

CMS 2008 Basic Stand Alone (BSA) Inpatient Claims Public Use File (PUF)

Data Dictionary and Codebook

This is a claims-level file with the following variables. See the General Documentation for an overview of file contents, data source, information about exclusions, and analytic utility.

IP_CLM_ID

This field contains a cryptographic claim ID. As this is a claims-level file, each row on the file has a unique value for IP_CLM_ID. IP_CLM_ID cannot be used to link to any other data files released by CMS or other sources. Because of the manner in which the field was created, IP_CLM_ID can also serve as a random number, representing random draws from a uniform distribution.

BENE_SEX_IDENT_CD

This field indicates the sex of the beneficiary.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Male	258,217	43.883%
2	Female	330,198	56.117%

BENE_AGE_CAT_CD

This categorical variable is based on the beneficiary's age at end of the reference year (2008). In the event the beneficiary died during the reference year, the age at the date of death is used.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	Under 65	116,080	19.728%
2	65 - 69	77,597	13.187%
3	70 - 74	86,205	14.650%
4	75 - 79	91,487	15.548%
5	80 - 84	94,759	16.104%
6	85 & Older	122,287	20.782%

IP_CLM_BASE_DRG_CD

IP_CLM_BASE_DRG_CD is a categorical variable. It represents diagnostic related groups (DRGs) to which a hospital claim belongs for prospective payment purposes without differentiating between claims with major complication or comorbidity (MCC), with complication or comorbidity that is not major (CC), or with no complication or comorbidity (w/o CC/MCC). These Base DRG codes are derived from MS-DRG codes. For example, MS-DRG codes 291, 292, and 293 indicate “Heart failure & shock w MCC”, “Heart failure & shock w CC”, and “Heart failure & shock w/o CC/MCC”. IP_CLM_BASE_DRG_CD combines the three MS-DRG codes into “Heart failure & shock” and has a numeric value of 97 in the data. MS-DRG codes are provided in the table below. Note that claims with certain MS-DRG codes may not exist in the file either because records with the underlying MS-DRG codes do not exist in the initial 5% Medicare sample or because all such records are suppressed from the file to protect the privacy of Medicare beneficiaries.

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
1	001; 002	Heart transplant or implant of heart assist system	53	0.009%
2	003	ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	864	0.147%
3	004	Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R.	1,126	0.191%
4	005; 006	Liver transplant	36	0.006%
5	007	Lung transplant	17	0.003%
6	008	Simultaneous pancreas/kidney transplant	23	0.004%
7	009	Bone marrow transplant	80	0.014%
8	010	Pancreas transplant	1	0.000%
9	011; 012; 013	Tracheostomy for face,mouth & neck diagnoses	202	0.034%
10	020; 021; 022	Intracranial vascular procedures w PDX hemorrhage	66	0.011%
11	023; 024	Cranio w major dev impl/acute complex CNS PDX	190	0.032%
12	025; 026; 027	Craniotomy & endovascular intracranial procedures	1,635	0.278%
13	028; 029; 030	Spinal procedures	391	0.066%
14	031; 032; 033	Ventricular shunt procedures	357	0.061%
15	034; 035; 036	Carotid artery stent procedure	425	0.072%
16	037; 038; 039	Extracranial procedures	3,203	0.544%
17	040; 041; 042	Periph/cranial nerve & other nerv syst	596	0.101%

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
18	052; 053	Spinal disorders & injuries	26	0.004%
19	054; 055	Nervous system neoplasms	744	0.126%
20	056; 057	Degenerative nervous system disorders	4,603	0.782%
21	058; 059; 060	Multiple sclerosis & cerebellar ataxia	294	0.050%
22	061; 062; 063	Acute ischemic stroke w use of thrombolytic agent	299	0.051%
23	064; 065; 066	Intracranial hemorrhage or cerebral infarction	12,720	2.162%
24	067; 068	Nonspecific cva & precerebral occlusion w/o infarct	530	0.090%
25	069	Transient ischemia	4,725	0.803%
26	070; 071; 072	Nonspecific cerebrovascular disorders	1,074	0.183%
27	073; 074	Cranial & peripheral nerve disorders	1,740	0.296%
28	075; 076	Viral meningitis	26	0.004%
29	077; 078; 079	Hypertensive encephalopathy	114	0.019%
30	080; 081	Nontraumatic stupor & coma	296	0.050%
31	082; 083; 084	Traumatic stupor & coma, coma >1 hr	185	0.031%
32	085; 086; 087	Traumatic stupor & coma	1,382	0.235%
33	088; 089; 090	Concussion	237	0.040%
34	091; 092; 093	Other disorders of nervous system	1,920	0.326%
35	094; 095; 096	Bacterial & tuberculous infections of nervous system	52	0.009%
36	097; 098; 099	Non-bacterial infect of nervous sys exc viral meningitis	33	0.006%
37	100; 101	Seizures	3,366	0.572%
38	102; 103	Headaches	606	0.103%
39	113; 114	Orbital procedures	5	0.001%
40	116; 117	Intraocular procedures	7	0.001%
41	121; 122	Acute major eye infections	16	0.003%
42	123	Neurological eye disorders	85	0.014%
43	124; 125	Other disorders of the eye	167	0.028%
44	129; 130	Major head & neck procedures	63	0.011%
45	131; 132	Cranial/facial procedures	34	0.006%
46	133; 134	Other ear, nose, mouth & throat O.R. procedures	33	0.006%
47	137; 138	Mouth procedures	12	0.002%
48	139	Salivary gland procedures	47	0.008%
49	146; 147; 148	Ear, nose, mouth & throat malignancy	12	0.002%
50	149	Dysequilibrium	1,614	0.274%

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
51	150; 151	Epistaxis	292	0.050%
52	152; 153	Otitis media & URI	915	0.156%
53	154; 155; 156	Nasal trauma & deformity	366	0.062%
54	157; 158; 159	Dental & Oral Diseases	150	0.025%
55	163; 164; 165	Major chest procedures	2,126	0.361%
56	166; 167; 168	Other resp system O.R.	2,295	0.390%
57	175; 176	Pulmonary embolism	2,330	0.396%
58	177; 178; 179	Respiratory infections & inflammations	8,572	1.457%
59	180; 181; 182	Respiratory neoplasms	2,379	0.404%
60	183; 184; 185	Major chest trauma	395	0.067%
61	186; 187; 188	Pleural effusion	1,086	0.185%
62	189	Pulmonary edema & respiratory failure	6,270	1.066%
63	190; 191; 192	Chronic obstructive pulmonary disease	22,865	3.886%
64	193; 194; 195	Simple pneumonia & pleurisy	24,317	4.133%
65	196; 197; 198	Interstitial lung disease	664	0.113%
66	199; 200; 201	Pneumothorax	606	0.103%
67	202; 203	Bronchitis & asthma	3,736	0.635%
68	204	Respiratory signs & symptoms	995	0.169%
69	205; 206	Other respiratory system diagnoses	1,036	0.176%
70	207	Respiratory system diagnosis w ventilator support 96+ hours	2,667	0.453%
71	208	Respiratory system diagnosis w ventilator support <96 hours	4,000	0.680%
72	216; 217; 218	Cardiac valve & oth maj cardiothoracic proc w card cath	870	0.148%
73	219; 220; 221	Cardiac valve & oth maj cardiothoracic proc w/o card cath	1,578	0.268%
74	222; 223	Cardiac defib implant w cardiac cath w AMI/HF/shock	322	0.055%
75	224; 225	Cardiac defib implant w cardiac cath w/o AMI/HF/shock	354	0.060%
76	226; 227	Cardiac defibrillator implant w/o cardiac cath	1,950	0.331%
77	228; 229; 230	Other cardiothoracic procedures	261	0.044%
78	231; 232	Coronary bypass w PTCA	91	0.015%
79	233; 234	Coronary bypass w cardiac cath	2,247	0.382%
80	235; 236	Coronary bypass w/o cardiac cath	1,853	0.315%
81	237; 238	Major cardiovasc procedures	3,128	0.532%

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
82	239; 240; 241	Amputation for circ sys disorders exc upper limb & toe	1,295	0.220%
83	242; 243; 244	Permanent cardiac pacemaker implant	5,603	0.952%
84	245	AICD lead & generator procedures	238	0.040%
85	246; 247	Perc cardiovasc proc w drug-eluting stent w MCC	9,155	1.556%
86	248; 249	Perc cardiovasc proc w non-drug-eluting stent	4,086	0.694%
87	250; 251	Perc cardiovasc proc w/o coronary artery stent or AMI	2,291	0.389%
88	252; 253; 254	Other vascular procedures	6,636	1.128%
89	255; 256; 257	Upper limb & toe amputation for circ system disorders	333	0.057%
90	258; 259	Cardiac pacemaker device replacement	317	0.054%
91	260; 261; 262	Cardiac pacemaker revision except device replacement	433	0.074%
92	264	Other circulatory system O.R. procedures	1,021	0.174%
93	280; 281; 282	Acute myocardial infarction, discharged alive	8,268	1.405%
94	283; 284; 285	Acute myocardial infarction, expired	710	0.121%
95	286; 287	Circulatory disorders except AMI, w card cath	8,590	1.460%
96	288; 289; 290	Acute & subacute endocarditis	112	0.019%
97	291; 292; 293	Heart failure & shock	29,374	4.992%
98	294; 295	Deep vein thrombophlebitis	72	0.012%
99	296; 297; 298	Cardiac arrest, unexplained	90	0.015%
100	299; 300; 301	Peripheral vascular disorders	4,977	0.846%
101	302; 303	Atherosclerosis	3,175	0.540%
102	304; 305	Hypertension	1,624	0.276%
103	306; 307	Cardiac congenital & valvular disorders	292	0.050%
104	308; 309; 310	Cardiac arrhythmia & conduction disorders	14,695	2.497%
105	311	Angina pectoris	879	0.149%
106	312	Syncope & collapse	8,258	1.403%
107	313	Chest pain	9,542	1.622%
108	314; 315; 316	Other circulatory system diagnoses	5,306	0.902%
109	326; 327; 328	Stomach, esophageal & duodenal proc	1,318	0.224%
110	329; 330; 331	Major small & large bowel procedures	6,846	1.163%
111	332; 333; 334	Rectal resection	517	0.088%
112	335; 336; 337	Peritoneal adhesiolysis	1,365	0.232%
113	338; 339; 340	Appendectomy w complicated principal diag	414	0.070%
114	341; 342; 343	Appendectomy w/o complicated principal diag	499	0.085%

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
115	344; 345; 346	Minor small & large bowel procedures	270	0.046%
116	347; 348; 349	Anal & stomal procedures	424	0.072%
117	350; 351; 352	Inguinal & femoral hernia procedures	643	0.109%
118	353; 354; 355	Hernia procedures except inguinal & femoral	1,309	0.222%
119	356; 357; 358	Other digestive system O.R. procedures	721	0.123%
120	368; 369; 370	Major esophageal disorders	390	0.066%
121	371; 372; 373	Major gastrointestinal disorders & peritoneal infections	3,320	0.564%
122	374; 375; 376	Digestive malignancy	1,147	0.195%
123	377; 378; 379	G.I. hemorrhage	12,464	2.118%
124	380; 381; 382	Complicated peptic ulcer	434	0.074%
125	383; 384	Uncomplicated peptic ulcer	365	0.062%
126	385; 386; 387	Inflammatory bowel disease	660	0.112%
127	388; 389; 390	G.I. obstruction	5,849	0.994%
128	391; 392	Esophagitis, gastroent & misc digest disorders	15,226	2.588%
129	393; 394; 395	Other digestive system diagnoses	4,248	0.722%
130	405; 406; 407	Pancreas, liver & shunt procedures	509	0.087%
131	408; 409; 410	Biliary tract proc except only cholecyst w or w/o c.d.e.	159	0.027%
132	411; 412; 413	Cholecystectomy w c.d.e.	104	0.018%
133	414; 415; 416	Cholecystectomy except by laparoscope w/o c.d.e.	813	0.138%
134	417; 418; 419	Laparoscopic cholecystectomy w/o c.d.e.	3,719	0.632%
135	420; 421; 422	Hepatobiliary diagnostic procedures	8	0.001%
136	423; 424; 425	Other hepatobiliary or pancreas O.R. procedures	10	0.002%
137	432; 433; 434	Cirrhosis & alcoholic hepatitis	923	0.157%
138	435; 436; 437	Malignancy of hepatobiliary system or pancreas	1,085	0.184%
139	438; 439; 440	Disorders of pancreas except malignancy	3,001	0.510%
140	441; 442; 443	Disorders of liver except malig,cirr,alc hepa	1,397	0.237%
141	444; 445; 446	Disorders of the biliary tract	2,004	0.341%
142	453; 454; 455	Combined anterior/posterior spinal fusion	281	0.048%
143	456; 457; 458	Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus	263	0.045%
144	459; 460	Spinal fusion except cervical	3,177	0.540%
145	461; 462	Bilateral or multiple major joint procs of lower extremity	614	0.104%

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
146	463; 464; 465	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis	613	0.104%
147	466; 467; 468	Revision of hip or knee replacement	2,057	0.350%
148	469; 470	Major joint replacement or reattachment of lower extremity	23,111	3.928%
149	471; 472; 473	Cervical spinal fusion	1,634	0.278%
150	474; 475; 476	Amputation for musculoskeletal sys & conn tissue dis	364	0.062%
151	477; 478; 479	Biopsies of musculoskeletal system & connective tissue	993	0.169%
152	480; 481; 482	Hip & femur procedures except major joint	7,138	1.213%
153	483; 484	Major joint & limb reattachment proc of upper extremity	1,432	0.243%
154	485; 486; 487	Knee procedures w pdx of infection	201	0.034%
155	488; 489	Knee procedures w/o pdx of infection	318	0.054%
156	490; 491	Back & neck proc exc spinal fusion	3,596	0.611%
157	492; 493; 494	Lower extrem & humer proc except hip,foot,femur	2,469	0.420%
158	495; 496; 497	Local excision & removal int fix devices exc hip & femur	636	0.108%
159	498; 499	Local excision & removal int fix devices of hip & femur	39	0.007%
160	500; 501; 502	Soft tissue procedures	583	0.099%
161	503; 504; 505	Foot procedures	142	0.024%
162	506	Major thumb or joint procedures	4	0.001%
163	507; 508	Major shoulder or elbow joint procedures	118	0.020%
164	510; 511; 512	Shoulder,elbow or forearm proc,exc major joint proc	700	0.119%
165	513; 514	Hand or wrist proc, except major thumb or joint proc	11	0.002%
166	515; 516; 517	Other musculoskelet sys & conn tiss O.R. proc	1,238	0.210%
167	533; 534	Fractures of femur	114	0.019%
168	535; 536	Fractures of hip & pelvis	2,058	0.350%
169	537; 538	Sprains, strains, & dislocations of hip, pelvis & thigh	43	0.007%
170	539; 540; 541	Osteomyelitis	458	0.078%
171	542; 543; 544	Pathological fractures & musculoskelet & conn tiss malig	1,274	0.217%
172	545; 546; 547	Connective tissue disorders	406	0.069%

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
173	548; 549; 550	Septic arthritis	31	0.005%
174	551; 552	Medical back problems	4,532	0.770%
175	553; 554	Bone diseases & arthropathies	1,141	0.194%
176	555; 556	Signs & symptoms of musculoskeletal system & conn tissue	823	0.140%
177	557; 558	Tendonitis, myositis & bursitis	884	0.150%
178	559; 560; 561	Aftercare, musculoskeletal system & connective tissue	742	0.126%
179	562; 563	Fx, sprn, strn & disl except femur, hip, pelvis & thigh	1,861	0.316%
180	564; 565; 566	Other musculoskeletal sys & connective tissue diagnoses	239	0.041%
181	573; 574; 575	Skin graft &/or debrid for skn ulcer or cellulitis	1,137	0.193%
182	576; 577; 578	Skin graft &/or debrid exc for skin ulcer or cellulitis	240	0.041%
183	579; 580; 581	Other skin, subcut tiss & breast proc	1,135	0.193%
184	582; 583	Mastectomy for malignancy	671	0.114%
185	584; 585	Breast biopsy, local excision & other breast procedures	76	0.013%
186	592; 593; 594	Skin ulcers	1,144	0.194%
187	595; 596	Major skin disorders	218	0.037%
188	597; 598; 599	Malignant breast disorders	42	0.007%
189	600; 601	Non-malignant breast disorders	37	0.006%
190	602; 603	Cellulitis	8,285	1.408%
191	604; 605	Trauma to the skin, subcut tiss & breast	991	0.168%
192	606; 607	Minor skin disorders	299	0.051%
193	614; 615	Adrenal & pituitary procedures	140	0.024%
194	616; 617; 618	Amputat of lower limb for endocrine,nutrit,& metabol dis	391	0.066%
195	619; 620; 621	O.R. procedures for obesity	649	0.110%
196	622; 623; 624	Skin grafts & wound debrid for endoc, nutrit & metab dis	205	0.035%
197	625; 626; 627	Thyroid, parathyroid & thyroglossal procedures	897	0.152%
198	628; 629; 630	Other endocrine, nutrit & metab O.R. proc	246	0.042%
199	637; 638; 639	Diabetes	4,938	0.839%
200	640; 641	Nutritional & misc metabolic disorders	12,891	2.191%
201	642	Inborn errors of metabolism	32	0.005%
202	643; 644; 645	Endocrine disorders	1,010	0.172%

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
203	652	Kidney transplant	484	0.082%
204	653; 654; 655	Major bladder procedures	352	0.060%
205	656; 657; 658	Kidney & ureter procedures for neoplasm	904	0.154%
206	659; 660; 661	Kidney & ureter procedures for non-neoplasm	808	0.137%
207	662; 663; 664	Minor bladder procedures	255	0.043%
208	665; 666; 667	Prostatectomy	258	0.044%
209	668; 669; 670	Transurethral procedures	1,365	0.232%
210	671; 672	Urethral procedures	55	0.009%
211	673; 674; 675	Other kidney & urinary tract procedures	1,125	0.191%
212	682; 683; 684	Renal failure	13,010	2.211%
213	685	Admit for renal dialysis	37	0.006%
214	686; 687; 688	Kidney & urinary tract neoplasms	113	0.019%
215	689; 690	Kidney & urinary tract infections	14,127	2.401%
216	691; 692	Urinary stones w esw lithotripsy	37	0.006%
217	693; 694	Urinary stones w/o esw lithotripsy	842	0.143%
218	695; 696	Kidney & urinary tract signs & symptoms	404	0.069%
219	698; 699; 700	Other kidney & urinary tract diagnoses	2,707	0.460%
220	707; 708	Major male pelvic procedures	1,169	0.199%
221	709; 710	Penis procedures	87	0.015%
222	711; 712	Testes procedures	22	0.004%
223	713; 714	Transurethral prostatectomy	1,793	0.305%
224	715; 716	Other male reproductive system O.R. proc for malignancy	33	0.006%
225	717; 718	Other male reproductive system O.R. proc exc malignancy	24	0.004%
226	722; 723; 724	Malignancy, male reproductive system	62	0.011%
227	725; 726	Benign prostatic hypertrophy	161	0.027%
228	727; 728	Inflammation of the male reproductive system	281	0.048%
229	729; 730	Other male reproductive system diagnoses	15	0.003%
230	734; 735	Pelvic evisceration, rad hysterectomy & rad vulvectomy	94	0.016%
231	736; 737; 738	Uterine & adnexa proc for ovarian or adnexal malignancy	230	0.039%
232	739; 740; 741	Uterine,adnexa proc for non-ovarian/adnexal malig	522	0.089%
233	742; 743	Uterine & adnexa proc for non-malignancy	2,127	0.361%
234	744; 745	D&C, conization, laparoscopy & tubal interruption	93	0.016%

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
235	746; 747	Vagina, cervix & vulva procedures	511	0.087%
236	748	Female reproductive system reconstructive procedures	918	0.156%
237	749; 750	Other female reproductive system O.R. procedures	21	0.004%
238	754; 755; 756	Malignancy, female reproductive system	137	0.023%
239	757; 758; 759	Infections, female reproductive system	129	0.022%
240	760; 761	Menstrual & other female reproductive system disorders	93	0.016%
241	765; 766	Cesarean section	311	0.053%
242	770	Abortion w D&C, aspiration curettage or hysterotomy	8	0.001%
243	774	Vaginal delivery w complicating diagnoses	71	0.012%
244	775	Vaginal delivery w/o complicating diagnoses	303	0.051%
245	776	Postpartum & post abortion diagnoses w/o O.R. procedure	18	0.003%
246	777	Ectopic pregnancy	6	0.001%
247	778	Threatened abortion	11	0.002%
248	781	Other antepartum diagnoses w medical complications	100	0.017%
249	782	Other antepartum diagnoses w/o medical complications	4	0.001%
250	799; 800; 801	Splenectomy	39	0.007%
251	802; 803; 804	Other O.R. proc of the blood & blood forming organs	20	0.003%
252	808; 809; 810	Major hematomol/immun diag exc sickle cell crisis & coagul	1,006	0.171%
253	811; 812	Red blood cell disorders	5,845	0.993%
254	813	Coagulation disorders	414	0.070%
255	814; 815; 816	Reticuloendothelial & immunity disorders	199	0.034%
256	820; 821; 822	Lymphoma & leukemia w major O.R. procedure	85	0.014%
257	823; 824; 825	Lymphoma & non-acute leukemia w other O.R. proc	164	0.028%
258	826; 827; 828	Myeloprolif disord or poorly diff neopl w maj O.R. proc	28	0.005%
259	834; 835; 836	Acute leukemia w/o major O.R. procedure	266	0.045%
260	837; 838; 839	Chemo w acute leukemia as sdx	187	0.032%
261	840; 841; 842	Lymphoma & non-acute leukemia	863	0.147%

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
262	843; 844; 845	Other myeloprolif dis or poorly diff neopl diag	80	0.014%
263	846; 847; 848	Chemotherapy w/o acute leukemia as secondary diagnosis	1,368	0.232%
264	849	Radiotherapy	12	0.002%
265	853; 854; 855	Infectious & parasitic diseases w O.R. procedure	1,794	0.305%
266	856; 857; 858	Postoperative or post-traumatic infections w O.R. proc	544	0.092%
267	862; 863	Postoperative & post-traumatic infections	1,403	0.238%
268	864	Fever of unknown origin	697	0.118%
269	865; 866	Viral illness	448	0.076%
270	867; 868; 869	Other infectious & parasitic diseases diagnoses	260	0.044%
271	870	Septicemia w MV 96+ hours	1,273	0.216%
272	871; 872	Septicemia w/o MV 96+ hours	17,904	3.043%
273	876	O.R. procedure w principal diagnoses of mental illness	1	0.000%
274	880	Acute adjustment reaction & psychosocial dysfunction	490	0.083%
275	881	Depressive neuroses	997	0.169%
276	882	Neuroses except depressive	287	0.049%
277	883	Disorders of personality & impulse control	117	0.020%
278	884	Organic disturbances & mental retardation	2,052	0.349%
279	885	Psychoses	21,248	3.611%
280	886	Behavioral & developmental disorders	103	0.018%
281	887	Other mental disorder diagnoses	15	0.003%
282	894	Alcohol/drug abuse or dependence, left ama	229	0.039%
283	895	Alcohol/drug abuse or dependence w rehabilitation therapy	644	0.109%
284	896; 897	Alcohol/drug abuse or dependence w/o rehabilitation therapy	3,023	0.514%
285	901; 902; 903	Wound debridements for injuries	209	0.036%
286	904; 905	Skin grafts for injuries	90	0.015%
287	906	Hand procedures for injuries	4	0.001%
288	907; 908; 909	Other O.R. procedures for injuries	510	0.087%
289	913; 914	Traumatic injury	257	0.044%
290	915; 916	Allergic reactions	245	0.042%
291	917; 918	Poisoning & toxic effects of drugs	2,594	0.441%
292	919; 920; 921	Complications of treatment	1,236	0.210%

Variable Value	Included MS-DRG codes	Formatted Value	Frequency	Frequency (%)
293	922; 923	Other injury, poisoning & toxic effect diag	154	0.026%
294	927	Extensive burns or full thickness burns w MV 96+ hrs w skin graft	2	0.000%
295	928; 929	Full thickness burn w skin graft or inhal inj	38	0.006%
296	935	Non-extensive burns	30	0.005%
297	939; 940; 941	O.R. proc w diagnoses of other contact w health services	144	0.024%
298	945; 946	Rehabilitation	17,219	2.926%
299	947; 948	Signs & symptoms	3,141	0.534%
300	949; 950	Aftercare	157	0.027%
301	951	Other factors influencing health status	15	0.003%
302	956	Limb reattachment, hip & femur proc for multiple significant trauma	154	0.026%
303	957; 958; 959	Other O.R. procedures for multiple significant trauma	23	0.004%
304	963; 964; 965	Other multiple significant trauma	102	0.017%
305	969; 970	HIV w extensive O.R. procedure	1	0.000%
306	974; 975; 976	HIV w major related condition	433	0.074%
307	977	HIV w or w/o other related condition	117	0.020%
308	981; 982; 983	Extensive O.R. procedure unrelated to principal diagnosis	1,925	0.327%
309	984; 985; 986	Prostatic O.R. procedure unrelated to principal diagnosis	83	0.014%
310	987; 988; 989	Non-extensive O.R. proc unrelated to principal diagnosis	581	0.099%
311	999	Ungroupable	16	0.003%

IP_CLM_ICD9_PRCDR_CD

The ICD-9-CM code indicates the primary procedure (primarily surgical procedures) performed during the inpatient stay. ICD-9-CM primary procedure codes are provided at the two-digit level by truncation of the ICD9_PRCDR_CD1. These two digits provide information on the heading of a category and indicate the body system in which the procedure occurred or the site of the procedure. Actual ICD-9-CM principal procedure codes (ICD9_PRCDR_CD1) in Medicare inpatient claims include up to four digits. The two digits (after the decimal) that are excluded in the PUF provide more information on the procedure, such as the exact location of the procedure. A “missing” ICD-9 primary procedure code indicates, per the inpatient claim, that no primary procedure was performed.

Variable Value	Formatted Value	Frequency	Frequency (%)
	No procedure performed	276,546	46.998%
00	Not elsewhere classified	18,535	3.150%
01	Incise-excis brain/skull	1,531	0.260%
02	Other skull/brain ops	636	0.108%
03	Spinal cord & canal ops	3,904	0.663%
04	Cran & periph nerve ops	66	0.011%
06	Thyroid/parathyroid ops	972	0.165%
07	Oth endocrine gland ops	142	0.024%
08	Eyelid operations	6	0.001%
13	Operations on lens	3	0.001%
14	Posterior segment ops	7	0.001%
16	Orbit/eyeball ops	5	0.001%
17	Other miscellaneous procedures	285	0.048%
21	Operations on nose	260	0.044%
23	Tooth removal & restorat	6	0.001%
25	Operations on tongue	1	0.000%
26	Salivary gland operation	47	0.008%
27	Other mouth & face ops	20	0.003%
28	Tonsil & adenoid ops	8	0.001%
29	Operations on pharynx	11	0.002%
30	Excision of larynx	53	0.009%
31	Larynx trachea ops nec	1,482	0.252%
32	Lung & bronchus excision	1,568	0.266%
33	Other bronchial/lung ops	3,131	0.532%
34	Thorax ops except lung	4,937	0.839%
35	Heart valves & septa ops	2,617	0.445%
36	Ops on heart vessels	4,386	0.745%
37	Other heart/pericard ops	21,613	3.673%
38	Vessel inc/excis/occlus	21,350	3.628%
39	Other ops on vessels	19,759	3.358%
40	Lymphatic system ops	855	0.145%
41	Bone marrow & spleen ops	468	0.080%
42	Operations on esophagus	462	0.079%
43	Gastric incision/excis	2,342	0.398%
44	Other gastric operations	2,444	0.415%
45	Intest incis/excis/anast	27,553	4.683%
46	Other intestinal ops	1,155	0.196%
47	Operations on appendix	915	0.156%
48	Rectal & perirectal ops	888	0.151%

Variable Value	Formatted Value	Frequency	Frequency (%)
49	Operations on anus	193	0.033%
50	Operations on liver	529	0.090%
51	Biliary tract operation	6,646	1.129%
52	Operations on pancreas	299	0.051%
53	Repair of hernia	2,204	0.375%
54	Other abdomen region ops	3,949	0.671%
55	Operations on kidney	2,498	0.425%
56	Operations on ureter	513	0.087%
57	Urinary bladder ops	3,586	0.609%
58	Operations on urethra	97	0.016%
59	Other urinary tract ops	815	0.139%
60	Prostate & semin ves ops	3,335	0.567%
61	Scrotum & tunica vag ops	29	0.005%
62	Operations on testes	22	0.004%
64	Operations on penis	115	0.020%
65	Operations on ovary	434	0.074%
66	Fallopian tube operation	7	0.001%
67	Operations on cervix	2	0.000%
68	Other uterine incis/exc	2,522	0.429%
69	Other uterus/support ops	86	0.015%
70	Vagina & cul-de-sac ops	1,087	0.185%
71	Vulvar & perineal ops	181	0.031%
72	Forcep/vac/breech deliv	25	0.004%
73	Assist/induce deliv nec	274	0.047%
74	C-section/removal fetus	311	0.053%
75	Other obstetric ops	77	0.013%
76	Facial bone & joint ops	37	0.006%
77	Incis/excis/div bone nec	1,435	0.244%
78	Oth bone ops excpt face	1,316	0.224%
79	Reduction fx/dislocation	9,693	1.647%
80	Incision/excision joint	1,985	0.337%
81	Joint repair	33,100	5.625%
82	Hand muscl/tend/fasc ops	5	0.001%
83	Other mus/ten/fas/bur op	1,484	0.252%
84	Other musculoskelet proc	3,076	0.523%
85	Operations on the breast	949	0.161%
86	Skin & subq operations	8,806	1.497%
87	Diagnostic radiology	2,580	0.438%
88	Other dx radiology	11,402	1.938%

Variable Value	Formatted Value	Frequency	Frequency (%)
89	Interview/consult/exam	3,789	0.644%
92	Nuclear medicine	435	0.074%
93	Pt, rehab & related proc	9,813	1.668%
94	Psyche related procedure	4,487	0.763%
96	Non-op intubat & irrigat	13,530	2.299%
97	Replace & remov devices	381	0.065%
98	Nonop remove foreign bod	40	0.007%
99	Other nonoperative proc	29,267	4.974%

IP_CLM_DAYS_CD

This categorical variable is based on the number of inpatient days (or length of stay) on a claim for all stays ending in 2008. It is constructed by computing the difference between the CLM_FROM_DT and the CLM_THRU_DT date variables on the inpatient claims file. If CLM_FROM_DT and CLM_THRU_DT is the same date, then the value of CLM_TOT_IP_DAYS is set to 1. The CLM_FROM_DT variable is the first day on the billing statement covering services rendered to the beneficiary (a.k.a. 'Statement Covers From Date'). The CLM_THRU_DT variable is the last day on the billing statement covering services rendered to the beneficiary. The total inpatient days are categorized into four groups: 1 day, 2-4 days, 5-7 days, and 8 or more days. This categorization is uniform across all base DRG codes.

Variable Value	Formatted Value	Frequency	Frequency (%)
1	1 day	76,025	12.920%
2	2-4 days	261,419	44.428%
3	5-7 days	122,073	20.746%
4	8 or more days	128,898	21.906%

IP_DRG_QUINT_PMT_AVG

This field contains the average Medicare total claim payment amount of the quintile for the payments (of a particular DRG) in the 100% Inpatient claims data for 2008. To calculate these values, all claims for a given base DRG are grouped into quintiles using the Medicare total payment amount on the claims. Then the average value of payment amount for the claims in each quintile is calculated. Hence, this variable is an average value from the "population" file of the inpatient claims and is not the payment amount for a particular claim in the PUF.

Note that the quintiles are approximate in the sense that each quintile has approximately 20% of the claims. If the Medicare total claim payment amount for a particular claim in the 5% sample is between the cut-off values of a quintile, then the average claim total payment amount of the quintile is provided.

The claim total payment amount that is used in the calculation above is the sum of all the payments made from the Medicare trust fund for the services covered by the claim record. It includes all the payments to the provider: base payment for the DRG (adjusted for the wage index), the DRG outlier approved payment amount, disproportionate share, indirect medical education, and total PPS capital. It also includes the pass-thru amounts (i.e., capital-related costs, direct medical education costs, kidney acquisition costs, bad debts). The payment amount could also include a "new technology" add-on amount.

The table below provides the average payment amount by base DRG and the quintile number calculated using the *CMS 2008 BSA Inpatient Claims PUF*. An average payment amount does not exist for a particular base DRG and quintile number (marked with an asterisk) if the PUF does not contain any claim for that base DRG and quintile combination.

Base DRG	Average payment for Quintile 1	Average payment for Quintile 2	Average payment for Quintile 3	Average payment for Quintile 4	Average payment for Quintile 5
1	\$73,098	\$146,520	\$174,385	\$211,840	\$329,467
2	\$46,949	\$95,560	\$117,178	\$144,208	\$222,276
3	\$27,725	\$56,756	\$69,162	\$86,240	\$133,279
4	\$22,949	\$63,162	\$77,899	\$95,370	\$166,845
5	\$22,419	\$64,365	\$75,654	\$90,998	\$137,690
6	\$0	\$30,702	\$38,226	\$42,874	\$71,961
7	\$23,210	\$44,637	\$50,913	\$59,031	\$99,842
8	*	*	*	*	\$72,097
9	\$10,339	\$18,432	\$22,801	\$27,844	\$48,268
10	\$28,338	\$46,550	\$54,195	\$63,668	\$93,814
11	\$15,736	\$25,756	\$29,602	\$35,048	\$54,715
12	\$8,681	\$15,445	\$19,047	\$24,239	\$38,833
13	\$5,084	\$10,746	\$15,273	\$20,549	\$38,134
14	\$5,169	\$8,258	\$10,373	\$13,259	\$26,123
15	\$6,385	\$9,060	\$10,263	\$12,062	\$17,863
16	\$3,292	\$5,174	\$5,977	\$7,325	\$12,776
17	\$6,602	\$11,827	\$14,210	\$17,999	\$30,650
18	\$2,415	\$6,464	\$8,115	\$10,408	\$31,152
19	\$3,256	\$5,649	\$6,722	\$8,134	\$13,735
20	\$2,895	\$4,565	\$5,987	\$8,583	\$18,228

Base DRG	Average payment for Quintile 1	Average payment for Quintile 2	Average payment for Quintile 3	Average payment for Quintile 4	Average payment for Quintile 5
21	\$1,708	\$3,998	\$4,851	\$6,119	\$11,784
22	\$6,848	\$11,044	\$12,902	\$15,257	\$22,156
23	\$3,088	\$5,280	\$6,315	\$7,865	\$13,236
24	\$2,529	\$4,110	\$4,760	\$5,739	\$8,889
25	\$1,979	\$3,068	\$3,467	\$4,043	\$5,680
26	\$3,318	\$5,748	\$7,149	\$8,875	\$14,099
27	\$2,565	\$4,305	\$5,117	\$6,259	\$10,210
28	\$2,696	\$6,205	\$7,953	\$9,382	*
29	\$3,179	\$5,278	\$6,457	\$8,038	\$12,272
30	\$1,939	\$3,357	\$4,090	\$5,032	\$8,239
31	\$3,580	\$6,530	\$8,167	\$10,173	\$17,449
32	\$3,022	\$5,145	\$6,480	\$8,379	\$14,915
33	\$1,498	\$3,577	\$4,432	\$5,596	\$9,185
34	\$2,354	\$4,077	\$5,044	\$6,569	\$12,622
35	\$5,783	\$13,803	\$17,082	\$21,147	\$36,527
36	\$5,569	\$10,953	\$13,853	\$16,911	\$29,045
37	\$2,417	\$3,924	\$4,799	\$6,170	\$10,104
38	\$1,271	\$2,708	\$3,225	\$3,928	\$6,077
39	\$3,948	*	\$7,940	*	*
40	\$2,263	\$3,691	*	\$5,651	*
41	\$1,871	\$3,462	\$4,296	\$5,344	*
42	\$1,807	\$3,063	\$3,501	\$4,150	\$6,163
43	\$1,918	\$2,983	\$3,648	\$4,585	\$7,706
44	\$4,626	\$8,559	\$10,259	\$12,731	\$21,964
45	\$4,397	\$7,673	\$9,353	\$11,526	\$20,293
46	\$2,810	\$4,939	\$6,645	\$8,203	\$13,392
47	\$2,734	\$4,656	\$6,071	\$7,198	\$11,568
48	\$2,552	\$3,840	\$4,419	\$5,294	\$7,440
49	\$3,609	\$6,218	\$7,757	\$9,964	*
50	\$1,464	\$2,428	\$2,772	\$3,333	\$4,999
51	\$1,688	\$2,646	\$3,245	\$4,143	\$7,410
52	\$1,521	\$2,465	\$2,942	\$3,690	\$6,270
53	\$2,150	\$3,755	\$4,593	\$5,711	\$9,536
54	\$2,249	\$3,843	\$4,703	\$6,018	\$11,383
55	\$7,705	\$14,193	\$17,025	\$21,758	\$35,454
56	\$6,852	\$12,714	\$16,167	\$19,720	\$40,454
57	\$3,192	\$5,553	\$6,403	\$7,492	\$10,927

Base DRG	Average payment for Quintile 1	Average payment for Quintile 2	Average payment for Quintile 3	Average payment for Quintile 4	Average payment for Quintile 5
58	\$4,584	\$7,746	\$9,187	\$10,760	\$17,800
59	\$4,061	\$6,833	\$7,884	\$9,127	\$14,028
60	\$1,596	\$4,020	\$5,003	\$6,328	\$9,702
61	\$3,229	\$5,820	\$7,006	\$8,296	\$12,551
62	\$4,281	\$6,795	\$7,464	\$8,325	\$17,743
63	\$2,311	\$4,008	\$4,838	\$5,794	\$8,986
64	\$2,486	\$4,353	\$5,234	\$6,352	\$10,144
65	\$3,049	\$5,452	\$6,527	\$7,792	\$12,052
66	\$2,556	\$4,845	\$5,750	\$7,235	\$11,637
67	\$1,552	\$2,806	\$3,425	\$4,112	\$6,306
68	\$1,621	\$2,758	\$3,275	\$3,894	\$6,768
69	\$2,063	\$3,548	\$4,325	\$5,417	\$10,277
70	\$16,467	\$28,225	\$32,967	\$46,300	\$84,633
71	\$7,104	\$11,781	\$12,880	\$14,595	\$23,544
72	\$25,460	\$43,232	\$51,703	\$61,423	\$89,668
73	\$20,771	\$32,286	\$38,028	\$45,449	\$67,499
74	\$26,859	\$40,375	\$45,610	\$52,728	\$71,981
75	\$23,517	\$36,593	\$41,263	\$47,185	\$63,275
76	\$19,035	\$28,542	\$32,062	\$36,986	\$49,325
77	\$16,143	\$28,364	\$33,611	\$40,489	\$63,029
78	\$20,852	\$35,795	\$40,731	\$46,687	\$65,779
79	\$15,013	\$26,361	\$30,365	\$36,422	\$51,993
80	\$11,601	\$19,947	\$22,655	\$27,545	\$40,923
81	\$11,185	\$17,624	\$21,270	\$26,491	\$42,600
82	\$7,373	\$14,457	\$18,474	\$23,382	\$38,747
83	\$8,274	\$11,955	\$13,744	\$16,309	\$23,354
84	\$10,511	\$16,975	\$19,426	\$22,955	\$31,851
85	\$6,725	\$10,857	\$12,149	\$14,579	\$20,574
86	\$5,943	\$9,228	\$10,450	\$12,824	\$18,647
87	\$5,899	\$9,201	\$10,564	\$12,961	\$19,501
88	\$6,430	\$10,639	\$13,308	\$16,043	\$24,444
89	\$4,434	\$8,545	\$10,385	\$12,603	\$20,247
90	\$6,440	\$8,709	\$9,809	\$11,730	\$16,803
91	\$4,257	\$6,492	\$7,687	\$10,064	\$21,028
92	\$8,307	\$13,321	\$14,865	\$17,293	\$29,048
93	\$3,006	\$5,803	\$7,561	\$9,473	\$13,938
94	\$3,570	\$7,186	\$8,459	\$9,715	\$16,098

Base DRG	Average payment for Quintile 1	Average payment for Quintile 2	Average payment for Quintile 3	Average payment for Quintile 4	Average payment for Quintile 5
95	\$3,356	\$5,386	\$6,119	\$7,492	\$11,860
96	\$5,924	\$12,705	\$15,964	\$19,808	\$34,764
97	\$2,811	\$4,722	\$5,736	\$6,940	\$10,499
98	\$1,885	\$3,344	\$4,077	\$4,837	\$7,479
99	\$1,989	\$4,386	\$5,552	\$6,532	\$10,096
100	\$2,144	\$3,874	\$4,888	\$6,149	\$10,688
101	\$1,480	\$2,429	\$3,021	\$3,686	\$6,357
102	\$1,439	\$2,354	\$2,809	\$3,533	\$5,838
103	\$2,648	\$4,043	\$5,103	\$6,806	\$13,492
104	\$1,715	\$2,975	\$3,775	\$4,874	\$7,716
105	\$898	\$1,792	\$2,195	\$2,810	\$4,335
106	\$2,011	\$3,085	\$3,567	\$4,181	\$6,018
107	\$1,184	\$2,064	\$2,445	\$3,033	\$4,425
108	\$3,051	\$6,055	\$7,967	\$9,639	\$16,206
109	\$6,150	\$13,484	\$19,781	\$28,190	\$48,834
110	\$6,716	\$13,571	\$16,926	\$23,469	\$39,368
111	\$5,950	\$11,066	\$13,634	\$16,535	\$27,281
112	\$5,433	\$10,703	\$13,457	\$17,354	\$28,111
113	\$3,868	\$7,418	\$9,653	\$12,025	\$18,916
114	\$2,225	\$4,534	\$5,405	\$6,758	\$10,789
115	\$3,967	\$7,171	\$8,745	\$10,716	\$18,275
116	\$2,455	\$4,486	\$6,133	\$7,770	\$13,471
117	\$2,712	\$4,398	\$5,647	\$7,115	\$12,281
118	\$2,843	\$5,038	\$6,425	\$8,030	\$13,855
119	\$6,968	\$13,017	\$16,562	\$20,475	\$34,878
120	\$3,227	\$5,262	\$6,283	\$7,619	\$12,244
121	\$3,790	\$6,582	\$7,923	\$9,546	\$15,908
122	\$3,742	\$6,618	\$7,945	\$9,734	\$16,835
123	\$2,690	\$4,537	\$5,409	\$6,645	\$10,348
124	\$3,113	\$5,239	\$6,214	\$7,477	\$12,105
125	\$2,335	\$3,688	\$4,304	\$5,166	\$7,801
126	\$2,525	\$4,891	\$5,757	\$7,087	\$11,546
127	\$2,005	\$3,643	\$4,582	\$5,819	\$9,662
128	\$1,781	\$3,007	\$3,625	\$4,441	\$7,153
129	\$2,607	\$4,661	\$5,728	\$7,110	\$12,808
130	\$9,024	\$18,065	\$23,225	\$29,647	\$52,246
131	\$8,946	\$15,955	\$20,107	\$24,218	\$37,244

Base DRG	Average payment for Quintile 1	Average payment for Quintile 2	Average payment for Quintile 3	Average payment for Quintile 4	Average payment for Quintile 5
132	\$7,029	\$12,262	\$15,191	\$18,789	\$28,937
133	\$4,930	\$9,613	\$12,486	\$16,339	\$26,907
134	\$3,698	\$6,682	\$8,562	\$10,528	\$15,578
135	*	\$12,120	\$15,895	\$20,709	\$35,988
136	*	*	\$23,211	\$27,819	\$47,639
137	\$3,712	\$6,607	\$8,038	\$9,478	\$15,207
138	\$4,097	\$6,921	\$8,139	\$9,605	\$15,129
139	\$2,288	\$4,511	\$5,578	\$7,169	\$12,950
140	\$2,885	\$5,501	\$6,845	\$8,471	\$14,655
141	\$2,385	\$4,602	\$5,864	\$7,313	\$11,550
142	\$17,542	\$34,464	\$41,511	\$51,504	\$78,535
143	\$18,849	\$30,398	\$35,773	\$44,292	\$71,732
144	\$10,409	\$18,405	\$20,119	\$23,011	\$33,943
145	\$8,589	\$16,148	\$17,724	\$20,134	\$26,950
146	\$6,815	\$14,275	\$18,449	\$24,520	\$47,201
147	\$7,713	\$13,247	\$15,032	\$17,618	\$26,209
148	\$5,883	\$9,847	\$10,708	\$11,985	\$16,542
149	\$5,713	\$10,017	\$11,384	\$13,856	\$23,679
150	\$5,245	\$10,166	\$12,868	\$16,457	\$30,208
151	\$6,414	\$9,123	\$10,452	\$12,306	\$19,104
152	\$6,147	\$8,779	\$9,928	\$11,714	\$17,618
153	\$5,465	\$8,811	\$9,807	\$11,212	\$15,089
154	\$6,248	\$11,380	\$13,525	\$16,310	\$25,030
155	\$3,593	\$6,828	\$7,836	\$9,032	\$13,178
156	\$2,960	\$4,750	\$5,596	\$7,300	\$11,213
157	\$3,883	\$6,574	\$8,074	\$9,764	\$15,489
158	\$3,668	\$6,713	\$8,773	\$11,025	\$19,685
159	\$3,825	\$6,703	\$9,041	\$10,904	\$19,951
160	\$3,076	\$5,507	\$7,350	\$9,576	\$20,356
161	\$3,545	\$6,199	\$7,456	\$9,004	\$15,061
162	\$2,889	*	*	*	\$9,141
163	\$3,262	\$5,430	\$6,326	\$7,601	\$11,647
164	\$2,927	\$4,540	\$5,379	\$6,548	\$10,094
165	\$2,513	\$4,363	\$5,580	\$6,656	\$10,713
166	\$5,285	\$7,827	\$9,282	\$11,101	\$18,319
167	\$2,041	\$3,242	\$3,959	\$5,177	\$11,065
168	\$2,035	\$3,118	\$3,766	\$4,968	\$11,570

Base DRG	Average payment for Quintile 1	Average payment for Quintile 2	Average payment for Quintile 3	Average payment for Quintile 4	Average payment for Quintile 5
169	\$1,804	\$2,766	\$3,391	\$4,124	\$6,334
170	\$3,817	\$7,177	\$9,368	\$13,570	\$32,863
171	\$2,924	\$4,879	\$5,879	\$7,279	\$12,580
172	\$2,616	\$5,217	\$6,724	\$9,416	\$19,291
173	\$2,961	\$5,561	\$7,073	\$9,667	\$24,632
174	\$2,132	\$3,424	\$4,018	\$4,941	\$9,221
175	\$1,919	\$2,987	\$3,896	\$5,864	\$12,925
176	\$1,559	\$2,459	\$3,055	\$3,822	\$7,239
177	\$2,627	\$3,957	\$4,771	\$6,051	\$11,021
178	\$2,140	\$3,808	\$5,165	\$9,289	\$24,558
179	\$1,897	\$2,944	\$3,511	\$4,482	\$8,224
180	\$2,541	\$4,267	\$5,347	\$6,951	\$17,718
181	\$4,587	\$8,887	\$11,664	\$16,060	\$39,571
182	\$3,452	\$6,143	\$8,092	\$10,433	\$22,714
183	\$2,859	\$4,821	\$6,729	\$8,840	\$20,514
184	\$2,135	\$3,413	\$4,034	\$4,717	\$6,969
185	\$2,646	\$4,338	\$5,453	\$6,812	\$10,731
186	\$3,100	\$5,458	\$7,057	\$10,704	\$30,693
187	\$2,623	\$4,090	\$4,959	\$6,649	\$13,408
188	\$2,840	\$5,214	\$6,366	\$7,936	\$16,160
189	\$1,987	\$3,302	\$4,046	\$4,909	\$8,267
190	\$2,219	\$3,624	\$4,313	\$5,368	\$9,447
191	\$1,821	\$2,933	\$3,532	\$4,362	\$7,579
192	\$1,822	\$2,992	\$3,753	\$4,859	\$10,739
193	\$5,207	\$9,689	\$12,046	\$14,764	\$25,979
194	\$5,471	\$10,968	\$12,518	\$15,231	\$28,834
195	\$5,178	\$8,463	\$9,669	\$11,333	\$17,286
196	\$5,325	\$9,961	\$12,232	\$16,010	\$33,566
197	\$2,170	\$3,629	\$4,279	\$5,360	\$9,383
198	\$7,254	\$13,195	\$15,814	\$18,895	\$30,947
199	\$1,904	\$3,447	\$4,318	\$5,497	\$10,001
200	\$2,029	\$3,220	\$3,971	\$4,934	\$8,158
201	\$2,734	\$5,111	\$5,861	\$7,039	\$12,860
202	\$2,793	\$4,753	\$5,798	\$7,146	\$11,231
203	\$3,400	\$18,864	\$22,446	\$25,686	\$45,872
204	\$9,361	\$16,494	\$19,726	\$25,000	\$42,808
205	\$5,237	\$9,285	\$10,960	\$13,835	\$22,279

Base DRG	Average payment for Quintile 1	Average payment for Quintile 2	Average payment for Quintile 3	Average payment for Quintile 4	Average payment for Quintile 5
206	\$4,601	\$9,562	\$12,182	\$15,911	\$26,976
207	\$3,278	\$5,300	\$6,674	\$8,533	\$15,496
208	\$2,798	\$4,635	\$6,425	\$8,559	\$14,689
209	\$2,661	\$4,896	\$6,048	\$7,555	\$12,676
210	\$2,652	\$4,837	\$6,224	\$7,476	\$11,643
211	\$6,812	\$11,578	\$13,649	\$16,020	\$27,032
212	\$3,434	\$5,864	\$6,979	\$8,294	\$13,113
213	\$2,601	\$4,154	\$4,770	\$5,503	\$7,987
214	\$2,957	\$5,374	\$6,521	\$8,001	\$14,226
215	\$2,397	\$3,626	\$4,367	\$5,342	\$8,442
216	\$2,930	\$5,192	\$5,932	\$6,945	\$9,381
217	\$1,520	\$2,896	\$3,409	\$4,308	\$6,959
218	\$1,708	\$2,735	\$3,361	\$4,073	\$6,645
219	\$2,760	\$5,089	\$6,344	\$7,785	\$13,124
220	\$2,176	\$5,665	\$6,602	\$7,887	\$11,143
221	\$3,880	\$6,640	\$7,862	\$9,651	\$14,707
222	\$3,268	\$6,052	\$8,004	\$9,802	\$15,709
223	\$1,723	\$2,853	\$3,493	\$4,526	\$6,864
224	\$3,010	\$5,692	\$6,853	\$8,212	\$12,418
225	\$3,194	\$5,711	\$7,833	\$9,279	\$15,782
226	\$2,838	\$5,073	\$6,031	\$7,322	\$13,718
227	\$1,926	\$3,117	\$3,859	\$4,763	\$7,738
228	\$1,876	\$3,153	\$3,879	\$5,045	\$9,605
229	\$2,050	\$4,014	\$5,014	\$6,205	\$17,054
230	\$4,581	\$8,284	\$10,774	\$13,154	\$24,285
231	\$6,680	\$10,964	\$12,865	\$16,329	\$29,263
232	\$3,433	\$5,683	\$7,211	\$8,988	\$16,068
233	\$2,047	\$3,882	\$4,514	\$5,764	\$8,708
234	\$2,924	\$4,916	\$6,135	\$7,404	\$11,437
235	\$2,335	\$3,813	\$4,367	\$5,231	\$7,777
236	\$1,914	\$3,352	\$3,680	\$4,143	\$5,784
237	\$4,693	\$10,215	\$12,739	\$15,049	\$25,277
238	\$3,174	\$5,677	\$6,938	\$8,705	\$16,325
239	\$3,582	\$5,633	\$6,896	\$8,335	\$14,121
240	\$1,580	\$2,758	\$3,437	\$4,199	\$6,655
241	\$2,288	\$3,857	\$4,773	\$5,775	\$9,565
242	\$2,713	\$3,446	\$4,026	\$4,895	\$7,662

Base DRG	Average payment for Quintile 1	Average payment for Quintile 2	Average payment for Quintile 3	Average payment for Quintile 4	Average payment for Quintile 5
243	\$1,676	\$2,581	\$3,070	\$3,820	\$6,416
244	\$1,019	\$1,601	\$1,861	\$2,337	\$3,575
245	\$1,986	\$3,299	\$3,935	\$4,791	\$10,732
246	\$2,424	\$3,227	*	\$4,380	\$5,880
247	\$842	\$1,454	\$1,996	*	\$3,970
248	\$1,572	\$2,630	\$3,307	\$4,072	\$8,533
249	\$1,005	\$1,539	\$2,132	*	*
250	\$7,619	\$14,008	\$17,226	\$22,633	\$40,974
251	\$5,033	\$9,113	\$11,546	\$15,611	\$28,846
252	\$3,671	\$6,275	\$7,525	\$9,279	\$17,407
253	\$2,234	\$3,645	\$4,394	\$5,354	\$8,523
254	\$3,997	\$6,770	\$7,561	\$8,705	\$21,993
255	\$2,295	\$4,521	\$5,615	\$6,935	\$11,500
256	\$4,868	\$10,589	\$14,563	\$21,431	\$41,298
257	\$5,724	\$11,854	\$15,193	\$19,947	\$34,325
258	\$5,259	\$10,985	\$14,251	\$19,882	\$36,573
259	\$6,340	\$14,255	\$19,334	\$25,565	\$54,229
260	\$7,173	\$15,565	\$20,533	\$29,096	\$58,752
261	\$4,356	\$8,240	\$10,321	\$12,841	\$23,710
262	\$3,555	\$6,317	\$7,643	\$9,274	\$14,865
263	\$3,464	\$5,732	\$6,652	\$8,182	\$14,491
264	\$4,585	\$7,177	\$8,499	\$10,833	\$21,972
265	\$13,447	\$25,346	\$30,033	\$35,468	\$59,439
266	\$6,027	\$12,131	\$14,979	\$20,536	\$39,955
267	\$3,112	\$5,579	\$6,786	\$8,920	\$19,942
268	\$2,205	\$3,744	\$4,384	\$5,090	\$8,044
269	\$1,868	\$3,248	\$3,931	\$5,366	\$10,339
270	\$3,937	\$8,168	\$11,142	\$13,625	\$27,627
271	\$20,627	\$32,173	\$36,403	\$43,770	\$68,520
272	\$4,729	\$8,162	\$9,488	\$10,874	\$17,457
273	\$6,090	*	*	*	*
274	\$1,442	\$2,526	\$3,201	\$4,113	\$9,653
275	\$1,030	\$2,261	\$3,305	\$5,077	\$11,863
276	\$885	\$2,273	\$3,247	\$4,774	\$12,215
277	\$1,000	\$3,460	\$4,903	\$6,915	\$19,608
278	\$2,538	\$4,291	\$5,669	\$8,361	\$17,125
279	\$1,367	\$3,636	\$5,193	\$7,737	\$17,931

Base DRG	Average payment for Quintile 1	Average payment for Quintile 2	Average payment for Quintile 3	Average payment for Quintile 4	Average payment for Quintile 5
280	\$1,633	\$3,611	\$5,522	\$8,755	\$18,201
281	\$1,166	\$3,645	*	\$6,143	\$14,891
282	\$799	\$1,414	\$1,971	\$2,557	\$4,319
283	\$2,645	\$4,025	\$4,859	\$6,018	\$12,175
284	\$1,483	\$2,713	\$3,527	\$4,698	\$9,143
285	\$5,002	\$9,377	\$11,605	\$16,372	\$40,432
286	\$5,448	\$11,069	\$14,740	\$18,364	\$38,934
287	*	\$4,665	*	*	*
288	\$4,786	\$9,971	\$13,419	\$17,860	\$33,405
289	\$1,716	\$2,946	\$3,644	\$4,773	\$10,257
290	\$1,033	\$1,834	\$2,409	\$3,417	\$6,998
291	\$1,795	\$3,137	\$4,083	\$5,817	\$9,912
292	\$2,362	\$4,604	\$5,927	\$7,611	\$19,130
293	\$1,887	\$3,247	\$4,271	\$5,741	\$9,783
294	*	*	*	*	\$226,550
295	\$11,277	\$21,532	\$29,262	\$36,821	\$70,917
296	\$3,496	\$5,957	\$6,957	\$8,747	\$21,205
297	\$4,839	\$9,090	\$13,020	\$19,355	\$38,322
298	\$5,642	\$11,343	\$14,618	\$18,333	\$27,592
299	\$1,781	\$2,870	\$3,565	\$4,384	\$7,846
300	\$2,926	\$8,261	\$18,357	\$24,363	\$31,732
301	\$253	\$2,531	\$3,609	\$4,830	\$27,982
302	\$10,988	\$17,239	\$19,373	\$22,525	\$40,149
303	\$11,744	\$27,040	\$33,982	\$42,095	\$69,457
304	\$3,364	\$8,406	\$10,661	\$13,666	\$23,599
305	*	*	*	*	\$80,711
306	\$6,158	\$10,102	\$12,679	\$15,908	\$28,277
307	\$3,818	\$5,740	\$6,742	\$8,252	\$14,284
308	\$10,222	\$18,909	\$23,355	\$28,135	\$48,528
309	\$6,373	\$10,588	\$12,951	\$15,983	\$25,490
310	\$5,306	\$9,868	\$12,186	\$15,879	\$29,917
311	\$643	*	\$11,222	\$17,744	\$55,621

(*) An average payment amount does not exist for this base DRG and quintile number because the PUF does not contain any claim for that base DRG and quintile combination.

IP_DRG_QUINT_PMT_CD

This categorical field indicates the quintile value (or code) to which the actual Medicare payment amount on the claim belongs. A value of 1 indicates the lowest quintile whereas a value of 5 indicates the highest quintile.

Variable Value	Frequency	Frequency (%)
1	117,509	19.970%
2	118,387	20.120%
3	117,659	19.996%
4	116,642	19.823%
5	118,218	20.091%

For each base DRG code (IP_CLM_BASE_DRG_CD) there exist up to five unique quintile codes. Each quintile code has a corresponding average quintile payment amount (IP_DRG_QUINT_PMT_AVG) which varies by base DRG. As quintiles are computed using the 100% Inpatient claims data, there may or may not exist claims for a particular base DRG and quintile in the PUF.