive Sleep Studies	5.0842	2,678	1,442	2,706	1,106	0.21	229
82.2	Other Sleep Labs	1.0647	12	2	280	222	0.72	160
83	Inner Ear	9.2960	133	116	220	2,061	0.47	969
84	Hyperbaric Chamber	1.3076	2,007	1,354	2,629	283	0.39	112
85	Discrete Diagnostic Investigation Of Vascular System	1.0000	1					
86	Discrete Nuclear Imaging	3.4138	17,511	5,371	5,371	742	0.51	375
87	Discrete CAT Scan	1.6219	83,419	31,956	31,956	339	0.55	188
88	Discrete MRI	2.5959	62,746	44,453	44,453	531	0.50	263
89	Discrete Radiotherapy	0.8170	556	236	236	178	0.06	10
99	Ungroupables - Based on Interventions	8.4044	151	81	168	1,865	1.00	1,862
201	Diag Inv General Cardiac 0 < 12 years	1.2475	318	131	257	279	0.69	192
203	Diag Inv General Cardiac 12 < 18 years	1.2829	328	139	240	283	0.67	190
205	Diag Inv General Cardiac 18+ years	1.9269	17,100	7,103	13,256	397	0.53	210
206	Management General Cardiac 0 < 1.5 years	0.5125	2,648	513	773	113	0.81	91
207	Management General Cardiac 1.5 < 12 years	0.5356	5,333	999	1,740	117	0.69	81
208	Management General Cardiac 12 < 18 years	0.5554	3,943	581	1,052	120	0.62	74
210	Management General Cardiac 18+ years	0.6261	142,957	33,275	66,053	132	1.03	136
213	Dysrhythmia & Conductive Disorders	1.0328	24,735	6,343	12,338	210	0.92	193
214	Congestive Heart Failure	0.9172	6,856	3,941	7,936	194	0.88	172
215	Inflammatory Cardiac	1.1188	226	118	203	233	1.01	236
216	Congenital Heart Disease	1.1477	2,606	775	2,549	247	0.93	230
217	Diag Inv Angina	2.4845	2,019	981	2,131	510	0.62	319
218	Management Angina	0.4490	15,978	8,531	18,887	110	1.09	120
219	Diag Inv Vascular	1.8280	2,097	563	1,188	376	0.54	202
220	Management Vascular	0.5993	10,742	2,291	4,791	121	1.22	148
251	Diag Inv General Endocrinal 0 < 18 years	0.9823	177	140	258	218	0.94	204
254	Diag Inv General Endocrinal 18 + years	1.4305	176	63	121	294	0.70	205
255	Management General Endocrinal 0 < 1.5 years	0.5054	672	337	602	112	1.17	130

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
256	Management General Endocrinal 1.5 < 6 years	0.4341	721	320	626	96	1.42	136
257	Management General Endocrinal 6 < 18 years	0.3278	1,528	727	1,341	72	1.45	104
258	Management General Endocrinal 18 + years	0.3508	12,163	4,415	8,846	72	1.07	77
259	Management Diabetes < 18 years	1.0690	6,646	2,071	4,289	233	0.57	132
260	Management Diabetes 18 + years	0.6496	34,595	16,923	33,153	135	0.89	120
262	Thyrotoxicosis	0.2877	1,553	1,136	2,153	61	1.08	66
264	Management Ketoacidosis	2.2139	119	36	111	451	0.57	258
266	Fluid & Electrolyte < 6 years	1.5436	549	320	679	361	0.51	183
267	Fluid & Electrolyte 6 + years	1.4809	4,952	1,680	3,539	303	0.74	223
301	Diag Inv General ENT	1.1398	10,324	3,657	7,367	236	0.50	118
303	Management General ENT	0.6528	184,054	21,379	43,651	139	3.17	442
305	Otitis Media	0.4488	38,157	6,019	13,126	99	0.78	76
306	Epistaxis	0.6213	4,279	1,080	1,896	130	0.81	105
351	Diag Inv General Female Genital Disorders < 45 years	2.6858	1,189	422	874	546	0.62	337
352	Diag Inv General Female Genital Disorders 45 + years	1.7817	166	75	184	358	0.94	336
353	Management General Female Genital Disorders < 18 years	0.6978	2,139	498	1,007	146	0.96	141
354	Management General Female Genital Disorders 18 < 45 years	0.5610	17,313	5,554	12,570	113	1.26	142
355	Management General Female Genital Disorders 45 + years	0.5937	6,710	1,755	3,770	116	0.88	103
356	Management Contraceptive	0.3836	9,520	2,218	4,504	79	0.83	65
357	Diag Inv General Male Genital Disorders < 18 years	1.8097	158	114	209	413	0.43	177
358	Diag Inv General Male Genital Disorders 18 + years	1.8765	490	189	361	374	0.50	188
359	Management General Male Genital Disorders < 18 years	0.4514	2,446	742	1,437	103	1.03	106
360	Management General Male Genital Disorders 18 + years	0.4877	6,168	1,683	3,442	97	1.34	129
361	Diag Inv Other Genitouriological Disorders < 18 years	1.6388	787	314	610	368	0.73	267
362	Diag Inv Other Genitouriological Disorders 18 + years	1.8828	6,501	2,162	4,475	373	0.53	199
363	Management Other Genitouriological Disorders < 18 years	0.6668	13,240	3,541	7,120	152	1.08	164
364	Management Other Genitouriological Disorders 18 + years	0.5345	77,955	23,730	45,912	110	1.16	128
400	Diag Inv General Gastrointestinal 0 < 1.5 years	1.3635	671	419	819	315	0.51	160
401	Diag Inv General Gastrointestinal 1.5 < 6 years	1.2887	1,267	625	1,269	294	0.55	162
402	Diag Inv General Gastrointestinal 6 < 18 years	1.5132	3,557	1,657	3,263	333	0.58	192
403	Diag Inv General Gastrointestinal 18 < 45 years	2.1511	11,144	3,921	7,843	428	0.51	220

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
404	Diag Inv General Gastrointestinal 45 < 65 years	2.0869	6,081	2,196	4,392	415	0.46	192
405	Diag Inv General Gastrointestinal 65 + years	2.2393	5,184	1,879	3,751	450	0.44	197
406	Management General Gastrointestinal 0 < 1.5 years	0.5623	12,550	5,127	9,927	130	0.77	100
407	Management General Gastrointestinal 1.5 < 6 years	0.6117	14,137	4,924	9,374	144	0.82	118
408	Management General Gastrointestinal 6 < 18 years	0.6362	22,963	5,896	10,996	145	0.89	129
409	Management General Gastrointestinal 18 < 45 years	0.6946	76,113	15,901	29,460	139	0.98	136
410	Management General Gastrointestinal 45 < 65 years	0.5957	34,145	7,153	14,312	121	1.09	132
411	Management General Gastrointestinal 65 + years	0.6728	19,045	3,460	7,138	136	0.94	128
412	Constipation with Disimpaction	1.8895	94	31	64	408	0.80	328
413	GI Bleed/Perforation/Obstruction	1.1252	9,950	1,512	2,838	231	0.95	220
451	Diag Inv Hematological	1.7767	1,001	419	845	379	0.61	230
452	Management Hematological 0 < 6 years	0.8998	3,345	832	1,875	200	0.95	190
453	Management Hematological 6 < 12 years	0.8897	2,592	954	1,772	196	0.83	162
454	Management Hematological 12 < 18 years	1.0754	2,462	993	2,007	233	0.91	213
455	Management Hematological 18 < 65 years	0.8770	13,360	5,076	10,207	187	1.09	204
456	Management Hematological 65 + years	0.7585	7,120	2,402	4,598	164	1.08	177
501	Diag Inv Hepatobiliary	2.6285	2,008	898	1,753	528	0.47	249
502	Management Hepatobiliary	0.4383	16,940	5,814	11,498	90	1.38	124
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	1.4267	50	14	33	335	0.74	247
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	1.0949	111	47	85	264	1.09	288
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	1.1052	216	61	110	251	0.60	151
555	Diag Inv Inflam Musculoskeletal 18 + years	1.2555	6,656	1,734	3,448	256	0.61	157
556	Diag Inv Other Musculoskeletal < 18 years	0.6910	23,037	7,457	15,043	148	0.56	83
557	Diag Inv Other Musculoskeletal 18 + years	0.7997	78,860	30,744	61,873	166	0.55	92
558	Management Inflam Musculoskeletal 0 < 6 years	0.5236	556	139	274	132	0.94	125
560	Management Inflam Musculoskeletal 6 < 12 years	0.4456	1,144	192	378	113	0.90	101
561	Management Inflam Musculoskeletal 12 < 18 years	0.4192	1,786	291	532	102	0.89	91
562	Management Inflam Musculoskeletal 18 + years	0.3708	37,307	11,486	22,610	78	1.18	92
563	Management Other Musculoskeletal < 18 years	0.3288	21,314	5,026	10,479	73	1.85	136
564	Management Other Musculoskeletal 18 + years	0.3073	124,434	39,499	78,611	63	1.26	79
565	Diag Inv Congenital Musculoskeletal Deformities	1.4153	203	42	85	336	0.99	334

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
566	Management Congenital Musculoskeletal Deformities	0.9241	1,672	273	585	213	1.19	254
567	Diag Inv Other Inflamm Musculoskeletal	1.1126	2,882	765	1,496	225	0.68	153
568	Management Other Inflamm Musculoskeletal	0.4821	12,496	2,077	4,386	98	1.39	137
569	Infectious Musculoskeletal	0.7104	1,824	1,233	2,703	149	1.35	201
601	Diag Inv General Neurology	1.3591	2,332	532	1,081	291	0.63	184
602	Management General Neurology 0 < 6 years	0.5671	3,810	1,115	2,162	144	1.21	174
603	Management General Neurology 6 < 12 years	0.6585	4,055	1,138	2,288	175	1.40	246
604	Management General Neurology 12 < 18 years	0.5396	3,779	751	1,347	137	1.37	188
605	Management General Neurology 18 < 65 years	0.5944	36,346	4,754	9,377	128	1.14	147
606	Management General Neurology 65 + years	0.7379	11,623	2,176	4,118	188	1.19	224
607	Migraine Headache	0.5610	25,503	4,159	8,514	115	0.83	96
608	Diag Inv Headache	1.4201	589	165	320	284	0.51	146
609	Management Headache	0.5105	18,703	4,359	8,080	102	0.92	94
610	Diag Inv Meningitis	1.9116	14	7	16	406	0.58	237
611	Management Meningitis	0.6524	246	131	305	143	1.14	163
612	Diag Inv Cerebrovascular	2.0234	1,382	509	972	416	0.45	187
613	Management Cerebrovascular	0.7704	14,954	7,227	11,381	172	0.77	132
614	Diag Inv Convulsions	1.7336	538	214	477	364	0.44	161
615	Management Convulsions	0.6005	18,216	5,911	12,179	143	1.02	146
616	Diag Inv Vertigo	1.9593	867	272	504	390	0.44	170
617	Management Vertigo	0.8435	11,902	2,982	5,139	173	0.81	141
651	Antepartum Routine	0.6701	32,797	1,270	2,171	130	1.06	138
652	Postpartum Routine	0.9345	1,535	374	993	178	0.83	147
653	Diag Inv Neonatal & Congenital	1.3690	141	93	180	312	0.64	198
654	Management Neonatal & Congenital	0.6767	3,587	962	1,857	159	0.94	150
656	Delivery with Postpartum Complications	0.7382	80	11	28	151	0.76	115
657	Delivery without Postpartum Complications	0.8435	82	2	6	178	0.61	109
658	Postpartum Conditions Outcomes Uncomplicated	0.6049	4,496	2,174	4,442	122	1.00	123
659	Diag Inv Pregnancy with Abortive	3.0747	990	273	525	608	0.36	220
660	Management Pregnancy with Abortive Outcomes Uncomp	1.1054	2,523	602	1,174	216	0.66	142
662	Diag Inv Antepartum	1.8454	6,077	3,894	7,700	384	0.45	173

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
663	Management Antepartum	0.7300	53,280	18,659	35,173	149	0.88	131
664	Diag Inv Pregnancy with Abortive Outcomes Complica	2.8978	153	35	85	589	0.40	235
665	Management Pregnancy with AbortiveOutcomes Complic	1.2495	473	121	239	253	0.67	170
701	Diag Inv Oncological	1.6935	1,089	427	816	344	0.66	226
702	Management Oncological	0.7655	13,611	3,722	7,033	166	1.48	246
703	Radiotherapy (includes diagnosis code V58.0)	0.4229	12		2	93	0.09	8
704	IV Therapy -- Non Cancer Related	0.6247	172,022	45,984	87,078	130	1.22	158
751	Diag Inv Ophthalmology 0 < 12 years	0.8801	132	99	202	183	0.72	132
752	Diag Inv Ophthalmology 12 < 18 years	0.8566	115	105	207	175	0.68	118
753	Diag Inv Ophthalmology 18 < 45 years	0.9082	1,173	1,022	1,848	187	0.57	107
754	Diag Inv Ophthalmology 45 + years	0.9293	7,218	6,822	12,470	195	0.42	81
755	Management Ophthalmology 0 < 12 years	0.4083	16,358	4,253	8,648	89	0.82	73
756	Management Ophthalmology 12 < 18 years	0.4026	3,838	1,323	2,726	85	1.10	93
757	Management Ophthalmology 18 < 45 years	0.4363	18,475	7,532	14,476	89	1.08	96
758	Management Ophthalmology 45 + years	0.5271	37,225	27,668	52,187	107	0.99	106
801	Diag Inv Psychiatry	1.5813	1,287	472	918	326	0.52	168
802	Management Psychiatry	0.5499	74,001	26,615	54,745	128	1.35	172
803	Drug & Alcohol Related Conditions	1.2677	14,665	4,294	8,093	262	0.73	190
851	Diag Inv General Respiratory < 18 years	1.2036	9,115	3,890	8,020	265	0.49	129
852	Diag Inv General Respiratory 18 + years	1.6322	32,609	9,234	18,173	323	0.54	175
853	Management General Respiratory 0 < 1.5 years	0.6640	8,535	2,734	5,869	153	0.72	111
854	Management General Respiratory 1.5 < 6 years	0.6777	14,534	4,958	10,405	155	0.75	117
855	Management General Respiratory 6 < 18 years	0.6773	15,296	4,148	8,518	149	0.73	110
856	Management General Respiratory 18 < 65 years	0.7267	45,153	6,314	12,669	147	0.81	118
857	Management General Respiratory 65 + years	0.9564	13,544	2,917	6,061	204	0.75	152
863	Diag Inv Severe Respiratory Disease	1.7457	660	304	649	386	0.43	165
864	Management Severe Respiratory Disease	1.1957	3,149	502	1,178	288	0.57	164
901	Diag Inv Skin & Soft Tissue	1.1014	14,761	4,830	8,953	233	0.60	139
902	Management Skin & Soft Tissue	0.4400	166,363	35,033	67,816	93	1.32	123
906	Cellulitis	0.7611	20,860	5,064	10,348	154	0.94	145
951	Diag Inv Systemic Infection	1.4332	4,142	1,968	4,003	304	0.54	165

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
952	Management Systemic Infection < 18 years	0.5817	18,013	7,069	14,197	133	0.72	96
953	Management Systemic Infection 18 < 45 years	0.6496	5,671	1,202	2,372	130	0.81	105
954	Management Systemic Infection 45 + years	0.6408	2,425	650	1,225	130	1.09	142
955	Diag Inv AIDS	1.4992	145	132	258	322	0.78	252
956	Management AIDS	0.6757	5,741	2,502	5,336	145	1.03	151
999	Ungroupable	0.8374	674	24	221	170	0.84	142
1001	Open Fracture Fingers & Toes	1.0007	334	73	140	205	0.47	97
1002	Closed Fracture Fingers & Toes	0.6104	8,044	2,498	4,859	126	0.63	79
1003	Fractured Nose, Open & Closed	0.7086	1,577	423	814	147	0.82	120
1004	Open Fracture & Dislocations Other	1.0214	1,408	413	800	205	0.56	115
1005	Closed Fracture & Dislocations Other	0.9243	44,894	11,657	23,413	193	0.65	125
1007	Open Wounds without Complications	0.5383	27,838	4,789	9,551	111	0.86	95
1008	Open Wound with Complications	0.6595	4,487	888	1,772	134	0.90	121
1009	Sprains	0.7933	68,717	14,008	28,597	159	0.67	106
1010	Contusions Fingers/Toes	0.6273	6,149	1,170	2,284	122	0.52	63
1011	Contusions except Fingers/Toes	0.7945	43,133	9,793	19,818	158	0.80	126
1012	Open Wound Eye	0.4925	1,070	304	585	105	0.90	95
1013	Foreign Body Eyes, Ears, Nose	0.4227	5,656	781	1,612	88	0.72	63
1014	Foreign Body except Eyes, Ears, Nose	0.7978	2,458	766	1,585	173	0.78	134
1015	Diag Inv Poisoning	2.2721	813	305	591	474	0.61	289
1016	Management Poisoning	1.2632	12,863	3,911	7,924	264	0.85	225
1017	Amputation except Fingers/Toes	0.5226	28	1	1	135		
1018	Abuse/Sexual Assault 0 < 12 years	1.9739	414	308	656	430	0.95	408
1019	Abuse/Sexual Assault 12+ years	1.4483	819	340	702	306	0.96	293
1020	Burn Moderate to Severe	0.5243	583	109	273	109	0.87	95
1021	Minor Other Injuries	0.7697	34,359	7,283	14,676	160	0.94	152
1022	Moderate Other Injuries	2.4475	4,543	1,270	2,478	527	3.13	1,649
1024	Comas	1.3747	119	36	63	290	0.73	212
1025	Shock	1.0714	826	255	509	231	0.63	144
1026	Open Spinal Fracture & Dislocation	2.7419	1		1	591		
1027	Closed Spinal Fracture & Dislocation	1.4888	1,102	217	453	304	0.67	202

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
1028	Diag Inv Head Injury	1.3362	2,563	408	899	290	0.50	145
1029	Management Head Injury	0.5014	10,938	2,880	5,550	118	0.77	90
1030	Diag Inv Thoraco-Abdominal & Major Vascular	1.7329	332	98	203	349	0.67	233
1031	Management Thoraco-Abdominal & Major Vascular	0.6642	4,714	1,125	2,320	136	1.01	137
1032	Burn Minor 0 < 6 years	0.5574	978	235	546	130	0.76	100
1033	Burn Minor 6 + years	0.4645	6,888	1,103	2,205	94	0.79	75
1034	Diag Inv Major Other Injuries	1.3815	69	22	46	313	0.65	203
1035	Management Major Other Injuries	1.1679	423	164	328	299	1.10	330
1051	Assessment Referral	0.4110	1,572	1,368	2,552	84	0.86	72
1052	Assessment Intake	1.1637	20,096	9,014	16,918	258	0.78	202
1053	Assessment Collateral	0.9458	1,378	77	162	191	0.78	149
1054	Legal Assessment Half Day	1.0000	35					
1055	Legal Assessment Full Day	1.0000	5					
1056	Assessment Specialized	1.1175	5,533	3,523	7,197	224	1.00	224
1057	Individual Therapy	0.4776	104,025	34,333	58,191	102	0.94	96
1058	Crisis/Intervention Calls Telephone Crisis Calls	1.0000	216					
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	1.0000	694					
1060	Couple Therapy	0.7782	1,553	148	428	166	0.50	83
1061	Family Therapy	1.1095	3,927	945	1,715	233	0.77	179
1062	Group Therapy	0.1360	201,871	92,288	168,630	29	1.07	31
1063	ECT	1.5888	2,625	1,236	1,423	310	0.35	109
1064	Medication Administration	0.7921	21,412	7,770	14,686	172	0.44	76
1065	Patient Specific Consultations/Case Supervision	0.4683	36,650	15,807	28,741	94	1.01	95
1066	Patient Specific Hearings	1.0000	11					
1067	Patient Specific Professional Reports and Applications	1.0000	2,991					
1068	Patient Specific Critical Incident Documentation	1.0000	6					
1069	Diagnostic Testing/Scoring Testing Type 1	0.9557	576	312	400	190	0.79	150
1070	Diagnostic Testing/Scoring Testing Type 2	2.6795	281	121	310	558	0.41	227
1071	Diagnostic Testing/Scoring Testing Type 3	6.1781	496	64	125	1,324	0.24	313
1072	Therapeutic Milieu Programs Half Day	0.3562	15,631	804	1,786	77	0.50	38
1073	Therapeutic Milieu Programs Full Day	3.0855	7		5	675	0.18	123

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
1074	Mental Health Education 0-120 min	0.3239	10,136	9,230	18,237	92	1.09	101
1075	Mental Health Education 121-240 min	1.8471	64	19	19	528	0.37	195
1076	Mental Health Education 241-360 min							
1077	Mental Health Education 361-480 min							
1101	OT Group 1	0.0753	38,080	14,508	31,387	19	0.46	9
1102	OT Group 2	0.1963	45,742	13,884	28,327	47	1.30	61
1103	OT Group 3	0.3054	16,313	4,273	8,732	67	0.78	52
1104	OT Group 4	0.6292	57,666	16,511	34,229	161	1.11	178
1105	OT Group 5	0.8001	10,386	1,200	2,741	187	0.57	108
1106	OT Group 6	1.3436	4,023	647	1,387	343	0.55	188
1111	Physical Therapy Group 1	0.1328	310,115	25,561	51,569	33	0.99	33
1112	Physical Therapy Group 2	0.2289	255,130	27,239	58,006	50	0.66	33
1113	Physical Therapy Group 3	0.2940	48,776	6,126	12,853	62	0.49	31
1114	Physical Therapy Group 4	0.4820	133,266	19,650	39,377	116	0.84	97
1115	Physical Therapy Group 5	0.7254	10,844	1,193	2,224	173	0.55	96
1116	Physical Therapy Group 6	1.1798	3,301	494	918	310	0.55	170
1121	Recreational Therapy Group 1	0.0735	9,698	6,156	11,733	21	0.38	8
1122	Recreational Therapy Group 2	0.1652	5,151	3,554	7,922	45	0.30	13
1123	Recreational Therapy Group 3	0.2369	549	269	594	65	0.30	20
1124	Recreational Therapy Group 4	0.3988	2,054	1,227	2,793	110	0.48	52
1125	Recreational Therapy Group 5	0.6439	333	71	153	182	0.31	57
1126	Recreational Therapy Group 6	0.9484	114	31	55	270	0.31	84
1131	Speech-Language Pathology Group 1	0.1238	43,508	3,046	7,249	33	0.63	21
1132	Speech-Language Pathology Group 2	0.2163	104,187	5,713	11,675	60	0.23	14
1133	Speech-Language Pathology Group 3	0.3967	5,891	349	485	96	0.28	27
1134	Speech-Language Pathology Group 4	0.8962	116,767	11,649	23,022	244	0.84	206
1135	Speech-Language Pathology Group 5	1.2273	7,512	444	805	292	0.65	189
1136	Speech-Language Pathology Group 6	1.9351	2,392	340	713	499	0.67	334
1141	Audiology Group 1	0.8008	1,759	138	964	148	0.52	78
1142	Audiology Group 2	0.3766	8,254	1,999	3,641	79	0.40	31
1143	Audiology Group 3	1.2327	12,220	5,756	9,839	305	0.78	238

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
1144	Audiology Group 4	2.5807	390	273	489	659	0.56	367
1145	Audiology Group 5 - Cochlear Implant	1.0000	300					
1151	Resp Therapy Group 1	0.2195	14,022	6,115	13,490	46	2.19	101
1152	Resp Therapy Group 2	0.4093	29,184	10,084	20,001	85	1.48	126
1153	Resp Therapy Group 3	0.3565	15,946	5,133	10,820	71	0.96	68
1154	Resp Therapy Group 4	0.7267	25,445	7,271	15,812	151	0.87	131
1155	Resp Therapy Group 5	0.8562	5,922	2,957	5,943	173	0.73	126
1156	Resp Therapy Group 6	1.6262	3,543	2,492	5,299	337	0.64	215
1201	Clinical Nutrition Group 1	0.1368	29,271	20,125	37,186	29	0.83	24
1202	Clinical Nutrition Group 2	0.2955	34,300	13,248	24,262	62	0.55	34
1203	Clinical Nutrition Group 3	0.4139	11,054	2,925	5,524	91	0.72	66
1204	Clinical Nutrition Group 4	0.7902	22,349	11,812	22,106	170	0.53	90
1205	Clinical Nutrition Group 5	0.9169	4,294	1,314	2,304	200	0.46	91
1206	Clinical Nutrition Group 6	1.4488	900	426	753	316	0.47	150
1221	Social Work Group 1	0.2094	19,978	10,933	24,084	51	0.74	38
1222	Social Work Group 2	0.4890	25,906	7,925	16,697	113	0.61	69
1223	Social Work Group 3	0.8685	5,022	1,356	2,745	197	0.42	83
1224	Social Work Group 4	1.2548	1,917	1,087	2,256	325	0.48	155
1225	Social Work Group 5	1.7469	487	116	237	403	0.41	164
1226	Social Work Group 6	2.6660	64	17	44	648	0.35	224
1241	Psychology Group 1	0.1899	11,030	4,328	11,718	53	0.69	37
1242	Psychology Group 2	0.6075	11,094	3,813	6,784	158	0.48	75
1243	Psychology Group 3	1.0108	2,494	836	1,517	258	0.48	125
1244	Psychology Group 4	1.8918	3,881	2,455	5,165	534	0.65	348
1245	Psychology Group 5	2.6583	553	303	596	730	0.66	481
1246	Psychology Group 6	6.9221	165	129	255	1,676	0.78	1,308
1247	Psychology Group 7	1.8041	165	88	88	516	0.93	479
1248	Psychology Group 8	2.1084	83	72	72	603	0.54	323
1249	Psychology Group 9	2.5660	58	45	45	734	0.42	310
2001	Critical Care Unit or O.R. with Secondary Diagnosis	2.3676	4,776	1,500	3,023	493	0.93	459
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2.8809	5,840	2,204	3,985	579	1.41	818

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2004/2005		Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases				
2003	Other Unit with Secondary Diagnosis	2.0886	70,144	17,125	34,316	441	0.67	295
2004	Other Unit without Secondary Diagnosis	1.7632	77,350	16,941	33,758	371	0.79	292
2021	DOA	0.4196	549	22	30	88	1.35	118
2022	Died During Visit	1.4628	775	199	366	312	1.63	507
2023	Death - Organ Donor	0.1371	1	1	1	30		
2041	Patient Transferred with Secondary Diagnosis	2.7524	15,771	2,937	5,580	538	0.72	386
2042	Patient Transferred without Secondary Diagnosis	2.4171	9,580	2,328	4,304	474	0.90	425
2050	Diag Inv General Symptoms/Exam	1.2531	16,150	10,746	20,563	266	0.59	158
2051	Management General Symptoms/Exam < 18 years	0.7945	18,488	7,750	17,452	198	1.74	344
2052	Management General Symptoms/Exam 18 < 45 years	0.6064	30,590	8,762	23,029	126	0.94	118
2053	Management General Symptoms/Exam 45 < 65 years	0.5860	30,178	9,222	18,276	124	1.08	134
2054	Management General Symptoms/Exam 65+ years	0.7198	27,917	9,136	18,113	168	1.54	258
2059	Prophylactic Vaccination	0.6397	19,496	2,857	5,902	130	1.01	131
2060	Therapeutic Medical Counseling	0.7160	61,953	5,951	12,862	149	1.12	167
2062	Preoperative Exam	1.0522	86,776	40,861	73,669	221	0.74	163
2064	Therapy - No Intervention Code	0.6345	59,291	11,843	21,769	131	1.10	143
2066	Contact/Carrier of Communicable Disease	0.5858	1,950	258	486	122	1.58	192
2067	Health Hazard Related to Personal/Family History	9.5347	21,973	1,058	2,148	2,066	1.54	3,175
2068	Routine Health Supervision	0.4230	15,204	10,861	21,533	88	1.59	140
2069	Postsurgical Status	0.5671	70,261	8,643	17,885	135	1.14	154
2070	Follow-up/Convalescence	0.4016	39,085	18,946	37,215	88	1.39	122
2071	Screening Exam	0.8702	11,819	4,024	8,179	190	0.47	89
2072	Screening Exam - Genetics							
2073	Genetic Counselling	4.9713	1,772	1,771	3,693	1,077	0.76	818
2081	Non Registered Service Recipients							
2082	Mode of Service - Telephone	0.2320	401,228	186,234	358,766	51	1.42	73
2099	Patient Left Without Being Seen	0.6408	7,113	700	1,932	137	0.85	117

Appendix

Cost Weight Development

The process used by Alberta Health and Wellness to develop cost weights or relative values for each of the inpatient and ambulatory care groups is based on the hospital specific relative value methodology.

Calculating relative values adjusts for differences in utilization patterns and pricing (costing) between facilities. Because this allows for easy combining of data from different provinces and across years, it produces a set of relative values that do not require complex adjustments to make the data comparable. This method first calculates the hospital specific relative value (HSRV) for each group (ACCS cell, CMG, or Plx group) for each hospital, then derives an initial system wide (including all hospitals) relative value (SWRV), and finally calculates a case mix index (CMI). While the steps below are based on ambulatory care calculations, a similar process is undertaken for the inpatient data.

HSRV - Step 1

Raw costing information is received from the costing regions and processed at Alberta Health and Wellness. An average cost per case is calculated for each ACCS cell. These costs are then available as input into the relative value calculation process.

ACCS #	Description	Hospital A		Hospital B		Province-Wide	
		Cases	Average Cost \$	Cases	Average Cost \$	Cases	Average Cost \$ (wtd avg.)
26	Hernia	2	\$300.00	6	\$450.00	8	\$412.50
62	Hemodialysis	5	\$200.00	10	\$300.00	15	\$266.67
1009	Sprains	9	\$100.00	16	\$150.00	25	\$132.00
	Total Hospital	16	\$156.25	32	\$253.13	48	\$220.84

HSRV - Step 2

The relative value calculation requires cost data by institution and by group. First, the average cost per case by ACCS code, by facility, is divided by the average cost for all cases in that facility (average institution case cost) to derive the HSRV for each ACCS cell. This allows us to look at the cost of an ACCS code relative to other ACCS codes in that facility rather than at the average cost.

		Hospital A		
ACCS #	Description	Cases	Average Cost \$	Hospital Specific Relative Value (HSRV)
26	Hernia	2	\$300.00	$\$300/\$156.25=1.92$
62	Hemodialysis	5	\$200.00	$\$200/\$156.25=1.28$
1009	Sprains	9	\$100.00	$\$100/\$156.25=0.64$
	Total Hospital	16	\$156.25	N/A

HSRV - Step 3

The initial SWRVs are calculated for each ACCS code by taking a weighted average of the hospital specific relative values from each facility. For each facility, the number of cases in an ACCS cell is multiplied by the HSRV for that ACCS cell. Then, divide this result by the total number of cases in the system (province) for that particular ACCS code. The sum of the results of this calculation for all facilities is the initial SWRV.

		Hospital A			Province-Wide
ACCS #	Description	Cases	Average Cost \$	Hospital Specific Relative Value (HSRV)	Initial System Wide Relative Value (ISWRV) (wtd.avg. Of HSRVs)
26	Hernia	2	\$300.00	$\$300/\$156.25=1.92$	$(1.92*2/8)+(1.78*6/8)=1.8133$
62	Hemodialysis	5	\$200.00	$\$200/\$156.25=1.28$	$(1.28*5/15)+(1.19*10/15)=1.2168$
1009	Sprains	9	\$100.00	$\$100/\$156.25=0.64$	$(0.64*9/25)+(0.59*16/25)=0.6097$
	Total Hospital	16	\$156.25	N/A	N/A

Note: Calculates a system wide relative measure of the value of an ACCS cell compared to other ACCS cells

This calculation filters out the differences in efficiencies between hospitals. This can occur if a hospital is a teaching hospital, and would typically incur higher costs per case, or if a hospital uses different technology in treating patients.

HSRV - Step 4

The CMI adjusts for differences in the case mix of treatments in a hospital. For example, if a hospital typically treats much more severe patients, the CMI will adjust the relative values to take that into account.

For each facility, the CMI is calculated by multiplying the SWRV for each ACCS cell by the number of cases in each cell for that facility. The resulting values are then summed. This total is then divided by the number of cases treated in that hospital, which results in the facility's CMI.

Case Mix Index = sum of adjusted value of cases (SWRV units)/actual number of cases = 15.1976/16 = **0.9498**

		Hospital A			
ACCS #	Description	Cases	Average Cost \$	Initial System Wide Relative Value units = SWRV x # of cases	Adjusted Hospital Specific Relative Value (AHSRV)
26	Hernia	2	\$300.00	1.8133*2= 3.6267	1.92*0.9498= 1.8237
62	Hemodialysis	5	\$200.00	1.2168*5= 6.0840	1.28*0.9498= 1.2158
1009	Sprains	9	\$100.00	0.6097*9= 5.4869	0.64*0.9498= 0.6079
	Total Hospital	16	\$156.25	Total = 15.1976	

Notes:

- ♦ Cases in Hosp A adjusted using average system wide relative values.
- ♦ Relative value of ACCS adjusted by case mix index for Hospital A

The HSRVs for each ACCS code by facility are then multiplied by that facility's CMI to give a new set of adjusted hospital specific relative values (AHSRVs). For each ACCS cell, these AHSRVs are then summed from all of the hospitals and divided by the total number of cases in each case group to derive a new set of SWRVs.

HSRV - Step 5

Steps 3 and 4 are repeated (weighting HSRVs, averaging HSRVs, and adjusting for case mix) until the difference between successive SWRVs is less than 1 per cent.

The final results of the HSRV process for the 2004/2005 inpatient and ambulatory care cost data are outlined in schedules 3 and 6. In these two schedules the results in the “average cost” columns are based on the same set of data used in the costing process to produce relative values (all exclusions, including trimming, are applied to the data).