

Geographic Variation in Post-acute Care Facility Admissions

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Richard F. Averill, MS

Richard L. Fuller, MS

Ronald E. Mills, PhD

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Executive Summary

Medicare expenditures for admissions to a Skilled Nursing Facility (SNF) or an Inpatient Rehabilitation Facility (IRF) for post-acute care (PAC) following an inpatient hospital stay were \$36.5 billion in 2018. A 4-day post-hospital discharge PAC facility admission measure was developed and used to examine the geographic variation in PAC facility utilization. Using 2018 Medicare Fee-for-Service (FFS) data, 23.4% of eligible Medicare hospital discharges were admitted to a PAC facility within four days of hospital discharge, with 92% of these admissions to an SNF and 8% to an IRF. Average length of stay in an IRF was shorter than an SNF (12.6 days vs 18.7 days), but per-admission average Medicare payments were higher in an IRF than an SNF (\$20,053 vs \$5,350). The percent of surgical patients admitted to an IRF was greater than an SNF (43.2% vs 29.5%). Based on a risk-adjusted comparison to the national 4-day PAC facility admission rate, there was substantial variation in this rate across census regions and states, with the northeastern states having higher risk-adjusted 4-day PAC facility admission rates. The subset of the best-performing hospitals that constitute 40% of Medicare discharges was used to create a best practice 4-day PAC facility admission rate. If hospitals on average were able to improve 4-day PAC facility admission performance to the best practice performance level, there would be a 29.03% reduction in 4-day PAC facility admissions and annual Medicare FFS payments would be reduced by \$2.37 billion.

Introduction

Part A Medicare insurance (hospital insurance) covers short-term skilled nursing and rehabilitation as an inpatient facility service for two main provider types: Skilled Nursing Facilities (SNFs) and Inpatient Rehabilitation Facilities (IRFs). In 2018, approximately 15,000 SNFs provided 2.2 million Medicare-covered stays to 1.5 million Fee-For-Service (FFS) beneficiaries (about 4%) at a cost of \$28.5 billion.¹ For the same period, approximately 1,170 IRFs provided services to 364,000 FFS beneficiaries (about 1%) at a cost of \$8 billion.²

These two settings for post-acute care have been routinely viewed as having a degree of overlap both with each other and with community-based rehabilitation and therapy services such as home health. A significant difference between IRF and SNF services is medical necessity criteria that requires IRF patients to tolerate and benefit from at least three hours of therapy per day. This dual requirement means that IRFs admit fewer frail individuals with more complex therapy needs. IRF stays rose by 3% in 2018 from their 2017 levels after several years of stability.

In 2018, approximately 15,000 SNFs provided 2.2 million Medicare-covered stays to 1.5 million Fee-For-Service (FFS) beneficiaries (about 4%) at a cost of \$28.5 billion. For the same period, approximately 1,170 IRFs provided services to 364,000 FFS beneficiaries (about 1%) at a cost of \$8 billion.

SNF-covered stays decreased by 3% per FFS beneficiary between 2017 and 2018. The SNF benefit is uniquely structured. For an SNF stay to be covered by Medicare FFS, the beneficiary must have an inpatient hospital admission of at least three days preceding the SNF stay. As Medicare shifts more cases to the outpatient setting (where observation stays of any duration are classed as outpatient services)³ and hospitals continue to reduce inpatient length of stay, fewer acute inpatient discharges will be eligible for covered SNF stays. The 3-day requirement may be waived by

Medicare Advantage plans and participants in some Medicare Shared Savings Program tracks.⁴ An admission to an IRF is covered by Medicare directly from the community if the medical necessity criteria are met and without the requirement of a preceding 3-day inpatient stay.

Discretionary use of post-acute care facilities has been identified as a major potential source of wasteful expenditure.^{5,6} Hospital efficiency is negatively impacted by the structure of the SNF 3-day stay requirement because hospitals seek to limit the financial burden on Medicare enrollees by holding them longer and treating them as inpatients.⁷ In addition, the somewhat discretionary nature of facility-based post-acute care utilization has led to wide geographic variation.⁸

This report examines the extent of geographic variation in the rate of post-acute care (PAC) facility admissions for Medicare FFS beneficiaries and quantifies the financial impact of excess PAC facility admissions on Medicare expenditures.

PAC Facility Admissions

To ensure an accurate comparison of the rate of PAC facility admissions, a 4-day PAC facility admission measure was developed that meets the following requirements:

1. Hospitals are responsible for arranging an appropriate post-discharge setting for a patient. The reason for the hospital discharge and the patient's severity of illness at hospital discharge can determine the necessity of a PAC facility admission. Data used to compare the rate of PAC admissions must be risk adjusted for the patient's condition at hospital discharge.
2. IRF and SNF facilities represent two alternative options for PAC institutional care. While there are differences between these two types of facilities, a measure of PAC facility admissions needs to include both types of facilities in order to avoid any distortions caused by geographic variation in access to IRF facilities.
3. Unlike SNF admissions, IRF admission do not require a prior 3-day hospital stay and can be directly from the community. To achieve a comparable PAC facility admission measure, IRF admissions should be limited to beneficiaries who had a preceding hospital discharge, thereby excluding direct admissions to an IRF facility from the community.
4. To consider a PAC facility admission to be associated with a prior hospitalization, it should occur within a reasonable period of time following hospital discharge. A 4-day post-acute window was selected for a PAC facility admission to be included in the PAC facility admission measure. It is reasonable to expect that some patients may briefly go home before realizing they first need a period of PAC facility care to prepare them to function at home.
5. Patients for whom the hospital's intended PAC plan of care is inconsistent with a PAC facility admission (e.g., a patient with a discharge status of discharge to hospice) or a patient who has an unanticipated event during the PAC four-day window (e.g., a patient with a discharge status of home but who was admitted to hospice on the second day before being admitted to a PAC facility on the fourth day following hospital discharge) were excluded from the PAC facility admission measure. By eliminating such ambiguous situations, the patients included in the PAC facility admission measure represent patients whose anticipated post-hospital discharge plan of care is consistent with a PAC facility admission.

A PAC facility admission measure that meets these five requirements can provide the basis for comparing the extent of geographic variation in the rate of PAC facility admissions and the basis for quantifying the financial impact of excess PAC facility admission.

PAC Facility Admission Measure

Hospital discharges that did not have one of the following discharge status values were excluded from the 4-day PAC facility admission measure:

- 01 Home
- 03 SNF
- 06 Home with Home health
- 61 Hospital Swing Bed
- 62 Rehab facility
- 64 Nursing facility

In addition to a planned discharge to an SNF or IRF, a patient discharge to home or to a nursing facility may encounter difficulties that necessitate a subsequent admission to an SNF or IRF within four days of hospital discharge. However, other discharge statuses such as a planned discharge to hospice raise questions about the intended care plan and coverage under FFS (and by extension, claims availability), potentially resulting in a misleading or incomplete utilization pattern. Other discharge statuses were therefore excluded.

Patients were also excluded if they were admitted to any of the following sites of service during the 4-day post-discharge window preceding the PAC facility admission:

- Acute care hospital
- LTAC
- Hospice
- Inpatient psychiatric hospital
- Critical access hospital

These sites of service represent a significant departure from the intended hospital plan to have the patient continue care at the site of service specified in the discharge status.

Risk Adjustment of PAC Facility Admission Measure

All Patient Refined Diagnosis Related Groups (APR DRGs) are a categorical clinical model composed of base categories (base APR DRGs) that are subdivided into four severity of illness subclasses.⁹ These subclasses are unique to each base APR DRG and are based on the extent of physiologic decompensation or organ system loss of function. The four severity of illness subclasses are numbered sequentially from 1 to 4 indicating respectively, minor, moderate, major, and extreme severity of illness. The combination of the base APR DRGs and the four severity of illness subclasses constitute a system of patient risk classes. The APR DRG-based risk classes are exhaustive and mutually exclusive resulting in a patient being assigned to one and only one risk class. The APR DRGs and severity of illness subclasses are used for performance reporting in five U.S. states and as the basis of payment adjustments in 30 states. The APR DRG methodology is a transparent system with a full definition manual.

The APR DRG assigned at hospital discharge was used to risk adjust the PAC facility admission measure. There are 330 base APR DRGs. The base APR DRGs were reviewed to exclude certain APR DRGs that represent care:

- generally not applicable to the Medicare population (obstetrics, newborns, pediatrics),
- involving highly specialized post-discharge care needs (major transplant patients),
- generally provided in specialized facilities (mental health, substance abuse), or
- generally provided in a PAC facility (rehabilitation and aftercare).

Based on these exclusions, 67 base APR DRGs were omitted from the PAC facility admission measure (listed in Appendix A), leaving 263 base APR DRGs included in the analysis.

PAC Facility Admission Measure Norm

A national PAC facility admission norm was calculated by summing the actual 4-day PAC facility admissions for each APR DRG SOI category across all eligible discharges and computing the rate per eligible discharge (referred to as the 4-day PAC facility admission national norm value). The expected value (E) for a hospital is the number of eligible hospital discharges in each APR DRG SOI multiplied by the 4-day PAC facility admission norm value for APR DRG SOI and summed over all APR SOIs (indirect rate standardization). The difference between the actual value (A) and the expected value (E) in a hospital represents good performance if (A-E) is negative ($A < E$) and poor performance if (A-E) is positive ($A > E$). A second reference norm was also computed using the subset of the best performing hospitals that constitute 40% of eligible Medicare discharges. This norm is referred to as the 4-day PAC facility admission best practice norm. Two performance statistics were computed for the national norm and best practice norms. $\%(A-E)/E$ is the percent that actual performance is better than expected ($\%(A-E)/E$ is negative) or worse than expected ($\%(A-E)/E$ is positive). $\$(A-E)$ expresses the $\%(A-E)/E$ in terms of its dollar impact as measured by the relative impact on Medicare payments.

Discretionary use of post-acute care facilities has been identified as a major potential source of wasteful expenditure. Hospital efficiency is negatively impacted by the structure of the SNF 3-day stay requirement because hospitals seek to limit the financial burden on Medicare enrollees by holding them longer and treating them as inpatients.

The magnitude of the 4-day PAC facility admission (A-E) difference is directly related to the level of variation in the 4-day PAC facility admission rate across hospitals. The greater the variation in the 4-day PAC facility admission rate across hospitals, the greater the potential financial impact. If there is little variation in the 4-day PAC facility admission rate across hospitals, this analysis will conclude there is little opportunity for performance improvement, essentially considering the status quo as an acceptable level of performance.

PAC Facility Admission Measure Financial Impact

To express the PAC facility admission (A-E) difference in terms of its financial impact, a PAC facility admission financial conversion factor was computed based on allowed Medicare payments (the amount actually paid for Medicare patients plus patient liabilities). The financial conversion factor was used to express the actual 4-day PAC facility admission performance (A) and expected 4-day PAC facility admission performance (E) in financial terms to determine the financial impact of a 4-day PAC facility admission performance difference (A-E). A separate financial conversion factor was used for medical and surgical hospital discharges. By comparing the financial impact of 4-day PAC facility admission differences at the level of each clinically meaningful APR DRG, the clinical and financial aspects of care are linked, providing information that can facilitate behavior change and performance improvement initiatives.

PAC facility admissions to a skilled nursing facility are covered under Medicare Part A for up to 100 days. The first 20 days are fully covered, but the beneficiary must pay a per diem amount (\$167.50 in 2018) for days 21-100. The per diem amount is not covered by Part B but some Medicare supplement plans provide coverage. To ensure continued coverage, the beneficiary must require a skilled level of care and be making progress toward recovery. Because Medicare payments beyond 20 days are not fully covered by Medicare, and since the beneficiary has a financial incentive to avoid additional days and/or transition to Medicaid for payment coverage for stays of extended duration, the financial impact of PAC-facility admissions was limited to include the first 30 days of a PAC facility stay. If there were multiple PAC facility admissions in the 30-day financial window, the analysis included only the first PAC facility stay.

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The Medicare financial impact estimates for 4-day PAC facility admissions are conservative because they are based solely on the (A-E) difference. Thus, the underlying rate of PAC facility admissions as measured by E was accepted as a baseline level of underlying performance and only the (A-E) difference was viewed as the basis for the financial impact. In addition, the analysis considered projected savings as net savings because the financial benefit of good 4-day PAC facility admission performance was allowed to offset the financial impact of poor 4-day PAC facility admission performance.

Data

The data used in this report are the 2018 Medicare FFS data for hospitals paid under the Medicare Inpatient Prospective Payment System (IPPS). The first 11 months of data were used to determine the 4-day PAC facility admission performance and the twelfth month was used to complete the 4-day post discharge PAC facility window and the 30-day PAC facility stay period. There were 8,797,855 hospital discharges in the first 11 months of the 2018 data. 1,218,765 hospital admissions were excluded because the hospital discharge status was inconsistent with a PAC facility

admission. Most of these exclusions were for a discharge status related to in-hospital deaths and to discharges to other hospitals or a hospice. 143,854 hospital admissions were excluded because they were assigned to one of the excluded APR DRGs. The exclusions eliminated 1,373,219 hospital discharges resulting in 7,435,236 eligible hospital discharges (denominator of the 4-day PAC facility admission measure). The eligible hospital discharges had 1,741,373 4-day PAC facility admissions. However, 4,664 of the 4-day PAC facility were excluded because during the 4-day post-discharge window preceding the PAC facility admission there was an admission to another institution, resulting in 1,736,709 eligible 4-day PAC facility admissions (numerator of the 4-day PAC facility admission measure). Overall, 23.4% of eligible Medicare hospital discharges were admitted to a PAC facility within 4 days of hospital discharge. The eligible PAC facility admissions encompassed discharges from 3,049 hospitals.

4-Day PAC Facility Admission Norm

Using the 7,435,236 eligible hospital discharges, the 4-day PAC facility admission rate was computed for each of the 263 base APR DRGs and SOI subclasses creating a national 4-day PAC facility admission norm. For the vast majority of base APR DRGs there is a monotonic increase in the rate of 4-day PAC facility admission across the four SOI subclasses. For example, for base APR DRG 23 (spinal procedures) the rate of 4-day PAC facility admissions across the four SOI subclasses was 10.99, 28.83, 49.11 and 60.12 per 100 hospital discharges, respectively.

The national 4-day PAC facility admission norm is contained in Appendix B. The norm does not include the APR DRG SOI subclasses with no patients. APR DRG SOI subclasses with less than 10 patients and APR DRG SOI subclasses that did not increase monotonically by SOI subclass were combined and assigned the combined 4-day PAC facility admission rate. Based on the national 4-day PAC facility admission norm, the best performing hospitals were identified. A best practice 4-day PAC facility admission norm was created based on the best performing hospitals that make up 40% of Medicare hospital discharges.

Even though IRFs have a shorter length of stay, they have a much higher per stay payment amount.

SNF and IRF Admissions

Table 1 contains the breakdown of 4-day PAC facility admissions for SNFs and IRFs. 92.0% of the 4-day PAC facility admissions were to SNFs. The overall 4-day PAC facility admission rate per 100 was 23.36 with an SNF rate of 21.48 and IRF rate of 1.87. The average length of stay (based on only up to 30 days of stay) was 19.22 days for SNFs and 12.60 days for IRFs. The average Medicare payments (based on only up to 30 days of stay) was \$5,495 for SNFs and \$20,109 for IRFs. Even though IRFs have a shorter length of stay, they have a much higher per stay payment amount. Table 1 also contains a breakdown of whether the hospital stay was medical or surgical. The average Medicare PAC facility payment for surgical discharges was 17.4% higher than for medical discharges (\$7,434 vs \$6,330). This difference was largely driven by the composition of medical and surgical discharges treated in SNF and rehabilitation facilities. 29.5% of SNF admissions were for surgical discharges and 43.2% of IRF admissions were for surgical discharges. As noted previously, IRF cases are 3.5 times more costly.

Table 1: Rate per 100, and average 30-day LOS and payments for 4-day PAC Facility Admission Measure by PAC facility type and medical and surgical discharges

	Eligible Hospital Discharges	4-Day PAC Facility Admissions	Rate per 100 4-Day PAC Facility Admissions	Average PAC Facility LOS (Initial 30 Days)	Average PAC Facility Payments (Initial 30 Days)
SNF + Rehab					
All	7,435,236	1,736,709	23.36	18.69	6,667
Medical	5,248,057	1,205,848	22.98	18.90	6,330
Surgical	2,187,179	530,861	24.27	18.22	7,434
SNF					
All	7,435,236	1,597,406	21.48	19.22	5,495
Medical	5,248,057	1,126,714	21.47	19.33	5,335
Surgical	2,187,179	470,692	21.52	18.96	5,877
Rehabilitation					
All	7,435,236	139,303	1.87	12.60	20,109
Medical	5,248,057	79,134	1.51	12.76	20,486
Surgical	2,187,179	60,169	2.75	12.38	19,613

Geographic Variation

Table 2 contains the $\%(A-E)/E$ for 4-day PAC facility admissions using the national norm for the nine census regions. The Mountain and the West South Central census regions have the best performance at 11.09% and 10.65% below expected, respectively. New England and the Middle Atlantic region have the poorest performance at 19.88% and 13.77% above expected, respectively. The East North Central was also above expected (3.60%) while all other census regions were below expected.

Table 2: $\%(A-E)/E$ for 4-day PAC Admissions using national norm by census region

Census Region	States	Eligible Discharges	4-day PAC Facility Admissions	$\%(A-E)/E$ National Norm
New England	ME, VT, NH, CT, MA, RI	416,227	115,755	19.88
Middle Atlantic	NY, NJ, PA	1,019,489	268,978	13.77
South Atlantic	FL, GA, SC, NC, VA, WV, DC, MD, DE	1,674,877	373,473	-2.99
E North Central	IL, WI, MI, IN, OH	1,193,552	290,139	3.60
E South Central	KY, TN, AL, MS	550,162	122,034	-2.76
W South Central	TX, OK, AR, LA	769,032	158,852	-10.65
W North Central	MN, IA, MO, KS, NE, SD, ND	573,044	133,976	-1.11
Mountain	AZ, NM, UT, CO, NV, WY, ID, MT	413,032	88,087	-11.09
Pacific	CA, OR, WA, HI, AK	825,821	185,415	-7.69
Nation		7,435,236	1,736,709	0.0

Table 3 contains the $\%(A-E)/E$ for 4-day PAC facility admissions using the national norm by states. The states range from 77.16% below expected for Alaska to 42.10% above expected for New Jersey. Consistent with the census region results, the northeastern states tend to have consistently higher than expected 4-day PAC facility admissions.

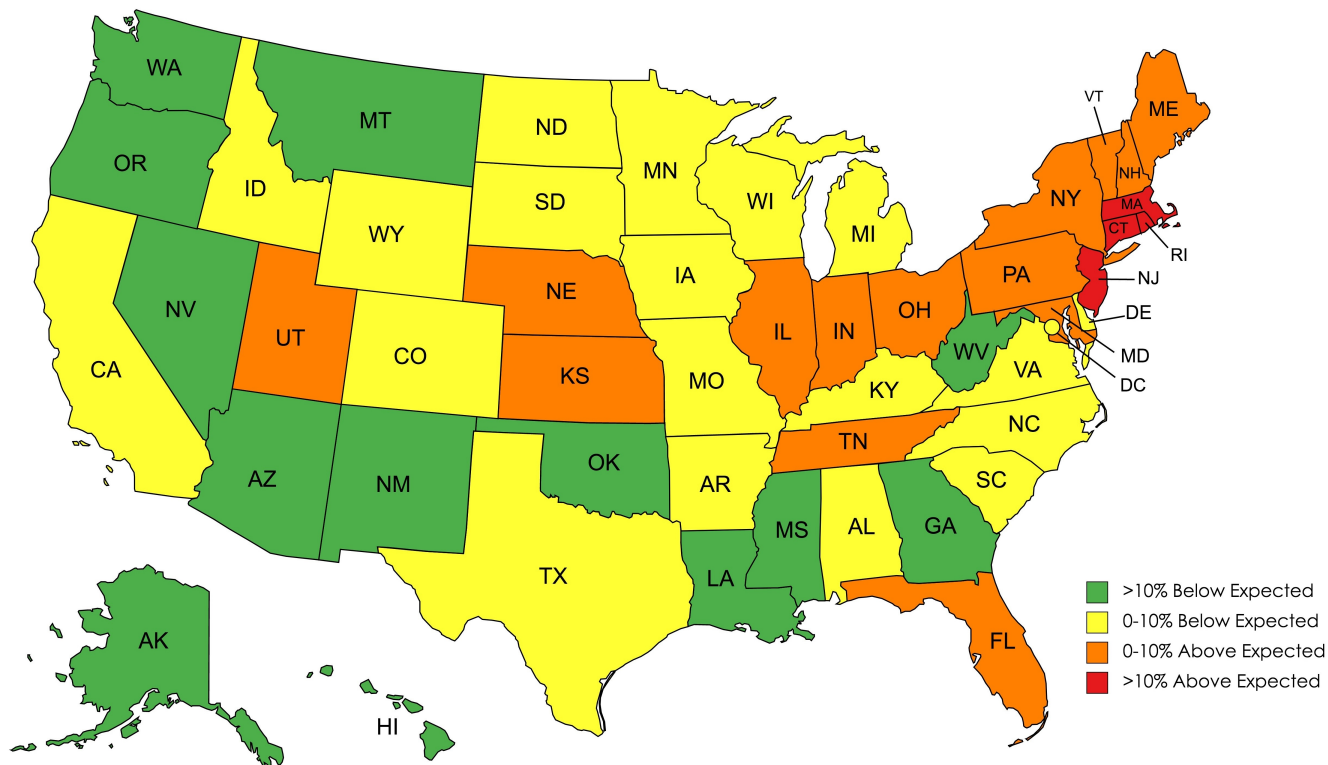
Table 3: $\%(A-E)/E$ for 4-day PAC Admissions using national norm by state

State	Eligible Discharges	4-Day PAC Facility Admissions	$\%(A-E)/E$ National Norm
Alabama	132,348	28,335	-3.84
Alaska	10,896	592	-77.16
Arizona	129,357	26,200	-13.64
Arkansas	89,054	18,068	-8.97
California	600,482	141,685	-3.51
Colorado	86,891	20,501	-4.16
Connecticut	91,323	27,591	27.14
Delaware	33,728	7,291	-4.46
DC	25,995	5,323	-9.32
Florida	571,900	137,200	5.81
Georgia	210,924	38,519	-20.70
Hawaii	16,280	3,451	-14.69
Idaho	27,511	5,894	-9.61
Illinois	338,227	85,639	7.29
Indiana	183,081	46,943	9.74
Iowa	72,379	16,873	-0.97
Kansas	80,832	19,909	3.06
Kentucky	135,625	30,889	-1.58
Louisiana	111,012	18,754	-23.67
Maine	31,895	7,972	5.69
Maryland	163,372	41,477	7.33
Massachusetts	216,145	60,031	21.66
Michigan	270,389	58,196	-8.56
Minnesota	142,477	33,240	-1.05
Mississippi	94,901	18,717	-11.43
Missouri	174,390	39,343	-3.63
Montana	24,255	4,879	-14.86
Nebraska	50,379	12,398	2.37
Nevada	60,714	11,342	-22.76
New Hampshire	39,305	9,866	8.50
New Jersey	239,458	79,488	42.10
New Mexico	34,528	7,192	-14.42
New York	439,012	106,356	4.66
North Carolina	250,122	53,180	-7.91
North Dakota	24,427	5,695	-5.10
Ohio	286,888	72,696	8.68
Oklahoma	106,708	20,864	-16.16
Oregon	62,268	11,485	-21.46
Pennsylvania	341,019	83,134	5.42
Rhode Island	23,722	6,955	23.99
South Carolina	129,587	27,323	-7.49
South Dakota	28,160	6,518	-1.08
Tennessee	187,288	44,093	1.32
Texas	462,258	101,166	-6.74
Utah	39,030	9,564	1.53
Vermont	13,837	3,340	2.29
Virginia	226,013	50,710	-4.38
Washington	135,895	28,202	-13.90
West Virginia	63,236	12,450	-12.91
Wisconsin	114,967	26,665	-0.98
Wyoming	10,746	2,515	-2.90

Figure 1 is a U.S. map with the states color coded as follows:

Green:	$\%(A-E)/E >10\%$ below expected – 13 states
Yellow:	$\%(A-E)/E$ 0-10% below expected – 20 states
Orange:	$\%(A-E)/E$ 0-10% above expected – 14 states
Red:	$\%(A-E)/E >10\%$ above expected – 4 states

Figure 1: 4-Day PAC Facility Admission performance by state



Using the metropolitan areas identified in the Core Based Statistical Areas (CBSAs) obtained from the Office of Management and Budget (OMB), Appendix C contains the $\%(A-E)/E$ for the national norm for each of the CBSAs that include three or more hospitals. Some CBSAs encompass multiple states. For example, the Philadelphia metropolitan area encompasses parts of New Jersey, Delaware and Maryland. When a CBSA encompassed more than one state, the CBSA in Appendix C was assigned to the primary state associated with the CBSA (e.g., the Philadelphia metropolitan area was assigned to Pennsylvania). Results for CBSAs with two or less hospitals were combined and labeled “Small CBSAs,” thus providing a comparison to smaller urban areas. Results for hospitals that are not located in a CBSA were combined and labeled as “Rural.” Appendix C shows there can be significant variation in performance of the 4-day PAC facility admission rate across CBSAs within a state. Table 4 confirms this for the two major population corridors in California. In the Los Angeles to San Diego corridor, 4-day PAC facility admission performance was consistently above expected while the 4-day PAC facility admission performance was consistently below expected in the San Francisco to Sacramento area.

Table 4: $\%(A-E)/E$ for 4-day PAC Admissions using national norm by selected CBSAs in California

	Eligible Discharges	4-Day PAC Facility Admissions	$\%(A-E)/E$ National Norm
Los Angeles-Long Beach-Glendale	111,674	29,613	6.68
Anaheim-Santa Ana-Irvine	39,537	10,901	10.01
San Diego-Chula Vista-Carlsbad	39,616	10,315	4.34
San Francisco-San Mateo-Redwood City	26,263	4,764	-23.24
Sacramento-Roseville-Folsom	37,375	7,187	-20.19
Oakland-Berkeley-Livermore	32,169	7,925	-2.07

Financial Impact of Performance Variation

Table 5 contains the $\%(A-E)/E$ and $\$(A-E)$ for 4-day PAC facility admissions using the best practice norm by census region. By design the $\%(A-E)/E$ with the best practice norm is much greater than with the national norm. In the Pacific region, for example, the $\%(A-E)/E$ increased from 7.69% below expected with the national norm to 19.11% above expected with the best practice norm. The last row in Table 5, labeled “Nation,” provides a measure of the overall level of performance improvement needed to achieve best practice nationally (i.e., the level of improvement required for hospitals nationwide to on average perform at the current best practice level). On average, hospitals nationwide would need to reach a 29.03% improvement (reduction) in the 4-day PAC facility admission rate to achieve best practice. The last column in Table 5 contains the financial impact ($\$(A-E)$) on Medicare payments if hospitals were able to achieve best practice. From Table 1 the financial conversion factor for medical hospital discharges was \$6,330 and for surgical hospital discharges was \$7,434. If hospitals on average were able to improve 4-day PAC facility admission performance to the current best practice performance level, Medicare FFS payments for 11 months would be reduced by \$2.18 billion (\$2.37 billion annualized). Appendix D contains the $\%(A-E)/E$ and $\$(A-E)$ for 4-day PAC facility admissions using the best practice norm by state.

Table 5: $\%(A-E)/E$ and $\$(A-E)$ for 4-day PAC Admissions using best practice norm by census region

Census Region	States	Eligible Discharges	$\%(A-E)/E$ BP Norm	$\$(A-E)$ BP Norm (000)
New England	ME, VT, NH, CT, MA, RI	416,227	54.68	246,179
Middle Atlantic	NY, NJ, PA	1,019,489	46.80	506,794
South Atlantic	FL, GA, SC, NC, VA, WV, DC, MD, DE	1,674,877	25.16	413,242
E North Central	IL, WI, MI, IN, OH	1,193,552	33.67	405,902
E South Central	KY, TN, AL, MS	550,162	25.46	140,060
W South Central	TX, OK, AR, LA	769,032	15.29	117,857
W North Central	MN, IA, MO, KS, NE, SD, ND	573,044	27.60	149,952
Mountain	AZ, NM, UT, CO, NV, WY, ID, MT	413,032	14.71	53,793
Pacific	CA, OR, WA, HI, AK	825,821	19.11	141,589
Nation		7,435,236	29.03	2,175,368

Performance Variation by Type of Hospital

Table 6 contains the $\%(A-E)/E$ for the 4-day PAC facility admission rate using the national norm for categories of hospitals based on:

- teaching status (IPPS Indirect Medical Education (IME) payment adjustment),
- proportion of low-income patients (IPPS Disproportionate Share Hospital (DSH) payment adjustment),
- location, and
- bed size.

Major teaching hospitals (the 10% of hospitals with the largest IME payment adjustment) have a 4-day PAC facility admission rate 4.61% lower than expected. The hospitals with the largest DSH payment adjustment and the largest size hospitals also have lower than expected 4-day PAC facility admissions of 4.84% and 5.38% below expected, respectively. Non-teaching hospitals, hospitals with the smallest DSH payment adjustment and moderate to small size hospitals have higher than expected 4-day PAC facility admissions of 1.11%, 5.96% and 2.52% above expected, respectively. However, hospitals located in large urban areas have a 4-day PAC facility admission rate 2.23% above expected. As can be seen by the average number of eligible discharges per hospital, hospitals located in large urban areas may not be large hospitals or teaching hospitals, but often represent a broader cross-section of hospital types. This may indicate that hospitals in larger urban areas have greater access to PAC facility care and the use of PAC facilities is more strongly ingrained in routine discharge planning.

Table 6: $\%(A-E)/E$ for 4-day PAC Admissions using national norm by type of hospital

		Hospitals	Eligible Discharges	4-Day PAC Facility Admissions	Eligible Discharges per Hospital	$\%(A-E)/E$ National Norm
IME	Top 10%	327	1,449,310	322,458	4432	-4.61
	All Other	2,722	5,985,926	1,414,251	2199	1.11
DSH	DSH Top 20%	613	1,278,459	288,203	2086	-4.84
	DSH Mid 60%	1,874	5,136,125	1,201,432	2741	0.06
	DSH Bot 20%	562	1,020,652	247,074	1816	5.96
Location	Large Urban	1,197	3,238,392	776,931	2705	2.23
	Other Urban	851	2,184,166	494,869	2567	-2.66
	Rural	1,001	2,012,678	464,909	2011	-0.73
Size	Top 10%	329	2,383,049	524,913	7243	-5.38
	All Other	2,720	5,052,187	1,211,796	1857	2.52

Summary and Conclusions

In the initial 11 months of 2018 there were 1,736,709 4-day PAC facility admissions for Medicare FFS patients with an anticipated post-hospital discharge plan of care that is consistent with a PAC facility admission, resulting in a 4-day PAC facility admission rate of 23.4%. Of the 4-day PAC facility admissions, 92% were to an SNF and 8% to an IRF. Average length of stay in an IRF was shorter than an SNF (12.6 days vs 18.7 days), but per admission average Medicare payments were higher in an IRF than an SNF (\$20,053 vs \$5,350). The percent of surgical patients admitted to an IRF was greater than an SNF (43.2% vs 29.5%). Based on a risk-adjusted comparison to the national 4-day PAC facility admission rate, there was substantial variation in the 4-day PAC facility admission rate across census regions and states with the northeastern states having higher risk-adjusted 4-day PAC facility admission rates. Using the subset of the best performing hospitals that constitute 40% of Medicare discharges, a best practice 4-day PAC facility admission rate was determined. If hospitals on average were able to improve 4-day PAC facility admission performance to the current best practice performance level, there would be a 29.03% reduction in 4-day PAC facility admissions and annual Medicare FFS payments would be reduced by \$2.37 billion.

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Appendix A: APR DRGs Excluded from PAC Facility Admission Measure

1	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT
2	HEART AND/OR LUNG TRANSPLANT
6	PANCREAS TRANSPLANT
7	ALLOGENEIC BONE MARROW TRANSPLANT
8	AUTOLOGOUS BONE MARROW TRANSPLANT OR T-CELL IMMUNOTHERAPY
95	CLEFT LIP AND PALATE REPAIR
160	MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY
539	CESAREAN SECTION WITH STERILIZATION
540	CESAREAN SECTION WITHOUT STERILIZATION
541	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C
542	VAGINAL DELIVERY WITH O.R. PROCEDURE EXCEPT STERILIZATION AND/OR D&C
543	ABORTION WITH D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
547	ANTEPARTUM WITH O.R. PROCEDURE
548	POSTPARTUM AND POST ABORTION DIAGNOSIS WITH O.R. PROCEDURE
560	VAGINAL DELIVERY
561	POSTPARTUM AND POST ABORTION DIAGNOSES WITHOUT PROCEDURE
564	ABORTION WITHOUT D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY
566	ANTEPARTUM WITHOUT O.R. PROCEDURE
580	NEONATE, TRANSFERRED < 5 DAYS OLD, NOT BORN HERE
581	NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE
583	NEONATE WITH ECMO
588	NEONATE BIRTH WEIGHT < 1500 GRAMS WITH MAJOR PROCEDURE
589	NEONATE BIRTH WEIGHT < 500 GRAMS, OR BIRTH WEIGHT 500-999 GRAMS AND GESTATIONAL AGE <24 WEEKS, OR BIRTH WEIGHT 500-749 GRAMS WITH MAJOR ANOMALY OR WITHOUT LIFE SUSTAINING INTERVENTION
591	NEONATE BIRTH WEIGHT 500-749 GRAMS WITHOUT MAJOR PROCEDURE
593	NEONATE BIRTH WEIGHT 750-999 GRAMS WITHOUT MAJOR PROCEDURE
602	NEONATE BIRTH WEIGHT 1000-1249 GRAMS WITH RESPIRATORY DISTRESS SYNDROME OR OTHER MAJOR RESPIRATORY CONDITION OR MAJOR ANOMALY
603	NEONATE BIRTH WEIGHT 1000-1249 GRAMS WITH OR WITHOUT SIGNIFICANT CONDITION
607	NEONATE BIRTH WEIGHT 1250-1499 GRAMS WITH RESPIRATORY DISTRESS SYNDROME OR OTHER MAJOR RESPIRATORY CONDITION OR MAJOR ANOMALY
608	NEONATE BIRTH WEIGHT 1250-1499 GRAMS WITH OR WITHOUT SIGNIFICANT CONDITION
609	NEONATE BIRTH WEIGHT 1500-2499 GRAMS WITH MAJOR PROCEDURE
611	NEONATE BIRTH WEIGHT 1500-1999 GRAMS WITH MAJOR ANOMALY
612	NEONATE BIRTH WEIGHT 1500-1999 GRAMS WITH RESPIRATORY DISTRESS SYNDROME OR OTHER MAJOR RESPIRATORY CONDITION
613	NEONATE BIRTH WEIGHT 1500-1999 GRAMS WITH CONGENITAL OR PERINATAL INFECTION
614	NEONATE BIRTH WEIGHT 1500-1999 GRAMS WITH OR WITHOUT OTHER SIGNIFICANT CONDITION
621	NEONATE BIRTH WEIGHT 2000-2499 GRAMS WITH MAJOR ANOMALY
622	NEONATE BIRTH WEIGHT 2000-2499 GRAMS WITH RESPIRATORY DISTRESS SYNDROME OR OTHER MAJOR RESPIRATORY CONDITION

623	NEONATE BIRTH WEIGHT 2000-2499 GRAMS WITH CONGENITAL OR PERINATAL INFECTION
625	NEONATE BIRTH WEIGHT 2000-2499 GRAMS WITH OTHER SIGNIFICANT CONDITION
626	NEONATE BIRTH WEIGHT 2000-2499 GRAMS, NORMAL NEWBORN OR NEONATE WITH OTHER PROBLEM
630	NEONATE BIRTH WEIGHT > 2499 GRAMS WITH MAJOR CARDIOVASCULAR PROCEDURE
631	NEONATE BIRTH WEIGHT > 2499 GRAMS WITH OTHER MAJOR PROCEDURE
633	NEONATE BIRTH WEIGHT > 2499 GRAMS WITH MAJOR ANOMALY
634	NEONATE BIRTH WEIGHT > 2499 GRAMS WITH RESPIRATORY DISTRESS SYNDROME OR OTHER MAJOR RESPIRATORY CONDITION
636	NEONATE BIRTH WEIGHT > 2499 GRAMS WITH CONGENITAL OR PERINATAL INFECTION
639	NEONATE BIRTH WEIGHT > 2499 GRAMS WITH OTHER SIGNIFICANT CONDITION
640	NEONATE BIRTH WEIGHT > 2499 GRAMS, NORMAL NEWBORN OR NEONATE WITH OTHER PROBLEM
740	MENTAL ILLNESS DIAGNOSIS WITH O.R. PROCEDURE
750	SCHIZOPHRENIA
751	MAJOR DEPRESSIVE DISORDERS AND OTHER OR UNSPECIFIED PSYCHOSES
752	DISORDERS OF PERSONALITY AND IMPULSE CONTROL
753	BIPOLAR DISORDERS
754	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER
755	ADJUSTMENT DISORDERS AND NEUROSES EXCEPT DEPRESSIVE DIAGNOSES
756	ACUTE ANXIETY AND DELIRIUM STATES
757	ORGANIC MENTAL HEALTH DISTURBANCES
758	BEHAVIORAL DISORDERS
759	EATING DISORDERS
760	OTHER MENTAL HEALTH DISORDERS
770	DRUG AND ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE
772	ALCOHOL AND DRUG DEPENDENCE WITH REHABILITATION AND/OR DETOXIFICATION THERAPY
773	OPIOID ABUSE AND DEPENDENCE
774	COCAINE ABUSE AND DEPENDENCE
775	ALCOHOL ABUSE AND DEPENDENCE
776	OTHER DRUG ABUSE AND DEPENDENCE
850	PROCEDURE WITH DIAGNOSIS OF REHABILITATION, AFTERCARE OR OTHER CONTACT WITH HEALTH SERVICES
860	REHABILITATION
862	OTHER AFTERCARE AND CONVALESCENCE

Appendix B: 4-Day PAC Facility Admission Measure Norm

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
4	1	TRACHEOSTOMY WITH MV >96 HOURS WITH EXTENSIVE PROCEDURE	5	1	37.50
4	2	TRACHEOSTOMY WITH MV >96 HOURS WITH EXTENSIVE PROCEDURE	43	17	37.50
4	3	TRACHEOSTOMY WITH MV >96 HOURS WITH EXTENSIVE PROCEDURE	414	188	44.48
4	4	TRACHEOSTOMY WITH MV >96 HOURS WITH EXTENSIVE PROCEDURE	1,677	742	44.48
5	1	TRACHEOSTOMY WITH MV >96 HOURS WITHOUT EXTENSIVE PROCEDURE	3	1	26.32
5	2	TRACHEOSTOMY WITH MV >96 HOURS WITHOUT EXTENSIVE PROCEDURE	73	19	26.32
5	3	TRACHEOSTOMY WITH MV >96 HOURS WITHOUT EXTENSIVE PROCEDURE	647	255	39.41
5	4	TRACHEOSTOMY WITH MV >96 HOURS WITHOUT EXTENSIVE PROCEDURE	1,649	759	46.03
9	1	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	1	0	14.29
9	2	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	13	2	14.29
9	3	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	36	12	33.33
9	4	EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)	316	119	37.66
20	1	OPEN CRANIOTOMY FOR TRAUMA	1,327	391	29.46
20	2	OPEN CRANIOTOMY FOR TRAUMA	684	274	40.06
20	3	OPEN CRANIOTOMY FOR TRAUMA	1,126	567	50.36
20	4	OPEN CRANIOTOMY FOR TRAUMA	683	397	58.13
21	1	OPEN CRANIOTOMY EXCEPT TRAUMA	4,202	508	12.09
21	2	OPEN CRANIOTOMY EXCEPT TRAUMA	8,364	1,332	15.93
21	3	OPEN CRANIOTOMY EXCEPT TRAUMA	5,407	1,748	32.33
21	4	OPEN CRANIOTOMY EXCEPT TRAUMA	2,566	1,260	49.10
22	1	VENTRICULAR SHUNT PROCEDURES	2,846	471	16.55
22	2	VENTRICULAR SHUNT PROCEDURES	1,502	414	27.56
22	3	VENTRICULAR SHUNT PROCEDURES	487	195	40.04
22	4	VENTRICULAR SHUNT PROCEDURES	141	77	54.61
23	1	SPINAL PROCEDURES	1,710	188	10.99
23	2	SPINAL PROCEDURES	2,005	578	28.83
23	3	SPINAL PROCEDURES	1,566	769	49.11
23	4	SPINAL PROCEDURES	346	208	60.12
24	1	OPEN EXTRACRANIAL VASCULAR PROCEDURES	20,798	215	1.03
24	2	OPEN EXTRACRANIAL VASCULAR PROCEDURES	9,828	518	5.27
24	3	OPEN EXTRACRANIAL VASCULAR PROCEDURES	3,418	755	22.09
24	4	OPEN EXTRACRANIAL VASCULAR PROCEDURES	476	177	37.18
26	1	OTHER NERVOUS SYSTEM AND RELATED PROCEDURES	794	75	9.45
26	2	OTHER NERVOUS SYSTEM AND RELATED PROCEDURES	1,230	326	26.50
26	3	OTHER NERVOUS SYSTEM AND RELATED PROCEDURES	1,525	643	42.16
26	4	OTHER NERVOUS SYSTEM AND RELATED PROCEDURES	385	204	52.99
27	1	OTHER OPEN CRANIOTOMY	726	32	4.41
27	2	OTHER OPEN CRANIOTOMY	492	64	13.01
27	3	OTHER OPEN CRANIOTOMY	176	65	36.93
27	4	OTHER OPEN CRANIOTOMY	79	41	51.90
29	1	OTHER PERCUTANEOUS INTRACRANIAL PROCEDURES	2,482	123	4.96
29	2	OTHER PERCUTANEOUS INTRACRANIAL PROCEDURES	1,747	392	22.44
29	3	OTHER PERCUTANEOUS INTRACRANIAL PROCEDURES	766	303	39.56

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
29	4	OTHER PERCUTANEOUS INTRACRANIAL PROCEDURES	223	121	54.26
30	1	PERCUTANEOUS INTRACRANIAL AND EXTRACRANIAL VASCULAR PROCEDURES	6,710	85	1.27
30	2	PERCUTANEOUS INTRACRANIAL AND EXTRACRANIAL VASCULAR PROCEDURES	5,851	867	14.82
30	3	PERCUTANEOUS INTRACRANIAL AND EXTRACRANIAL VASCULAR PROCEDURES	3,087	1,007	32.62
30	4	PERCUTANEOUS INTRACRANIAL AND EXTRACRANIAL VASCULAR PROCEDURES	1,840	947	51.47
40	1	SPINAL DISORDERS AND INJURIES	290	85	29.31
40	2	SPINAL DISORDERS AND INJURIES	769	318	41.35
40	3	SPINAL DISORDERS AND INJURIES	366	170	46.45
40	4	SPINAL DISORDERS AND INJURIES	60	41	68.33
41	1	NERVOUS SYSTEM MALIGNANCY	530	62	11.70
41	2	NERVOUS SYSTEM MALIGNANCY	3,369	707	20.99
41	3	NERVOUS SYSTEM MALIGNANCY	4,362	1,268	29.07
41	4	NERVOUS SYSTEM MALIGNANCY	746	281	37.67
42	1	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXCEPT MULTIPLE SCLEROSIS	6,006	2,654	44.19
42	2	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXCEPT MULTIPLE SCLEROSIS	19,338	9,323	48.21
42	3	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXCEPT MULTIPLE SCLEROSIS	9,192	4,670	50.21
42	4	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXCEPT MULTIPLE SCLEROSIS	1,342	619	50.21
43	1	MULTIPLE SCLEROSIS, OTHER DEMYELINATING DISEASE AND INFLAMMATORY NEUROPATHIES	2,861	582	20.34
43	2	MULTIPLE SCLEROSIS, OTHER DEMYELINATING DISEASE AND INFLAMMATORY NEUROPATHIES	2,808	780	27.78
43	3	MULTIPLE SCLEROSIS, OTHER DEMYELINATING DISEASE AND INFLAMMATORY NEUROPATHIES	689	283	41.07
43	4	MULTIPLE SCLEROSIS, OTHER DEMYELINATING DISEASE AND INFLAMMATORY NEUROPATHIES	116	62	53.45
44	1	INTRACRANIAL HEMORRHAGE	3,714	970	26.12
44	2	INTRACRANIAL HEMORRHAGE	5,134	1,949	37.96
44	3	INTRACRANIAL HEMORRHAGE	7,179	3,167	44.11
44	4	INTRACRANIAL HEMORRHAGE	2,085	1,162	55.73
45	1	CVA AND PRECEREBRAL OCCLUSION WITH INFARCTION	23,303	3,839	16.47
45	2	CVA AND PRECEREBRAL OCCLUSION WITH INFARCTION	91,301	29,054	31.82
45	3	CVA AND PRECEREBRAL OCCLUSION WITH INFARCTION	34,236	16,130	47.11
45	4	CVA AND PRECEREBRAL OCCLUSION WITH INFARCTION	7,490	4,489	59.93
46	1	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION	1,327	95	7.16
46	2	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION	2,563	391	15.26
46	3	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION	791	184	23.26
46	4	NONSPECIFIC CVA AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION	71	32	45.07
47	1	TRANSIENT ISCHEMIA	12,388	949	7.66
47	2	TRANSIENT ISCHEMIA	21,933	3,426	15.62
47	3	TRANSIENT ISCHEMIA	4,523	1,283	28.37
47	4	TRANSIENT ISCHEMIA	336	146	43.45

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
48	1	PERIPHERAL, CRANIAL AND AUTONOMIC NERVE DISORDERS	5,060	651	12.87
48	2	PERIPHERAL, CRANIAL AND AUTONOMIC NERVE DISORDERS	9,643	1,694	17.57
48	3	PERIPHERAL, CRANIAL AND AUTONOMIC NERVE DISORDERS	5,328	1,094	20.53
48	4	PERIPHERAL, CRANIAL AND AUTONOMIC NERVE DISORDERS	378	122	32.28
49	1	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	67	17	25.37
49	2	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	1,093	350	32.02
49	3	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	809	390	48.21
49	4	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	380	194	51.05
50	1	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS	682	124	18.18
50	2	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS	1,311	296	22.58
50	3	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS	1,218	478	39.24
50	4	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS	514	255	49.61
51	1	VIRAL MENINGITIS	104	6	5.77
51	2	VIRAL MENINGITIS	384	46	11.98
51	3	VIRAL MENINGITIS	222	58	26.13
51	4	VIRAL MENINGITIS	45	23	51.11
52	1	ALTERATION IN CONSCIOUSNESS	2,245	201	8.95
52	2	ALTERATION IN CONSCIOUSNESS	8,752	2,460	28.11
52	3	ALTERATION IN CONSCIOUSNESS	35,830	14,277	39.85
52	4	ALTERATION IN CONSCIOUSNESS	3,555	1,724	48.50
53	1	SEIZURE	10,074	1,045	10.37
53	2	SEIZURE	21,202	4,521	21.32
53	3	SEIZURE	18,327	4,656	25.41
53	4	SEIZURE	4,726	1,887	39.93
54	1	MIGRAINE AND OTHER HEADACHES	3,606	148	4.10
54	2	MIGRAINE AND OTHER HEADACHES	5,119	383	7.48
54	3	MIGRAINE AND OTHER HEADACHES	1,054	155	14.71
54	4	MIGRAINE AND OTHER HEADACHES	87	17	19.54
55	1	HEAD TRAUMA WITH COMA > 1 HOUR OR HEMORRHAGE	8,304	1,816	21.87
55	2	HEAD TRAUMA WITH COMA > 1 HOUR OR HEMORRHAGE	15,828	5,793	36.60
55	3	HEAD TRAUMA WITH COMA > 1 HOUR OR HEMORRHAGE	6,103	3,028	49.61
55	4	HEAD TRAUMA WITH COMA > 1 HOUR OR HEMORRHAGE	1,542	921	59.73
56	1	BRAIN CONTUSION OR LACERATION AND COMPLICATED SKULL FRACTURE, COMA < 1 HOUR OR NO COMA	176	34	19.32
56	2	BRAIN CONTUSION OR LACERATION AND COMPLICATED SKULL FRACTURE, COMA < 1 HOUR OR NO COMA	307	112	36.48
56	3	BRAIN CONTUSION OR LACERATION AND COMPLICATED SKULL FRACTURE, COMA < 1 HOUR OR NO COMA	126	59	46.83
56	4	BRAIN CONTUSION OR LACERATION AND COMPLICATED SKULL FRACTURE, COMA < 1 HOUR OR NO COMA	23	15	65.22
57	1	CONCUSSION, CLOSED SKULL FRACTURE NOS, AND UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HOUR OR NO COMA	1,083	227	20.96
57	2	CONCUSSION, CLOSED SKULL FRACTURE NOS, AND UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HOUR OR NO COMA	3,015	1,005	33.33
57	3	CONCUSSION, CLOSED SKULL FRACTURE NOS, AND UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HOUR OR NO COMA	1,075	461	42.88

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
57	4	CONCUSSION, CLOSED SKULL FRACTURE NOS, AND UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1 HOUR OR NO COMA	185	93	50.27
58	1	OTHER DISORDERS OF NERVOUS SYSTEM	12,876	3,443	26.74
58	2	OTHER DISORDERS OF NERVOUS SYSTEM	12,225	3,675	30.06
58	3	OTHER DISORDERS OF NERVOUS SYSTEM	5,537	2,251	40.65
58	4	OTHER DISORDERS OF NERVOUS SYSTEM	1,080	478	44.26
59	1	ANOXIC AND OTHER SEVERE BRAIN DAMAGE	29	6	20.69
59	2	ANOXIC AND OTHER SEVERE BRAIN DAMAGE	107	38	35.51
59	3	ANOXIC AND OTHER SEVERE BRAIN DAMAGE	204	84	41.18
59	4	ANOXIC AND OTHER SEVERE BRAIN DAMAGE	125	72	57.60
73	1	ORBIT AND EYE PROCEDURES	402	30	7.46
73	2	ORBIT AND EYE PROCEDURES	650	125	19.23
73	3	ORBIT AND EYE PROCEDURES	257	101	39.22
73	4	ORBIT AND EYE PROCEDURES	49	19	39.22
82	1	EYE INFECTIONS AND OTHER EYE DISORDERS	1,857	134	7.22
82	2	EYE INFECTIONS AND OTHER EYE DISORDERS	3,091	457	14.78
82	3	EYE INFECTIONS AND OTHER EYE DISORDERS	1,001	274	27.37
82	4	EYE INFECTIONS AND OTHER EYE DISORDERS	102	33	32.35
89	1	MAJOR CRANIAL OR FACIAL BONE PROCEDURES	414	24	5.80
89	2	MAJOR CRANIAL OR FACIAL BONE PROCEDURES	861	117	13.59
89	3	MAJOR CRANIAL OR FACIAL BONE PROCEDURES	1,278	336	26.29
89	4	MAJOR CRANIAL OR FACIAL BONE PROCEDURES	160	53	33.13
91	1	OTHER MAJOR HEAD AND NECK PROCEDURES	580	20	3.45
91	2	OTHER MAJOR HEAD AND NECK PROCEDURES	1,961	181	9.23
91	3	OTHER MAJOR HEAD AND NECK PROCEDURES	507	139	27.42
91	4	OTHER MAJOR HEAD AND NECK PROCEDURES	138	62	44.93
92	1	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL OR FACIAL BONE PROCEDURES	307	14	4.56
92	2	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL OR FACIAL BONE PROCEDURES	626	79	12.62
92	3	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL OR FACIAL BONE PROCEDURES	328	57	17.38
92	4	FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL OR FACIAL BONE PROCEDURES	54	27	50.00
97	1	TONSIL AND ADENOID PROCEDURES	92	0	0.00
97	2	TONSIL AND ADENOID PROCEDURES	121	3	2.48
97	3	TONSIL AND ADENOID PROCEDURES	55	14	25.45
97	4	TONSIL AND ADENOID PROCEDURES	13	5	38.46
98	1	OTHER EAR, NOSE, MOUTH AND THROAT PROCEDURES	1,438	43	2.99
98	2	OTHER EAR, NOSE, MOUTH AND THROAT PROCEDURES	2,286	232	10.15
98	3	OTHER EAR, NOSE, MOUTH AND THROAT PROCEDURES	1,085	222	20.46
98	4	OTHER EAR, NOSE, MOUTH AND THROAT PROCEDURES	362	113	31.22
110	1	EAR, NOSE, MOUTH, THROAT AND CRANIAL OR FACIAL MALIGNANCIES	297	10	3.37
110	2	EAR, NOSE, MOUTH, THROAT AND CRANIAL OR FACIAL MALIGNANCIES	646	73	11.30
110	3	EAR, NOSE, MOUTH, THROAT AND CRANIAL OR FACIAL MALIGNANCIES	697	171	24.53
110	4	EAR, NOSE, MOUTH, THROAT AND CRANIAL OR FACIAL MALIGNANCIES	206	66	32.04
111	1	VERTIGO AND OTHER LABYRINTH DISORDERS	7,220	859	11.90
111	2	VERTIGO AND OTHER LABYRINTH DISORDERS	7,216	1,318	18.26

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
111	3	VERTIGO AND OTHER LABYRINTH DISORDERS	1,033	256	24.78
111	4	VERTIGO AND OTHER LABYRINTH DISORDERS	64	23	35.94
113	1	INFECTIONS OF UPPER RESPIRATORY TRACT	6,725	940	13.98
113	2	INFECTIONS OF UPPER RESPIRATORY TRACT	23,896	3,941	16.49
113	3	INFECTIONS OF UPPER RESPIRATORY TRACT	15,981	3,332	20.85
113	4	INFECTIONS OF UPPER RESPIRATORY TRACT	3,125	1,006	32.19
114	1	DENTAL DISEASES AND DISORDERS	375	9	2.40
114	2	DENTAL DISEASES AND DISORDERS	754	55	7.29
114	3	DENTAL DISEASES AND DISORDERS	326	55	16.87
114	4	DENTAL DISEASES AND DISORDERS	39	14	35.90
115	1	OTHER EAR, NOSE, MOUTH, THROAT AND CRANIAL OR FACIAL DIAGNOSES	4,336	484	11.16
115	2	OTHER EAR, NOSE, MOUTH, THROAT AND CRANIAL OR FACIAL DIAGNOSES	6,804	1,478	21.72
115	3	OTHER EAR, NOSE, MOUTH, THROAT AND CRANIAL OR FACIAL DIAGNOSES	3,402	1,000	29.39
115	4	OTHER EAR, NOSE, MOUTH, THROAT AND CRANIAL OR FACIAL DIAGNOSES	567	200	35.27
120	1	MAJOR RESPIRATORY AND CHEST PROCEDURES	4,862	136	2.80
120	2	MAJOR RESPIRATORY AND CHEST PROCEDURES	6,468	439	6.79
120	3	MAJOR RESPIRATORY AND CHEST PROCEDURES	1,957	297	15.18
120	4	MAJOR RESPIRATORY AND CHEST PROCEDURES	680	184	27.06
121	1	OTHER RESPIRATORY AND CHEST PROCEDURES	7,160	154	2.15
121	2	OTHER RESPIRATORY AND CHEST PROCEDURES	8,761	601	6.86
121	3	OTHER RESPIRATORY AND CHEST PROCEDURES	5,208	1,039	19.95
121	4	OTHER RESPIRATORY AND CHEST PROCEDURES	2,547	864	33.92
130	1	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT > 96 HOURS	46	25	39.37
130	2	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT > 96 HOURS	881	340	39.37
130	3	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT > 96 HOURS	3,781	1,779	47.05
130	4	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT > 96 HOURS	2,577	1,345	52.19
131	1	CYSTIC FIBROSIS - PULMONARY DISEASE	42	0	0.00
131	2	CYSTIC FIBROSIS - PULMONARY DISEASE	705	6	0.85
131	3	CYSTIC FIBROSIS - PULMONARY DISEASE	1,186	21	1.77
131	4	CYSTIC FIBROSIS - PULMONARY DISEASE	500	18	3.60
133	1	RESPIRATORY FAILURE	101	17	14.39
133	2	RESPIRATORY FAILURE	62,782	9,029	14.39
133	3	RESPIRATORY FAILURE	48,158	12,599	26.16
133	4	RESPIRATORY FAILURE	19,505	6,823	34.98
134	1	PULMONARY EMBOLISM	9,493	668	7.04
134	2	PULMONARY EMBOLISM	18,691	2,656	14.21
134	3	PULMONARY EMBOLISM	17,363	3,945	22.72
134	4	PULMONARY EMBOLISM	6,139	2,279	37.12
135	1	MAJOR CHEST AND RESPIRATORY TRAUMA	10,180	3,794	35.34
135	2	MAJOR CHEST AND RESPIRATORY TRAUMA	5,384	1,707	35.34
135	3	MAJOR CHEST AND RESPIRATORY TRAUMA	5,761	2,734	47.46

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
135	4	MAJOR CHEST AND RESPIRATORY TRAUMA	1,279	698	54.57
136	1	RESPIRATORY MALIGNANCY	1,157	78	6.74
136	2	RESPIRATORY MALIGNANCY	7,516	898	11.95
136	3	RESPIRATORY MALIGNANCY	9,869	1,999	20.26
136	4	RESPIRATORY MALIGNANCY	1,963	567	28.88
137	1	MAJOR RESPIRATORY INFECTIONS AND INFLAMMATIONS	4,537	948	20.89
137	2	MAJOR RESPIRATORY INFECTIONS AND INFLAMMATIONS	22,721	6,379	28.08
137	3	MAJOR RESPIRATORY INFECTIONS AND INFLAMMATIONS	34,964	12,187	34.86
137	4	MAJOR RESPIRATORY INFECTIONS AND INFLAMMATIONS	22,941	9,985	43.52
138	1	BRONCHIOLITIS AND RSV PNEUMONIA	127	7	5.51
138	2	BRONCHIOLITIS AND RSV PNEUMONIA	1,059	170	16.05
138	3	BRONCHIOLITIS AND RSV PNEUMONIA	1,180	254	21.53
138	4	BRONCHIOLITIS AND RSV PNEUMONIA	408	130	31.86
139	1	OTHER PNEUMONIA	21,327	2,820	13.22
139	2	OTHER PNEUMONIA	84,870	15,933	18.77
139	3	OTHER PNEUMONIA	91,991	21,113	22.95
139	4	OTHER PNEUMONIA	29,441	10,154	34.49
140	1	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	25,431	1,539	6.05
140	2	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	79,444	8,727	10.99
140	3	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	79,641	11,673	14.66
140	4	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	21,216	5,282	24.90
141	1	ASTHMA	4,484	114	2.54
141	2	ASTHMA	9,892	515	5.21
141	3	ASTHMA	4,431	319	7.20
141	4	ASTHMA	688	95	13.81
142	1	INTERSTITIAL AND ALVEOLAR LUNG DISEASES	633	42	6.64
142	2	INTERSTITIAL AND ALVEOLAR LUNG DISEASES	2,625	293	11.16
142	3	INTERSTITIAL AND ALVEOLAR LUNG DISEASES	4,536	685	15.10
142	4	INTERSTITIAL AND ALVEOLAR LUNG DISEASES	1,898	514	27.08
143	1	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS AND MISCELLANEOUS DIAGNOSES	2,943	125	4.25
143	2	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS AND MISCELLANEOUS DIAGNOSES	11,484	1,270	11.06
143	3	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS AND MISCELLANEOUS DIAGNOSES	11,731	1,885	16.07
143	4	OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS AND MISCELLANEOUS DIAGNOSES	4,414	1,164	26.37
144	1	RESPIRATORY SIGNS, SYMPTOMS AND MISCELLANEOUS DIAGNOSES	2,867	433	15.10
144	2	RESPIRATORY SIGNS, SYMPTOMS AND MISCELLANEOUS DIAGNOSES	4,142	796	19.22
144	3	RESPIRATORY SIGNS, SYMPTOMS AND MISCELLANEOUS DIAGNOSES	2,006	485	24.18
144	4	RESPIRATORY SIGNS, SYMPTOMS AND MISCELLANEOUS DIAGNOSES	473	148	31.29
145	1	ACUTE BRONCHITIS AND RELATED SYMPTOMS	4,858	413	8.50
145	2	ACUTE BRONCHITIS AND RELATED SYMPTOMS	15,506	1,920	12.38
145	3	ACUTE BRONCHITIS AND RELATED SYMPTOMS	6,440	1,077	16.72
145	4	ACUTE BRONCHITIS AND RELATED SYMPTOMS	810	187	23.09
161	1	IMPLANTABLE HEART ASSIST SYSTEMS	4	0	2.94
161	2	IMPLANTABLE HEART ASSIST SYSTEMS	30	1	2.94

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
161	3	IMPLANTABLE HEART ASSIST SYSTEMS	471	41	8.70
161	4	IMPLANTABLE HEART ASSIST SYSTEMS	520	96	18.46
162	1	CARDIAC VALVE PROCEDURES WITH AMI OR COMPLEX PRINCIPAL DIAGNOSIS	108	17	15.74
162	2	CARDIAC VALVE PROCEDURES WITH AMI OR COMPLEX PRINCIPAL DIAGNOSIS	653	114	17.46
162	3	CARDIAC VALVE PROCEDURES WITH AMI OR COMPLEX PRINCIPAL DIAGNOSIS	1,331	426	32.01
162	4	CARDIAC VALVE PROCEDURES WITH AMI OR COMPLEX PRINCIPAL DIAGNOSIS	1,362	599	43.98
163	1	CARDIAC VALVE PROCEDURES WITHOUT AMI OR COMPLEX PRINCIPAL DIAGNOSIS	3,265	343	10.51
163	2	CARDIAC VALVE PROCEDURES WITHOUT AMI OR COMPLEX PRINCIPAL DIAGNOSIS	11,846	1,950	16.46
163	3	CARDIAC VALVE PROCEDURES WITHOUT AMI OR COMPLEX PRINCIPAL DIAGNOSIS	9,976	2,718	27.25
163	4	CARDIAC VALVE PROCEDURES WITHOUT AMI OR COMPLEX PRINCIPAL DIAGNOSIS	4,086	1,556	38.08
165	1	CORONARY BYPASS WITH AMI OR COMPLEX PRINCIPAL DIAGNOSIS	128	13	10.16
165	2	CORONARY BYPASS WITH AMI OR COMPLEX PRINCIPAL DIAGNOSIS	7,010	1,395	19.90
165	3	CORONARY BYPASS WITH AMI OR COMPLEX PRINCIPAL DIAGNOSIS	5,357	1,692	31.58
165	4	CORONARY BYPASS WITH AMI OR COMPLEX PRINCIPAL DIAGNOSIS	3,148	1,306	41.49
166	1	CORONARY BYPASS WITHOUT AMI OR COMPLEX PRINCIPAL DIAGNOSIS	5,407	691	12.78
166	2	CORONARY BYPASS WITHOUT AMI OR COMPLEX PRINCIPAL DIAGNOSIS	14,668	2,397	16.34
166	3	CORONARY BYPASS WITHOUT AMI OR COMPLEX PRINCIPAL DIAGNOSIS	15,049	3,512	23.34
166	4	CORONARY BYPASS WITHOUT AMI OR COMPLEX PRINCIPAL DIAGNOSIS	3,432	1,261	36.74
167	1	OTHER CARDIOTHORACIC AND THORACIC VASCULAR PROCEDURES	1,697	91	5.36
167	2	OTHER CARDIOTHORACIC AND THORACIC VASCULAR PROCEDURES	1,634	166	10.16
167	3	OTHER CARDIOTHORACIC AND THORACIC VASCULAR PROCEDURES	2,495	504	20.20
167	4	OTHER CARDIOTHORACIC AND THORACIC VASCULAR PROCEDURES	1,153	448	38.86
169	1	MAJOR ABDOMINAL VASCULAR PROCEDURES	9,016	296	3.28
169	2	MAJOR ABDOMINAL VASCULAR PROCEDURES	11,354	1,017	8.96
169	3	MAJOR ABDOMINAL VASCULAR PROCEDURES	5,448	1,334	24.49
169	4	MAJOR ABDOMINAL VASCULAR PROCEDURES	2,230	915	41.03
170	1	PERMANENT CARDIAC PACEMAKER IMPLANT WITH AMI, HEART FAILURE OR SHOCK	33	5	15.15
170	2	PERMANENT CARDIAC PACEMAKER IMPLANT WITH AMI, HEART FAILURE OR SHOCK	280	65	23.21
170	3	PERMANENT CARDIAC PACEMAKER IMPLANT WITH AMI, HEART FAILURE OR SHOCK	309	125	40.45
170	4	PERMANENT CARDIAC PACEMAKER IMPLANT WITH AMI, HEART FAILURE OR SHOCK	156	84	53.85
171	1	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT AMI, HEART FAILURE OR SHOCK	13,109	915	6.98
171	2	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT AMI, HEART FAILURE OR SHOCK	22,158	3,844	17.35
171	3	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT AMI, HEART FAILURE OR SHOCK	8,906	2,839	31.88
171	4	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT AMI, HEART FAILURE OR SHOCK	2,679	1,201	44.83
174	1	PERCUTANEOUS CARDIAC INTERVENTION WITH AMI	25,255	186	0.74
174	2	PERCUTANEOUS CARDIAC INTERVENTION WITH AMI	35,014	2,057	5.87
174	3	PERCUTANEOUS CARDIAC INTERVENTION WITH AMI	12,229	1,991	16.28

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
174	4	PERCUTANEOUS CARDIAC INTERVENTION WITH AMI	7,929	2,113	26.65
175	1	PERCUTANEOUS CARDIAC INTERVENTION WITHOUT AMI	26,929	300	1.11
175	2	PERCUTANEOUS CARDIAC INTERVENTION WITHOUT AMI	32,668	1,336	4.09
175	3	PERCUTANEOUS CARDIAC INTERVENTION WITHOUT AMI	16,780	2,200	13.11
175	4	PERCUTANEOUS CARDIAC INTERVENTION WITHOUT AMI	5,898	1,493	25.31
176	1	INSERTION, REVISION AND REPLACEMENTS OF PACEMAKER AND OTHER CARDIAC DEVICES	423	29	6.86
176	2	INSERTION, REVISION AND REPLACEMENTS OF PACEMAKER AND OTHER CARDIAC DEVICES	1,721	211	12.26
176	3	INSERTION, REVISION AND REPLACEMENTS OF PACEMAKER AND OTHER CARDIAC DEVICES	2,527	456	18.05
176	4	INSERTION, REVISION AND REPLACEMENTS OF PACEMAKER AND OTHER CARDIAC DEVICES	451	176	39.02
177	1	CARDIAC PACEMAKER AND DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	865	58	6.71
177	2	CARDIAC PACEMAKER AND DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	435	56	12.87
177	3	CARDIAC PACEMAKER AND DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	351	47	13.39
177	4	CARDIAC PACEMAKER AND DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	137	43	31.39
178	1	EXTERNAL HEART ASSIST SYSTEMS	116	2	1.72
178	2	EXTERNAL HEART ASSIST SYSTEMS	220	17	7.73
178	3	EXTERNAL HEART ASSIST SYSTEMS	379	70	18.47
178	4	EXTERNAL HEART ASSIST SYSTEMS	722	259	35.87
179	1	DEFIBRILLATOR IMPLANTS	1,212	38	3.14
179	2	DEFIBRILLATOR IMPLANTS	6,860	571	8.32
179	3	DEFIBRILLATOR IMPLANTS	4,916	923	18.78
179	4	DEFIBRILLATOR IMPLANTS	2,420	840	34.71
180	1	OTHER CIRCULATORY SYSTEM PROCEDURES	651	35	5.38
180	2	OTHER CIRCULATORY SYSTEM PROCEDURES	2,366	327	13.82
180	3	OTHER CIRCULATORY SYSTEM PROCEDURES	5,084	1,198	23.56
180	4	OTHER CIRCULATORY SYSTEM PROCEDURES	1,767	661	37.41
181	1	LOWER EXTREMITY ARTERIAL PROCEDURES	8,305	608	7.32
181	2	LOWER EXTREMITY ARTERIAL PROCEDURES	10,814	2,478	22.91
181	3	LOWER EXTREMITY ARTERIAL PROCEDURES	6,021	2,546	42.29
181	4	LOWER EXTREMITY ARTERIAL PROCEDURES	1,261	693	54.96
182	1	OTHER PERIPHERAL VASCULAR PROCEDURES	6,540	349	5.34
182	2	OTHER PERIPHERAL VASCULAR PROCEDURES	17,093	2,626	15.36
182	3	OTHER PERIPHERAL VASCULAR PROCEDURES	19,203	4,517	23.52
182	4	OTHER PERIPHERAL VASCULAR PROCEDURES	3,425	1,329	38.80
183	1	PERCUTANEOUS STRUCTURAL CARDIAC PROCEDURES	6,510	155	2.38
183	2	PERCUTANEOUS STRUCTURAL CARDIAC PROCEDURES	18,674	1,089	5.83
183	3	PERCUTANEOUS STRUCTURAL CARDIAC PROCEDURES	10,222	1,532	14.99
183	4	PERCUTANEOUS STRUCTURAL CARDIAC PROCEDURES	2,345	830	35.39
190	1	ACUTE MYOCARDIAL INFARCTION	11,728	657	5.60
190	2	ACUTE MYOCARDIAL INFARCTION	34,161	4,889	14.31
190	3	ACUTE MYOCARDIAL INFARCTION	21,809	5,628	25.81
190	4	ACUTE MYOCARDIAL INFARCTION	9,848	3,397	34.49

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
191	1	CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	11,207	111	0.99
191	2	CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	11,203	461	4.11
191	3	CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	2,949	289	9.80
191	4	CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	370	81	21.89
192	1	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	12,487	250	2.00
192	2	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	28,581	1,774	6.21
192	3	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	20,196	2,720	13.47
192	4	CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	6,077	1,591	26.18
193	1	ACUTE AND SUBACUTE ENDOCARDITIS	66	11	16.67
193	2	ACUTE AND SUBACUTE ENDOCARDITIS	400	116	29.00
193	3	ACUTE AND SUBACUTE ENDOCARDITIS	640	256	40.00
193	4	ACUTE AND SUBACUTE ENDOCARDITIS	358	158	44.13
194	1	HEART FAILURE	40,339	4,323	10.72
194	2	HEART FAILURE	171,216	29,577	17.27
194	3	HEART FAILURE	178,861	43,969	24.58
194	4	HEART FAILURE	40,604	16,015	39.44
196	1	CARDIAC ARREST AND SHOCK	74	4	5.41
196	2	CARDIAC ARREST AND SHOCK	805	73	9.07
196	3	CARDIAC ARREST AND SHOCK	880	201	22.84
196	4	CARDIAC ARREST AND SHOCK	572	230	40.21
197	1	PERIPHERAL AND OTHER VASCULAR DISORDERS	6,938	1,015	14.63
197	2	PERIPHERAL AND OTHER VASCULAR DISORDERS	21,139	4,455	21.07
197	3	PERIPHERAL AND OTHER VASCULAR DISORDERS	17,713	4,492	25.36
197	4	PERIPHERAL AND OTHER VASCULAR DISORDERS	1,766	690	39.07
198	1	ANGINA PECTORIS AND CORONARY ATHEROSCLEROSIS	15,023	540	3.59
198	2	ANGINA PECTORIS AND CORONARY ATHEROSCLEROSIS	20,119	1,793	8.91
198	3	ANGINA PECTORIS AND CORONARY ATHEROSCLEROSIS	5,290	778	14.71
198	4	ANGINA PECTORIS AND CORONARY ATHEROSCLEROSIS	364	112	30.77
199	1	HYPERTENSION	11,119	624	5.61
199	2	HYPERTENSION	21,188	2,349	11.09
199	3	HYPERTENSION	9,760	1,536	15.74
199	4	HYPERTENSION	1,548	348	22.48
200	1	CARDIAC STRUCTURAL AND VALVULAR DISORDERS	620	61	9.84
200	2	CARDIAC STRUCTURAL AND VALVULAR DISORDERS	2,441	365	14.95
200	3	CARDIAC STRUCTURAL AND VALVULAR DISORDERS	1,642	369	22.47
200	4	CARDIAC STRUCTURAL AND VALVULAR DISORDERS	429	140	32.63
201	1	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS	50,623	1,851	3.66
201	2	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS	98,090	10,400	10.60
201	3	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS	36,713	8,324	22.67
201	4	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS	6,605	2,387	36.14
203	1	CHEST PAIN	9,403	325	3.46
203	2	CHEST PAIN	9,886	797	8.06
203	3	CHEST PAIN	2,487	383	15.40
203	4	CHEST PAIN	144	38	26.39
204	1	SYNCOPE AND COLLAPSE	16,430	2,320	14.12

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
204	2	SYNCOPE AND COLLAPSE	33,012	7,071	21.42
204	3	SYNCOPE AND COLLAPSE	8,375	2,390	28.54
204	4	SYNCOPE AND COLLAPSE	537	207	38.55
205	1	CARDIOMYOPATHY	219	10	4.57
205	2	CARDIOMYOPATHY	621	71	11.43
205	3	CARDIOMYOPATHY	329	65	19.76
205	4	CARDIOMYOPATHY	77	31	40.26
206	1	MALFUNCTION, REACTION, COMPLICATION OF CARDIAC OR VASCULAR DEVICE OR PROCEDURE	691	34	4.92
206	2	MALFUNCTION, REACTION, COMPLICATION OF CARDIAC OR VASCULAR DEVICE OR PROCEDURE	5,061	481	9.50
206	3	MALFUNCTION, REACTION, COMPLICATION OF CARDIAC OR VASCULAR DEVICE OR PROCEDURE	6,398	1,165	18.21
206	4	MALFUNCTION, REACTION, COMPLICATION OF CARDIAC OR VASCULAR DEVICE OR PROCEDURE	2,062	714	34.63
207	1	OTHER CIRCULATORY SYSTEM DIAGNOSES	11,611	1,588	13.68
207	2	OTHER CIRCULATORY SYSTEM DIAGNOSES	9,557	1,371	14.35
207	3	OTHER CIRCULATORY SYSTEM DIAGNOSES	9,400	1,938	20.62
207	4	OTHER CIRCULATORY SYSTEM DIAGNOSES	2,414	751	31.11
220	1	MAJOR STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES	9,175	535	5.83
220	2	MAJOR STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES	4,574	656	14.34
220	3	MAJOR STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES	3,834	917	23.92
220	4	MAJOR STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES	1,870	780	41.71
222	1	OTHER STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES	483	20	4.14
222	2	OTHER STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES	1,237	199	16.09
222	3	OTHER STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES	858	294	34.27
222	4	OTHER STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES	388	163	42.01
223	1	OTHER SMALL AND LARGE BOWEL PROCEDURES	2,646	189	7.14
223	2	OTHER SMALL AND LARGE BOWEL PROCEDURES	2,482	325	13.09
223	3	OTHER SMALL AND LARGE BOWEL PROCEDURES	1,489	408	27.40
223	4	OTHER SMALL AND LARGE BOWEL PROCEDURES	492	223	45.33
224	1	PERITONEAL ADHESIOLYSIS	2,480	154	6.21
224	2	PERITONEAL ADHESIOLYSIS	4,532	660	14.56
224	3	PERITONEAL ADHESIOLYSIS	2,484	714	28.74
224	4	PERITONEAL ADHESIOLYSIS	750	346	46.13
226	1	ANAL PROCEDURES	1,866	132	7.07
226	2	ANAL PROCEDURES	1,092	166	15.20
226	3	ANAL PROCEDURES	246	69	28.05
226	4	ANAL PROCEDURES	85	32	37.65
227	1	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL AND UMBILICAL	7,805	371	4.75
227	2	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL AND UMBILICAL	8,065	908	11.26
227	3	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL AND UMBILICAL	2,812	723	25.71
227	4	HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL AND UMBILICAL	826	329	39.83
228	1	INGUINAL, FEMORAL AND UMBILICAL HERNIA PROCEDURES	2,971	221	7.44
228	2	INGUINAL, FEMORAL AND UMBILICAL HERNIA PROCEDURES	3,798	644	16.96
228	3	INGUINAL, FEMORAL AND UMBILICAL HERNIA PROCEDURES	1,538	372	24.19
228	4	INGUINAL, FEMORAL AND UMBILICAL HERNIA PROCEDURES	337	152	45.10

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
229	1	OTHER DIGESTIVE SYSTEM AND ABDOMINAL PROCEDURES	1,353	50	3.70
229	2	OTHER DIGESTIVE SYSTEM AND ABDOMINAL PROCEDURES	3,238	394	12.17
229	3	OTHER DIGESTIVE SYSTEM AND ABDOMINAL PROCEDURES	2,857	691	24.19
229	4	OTHER DIGESTIVE SYSTEM AND ABDOMINAL PROCEDURES	985	430	43.65
230	1	MAJOR SMALL BOWEL PROCEDURES	7,123	386	5.42
230	2	MAJOR SMALL BOWEL PROCEDURES	13,235	1,779	13.44
230	3	MAJOR SMALL BOWEL PROCEDURES	10,225	2,931	28.67
230	4	MAJOR SMALL BOWEL PROCEDURES	5,207	2,472	47.47
231	1	MAJOR LARGE BOWEL PROCEDURES	20,464	1,087	5.31
231	2	MAJOR LARGE BOWEL PROCEDURES	26,192	3,714	14.18
231	3	MAJOR LARGE BOWEL PROCEDURES	11,244	3,843	34.18
231	4	MAJOR LARGE BOWEL PROCEDURES	3,813	1,960	51.40
232	1	GASTRIC FUNDOPLICATION	293	3	1.02
232	2	GASTRIC FUNDOPLICATION	183	5	2.73
232	3	GASTRIC FUNDOPLICATION	50	2	4.00
232	4	GASTRIC FUNDOPLICATION	19	8	42.11
233	1	APPENDECTOMY WITH COMPLEX PRINCIPAL DIAGNOSIS	2,470	46	1.86
233	2	APPENDECTOMY WITH COMPLEX PRINCIPAL DIAGNOSIS	2,158	133	6.16
233	3	APPENDECTOMY WITH COMPLEX PRINCIPAL DIAGNOSIS	581	95	16.35
233	4	APPENDECTOMY WITH COMPLEX PRINCIPAL DIAGNOSIS	129	43	33.33
234	1	APPENDECTOMY WITHOUT COMPLEX PRINCIPAL DIAGNOSIS	2,340	35	1.50
234	2	APPENDECTOMY WITHOUT COMPLEX PRINCIPAL DIAGNOSIS	1,484	61	4.11
234	3	APPENDECTOMY WITHOUT COMPLEX PRINCIPAL DIAGNOSIS	306	34	11.11
234	4	APPENDECTOMY WITHOUT COMPLEX PRINCIPAL DIAGNOSIS	67	19	28.36
240	1	DIGESTIVE MALIGNANCY	1,549	82	5.29
240	2	DIGESTIVE MALIGNANCY	7,064	682	9.65
240	3	DIGESTIVE MALIGNANCY	7,282	1,435	19.71
240	4	DIGESTIVE MALIGNANCY	1,221	364	29.81
241	1	PEPTIC ULCER AND GASTRITIS	9,111	422	4.63
241	2	PEPTIC ULCER AND GASTRITIS	30,081	3,770	12.53
241	3	PEPTIC ULCER AND GASTRITIS	24,691	5,508	22.31
241	4	PEPTIC ULCER AND GASTRITIS	3,356	1,366	40.70
242	1	MAJOR ESOPHAGEAL DISORDERS	653	48	7.35
242	2	MAJOR ESOPHAGEAL DISORDERS	4,466	695	15.56
242	3	MAJOR ESOPHAGEAL DISORDERS	6,014	1,263	21.00
242	4	MAJOR ESOPHAGEAL DISORDERS	993	382	38.47
243	1	OTHER ESOPHAGEAL DISORDERS	3,915	181	4.62
243	2	OTHER ESOPHAGEAL DISORDERS	9,423	1,121	11.90
243	3	OTHER ESOPHAGEAL DISORDERS	5,311	1,183	22.27
243	4	OTHER ESOPHAGEAL DISORDERS	624	220	35.26
244	1	DIVERTICULITIS AND DIVERTICULOSIS	20,242	662	3.27
244	2	DIVERTICULITIS AND DIVERTICULOSIS	37,970	3,361	8.85
244	3	DIVERTICULITIS AND DIVERTICULOSIS	11,850	2,454	20.71
244	4	DIVERTICULITIS AND DIVERTICULOSIS	1,237	513	41.47
245	1	INFLAMMATORY BOWEL DISEASE	2,772	54	1.95

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
245	2	INFLAMMATORY BOWEL DISEASE	6,454	423	6.55
245	3	INFLAMMATORY BOWEL DISEASE	2,782	429	15.42
245	4	INFLAMMATORY BOWEL DISEASE	345	110	31.88
246	1	GASTROINTESTINAL VASCULAR INSUFFICIENCY	2,787	105	3.77
246	2	GASTROINTESTINAL VASCULAR INSUFFICIENCY	6,035	608	10.07
246	3	GASTROINTESTINAL VASCULAR INSUFFICIENCY	2,476	589	23.79
246	4	GASTROINTESTINAL VASCULAR INSUFFICIENCY	354	145	40.96
247	1	INTESTINAL OBSTRUCTION	29,535	980	3.32
247	2	INTESTINAL OBSTRUCTION	38,197	4,008	10.49
247	3	INTESTINAL OBSTRUCTION	12,319	2,884	23.41
247	4	INTESTINAL OBSTRUCTION	1,741	626	35.96
248	1	MAJOR GASTROINTESTINAL AND PERITONEAL INFECTIONS	6,284	771	12.27
248	2	MAJOR GASTROINTESTINAL AND PERITONEAL INFECTIONS	21,156	4,138	19.56
248	3	MAJOR GASTROINTESTINAL AND PERITONEAL INFECTIONS	14,743	4,167	28.26
248	4	MAJOR GASTROINTESTINAL AND PERITONEAL INFECTIONS	1,810	715	39.50
249	1	OTHER GASTROENTERITIS, NAUSEA AND VOMITING	15,235	906	5.95
249	2	OTHER GASTROENTERITIS, NAUSEA AND VOMITING	36,629	3,951	10.79
249	3	OTHER GASTROENTERITIS, NAUSEA AND VOMITING	16,071	2,768	17.22
249	4	OTHER GASTROENTERITIS, NAUSEA AND VOMITING	1,288	396	30.75
251	1	ABDOMINAL PAIN	3,790	169	4.46
251	2	ABDOMINAL PAIN	6,573	466	7.09
251	3	ABDOMINAL PAIN	2,561	289	11.28
251	4	ABDOMINAL PAIN	156	43	27.56
252	1	MALFUNCTION, REACTION AND COMPLICATION OF GASTROINTESTINAL DEVICE OR PROCEDURE	1,895	168	8.87
252	2	MALFUNCTION, REACTION AND COMPLICATION OF GASTROINTESTINAL DEVICE OR PROCEDURE	6,198	858	13.84
252	3	MALFUNCTION, REACTION AND COMPLICATION OF GASTROINTESTINAL DEVICE OR PROCEDURE	5,248	1,119	21.32
252	4	MALFUNCTION, REACTION AND COMPLICATION OF GASTROINTESTINAL DEVICE OR PROCEDURE	1,295	381	29.42
253	1	OTHER AND UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	9,461	826	8.73
253	2	OTHER AND UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	34,690	5,200	14.99
253	3	OTHER AND UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	22,533	5,382	23.88
253	4	OTHER AND UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	3,583	1,390	38.79
254	1	OTHER DIGESTIVE SYSTEM DIAGNOSES	23,044	2,138	9.28
254	2	OTHER DIGESTIVE SYSTEM DIAGNOSES	35,138	4,550	12.95
254	3	OTHER DIGESTIVE SYSTEM DIAGNOSES	23,152	5,135	22.18
254	4	OTHER DIGESTIVE SYSTEM DIAGNOSES	2,928	1,116	38.11
260	1	MAJOR PANCREAS, LIVER AND SHUNT PROCEDURES	1,390	79	5.68
260	2	MAJOR PANCREAS, LIVER AND SHUNT PROCEDURES	3,736	372	9.96
260	3	MAJOR PANCREAS, LIVER AND SHUNT PROCEDURES	2,174	419	19.27
260	4	MAJOR PANCREAS, LIVER AND SHUNT PROCEDURES	719	251	34.91
261	1	MAJOR BILIARY TRACT PROCEDURES	157	10	6.37
261	2	MAJOR BILIARY TRACT PROCEDURES	643	81	12.60
261	3	MAJOR BILIARY TRACT PROCEDURES	356	92	25.84
261	4	MAJOR BILIARY TRACT PROCEDURES	113	50	44.25

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
263	1	CHOLECYSTECTOMY	13,572	442	3.26
263	2	CHOLECYSTECTOMY	23,672	2,118	8.95
263	3	CHOLECYSTECTOMY	11,798	2,029	17.20
263	4	CHOLECYSTECTOMY	1,852	671	36.23
264	1	OTHER HEPATOBILIARY, PANCREAS AND ABDOMINAL PROCEDURES	758	31	4.09
264	2	OTHER HEPATOBILIARY, PANCREAS AND ABDOMINAL PROCEDURES	909	69	7.59
264	3	OTHER HEPATOBILIARY, PANCREAS AND ABDOMINAL PROCEDURES	924	137	14.83
264	4	OTHER HEPATOBILIARY, PANCREAS AND ABDOMINAL PROCEDURES	324	117	36.11
279	1	HEPATIC COMA AND OTHER MAJOR ACUTE LIVER DISORDERS	1,157	147	12.71
279	2	HEPATIC COMA AND OTHER MAJOR ACUTE LIVER DISORDERS	8,384	1,442	17.20
279	3	HEPATIC COMA AND OTHER MAJOR ACUTE LIVER DISORDERS	11,084	2,675	24.13
279	4	HEPATIC COMA AND OTHER MAJOR ACUTE LIVER DISORDERS	2,100	720	34.29
280	1	ALCOHOLIC LIVER DISEASE	384	46	11.98
280	2	ALCOHOLIC LIVER DISEASE	3,590	513	14.29
280	3	ALCOHOLIC LIVER DISEASE	7,099	1,511	21.28
280	4	ALCOHOLIC LIVER DISEASE	1,503	520	34.60
281	1	MALIGNANCY OF HEPATOBILIARY SYSTEM AND PANCREAS	674	32	4.75
281	2	MALIGNANCY OF HEPATOBILIARY SYSTEM AND PANCREAS	5,039	488	9.68
281	3	MALIGNANCY OF HEPATOBILIARY SYSTEM AND PANCREAS	6,465	1,041	16.10
281	4	MALIGNANCY OF HEPATOBILIARY SYSTEM AND PANCREAS	1,089	251	23.05
282	1	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	13,228	232	1.75
282	2	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	20,478	1,155	5.64
282	3	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	8,616	1,213	14.08
282	4	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	1,586	512	32.28
283	1	OTHER DISORDERS OF THE LIVER	1,009	35	3.47
283	2	OTHER DISORDERS OF THE LIVER	5,245	552	10.52
283	3	OTHER DISORDERS OF THE LIVER	9,659	1,639	16.97
283	4	OTHER DISORDERS OF THE LIVER	1,703	462	27.13
284	1	DISORDERS OF GALLBLADDER AND BILIARY TRACT	6,462	337	5.22
284	2	DISORDERS OF GALLBLADDER AND BILIARY TRACT	15,326	1,832	11.95
284	3	DISORDERS OF GALLBLADDER AND BILIARY TRACT	7,608	1,725	22.67
284	4	DISORDERS OF GALLBLADDER AND BILIARY TRACT	1,246	456	36.60
303	1	DORSAL AND LUMBAR FUSION PROCEDURE FOR CURVATURE OF BACK	1,637	440	26.88
303	2	DORSAL AND LUMBAR FUSION PROCEDURE FOR CURVATURE OF BACK	1,736	665	38.31
303	3	DORSAL AND LUMBAR FUSION PROCEDURE FOR CURVATURE OF BACK	892	402	45.07
303	4	DORSAL AND LUMBAR FUSION PROCEDURE FOR CURVATURE OF BACK	189	104	55.03
304	1	DORSAL AND LUMBAR FUSION PROCEDURE EXCEPT FOR CURVATURE OF BACK	46,215	6,759	14.63
304	2	DORSAL AND LUMBAR FUSION PROCEDURE EXCEPT FOR CURVATURE OF BACK	32,737	8,770	26.79
304	3	DORSAL AND LUMBAR FUSION PROCEDURE EXCEPT FOR CURVATURE OF BACK	9,182	4,318	47.03
304	4	DORSAL AND LUMBAR FUSION PROCEDURE EXCEPT FOR CURVATURE OF BACK	1,342	757	56.41
305	1	AMPUTATION OF LOWER LIMB EXCEPT TOES	1,556	685	44.02
305	2	AMPUTATION OF LOWER LIMB EXCEPT TOES	9,801	4,666	47.61
305	3	AMPUTATION OF LOWER LIMB EXCEPT TOES	12,333	6,542	53.04

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
305	4	AMPUTATION OF LOWER LIMB EXCEPT TOES	3,497	2,071	59.22
308	1	HIP AND FEMUR FRACTURE REPAIR	31,146	22,246	71.42
308	2	HIP AND FEMUR FRACTURE REPAIR	50,741	39,885	78.61
308	3	HIP AND FEMUR FRACTURE REPAIR	17,255	13,910	80.61
308	4	HIP AND FEMUR FRACTURE REPAIR	4,492	3,695	82.26
309	1	OTHER SIGNIFICANT HIP AND FEMUR SURGERY	1,819	619	34.03
309	2	OTHER SIGNIFICANT HIP AND FEMUR SURGERY	4,985	2,819	56.55
309	3	OTHER SIGNIFICANT HIP AND FEMUR SURGERY	2,933	1,936	66.01
309	4	OTHER SIGNIFICANT HIP AND FEMUR SURGERY	691	493	71.35
310	1	INTERVERTEBRAL DISC EXCISION AND DECOMPRESSION	7,826	936	11.96
310	2	INTERVERTEBRAL DISC EXCISION AND DECOMPRESSION	6,717	1,719	25.59
310	3	INTERVERTEBRAL DISC EXCISION AND DECOMPRESSION	2,517	1,191	47.32
310	4	INTERVERTEBRAL DISC EXCISION AND DECOMPRESSION	268	155	57.84
312	1	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL AND CONNECTIVE TISSUE DIAGNOSES	312	49	15.71
312	2	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL AND CONNECTIVE TISSUE DIAGNOSES	713	215	30.15
312	3	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL AND CONNECTIVE TISSUE DIAGNOSES	478	210	43.93
312	4	SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL AND CONNECTIVE TISSUE DIAGNOSES	90	46	51.11
313	1	KNEE AND LOWER LEG PROCEDURES EXCEPT FOOT	9,085	3,995	43.97
313	2	KNEE AND LOWER LEG PROCEDURES EXCEPT FOOT	20,253	10,225	50.49
313	3	KNEE AND LOWER LEG PROCEDURES EXCEPT FOOT	5,632	3,606	64.03
313	4	KNEE AND LOWER LEG PROCEDURES EXCEPT FOOT	1,360	936	68.82
314	1	FOOT AND TOE PROCEDURES	1,351	488	29.33
314	2	FOOT AND TOE PROCEDURES	9,180	2,601	29.33
314	3	FOOT AND TOE PROCEDURES	10,289	3,430	33.34
314	4	FOOT AND TOE PROCEDURES	1,771	824	46.53
315	1	SHOULDER, UPPER ARM AND FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3,171	722	22.77
315	2	SHOULDER, UPPER ARM AND FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	11,305	4,431	39.20
315	3	SHOULDER, UPPER ARM AND FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	2,830	1,570	55.48
315	4	SHOULDER, UPPER ARM AND FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	519	300	57.80
316	1	HAND AND WRIST PROCEDURES	994	50	5.03
316	2	HAND AND WRIST PROCEDURES	1,567	260	16.59
316	3	HAND AND WRIST PROCEDURES	530	152	28.68
316	4	HAND AND WRIST PROCEDURES	64	28	43.75
317	1	TENDON, MUSCLE AND OTHER SOFT TISSUE PROCEDURES	2,769	873	31.53
317	2	TENDON, MUSCLE AND OTHER SOFT TISSUE PROCEDURES	3,992	1,419	35.55
317	3	TENDON, MUSCLE AND OTHER SOFT TISSUE PROCEDURES	2,398	1,023	42.66
317	4	TENDON, MUSCLE AND OTHER SOFT TISSUE PROCEDURES	428	225	52.57
320	1	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE PROCEDURES	10,159	1,467	14.44
320	2	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE PROCEDURES	9,136	2,987	32.69
320	3	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE PROCEDURES	2,381	1,200	50.40

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
320	4	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE PROCEDURES	485	274	56.49
321	1	CERVICAL SPINAL FUSION AND OTHER BACK OR NECK PROCEDURES EXCEPT DISC EXCISION OR DECOMPRESSION	19,968	2,620	13.12
321	2	CERVICAL SPINAL FUSION AND OTHER BACK OR NECK PROCEDURES EXCEPT DISC EXCISION OR DECOMPRESSION	20,964	5,709	27.23
321	3	CERVICAL SPINAL FUSION AND OTHER BACK OR NECK PROCEDURES EXCEPT DISC EXCISION OR DECOMPRESSION	5,362	2,480	46.25
321	4	CERVICAL SPINAL FUSION AND OTHER BACK OR NECK PROCEDURES EXCEPT DISC EXCISION OR DECOMPRESSION	1,093	610	55.81
322	1	SHOULDER AND ELBOW JOINT REPLACEMENT	43,132	3,190	7.40
322	2	SHOULDER AND ELBOW JOINT REPLACEMENT	16,524	3,463	20.96
322	3	SHOULDER AND ELBOW JOINT REPLACEMENT	1,640	724	44.15
322	4	SHOULDER AND ELBOW JOINT REPLACEMENT	262	150	57.25
323	1	NON-ELECTIVE OR COMPLEX HIP JOINT REPLACEMENT	18,584	11,397	61.33
323	2	NON-ELECTIVE OR COMPLEX HIP JOINT REPLACEMENT	38,449	26,561	69.08
323	3	NON-ELECTIVE OR COMPLEX HIP JOINT REPLACEMENT	15,045	10,618	70.57
323	4	NON-ELECTIVE OR COMPLEX HIP JOINT REPLACEMENT	2,764	2,174	78.65
324	1	ELECTIVE HIP JOINT REPLACEMENT	102,899	13,104	12.73
324	2	ELECTIVE HIP JOINT REPLACEMENT	48,164	12,180	25.29
324	3	ELECTIVE HIP JOINT REPLACEMENT	4,094	1,942	47.44
324	4	ELECTIVE HIP JOINT REPLACEMENT	441	265	60.09
325	1	NON-ELECTIVE OR COMPLEX KNEE JOINT REPLACEMENT	8,836	1,407	15.92
325	2	NON-ELECTIVE OR COMPLEX KNEE JOINT REPLACEMENT	10,012	3,173	31.69
325	3	NON-ELECTIVE OR COMPLEX KNEE JOINT REPLACEMENT	2,840	1,520	53.52
325	4	NON-ELECTIVE OR COMPLEX KNEE JOINT REPLACEMENT	541	382	70.61
326	1	ELECTIVE KNEE JOINT REPLACEMENT	160,359	27,320	17.04
326	2	ELECTIVE KNEE JOINT REPLACEMENT	66,872	18,015	26.94
326	3	ELECTIVE KNEE JOINT REPLACEMENT	11,507	4,348	37.79
326	4	ELECTIVE KNEE JOINT REPLACEMENT	827	407	49.21
340	1	FRACTURE OF FEMUR	3,143	1,956	62.23
340	2	FRACTURE OF FEMUR	5,743	3,873	67.44
340	3	FRACTURE OF FEMUR	2,023	1,416	69.85
340	4	FRACTURE OF FEMUR	322	222	69.85
341	1	FRACTURE OF PELVIS OR DISLOCATION OF HIP	4,028	2,858	70.95
341	2	FRACTURE OF PELVIS OR DISLOCATION OF HIP	8,487	6,427	75.73
341	3	FRACTURE OF PELVIS OR DISLOCATION OF HIP	4,504	3,449	76.58
341	4	FRACTURE OF PELVIS OR DISLOCATION OF HIP	385	306	79.48
342	1	FRACTURES AND DISLOCATIONS EXCEPT FEMUR, PELVIS AND BACK	7,363	4,341	58.96
342	2	FRACTURES AND DISLOCATIONS EXCEPT FEMUR, PELVIS AND BACK	15,431	10,289	66.68
342	3	FRACTURES AND DISLOCATIONS EXCEPT FEMUR, PELVIS AND BACK	5,367	3,799	70.78
342	4	FRACTURES AND DISLOCATIONS EXCEPT FEMUR, PELVIS AND BACK	678	504	74.34
343	1	MUSCULOSKELETAL MALIGNANCY AND PATHOLOGICAL FRACTURE DUE TO MUSCULOSKELETAL MALIGNANCY	602	126	20.93
343	2	MUSCULOSKELETAL MALIGNANCY AND PATHOLOGICAL FRACTURE DUE TO MUSCULOSKELETAL MALIGNANCY	3,168	851	26.86
343	3	MUSCULOSKELETAL MALIGNANCY AND PATHOLOGICAL FRACTURE DUE TO MUSCULOSKELETAL MALIGNANCY	3,215	1,256	39.07
343	4	MUSCULOSKELETAL MALIGNANCY AND PATHOLOGICAL FRACTURE DUE TO MUSCULOSKELETAL MALIGNANCY	393	178	45.29

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
344	1	OSTEOMYELITIS, SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS	1,325	272	20.53
344	2	OSTEOMYELITIS, SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS	7,527	2,110	28.03
344	3	OSTEOMYELITIS, SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS	5,616	2,125	37.84
344	4	OSTEOMYELITIS, SEPTIC ARTHRITIS AND OTHER MUSCULOSKELETAL INFECTIONS	834	387	46.40
346	1	CONNECTIVE TISSUE DISORDERS	1,963	336	16.87
346	2	CONNECTIVE TISSUE DISORDERS	3,175	531	16.87
346	3	CONNECTIVE TISSUE DISORDERS	2,714	589	21.70
346	4	CONNECTIVE TISSUE DISORDERS	740	255	34.46
347	1	OTHER BACK AND NECK DISORDERS, FRACTURES AND INJURIES	22,887	8,782	38.37
347	2	OTHER BACK AND NECK DISORDERS, FRACTURES AND INJURIES	27,894	14,154	50.74
347	3	OTHER BACK AND NECK DISORDERS, FRACTURES AND INJURIES	13,858	7,722	55.72
347	4	OTHER BACK AND NECK DISORDERS, FRACTURES AND INJURIES	1,574	1,043	66.26
349	1	MALFUNCTION, REACTION, COMPLICATION OF ORTHOPEDIC DEVICE OR PROCEDURE	1,887	653	34.61
349	2	MALFUNCTION, REACTION, COMPLICATION OF ORTHOPEDIC DEVICE OR PROCEDURE	5,530	2,067	37.38
349	3	MALFUNCTION, REACTION, COMPLICATION OF ORTHOPEDIC DEVICE OR PROCEDURE	3,337	1,360	40.76
349	4	MALFUNCTION, REACTION, COMPLICATION OF ORTHOPEDIC DEVICE OR PROCEDURE	733	366	49.93
351	1	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES	10,793	3,473	32.18
351	2	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES	27,466	11,906	43.35
351	3	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES	9,545	4,868	51.00
351	4	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES	1,086	677	62.34
361	1	SKIN GRAFT FOR SKIN AND SUBCUTANEOUS TISSUE DIAGNOSES	1,338	215	16.07
361	2	SKIN GRAFT FOR SKIN AND SUBCUTANEOUS TISSUE DIAGNOSES	2,415	739	30.60
361	3	SKIN GRAFT FOR SKIN AND SUBCUTANEOUS TISSUE DIAGNOSES	1,156	490	42.39
361	4	SKIN GRAFT FOR SKIN AND SUBCUTANEOUS TISSUE DIAGNOSES	149	72	48.32
362	1	MASTECTOMY PROCEDURES	2,032	92	4.53
362	2	MASTECTOMY PROCEDURES	1,972	151	7.66
362	3	MASTECTOMY PROCEDURES	180	42	23.33
362	4	MASTECTOMY PROCEDURES	23	10	43.48
363	1	BREAST PROCEDURES EXCEPT MASTECTOMY	680	26	3.82
363	2	BREAST PROCEDURES EXCEPT MASTECTOMY	1,047	50	4.78
363	3	BREAST PROCEDURES EXCEPT MASTECTOMY	369	38	10.30
363	4	BREAST PROCEDURES EXCEPT MASTECTOMY	32	9	28.13
364	1	OTHER SKIN, SUBCUTANEOUS TISSUE AND RELATED PROCEDURES	3,252	294	9.04
364	2	OTHER SKIN, SUBCUTANEOUS TISSUE AND RELATED PROCEDURES	8,763	2,054	23.44
364	3	OTHER SKIN, SUBCUTANEOUS TISSUE AND RELATED PROCEDURES	4,804	1,864	38.80
364	4	OTHER SKIN, SUBCUTANEOUS TISSUE AND RELATED PROCEDURES	635	305	48.03
380	1	SKIN ULCERS	1,879	403	21.45
380	2	SKIN ULCERS	10,440	2,945	28.21
380	3	SKIN ULCERS	5,823	2,395	41.13

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
380	4	SKIN ULCERS	647	333	51.47
381	1	MAJOR SKIN DISORDERS	195	10	5.13
381	2	MAJOR SKIN DISORDERS	930	225	24.19
381	3	MAJOR SKIN DISORDERS	435	130	29.89
381	4	MAJOR SKIN DISORDERS	81	28	34.57
382	1	MALIGNANT BREAST DISORDERS	161	15	9.32
382	2	MALIGNANT BREAST DISORDERS	750	124	16.53
382	3	MALIGNANT BREAST DISORDERS	891	214	24.02
382	4	MALIGNANT BREAST DISORDERS	198	58	29.29
383	1	CELLULITIS AND OTHER SKIN INFECTIONS	24,483	2,321	9.48
383	2	CELLULITIS AND OTHER SKIN INFECTIONS	63,917	12,515	19.58
383	3	CELLULITIS AND OTHER SKIN INFECTIONS	25,491	7,741	30.37
383	4	CELLULITIS AND OTHER SKIN INFECTIONS	2,334	965	41.35
384	1	CONTUSION, OPEN WOUND AND OTHER TRAUMA TO SKIN AND SUBCUTANEOUS TISSUE	3,344	1,022	30.56
384	2	CONTUSION, OPEN WOUND AND OTHER TRAUMA TO SKIN AND SUBCUTANEOUS TISSUE	8,528	3,226	37.83
384	3	CONTUSION, OPEN WOUND AND OTHER TRAUMA TO SKIN AND SUBCUTANEOUS TISSUE	3,228	1,528	47.34
384	4	CONTUSION, OPEN WOUND AND OTHER TRAUMA TO SKIN AND SUBCUTANEOUS TISSUE	341	183	53.67
385	1	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST DISORDERS	2,334	199	8.53
385	2	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST DISORDERS	4,050	677	16.72
385	3	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST DISORDERS	1,863	463	24.85
385	4	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST DISORDERS	198	72	36.36
401	1	ADRENAL PROCEDURES	1,036	21	2.03
401	2	ADRENAL PROCEDURES	37	4	10.81
401	3	ADRENAL PROCEDURES	93	24	25.81
401	4	ADRENAL PROCEDURES	18	6	33.33
403	1	PROCEDURES FOR OBESITY	11,468	33	0.29
403	2	PROCEDURES FOR OBESITY	4,511	40	0.89
403	3	PROCEDURES FOR OBESITY	546	21	3.85
403	4	PROCEDURES FOR OBESITY	89	13	14.61
404	1	THYROID, PARATHYROID AND THYROIDECTOMY PROCEDURES	1,642	13	0.79
404	2	THYROID, PARATHYROID AND THYROIDECTOMY PROCEDURES	1,455	68	4.67
404	3	THYROID, PARATHYROID AND THYROIDECTOMY PROCEDURES	579	78	13.47
404	4	THYROID, PARATHYROID AND THYROIDECTOMY PROCEDURES	95	31	32.63
405	1	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS	256	23	8.98
405	2	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS	821	130	15.83
405	3	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS	1,264	343	27.14
405	4	OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS	276	119	43.12
420	1	DIABETES	12,156	1,657	13.13
420	2	DIABETES	29,892	3,865	13.13
420	3	DIABETES	23,895	5,181	21.68
420	4	DIABETES	3,286	1,218	37.07

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
421	1	MALNUTRITION, FAILURE TO THRIVE AND OTHER NUTRITIONAL DISORDERS	504	177	35.12
421	2	MALNUTRITION, FAILURE TO THRIVE AND OTHER NUTRITIONAL DISORDERS	3,397	1,675	49.16
421	3	MALNUTRITION, FAILURE TO THRIVE AND OTHER NUTRITIONAL DISORDERS	3,922	1,923	49.16
421	4	MALNUTRITION, FAILURE TO THRIVE AND OTHER NUTRITIONAL DISORDERS	368	189	51.36
422	1	HYPOVOLEMIA AND RELATED ELECTROLYTE DISORDERS	2,879	346	12.02
422	2	HYPOVOLEMIA AND RELATED ELECTROLYTE DISORDERS	20,068	5,434	27.08
422	3	HYPOVOLEMIA AND RELATED ELECTROLYTE DISORDERS	9,764	3,404	34.86
422	4	HYPOVOLEMIA AND RELATED ELECTROLYTE DISORDERS	890	383	43.03
423	1	INBORN ERRORS OF METABOLISM	206	17	8.25
423	2	INBORN ERRORS OF METABOLISM	729	79	10.84
423	3	INBORN ERRORS OF METABOLISM	588	93	15.82
423	4	INBORN ERRORS OF METABOLISM	72	26	36.11
424	1	OTHER ENDOCRINE DISORDERS	1,529	214	14.00
424	2	OTHER ENDOCRINE DISORDERS	2,331	386	16.56
424	3	OTHER ENDOCRINE DISORDERS	2,355	629	26.71
424	4	OTHER ENDOCRINE DISORDERS	398	138	34.67
425	1	OTHER NON-HYPOVOLEMIC ELECTROLYTE DISORDERS	2,788	348	12.48
425	2	OTHER NON-HYPOVOLEMIC ELECTROLYTE DISORDERS	17,688	2,255	12.75
425	3	OTHER NON-HYPOVOLEMIC ELECTROLYTE DISORDERS	22,211	3,327	14.98
425	4	OTHER NON-HYPOVOLEMIC ELECTROLYTE DISORDERS	2,192	602	27.46
426	1	NON-HYPOVOLEMIC SODIUM DISORDERS	13,573	1,856	13.67
426	2	NON-HYPOVOLEMIC SODIUM DISORDERS	28,094	6,867	24.44
426	3	NON-HYPOVOLEMIC SODIUM DISORDERS	13,772	5,031	36.53
426	4	NON-HYPOVOLEMIC SODIUM DISORDERS	1,943	864	44.47
427	1	THYROID DISORDERS	602	71	11.79
427	2	THYROID DISORDERS	1,677	364	21.71
427	3	THYROID DISORDERS	1,066	415	38.93
427	4	THYROID DISORDERS	178	87	48.88
440	1	KIDNEY TRANSPLANT	829	1	0.12
440	2	KIDNEY TRANSPLANT	5,072	37	0.73
440	3	KIDNEY TRANSPLANT	4,398	70	1.59
440	4	KIDNEY TRANSPLANT	388	37	9.54
441	1	MAJOR BLADDER PROCEDURES	152	10	6.58
441	2	MAJOR BLADDER PROCEDURES	1,574	216	13.72
441	3	MAJOR BLADDER PROCEDURES	2,679	554	20.68
441	4	MAJOR BLADDER PROCEDURES	315	151	47.94
442	1	KIDNEY AND URINARY TRACT PROCEDURES FOR MALIGNANCY	5,512	219	3.97
442	2	KIDNEY AND URINARY TRACT PROCEDURES FOR MALIGNANCY	5,480	444	8.10
442	3	KIDNEY AND URINARY TRACT PROCEDURES FOR MALIGNANCY	1,975	322	16.30
442	4	KIDNEY AND URINARY TRACT PROCEDURES FOR MALIGNANCY	519	169	32.56
443	1	KIDNEY AND URINARY TRACT PROCEDURES FOR NON-MALIGNANCY	4,582	145	3.16
443	2	KIDNEY AND URINARY TRACT PROCEDURES FOR NON-MALIGNANCY	4,605	400	8.69
443	3	KIDNEY AND URINARY TRACT PROCEDURES FOR NON-MALIGNANCY	2,714	455	16.76

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
443	4	KIDNEY AND URINARY TRACT PROCEDURES FOR NON-MALIGNANCY	700	217	31.00
444	1	RENAL DIALYSIS ACCESS DEVICE PROCEDURES AND VESSEL REPAIR	285	15	5.26
444	2	RENAL DIALYSIS ACCESS DEVICE PROCEDURES AND VESSEL REPAIR	1,285	103	8.02
444	3	RENAL DIALYSIS ACCESS DEVICE PROCEDURES AND VESSEL REPAIR	2,087	380	18.21
444	4	RENAL DIALYSIS ACCESS DEVICE PROCEDURES AND VESSEL REPAIR	362	125	34.53
445	1	OTHER BLADDER PROCEDURES	969	44	4.54
445	2	OTHER BLADDER PROCEDURES	1,571	210	13.37
445	3	OTHER BLADDER PROCEDURES	902	258	28.60
445	4	OTHER BLADDER PROCEDURES	176	72	40.91
446	1	URETHRAL AND TRANSURETHRAL PROCEDURES	3,812	131	3.44
446	2	URETHRAL AND TRANSURETHRAL PROCEDURES	8,174	884	10.81
446	3	URETHRAL AND TRANSURETHRAL PROCEDURES	3,341	893	26.73
446	4	URETHRAL AND TRANSURETHRAL PROCEDURES	590	247	41.86
447	1	OTHER KIDNEY, URINARY TRACT AND RELATED PROCEDURES	118	7	5.93
447	2	OTHER KIDNEY, URINARY TRACT AND RELATED PROCEDURES	1,183	87	7.35
447	3	OTHER KIDNEY, URINARY TRACT AND RELATED PROCEDURES	1,895	282	14.88
447	4	OTHER KIDNEY, URINARY TRACT AND RELATED PROCEDURES	547	211	38.57
461	1	KIDNEY AND URINARY TRACT MALIGNANCY	384	20	5.21
461	2	KIDNEY AND URINARY TRACT MALIGNANCY	1,666	232	13.93
461	3	KIDNEY AND URINARY TRACT MALIGNANCY	1,442	386	26.77
461	4	KIDNEY AND URINARY TRACT MALIGNANCY	185	79	42.70
462	1	NEPHRITIS AND NEPHROSIS	100	4	4.00
462	2	NEPHRITIS AND NEPHROSIS	669	72	10.76
462	3	NEPHRITIS AND NEPHROSIS	830	175	21.08
462	4	NEPHRITIS AND NEPHROSIS	109	43	39.45
463	1	KIDNEY AND URINARY TRACT INFECTIONS	25,909	5,754	22.21
463	2	KIDNEY AND URINARY TRACT INFECTIONS	102,245	31,550	30.86
463	3	KIDNEY AND URINARY TRACT INFECTIONS	51,914	21,570	41.55
463	4	KIDNEY AND URINARY TRACT INFECTIONS	4,830	2,393	49.54
465	1	URINARY STONES AND ACQUIRED UPPER URINARY TRACT OBSTRUCTION	1,278	47	3.68
465	2	URINARY STONES AND ACQUIRED UPPER URINARY TRACT OBSTRUCTION	13,103	704	5.37
465	3	URINARY STONES AND ACQUIRED UPPER URINARY TRACT OBSTRUCTION	2,372	444	18.72
465	4	URINARY STONES AND ACQUIRED UPPER URINARY TRACT OBSTRUCTION	301	78	25.91
466	1	MALFUNCTION, REACTION, COMPLICATION OF GENITOURINARY DEVICE OR PROCEDURE	682	92	13.49
466	2	MALFUNCTION, REACTION, COMPLICATION OF GENITOURINARY DEVICE OR PROCEDURE	21,886	5,459	24.52
466	3	MALFUNCTION, REACTION, COMPLICATION OF GENITOURINARY DEVICE OR PROCEDURE	43,006	10,453	24.52
466	4	MALFUNCTION, REACTION, COMPLICATION OF GENITOURINARY DEVICE OR PROCEDURE	19,029	7,391	38.84
468	1	OTHER KIDNEY AND URINARY TRACT DIAGNOSES, SIGNS AND SYMPTOMS	5,702	690	12.10
468	2	OTHER KIDNEY AND URINARY TRACT DIAGNOSES, SIGNS AND SYMPTOMS	6,245	1,047	16.77
468	3	OTHER KIDNEY AND URINARY TRACT DIAGNOSES, SIGNS AND SYMPTOMS	5,152	1,241	24.09
468	4	OTHER KIDNEY AND URINARY TRACT DIAGNOSES, SIGNS AND SYMPTOMS	573	219	38.22

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
469	1	ACUTE KIDNEY INJURY	16,217	2,668	16.45
469	2	ACUTE KIDNEY INJURY	96,466	23,366	24.22
469	3	ACUTE KIDNEY INJURY	75,358	27,219	36.12
469	4	ACUTE KIDNEY INJURY	10,670	5,004	46.90
470	1	CHRONIC KIDNEY DISEASE	409	38	9.29
470	2	CHRONIC KIDNEY DISEASE	7,629	910	11.93
470	3	CHRONIC KIDNEY DISEASE	8,947	1,605	17.94
470	4	CHRONIC KIDNEY DISEASE	802	223	27.81
480	1	MAJOR MALE PELVIC PROCEDURES	5,333	37	0.69
480	2	MAJOR MALE PELVIC PROCEDURES	1,957	37	1.89
480	3	MAJOR MALE PELVIC PROCEDURES	205	19	9.27
480	4	MAJOR MALE PELVIC PROCEDURES	41	8	19.51
482	1	TRANSURETHRAL PROSTATECTOMY	2,036	70	3.44
482	2	TRANSURETHRAL PROSTATECTOMY	4,134	330	7.98
482	3	TRANSURETHRAL PROSTATECTOMY	937	246	26.25
482	4	TRANSURETHRAL PROSTATECTOMY	118	44	37.29
483	1	PENIS, TESTES AND SCROTAL PROCEDURES	823	23	2.79
483	2	PENIS, TESTES AND SCROTAL PROCEDURES	600	83	13.83
483	3	PENIS, TESTES AND SCROTAL PROCEDURES	242	59	24.38
483	4	PENIS, TESTES AND SCROTAL PROCEDURES	54	27	50.00
484	1	OTHER MALE REPRODUCTIVE SYSTEM AND RELATED PROCEDURES	464	11	1.88
484	2	OTHER MALE REPRODUCTIVE SYSTEM AND RELATED PROCEDURES	3,730	68	1.88
484	3	OTHER MALE REPRODUCTIVE SYSTEM AND RELATED PROCEDURES	1,185	87	7.34
484	4	OTHER MALE REPRODUCTIVE SYSTEM AND RELATED PROCEDURES	50	13	26.00
500	1	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	92	5	5.43
500	2	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	831	172	20.70
500	3	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	889	267	30.03
500	4	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	65	32	49.23
501	1	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	1,744	118	6.77
501	2	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	4,795	748	15.60
501	3	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	1,935	531	27.44
501	4	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	180	75	41.67
510	1	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND OTHER RADICAL GYNECOLOGICAL PROCEDURES	511	20	3.91
510	2	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND OTHER RADICAL GYNECOLOGICAL PROCEDURES	659	57	8.65
510	3	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND OTHER RADICAL GYNECOLOGICAL PROCEDURES	154	32	20.78
510	4	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND OTHER RADICAL GYNECOLOGICAL PROCEDURES	39	18	46.15
511	1	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN AND ADNEXAL MALIGNANCY	660	29	4.39
511	2	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN AND ADNEXAL MALIGNANCY	1,662	144	8.66
511	3	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN AND ADNEXAL MALIGNANCY	695	136	19.57
511	4	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN AND ADNEXAL MALIGNANCY	163	73	44.79
512	1	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY	1,504	47	3.13

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
512	2	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY	2,142	186	8.68
512	3	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY	498	119	23.90
512	4	UTERINE AND ADNEXA PROCEDURES FOR NON-OVARIAN AND NON-ADNEXAL MALIGNANCY	126	49	38.89
513	1	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	4,833	58	1.20
513	2	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	2,956	142	4.80
513	3	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	559	64	11.45
513	4	UTERINE AND ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	123	34	27.64
514	1	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1,110	34	2.87
514	2	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1,292	35	2.87
514	3	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	68	18	26.47
514	4	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	21	7	33.33
517	1	DILATION AND CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	141	7	4.96
517	2	DILATION AND CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	459	64	13.94
517	3	DILATION AND CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	295	77	26.10
517	4	DILATION AND CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	45	20	44.44
518	1	OTHER FEMALE REPRODUCTIVE SYSTEM AND RELATED PROCEDURES	1,023	65	6.35
518	2	OTHER FEMALE REPRODUCTIVE SYSTEM AND RELATED PROCEDURES	936	108	11.54
518	3	OTHER FEMALE REPRODUCTIVE SYSTEM AND RELATED PROCEDURES	329	75	22.80
518	4	OTHER FEMALE REPRODUCTIVE SYSTEM AND RELATED PROCEDURES	54	27	50.00
519	1	UTERINE AND ADNEXA PROCEDURES FOR LEIOMYOMA	1,255	12	0.96
519	2	UTERINE AND ADNEXA PROCEDURES FOR LEIOMYOMA	644	22	3.42
519	3	UTERINE AND ADNEXA PROCEDURES FOR LEIOMYOMA	112	9	7.52
519	4	UTERINE AND ADNEXA PROCEDURES FOR LEIOMYOMA	21	1	7.52
530	1	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	247	17	6.88
530	2	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	1,285	147	11.44
530	3	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	1,364	290	21.26
530	4	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	252	77	30.56
531	1	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	269	21	7.81
531	2	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	732	84	11.48
531	3	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	263	67	25.48
531	4	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	25	11	44.00
532	1	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	463	28	6.05
532	2	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	912	126	13.82
532	3	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	382	68	17.80
532	4	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	16	5	31.25
650	1	SPLENECTOMY	149	5	3.36
650	2	SPLENECTOMY	256	15	5.86
650	3	SPLENECTOMY	170	32	18.82
650	4	SPLENECTOMY	153	56	36.60
651	1	OTHER PROCEDURES OF BLOOD AND BLOOD-FORMING ORGANS	381	6	1.57
651	2	OTHER PROCEDURES OF BLOOD AND BLOOD-FORMING ORGANS	380	23	6.05
651	3	OTHER PROCEDURES OF BLOOD AND BLOOD-FORMING ORGANS	165	25	15.15

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
651	4	OTHER PROCEDURES OF BLOOD AND BLOOD-FORMING ORGANS	52	16	30.77
660	1	MAJOR HEMATOLOGIC OR IMMUNOLOGIC DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION	1,465	55	3.75
660	2	MAJOR HEMATOLOGIC OR IMMUNOLOGIC DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION	9,673	734	7.59
660	3	MAJOR HEMATOLOGIC OR IMMUNOLOGIC DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION	7,412	1,092	14.73
660	4	MAJOR HEMATOLOGIC OR IMMUNOLOGIC DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION	1,358	320	23.56
661	1	COAGULATION AND PLATELET DISORDERS	5,094	784	15.39
661	2	COAGULATION AND PLATELET DISORDERS	4,139	730	17.64
661	3	COAGULATION AND PLATELET DISORDERS	4,394	1,149	26.15
661	4	COAGULATION AND PLATELET DISORDERS	916	384	41.92
662	1	SICKLE CELL ANEMIA CRISIS	5,970	7	0.12
662	2	SICKLE CELL ANEMIA CRISIS	6,243	26	0.42
662	3	SICKLE CELL ANEMIA CRISIS	2,449	47	1.92
662	4	SICKLE CELL ANEMIA CRISIS	304	21	6.91
663	1	OTHER ANEMIA AND DISORDERS OF BLOOD AND BLOOD-FORMING ORGANS	16,566	2,179	13.15
663	2	OTHER ANEMIA AND DISORDERS OF BLOOD AND BLOOD-FORMING ORGANS	25,695	4,317	16.80
663	3	OTHER ANEMIA AND DISORDERS OF BLOOD AND BLOOD-FORMING ORGANS	12,822	3,316	25.86
663	4	OTHER ANEMIA AND DISORDERS OF BLOOD AND BLOOD-FORMING ORGANS	1,989	749	37.66
680	1	MAJOR O.R. PROCEDURES FOR LYMPHATIC, HEMATOPOIETIC OR OTHER NEOPLASMS	801	33	4.12
680	2	MAJOR O.R. PROCEDURES FOR LYMPHATIC, HEMATOPOIETIC OR OTHER NEOPLASMS	1,589	178	11.20
680	3	MAJOR O.R. PROCEDURES FOR LYMPHATIC, HEMATOPOIETIC OR OTHER NEOPLASMS	1,113	260	23.36
680	4	MAJOR O.R. PROCEDURES FOR LYMPHATIC, HEMATOPOIETIC OR OTHER NEOPLASMS	412	167	40.53
681	1	OTHER O.R. PROCEDURES FOR LYMPHATIC, HEMATOPOIETIC OR OTHER NEOPLASMS	1,702	51	3.00
681	2	OTHER O.R. PROCEDURES FOR LYMPHATIC, HEMATOPOIETIC OR OTHER NEOPLASMS	2,073	208	10.03
681	3	OTHER O.R. PROCEDURES FOR LYMPHATIC, HEMATOPOIETIC OR OTHER NEOPLASMS	1,291	276	21.38
681	4	OTHER O.R. PROCEDURES FOR LYMPHATIC, HEMATOPOIETIC OR OTHER NEOPLASMS	445	147	33.03
690	1	ACUTE LEUKEMIA	143	7	4.90
690	2	ACUTE LEUKEMIA	1,039	71	6.83
690	3	ACUTE LEUKEMIA	1,511	176	11.65
690	4	ACUTE LEUKEMIA	753	129	17.13
691	1	LYMPHOMA, MYELOMA AND NON-ACUTE LEUKEMIA	939	63	6.71
691	2	LYMPHOMA, MYELOMA AND NON-ACUTE LEUKEMIA	4,335	624	14.39
691	3	LYMPHOMA, MYELOMA AND NON-ACUTE LEUKEMIA	4,967	1,248	25.13
691	4	LYMPHOMA, MYELOMA AND NON-ACUTE LEUKEMIA	1,413	434	30.71
692	1	RADIOTHERAPY	69	10	14.49
692	2	RADIOTHERAPY	179	28	15.64
692	3	RADIOTHERAPY	187	68	36.36
692	4	RADIOTHERAPY	43	16	37.21

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
694	1	LYMPHATIC AND OTHER MALIGNANCIES AND NEOPLASMS OF UNCERTAIN BEHAVIOR	755	55	7.28
694	2	LYMPHATIC AND OTHER MALIGNANCIES AND NEOPLASMS OF UNCERTAIN BEHAVIOR	3,483	526	15.10
694	3	LYMPHATIC AND OTHER MALIGNANCIES AND NEOPLASMS OF UNCERTAIN BEHAVIOR	3,151	751	23.83
694	4	LYMPHATIC AND OTHER MALIGNANCIES AND NEOPLASMS OF UNCERTAIN BEHAVIOR	582	181	31.10
695	1	CHEMOTHERAPY FOR ACUTE LEUKEMIA	1	0	0.42
695	2	CHEMOTHERAPY FOR ACUTE LEUKEMIA	1,190	5	0.42
695	3	CHEMOTHERAPY FOR ACUTE LEUKEMIA	1,767	34	1.92
695	4	CHEMOTHERAPY FOR ACUTE LEUKEMIA	567	44	7.76
696	1	OTHER CHEMOTHERAPY	1,072	29	2.71
696	2	OTHER CHEMOTHERAPY	9,758	351	3.60
696	3	OTHER CHEMOTHERAPY	3,395	305	8.98
696	4	OTHER CHEMOTHERAPY	516	86	16.67
710	1	INFECTIOUS AND PARASITIC DISEASES INCLUDING HIV WITH O.R. PROCEDURE	812	88	10.84
710	2	INFECTIOUS AND PARASITIC DISEASES INCLUDING HIV WITH O.R. PROCEDURE	10,437	2,471	23.68
710	3	INFECTIOUS AND PARASITIC DISEASES INCLUDING HIV WITH O.R. PROCEDURE	24,102	10,093	41.88
710	4	INFECTIOUS AND PARASITIC DISEASES INCLUDING HIV WITH O.R. PROCEDURE	23,463	12,210	52.04
711	1	POST-OPERATIVE, POST-TRAUMA, OTHER DEVICE INFECTIONS WITH O.R. PROCEDURE	2,199	282	12.82
711	2	POST-OPERATIVE, POST-TRAUMA, OTHER DEVICE INFECTIONS WITH O.R. PROCEDURE	6,774	1,558	23.00
711	3	POST-OPERATIVE, POST-TRAUMA, OTHER DEVICE INFECTIONS WITH O.R. PROCEDURE	5,167	1,795	34.74
711	4	POST-OPERATIVE, POST-TRAUMA, OTHER DEVICE INFECTIONS WITH O.R. PROCEDURE	3,032	1,326	43.73
720	1	SEPTICEMIA AND DISSEMINATED INFECTIONS	15,483	1,846	11.92
720	2	SEPTICEMIA AND DISSEMINATED INFECTIONS	150,698	31,734	21.06
720	3	SEPTICEMIA AND DISSEMINATED INFECTIONS	230,566	73,652	31.94
720	4	SEPTICEMIA AND DISSEMINATED INFECTIONS	161,344	69,239	42.91
721	1	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	3,159	373	11.81
721	2	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	12,037	1,991	16.54
721	3	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	11,680	2,401	20.56
721	4	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7,255	2,107	29.04
722	1	FEVER AND INFLAMMATORY CONDITIONS	1,435	142	9.90
722	2	FEVER AND INFLAMMATORY CONDITIONS	4,789	549	11.46
722	3	FEVER AND INFLAMMATORY CONDITIONS	2,246	311	13.85
722	4	FEVER AND INFLAMMATORY CONDITIONS	204	45	22.06
723	1	VIRAL ILLNESS	1,223	137	11.20
723	2	VIRAL ILLNESS	4,681	669	14.29
723	3	VIRAL ILLNESS	3,296	659	19.99
723	4	VIRAL ILLNESS	425	128	30.12
724	1	OTHER INFECTIOUS AND PARASITIC DISEASES	2,162	354	16.37
724	2	OTHER INFECTIOUS AND PARASITIC DISEASES	3,086	525	17.01
724	3	OTHER INFECTIOUS AND PARASITIC DISEASES	2,979	690	23.16

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
724	4	OTHER INFECTIOUS AND PARASITIC DISEASES	719	246	34.21
792	1	EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	1,059	121	11.43
792	2	EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	2,275	470	20.66
792	3	EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	1,879	588	31.29
792	4	EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	1,031	430	41.71
793	1	MODERATELY EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	2,525	359	14.22
793	2	MODERATELY EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	4,341	934	21.52
793	3	MODERATELY EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	2,290	686	29.96
793	4	MODERATELY EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	728	254	34.89
794	1	NON-EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	508	57	11.22
794	2	NON-EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	786	132	16.79
794	3	NON-EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	410	105	25.61
794	4	NON-EXTENSIVE O.R. PROCEDURES FOR OTHER COMPLICATIONS OF TREATMENT	115	44	38.26
810	1	HEMORRHAGE OR HEMATOMA DUE TO COMPLICATION	1,626	65	4.00
810	2	HEMORRHAGE OR HEMATOMA DUE TO COMPLICATION	3,145	226	7.19
810	3	HEMORRHAGE OR HEMATOMA DUE TO COMPLICATION	1,555	224	14.41
810	4	HEMORRHAGE OR HEMATOMA DUE TO COMPLICATION	321	95	29.60
811	1	ALLERGIC REACTIONS	1,786	34	1.90
811	2	ALLERGIC REACTIONS	2,243	136	6.06
811	3	ALLERGIC REACTIONS	1,448	137	9.46
811	4	ALLERGIC REACTIONS	528	123	23.30
812	1	POISONING OF MEDICINAL AGENTS	1,477	135	9.14
812	2	POISONING OF MEDICINAL AGENTS	6,639	843	12.70
812	3	POISONING OF MEDICINAL AGENTS	9,409	1,845	19.61
812	4	POISONING OF MEDICINAL AGENTS	5,334	1,207	22.63
813	1	OTHER COMPLICATIONS OF TREATMENT	3,225	395	12.25
813	2	OTHER COMPLICATIONS OF TREATMENT	7,208	1,312	18.20
813	3	OTHER COMPLICATIONS OF TREATMENT	4,778	1,088	22.77
813	4	OTHER COMPLICATIONS OF TREATMENT	1,178	372	31.58
815	1	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES	337	68	20.18
815	2	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES	1,331	330	24.79
815	3	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES	1,019	394	38.67
815	4	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES	235	116	49.36
816	1	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	646	17	2.63
816	2	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	1,790	114	6.37
816	3	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	1,668	215	12.89
816	4	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	895	143	15.98
817	1	INTENTIONAL SELF-HARM AND ATTEMPTED SUICIDE	608	10	1.64
817	2	INTENTIONAL SELF-HARM AND ATTEMPTED SUICIDE	1,711	79	4.62

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
817	3	INTENTIONAL SELF-HARM AND ATTEMPTED SUICIDE	1,243	123	9.90
817	4	INTENTIONAL SELF-HARM AND ATTEMPTED SUICIDE	1,005	151	15.02
841	2	EXTENSIVE THIRD DEGREE BURNS WITH SKIN GRAFT	1	1	28.85
841	3	EXTENSIVE THIRD DEGREE BURNS WITH SKIN GRAFT	19	6	28.85
841	4	EXTENSIVE THIRD DEGREE BURNS WITH SKIN GRAFT	32	8	28.85
842	1	BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE THIRD DEGREE BURNS	211	21	9.95
842	2	BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE THIRD DEGREE BURNS	525	94	17.90
842	3	BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE THIRD DEGREE BURNS	452	154	34.07
842	4	BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE THIRD DEGREE BURNS	116	56	48.28
843	1	EXTENSIVE THIRD DEGREE BURNS WITHOUT SKIN GRAFT	51	3	5.88
843	2	EXTENSIVE THIRD DEGREE BURNS WITHOUT SKIN GRAFT	136	29	21.32
843	3	EXTENSIVE THIRD DEGREE BURNS WITHOUT SKIN GRAFT	151	48	31.79
843	4	EXTENSIVE THIRD DEGREE BURNS WITHOUT SKIN GRAFT	31	14	45.16
844	1	PARTIAL THICKNESS BURNS WITHOUT SKIN GRAFT	326	36	11.04
844	2	PARTIAL THICKNESS BURNS WITHOUT SKIN GRAFT	440	78	17.73
844	3	PARTIAL THICKNESS BURNS WITHOUT SKIN GRAFT	255	76	29.80
844	4	PARTIAL THICKNESS BURNS WITHOUT SKIN GRAFT	66	25	37.88
861	1	SIGNS, SYMPTOMS AND OTHER FACTORS INFLUENCING HEALTH STATUS	7,176	1,905	26.55
861	2	SIGNS, SYMPTOMS AND OTHER FACTORS INFLUENCING HEALTH STATUS	18,012	5,589	31.03
861	3	SIGNS, SYMPTOMS AND OTHER FACTORS INFLUENCING HEALTH STATUS	7,463	2,454	32.88
861	4	SIGNS, SYMPTOMS AND OTHER FACTORS INFLUENCING HEALTH STATUS	592	240	40.54
890	1	HIV WITH MULTIPLE MAJOR HIV RELATED CONDITIONS	1	0	19.09
890	2	HIV WITH MULTIPLE MAJOR HIV RELATED CONDITIONS	219	42	19.09
890	3	HIV WITH MULTIPLE MAJOR HIV RELATED CONDITIONS	1,901	370	19.46
890	4	HIV WITH MULTIPLE MAJOR HIV RELATED CONDITIONS	2,009	597	29.72
892	1	HIV WITH MAJOR HIV RELATED CONDITION	9	1	8.68
892	2	HIV WITH MAJOR HIV RELATED CONDITION	1,028	89	8.68
892	3	HIV WITH MAJOR HIV RELATED CONDITION	2,170	276	12.72
892	4	HIV WITH MAJOR HIV RELATED CONDITION	419	95	22.67
893	1	HIV WITH MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	20	0	0.00
893	2	HIV WITH MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	330	30	9.09
893	3	HIV WITH MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	252	54	21.43
893	4	HIV WITH MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	20	9	45.00
894	1	HIV WITH ONE SIGNIFICANT HIV CONDITION OR WITHOUT SIGNIFICANT RELATED CONDITIONS	217	6	2.76
894	2	HIV WITH ONE SIGNIFICANT HIV CONDITION OR WITHOUT SIGNIFICANT RELATED CONDITIONS	893	53	5.94
894	3	HIV WITH ONE SIGNIFICANT HIV CONDITION OR WITHOUT SIGNIFICANT RELATED CONDITIONS	282	47	16.67
894	4	HIV WITH ONE SIGNIFICANT HIV CONDITION OR WITHOUT SIGNIFICANT RELATED CONDITIONS	19	6	31.58
910	2	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	24	13	53.67
910	3	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	95	53	53.67
910	4	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	99	51	53.67
911	1	EXTENSIVE ABDOMINAL OR THORACIC PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	1	0	25.76
911	2	EXTENSIVE ABDOMINAL OR THORACIC PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	65	17	25.76

APR DRG	SOI	Description	Eligible Hospital Discharges	4-day PAC Facility Admissions	4-day PAC Facility Admission Rate per 100 Hospital Discharges
911	3	EXTENSIVE ABDOMINAL OR THORACIC PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	187	67	35.83
911	4	EXTENSIVE ABDOMINAL OR THORACIC PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	479	227	47.39
912	2	MUSCULOSKELETAL AND OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	2,325	1,656	66.90
912	3	MUSCULOSKELETAL AND OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	4,052	2,649	66.90
912	4	MUSCULOSKELETAL AND OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	1,559	1,004	66.90
930	1	MULTIPLE SIGNIFICANT TRAUMA WITHOUT O.R. PROCEDURE	132	53	40.15
930	2	MULTIPLE SIGNIFICANT TRAUMA WITHOUT O.R. PROCEDURE	3,327	1,605	48.24
930	3	MULTIPLE SIGNIFICANT TRAUMA WITHOUT O.R. PROCEDURE	3,322	1,772	53.34
930	4	MULTIPLE SIGNIFICANT TRAUMA WITHOUT O.R. PROCEDURE	607	336	55.35
950	1	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1,403	157	11.19
950	2	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	4,503	1,135	25.21
950	3	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	6,170	2,432	39.42
950	4	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3,161	1,613	51.03
951	1	MODERATELY EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	2,115	182	8.61
951	2	MODERATELY EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	8,740	1,810	20.71
951	3	MODERATELY EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	12,966	3,808	29.37
951	4	MODERATELY EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	4,521	1,871	41.38
952	1	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1,306	120	9.19
952	2	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	4,239	861	20.31
952	3	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	4,086	1,358	33.24
952	4	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1,199	528	
			7,435,236	1,736,709	

Appendix C: 4-Day PAC Facility Admission %(A-E)/E by CBSA with National Norm

State	CBSA Description	Hospitals	Eligible Discharges	4-Day PAC Facility Admissions	%(A-E)/E National Norm
Alabama	Birmingham-Hoover, AL	12	31,516	5,550	-22.01
Alabama	Daphne-Fairhope-Foley, AL	3	4,625	904	-14.12
Alabama	Huntsville, AL	3	16,666	4,292	15.88
Alabama	Mobile, AL	4	12,035	2,022	-23.26
Alabama	Montgomery, AL	4	6,066	1,332	-2.50
Alabama	Rural Alabama	29	30,988	7,876	19.50
Alabama	Small CBSAs in Alabama	12	29,338	6,224	-7.86
Alaska	Rural Alaska	3	2,538	226	-62.81
Alaska	Small CBSAs in Alaska	3	6,835	332	-79.42
Arizona	Lake Havasu City-Kingman, AZ	3	4,093	599	-37.15
Arizona	Phoenix-Mesa-Chandler, AZ	26	43,674	8,248	-19.35
Arizona	Tucson, AZ	3	3,278	542	-29.38
Arizona	Rural Arizona	20	68,669	14,681	-8.75
Arizona	Small CBSAs in Arizona	2	8,054	2,034	2.49
Arkansas	Fayetteville-Springdale-Rogers, AR	5	10,776	2,432	1.45
Arkansas	Hot Springs, AR	3	6,662	1,394	-12.57
Arkansas	Little Rock-North Little Rock-Conway, AR	11	33,154	6,433	-10.17
Arkansas	Rural Arkansas	21	25,485	4,871	-14.77
Arkansas	Small CBSAs in Arkansas	4	12,977	2,938	-1.42
California	Anaheim-Santa Ana-Irvine, CA	21	39,537	10,901	10.01
California	Bakersfield, CA	7	10,859	2,727	5.18
California	Fresno, CA	5	17,874	3,707	-12.33
California	Los Angeles-Long Beach-Glendale, CA	67	111,674	29,613	6.68
California	Modesto, CA	5	11,454	2,618	-0.79
California	Oakland-Berkeley-Livermore, CA	18	32,169	7,925	-2.07
California	Oxnard-Thousand Oaks-Ventura, CA	6	16,144	3,073	-22.76
California	Redding, CA	3	8,443	2,110	-1.34
California	Riverside-San Bernardino-Ontario, CA	30	46,001	10,750	-2.91
California	Sacramento-Roseville-Folsom, CA	15	37,375	7,187	-20.19
California	Salinas, CA	3	5,638	1,226	-7.36
California	San Diego-Chula Vista-Carlsbad, CA	13	39,616	10,315	4.34
California	San Francisco-San Mateo-Redwood City, CA	16	26,263	4,764	-23.24
California	San Jose-Sunnyvale-Santa Clara, CA	10	28,372	6,840	0.63
California	San Luis Obispo-Paso Robles, CA	3	4,787	1,265	10.33
California	San Rafael, CA	3	4,170	979	-3.25
California	Santa Cruz-Watsonville, CA	3	4,938	1,120	-5.27
California	Santa Maria-Santa Barbara, CA	3	5,555	1,233	-12.17
California	Santa Rosa-Petaluma, CA	5	3,603	849	-2.66
California	Stockton, CA	6	7,489	1,881	3.78
California	Vallejo, CA	4	5,589	1,228	-13.26
California	Rural California	31	100,858	22,499	-8.38
California	Small CBSAs in California	11	32,074	6,875	-11.95

State	CBSA Description	Hospitals	Eligible Discharges	4-Day PAC Facility Admissions	%(A-E)/E National Norm
Colorado	Boulder, CO	5	5,868	1,384	-1.61
Colorado	Colorado Springs, CO	3	12,663	3,242	9.21
Colorado	Denver-Aurora-Lakewood, CO	19	39,874	9,136	-9.71
Colorado	Fort Collins, CO	4	9,179	2,057	-5.39
Colorado	Rural Colorado	11	6,581	1,390	-11.12
Colorado	Small CBSAs in Colorado	5	12,726	3,292	4.19
Connecticut	Bridgeport-Stamford-Norwalk, CT	6	25,319	7,894	30.92
Connecticut	Hartford-East Hartford-Middletown, CT	7	19,570	6,055	29.76
Connecticut	New Haven-Milford, CT	5	10,670	3,284	29.43
Connecticut	Rural Connecticut	8	34,744	9,950	20.34
Delaware	Wilmington, DE-MD-NJ	5	23,499	5,602	4.35
Delaware	Small CBSAs in Delaware	1	5,159	1,214	2.66
District of Columbia	Washington-Arlington-Alexandria, DC-VA-MD-WV	31	94,497	20,140	-8.92
Florida	Cape Coral-Fort Myers, FL	4	22,174	4,968	-3.56
Florida	Crestview-Fort Walton Beach-Destin, FL	5	8,481	2,125	5.20
Florida	Deltona-Daytona Beach-Ormond Beach, FL	5	14,690	3,645	6.03
Florida	Fort Lauderdale-Pompano Beach-Sunrise, FL	14	35,185	6,925	-13.21
Florida	Jacksonville, FL	10	44,468	10,283	3.92
Florida	Miami-Miami Beach-Kendall, FL	15	29,502	7,106	5.05
Florida	North Port-Sarasota-Bradenton, FL	7	33,215	9,481	25.78
Florida	Orlando-Kissimmee-Sanford, FL	11	62,982	12,758	-10.44
Florida	Palm Bay-Melbourne-Titusville, FL	7	18,885	4,917	11.21
Florida	Panama City, FL	3	7,551	1,998	14.23
Florida	Pensacola-Ferry Pass-Brent, FL	5	17,426	3,666	-7.29
Florida	Port St. Lucie, FL	3	17,638	4,184	9.26
Florida	Punta Gorda, FL	3	9,233	2,098	-0.98
Florida	Tampa-St. Petersburg-Clearwater, FL	27	85,829	22,359	11.61
Florida	West Palm Beach-Boca Raton-Boynton Beach, FL	12	46,210	12,148	18.23
Florida	Rural Florida	19	56,528	13,523	9.41
Florida	Small CBSAs in Florida	13	61,903	15,016	8.10
Georgia	Atlanta-Sandy Springs-Alpharetta, GA	35	95,934	16,880	-24.72
Georgia	Augusta-Richmond County, GA-SC	5	16,435	3,285	-9.72
Georgia	Columbus, GA-AL	4	8,509	1,476	-25.91
Georgia	Macon-Bibb County, GA	3	10,391	1,970	-14.61
Georgia	Savannah, GA	3	11,015	2,036	-20.54
Georgia	Warner Robins, GA	3	4,201	979	7.77
Georgia	Rural Georgia	35	32,182	6,670	-7.70
Georgia	Small CBSAs in Georgia	7	35,959	5,914	-29.22
Hawaii	Urban Honolulu, HI	7	12,017	2,755	-7.35
Hawaii	Rural Hawaii	4	3,037	589	-20.56
Hawaii	Small CBSAs in Hawaii	1	1,226	107	-67.62
Idaho	Boise City, ID	5	11,075	1,970	-23.85
Idaho	Rural Idaho	4	3,438	1,002	22.83
Idaho	Small CBSAs in Idaho	6	12,998	2,922	-6.29
Illinois	Chicago-Naperville-Arlington Heights, IL	51	158,802	43,697	14.97
Illinois	Elgin, IL	6	15,280	3,670	0.88

State	CBSA Description	Hospitals	Eligible Discharges	4-Day PAC Facility Admissions	%(A-E)/E National Norm
Illinois	Lake County-Kenosha County, IL-WI	7	18,720	5,187	15.53
Illinois	Peoria, IL	3	5,283	1,137	-14.51
Illinois	Rockford, IL	3	10,526	2,852	16.48
Illinois	Rural Illinois	30	74,873	16,974	-2.06
Illinois	Small CBSAs in Illinois	13	41,512	9,349	-2.05
Indiana	Evansville, IN-KY	5	16,132	4,250	15.38
Indiana	Fort Wayne, IN	8	14,454	3,486	6.66
Indiana	Gary, IN	11	26,585	4,863	-19.84
Indiana	Indianapolis-Carmel-Anderson, IN	24	55,461	14,649	13.57
Indiana	South Bend-Mishawaka, IN-MI	4	8,900	2,517	14.95
Indiana	Rural Indiana	15	18,156	4,962	16.96
Indiana	Small CBSAs in Indiana	13	34,832	9,539	12.12
Iowa	Davenport-Moline-Rock Island, IA-IL	4	10,362	2,171	-6.49
Iowa	Des Moines-West Des Moines, IA	5	18,041	4,086	-3.67
Iowa	Waterloo-Cedar Falls, IA	3	3,961	1,060	11.32
Iowa	Rural Iowa	14	15,586	4,281	15.58
Iowa	Small CBSAs in Iowa	9	26,598	5,652	-9.12
Kansas	Wichita, KS	9	21,588	5,652	8.18
Kansas	Rural Kansas	20	17,345	4,381	6.97
Kansas	Small CBSAs in Kansas	4	12,609	3,345	5.24
Kentucky	Lexington-Fayette, KY	7	19,045	4,370	-4.80
Kentucky	Louisville/Jefferson County, KY-IN	10	42,242	10,811	8.81
Kentucky	Rural Kentucky	40	52,766	10,932	-9.08
Kentucky	Small CBSAs in Kentucky	3	11,653	2,939	12.10
Louisiana	Alexandria, LA	3	7,765	1,424	-14.65
Louisiana	Baton Rouge, LA	7	9,877	1,642	-29.42
Louisiana	Houma-Thibodaux, LA	3	2,487	166	-67.77
Louisiana	Lafayette, LA	11	16,166	2,740	-21.01
Louisiana	Lake Charles, LA	3	1,880	354	-6.65
Louisiana	Monroe, LA	5	7,370	1,290	-16.55
Louisiana	New Orleans-Metairie, LA	18	26,330	3,654	-38.97
Louisiana	Shreveport-Bossier City, LA	6	16,264	2,814	-21.09
Louisiana	Rural Louisiana	24	19,863	3,996	-10.41
Louisiana	Small CBSAs in Louisiana	2	3,010	674	3.16
Maine	Portland-South Portland, ME	5	13,799	3,699	14.95
Maine	Rural Maine	9	9,632	2,456	5.14
Maine	Small CBSAs in Maine	3	8,464	1,817	-8.65
Maryland	Baltimore-Columbia-Towson, MD	23	92,832	21,757	0.95
Maryland	Salisbury, MD-DE	6	17,498	4,074	1.97
Maryland	Silver Spring-Frederick-Rockville, MD	7	28,140	8,970	29.01
Maryland	Rural Maryland	3	4,816	1,326	17.50
Maryland	Small CBSAs in Maryland	4	14,331	3,304	-2.46
Massachusetts	Boston, MA	16	70,203	19,462	22.46
Massachusetts	Cambridge-Newton-Framingham, MA	14	42,849	12,029	22.39
Massachusetts	Springfield, MA	5	8,082	2,237	20.88
Massachusetts	Worcester, MA-CT	6	12,605	3,785	37.48

State	CBSA Description	Hospitals	Eligible Discharges	4-Day PAC Facility Admissions	%(A-E)/E National Norm
Massachusetts	Rural Massachusetts	7	47,402	12,161	11.81
Massachusetts	Small CBSAs in Massachusetts	3	15,805	5,288	37.81
Michigan	Ann Arbor, MI	4	19,193	3,632	-16.48
Michigan	Detroit-Dearborn-Livonia, MI	8	21,100	5,021	-3.30
Michigan	Flint, MI	3	12,947	2,878	-6.10
Michigan	Grand Rapids-Kentwood, MI	6	6,959	1,654	0.25
Michigan	Kalamazoo-Portage, MI	3	9,522	1,937	-10.95
Michigan	Lansing-East Lansing, MI	3	12,278	2,668	-6.03
Michigan	Warren-Troy-Farmington Hills, MI	16	38,429	9,097	-3.38
Michigan	Rural Michigan	41	121,718	25,256	-11.29
Michigan	Small CBSAs in Michigan	7	28,243	6,053	-6.68
Minnesota	Duluth, MN-WI	4	7,552	1,493	-15.02
Minnesota	Minneapolis-St. Paul-Bloomington, MN-WI	26	85,302	20,643	2.28
Minnesota	Rural Minnesota	15	27,019	6,517	3.04
Minnesota	Small CBSAs in Minnesota	3	22,604	4,587	-13.91
Mississippi	Gulfport-Biloxi, MS	5	12,184	2,354	-13.90
Mississippi	Jackson, MS	9	23,134	4,094	-21.45
Mississippi	Rural Mississippi	28	42,736	8,908	-4.30
Mississippi	Small CBSAs in Mississippi	2	10,249	2,345	2.08
Missouri	Kansas City, MO-KS	29	64,015	13,460	-9.34
Missouri	St. Louis, MO-IL	29	81,267	18,670	-3.01
Missouri	Rural Missouri	30	37,329	8,857	4.40
Missouri	Small CBSAs in Missouri	7	33,925	7,755	-3.01
Montana	Rural Montana	8	14,755	3,397	-4.67
Montana	Small CBSAs in Montana	4	9,425	1,481	-31.27
Nebraska	Lincoln, NE	4	12,913	3,474	16.12
Nebraska	Omaha-Council Bluffs, NE-IA	12	25,596	5,585	-8.01
Nebraska	Rural Nebraska	8	12,542	3,352	4.90
Nebraska	Small CBSAs in Nebraska	1	2,093	587	8.52
Nevada	Las Vegas-Henderson-Paradise, NV	14	41,875	8,020	-19.75
Nevada	Reno, NV	4	13,964	2,358	-33.87
Nevada	Rural Nevada	1	582	104	-19.67
Nevada	Small CBSAs in Nevada	1	4,293	860	-13.55
New Hampshire	Manchester-Nashua, NH	5	18,156	4,330	7.24
New Hampshire	Rockingham County-Strafford County, NH	4	8,339	2,405	23.99
New Hampshire	Rural New Hampshire	4	12,810	3,131	0.48
New Jersey	Camden, NJ	8	39,478	11,228	26.28
New Jersey	Newark, NJ-PA	16	60,507	20,343	40.77
New Jersey	Trenton-Princeton, NJ	4	7,158	2,301	34.84
New Jersey	Small CBSAs in New Jersey	4	19,170	5,731	30.97
New Mexico	Albuquerque, NM	5	12,501	2,518	-14.99
New Mexico	Rural New Mexico	15	13,606	3,079	-9.57
New Mexico	Small CBSAs in New Mexico	3	7,289	1,439	-19.57
New York	Albany-Schenectady-Troy, NY	5	19,195	3,225	-27.21
New York	Buffalo-Cheektowaga, NY	9	19,027	4,850	8.86
New York	Dutchess County-Putnam County, NY	3	11,330	3,286	20.57

State	CBSA Description	Hospitals	Eligible Discharges	4-Day PAC Facility Admissions	%(A-E)/E National Norm
New York	Nassau County-Suffolk County, NY	19	97,125	24,523	9.63
New York	New York-Jersey City-White Plains, NY-NJ	70	227,703	67,223	26.07
New York	Rochester, NY	8	12,951	2,608	-13.48
New York	Syracuse, NY	5	18,410	4,226	3.68
New York	Utica-Rome, NY	3	6,625	2,156	46.73
New York	Rural New York	42	124,577	29,882	3.77
New York	Small CBSAs in New York	4	9,400	2,370	13.54
North Carolina	Asheville, NC	3	5,363	1,527	18.57
North Carolina	Charlotte-Concord-Gastonia, NC-SC	18	56,076	12,635	-2.07
North Carolina	Durham-Chapel Hill, NC	6	23,098	4,005	-22.37
North Carolina	Hickory-Lenoir-Morganton, NC	3	4,953	1,439	17.86
North Carolina	Raleigh-Cary, NC	6	26,081	5,377	-8.00
North Carolina	Rocky Mount, NC	3	6,800	1,553	-3.61
North Carolina	Winston-Salem, NC	6	16,794	3,307	-15.31
North Carolina	Rural North Carolina	33	98,059	21,745	-5.13
North Carolina	Small CBSAs in North Carolina	5	16,761	2,771	-27.19
North Dakota	Rural North Dakota	3	14,382	3,135	-10.05
North Dakota	Small CBSAs in North Dakota	3	10,045	2,560	1.76
Ohio	Akron, OH	4	8,680	2,296	8.45
Ohio	Cincinnati, OH-KY-IN	18	51,849	13,002	6.51
Ohio	Cleveland-Elyria, OH	21	67,876	17,603	12.41
Ohio	Columbus, OH	14	44,523	10,841	1.07
Ohio	Dayton-Kettering, OH	6	7,142	1,904	14.93
Ohio	Lima, OH	3	7,329	1,732	0.45
Ohio	Toledo, OH	8	14,751	3,855	18.28
Ohio	Youngstown-Warren-Boardman, OH-PA	8	9,317	2,213	2.74
Ohio	Rural Ohio	42	80,532	20,596	11.07
Ohio	Small CBSAs in Ohio	4	4,568	1,220	14.54
Oklahoma	Oklahoma City, OK	22	42,616	8,271	-16.33
Oklahoma	Tulsa, OK	15	19,697	3,386	-25.16
Oklahoma	Rural Oklahoma	29	37,673	7,858	-11.97
Oklahoma	Small CBSAs in Oklahoma	3	5,542	1,287	-3.35
Oregon	Eugene-Springfield, OR	3	8,533	1,603	-16.74
Oregon	Portland-Vancouver-Hillsboro, OR-WA	17	32,356	6,049	-20.64
Oregon	Salem, OR	3	4,979	996	-17.78
Oregon	Rural Oregon	9	15,786	2,658	-29.66
Oregon	Small CBSAs in Oregon	4	7,663	1,365	-23.19
Pennsylvania	Allentown-Bethlehem-Easton, PA-NJ	10	20,348	5,522	11.09
Pennsylvania	Bloomsburg-Berwick, PA	3	6,877	1,878	16.64
Pennsylvania	Lancaster, PA	4	11,706	3,123	5.37
Pennsylvania	Montgomery County-Bucks County-Chester County, PA	20	50,916	13,297	15.57
Pennsylvania	Philadelphia, PA	18	58,220	13,148	-0.57
Pennsylvania	Pittsburgh, PA	28	51,143	10,959	-6.18
Pennsylvania	Scranton--Wilkes-Barre, PA	3	4,139	1,164	18.66
Pennsylvania	York-Hanover, PA	4	9,795	2,131	-3.45
Pennsylvania	Rural Pennsylvania	43	103,326	25,660	7.02

State	CBSA Description	Hospitals	Eligible Discharges	4-Day PAC Facility Admissions	%(A-E)/E National Norm
Pennsylvania	Small CBSAs in Pennsylvania	14	26,980	7,119	12.22
Rhode Island	Providence-Warwick, RI-MA	14	43,941	12,432	22.91
South Carolina	Charleston-North Charleston, SC	6	22,936	4,105	-17.54
South Carolina	Columbia, SC	4	12,163	2,634	-8.62
South Carolina	Florence, SC	4	11,268	2,072	-19.74
South Carolina	Greenville-Anderson, SC	8	19,982	5,226	10.33
South Carolina	Myrtle Beach-Conway-North Myrtle Beach, SC-NC	4	14,085	2,095	-33.77
South Carolina	Spartanburg, SC	3	8,563	2,077	2.96
South Carolina	Rural South Carolina	16	27,386	5,921	-4.29
South Carolina	Small CBSAs in South Carolina	4	6,605	1,423	-2.96
South Dakota	Sioux Falls, SD	4	15,583	3,423	-5.61
South Dakota	Rural South Dakota	9	11,192	2,950	9.17
South Dakota	Small CBSAs in South Dakota	2	769	92	-35.19
Tennessee	Chattanooga, TN-GA	4	19,587	5,076	10.12
Tennessee	Kingsport-Bristol, TN-VA	3	3,059	651	-15.79
Tennessee	Knoxville, TN	6	13,451	2,594	-13.79
Tennessee	Memphis, TN-MS-AR	9	39,676	8,055	-12.92
Tennessee	Morristown, TN	3	2,236	539	-3.93
Tennessee	Nashville-Davidson--Murfreesboro--Franklin, TN	18	52,230	11,361	-5.20
Tennessee	Rural Tennessee	39	52,724	13,476	8.87
Tennessee	Small CBSAs in Tennessee	4	13,177	3,806	22.97
Texas	Austin-Round Rock-Georgetown, TX	11	25,997	5,254	-13.64
Texas	Brownsville-Harlingen, TX	4	8,391	1,871	-0.19
Texas	Dallas-Plano-Irving, TX	38	71,504	17,891	5.75
Texas	El Paso, TX	6	8,672	1,244	-39.85
Texas	Fort Worth-Arlington-Grapevine, TX	21	40,338	9,917	5.41
Texas	Houston-The Woodlands-Sugar Land, TX	34	89,799	16,332	-23.78
Texas	Longview, TX	3	7,879	1,788	-0.62
Texas	Lubbock, TX	4	11,423	2,825	-0.50
Texas	McAllen-Edinburg-Mission, TX	4	7,253	1,021	-42.59
Texas	San Antonio-New Braunfels, TX	9	30,289	5,769	-13.93
Texas	Tyler, TX	5	15,241	4,245	19.77
Texas	Rural Texas	59	76,513	17,293	-3.40
Texas	Small CBSAs in Texas	23	68,959	15,716	-2.55
Utah	Ogden-Clearfield, UT	6	6,698	2,015	19.45
Utah	Provo-Orem, UT	5	4,913	1,300	8.67
Utah	Salt Lake City, UT	11	18,327	4,130	-6.55
Utah	Rural Utah	6	2,543	616	2.86
Utah	Small CBSAs in Utah	3	6,549	1,503	-1.02
Vermont	Rural Vermont	5	7,298	1,908	8.74
Vermont	Small CBSAs in Vermont	1	6,539	1,432	-5.21
Virginia	Richmond, VA	9	41,751	8,555	-11.17
Virginia	Roanoke, VA	3	16,373	4,251	5.91
Virginia	Virginia Beach-Norfolk-Newport News, VA-NC	14	50,749	11,546	-2.17
Virginia	Rural Virginia	20	44,823	11,153	4.11
Virginia	Small CBSAs in Virginia	5	17,360	3,811	-2.48

State	CBSA Description	Hospitals	Eligible Discharges	4-Day PAC Facility Admissions	%(A-E)/E National Norm
Washington	Seattle-Bellevue-Kent, WA	19	50,083	9,802	-18.53
Washington	Spokane-Spokane Valley, WA	4	14,228	3,596	3.74
Washington	Tacoma-Lakewood, WA	5	17,675	3,754	-13.34
Washington	Yakima, WA	3	4,875	975	-14.93
Washington	Rural Washington	10	21,939	4,878	-9.48
Washington	Small CBSAs in Washington	6	20,046	4,011	-14.65
West Virginia	Charleston, WV	4	13,396	1,972	-33.10
West Virginia	Huntington-Ashland, WV-KY-OH	5	15,341	3,004	-11.25
West Virginia	Wheeling, WV-OH	4	4,774	1,304	26.75
West Virginia	Rural West Virginia	14	17,270	3,636	-6.36
West Virginia	Small CBSAs in West Virginia	6	19,813	4,191	-9.62
Wisconsin	Eau Claire, WI	3	3,292	813	5.36
Wisconsin	Green Bay, WI	3	4,382	917	-6.05
Wisconsin	Madison, WI	5	20,115	4,467	-5.17
Wisconsin	Milwaukee-Waukesha, WI	15	20,508	5,128	5.54
Wisconsin	Oshkosh-Neenah, WI	3	2,039	525	1.58
Wisconsin	Rural Wisconsin	26	46,152	10,451	-3.91
Wisconsin	Small CBSAs in Wisconsin	8	14,536	3,345	0.06
Wyoming	Rural Wyoming	8	7,140	1,688	-2.40
Wyoming	Small CBSAs in Wyoming	2	3,606	827	-3.91

Appendix D: 4-Day PAC Facility Admission %(A-E)/E and \$(A-E) for 4-day PAC Admissions using Best Practice Norm by State

State	Eligible Discharges	4-Day PAC Facility Admissions	%(A-E)/E BP Norm	\$(A-E) BP Norm (000)
Alabama	132,348	28,335	24.07	31,385
Alaska	10,896	592	-70.53	-9,850
Arizona	129,357	26,200	11.43	13,030
Arkansas	89,054	18,068	17.45	15,930
California	600,482	141,685	24.50	144,497
Colorado	86,891	20,501	23.66	18,995
Connecticut	91,323	27,591	64.04	63,630
Delaware	33,728	7,291	23.28	7,454
District of Columbia	25,995	5,323	17.00	3,827
Florida	571,900	137,200	36.52	213,239
Georgia	210,924	38,519	2.32	-2,352
Hawaii	16,280	3,451	10.07	1,495
Idaho	27,511	5,894	16.62	3,518
Illinois	338,227	85,639	38.43	134,283
Indiana	183,081	46,943	41.59	79,372
Iowa	72,379	16,873	27.78	18,251
Kansas	80,832	19,909	32.98	28,036
Kentucky	135,625	30,889	26.99	37,671
Louisiana	111,012	18,754	-1.52	-4,456
Maine	31,895	7,972	36.37	12,241
Maryland	163,372	41,477	38.49	65,706
Massachusetts	216,145	60,031	56.97	133,698
Michigan	270,389	58,196	17.99	41,906
Minnesota	142,477	33,240	27.67	34,953
Mississippi	94,901	18,717	14.27	10,336
Missouri	174,390	39,343	24.34	42,070
Montana	24,255	4,879	9.85	816
Nebraska	50,379	12,398	32.08	15,371
Nevada	60,714	11,342	-0.34	-737
New Hampshire	39,305	9,866	39.99	16,841
New Jersey	239,458	79,488	83.34	223,643
New Mexico	34,528	7,192	10.43	3,605
New York	439,012	106,356	35.04	152,468
North Carolina	250,122	53,180	18.82	40,224
North Dakota	24,427	5,695	22.45	4,714
Ohio	286,888	72,696	40.22	120,274
Oklahoma	106,708	20,864	8.18	4,837
Oregon	62,268	11,485	1.33	-3,638
Pennsylvania	341,019	83,134	36.02	130,683
Rhode Island	23,722	6,955	59.98	15,425
South Carolina	129,587	27,323	19.36	25,147
South Dakota	28,160	6,518	27.63	6,557
Tennessee	187,288	44,093	30.73	60,668
Texas	462,258	101,166	20.33	101,546
Utah	39,030	9,564	31.00	11,586
Vermont	13,837	3,340	31.97	4,344
Virginia	226,013	50,710	23.38	51,855
Washington	135,895	28,202	11.09	9,085
West Virginia	63,236	12,450	12.37	8,144
Wisconsin	114,967	26,665	27.76	30,067
Wyoming	10,746	2,515	25.28	2,979



Health Information Systems
575 West Murray Boulevard
Salt Lake City, UT 84123 U.S.A.
800 367 2447

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