

### **Section 3**

## **Medicare Post-Acute Care Episode Payments and Utilization By Service Type for PAC Users, By MS-DRG, Top 20 MS-DRGs by Volume of Discharges to PAC**

The tables in this section include data on Medicare post-acute care (PAC) utilization and payments for the top 20 MS-DRGs for beneficiaries discharged to PAC (by volume of discharges). Utilization and payment data are presented separately for each of the 18 PAC episode definitions included in our analysis (Tables 1 -18). See Introduction, Table 1 for a complete list of episode definitions.

The PAC episode analyses in this section take a more detailed look at the composition of PAC episodes under the different definitions. Specifically, these tables show the percent of beneficiaries with at least one claim for each type of PAC service, the mean length of stay per service type, and the mean payments per service type for beneficiaries discharged to PAC. PAC services in episodes of care include home health, IRF, SNF, LTCH, hospital outpatient therapy and acute hospital readmissions. Therapy provided in hospital outpatient departments and comprehensive outpatient rehabilitation facilities were included and therapy services were identified using Healthcare Common Procedure Coding System (HCPCS) codes for speech therapy, physical therapy, and occupational therapy. Mean utilization and payment are calculated per service user to demonstrate the level of utilization and payments for beneficiaries using the service during their episode of care. Payments per service type, per PAC user, and per hospital discharge are presented in Section 4. Data here are presented across all MS-DRG as well as by MS-DRG for each episode definition.

### **Key findings**

- The percentage of beneficiaries using services and the level of utilization and payments increases under longer fixed periods or the variable length gap periods of episode definitions, indicating that PAC service use for some beneficiaries extends over long periods of time and may include multiple settings of care.
- Service use for HHA, SNF, hospital outpatient therapy and acute hospital readmissions is more sensitive to the episode definitions examined here compared to service use for IRF and LTCH. This is due to the fact that IRF and LTCH are generally the first site of PAC for beneficiaries that use these services compared to SNF, HHA, and hospital outpatient therapy which may be the first site of care for beneficiaries, but may also be a later site of PAC care for beneficiaries using LTCH or IRF immediately after discharge from their index hospitalization.

- In Episode Definition A (30 Day Fixed), 53.1 percent of beneficiaries discharged to PAC had at least one HHA claim during their PAC episode and these beneficiaries had an average of 15.9 HHA visits and mean Medicare HHA payments of \$2,582. In contrast, in looking at longer episode definitions, a higher proportion of beneficiaries have at least one HHA claim during their episode. For example, Episode Definition M (30 Day Variable Length), 60.2 percent of beneficiaries had at least one HHA claim associated with 23.1 visits and \$3,525 in Medicare payments.
- While the percent of beneficiaries using SNF and HHA varies across the episode definitions, the percent of beneficiaries using LTCH and IRF (and the corresponding mean length of stay and payment) changes less due to the fact that LTCH and IRF services are generally the first site of PAC. And, in the case of IRF, mean length of stay is generally less than two weeks. For example, the percent of beneficiaries using IRF in Episode Definition A (30 Day Fixed) is 10.9 percent across all MS-DRGs and 19.4 percent for beneficiaries in MS-DRG 470. In Episode Definition M (30 Day Variable Length), the percentage increases only slightly to 11.5 percent across all MS-DRGs and 19.6 percent in MS-DRG 470.
- In comparing mean length of stay for Episode Definition A (30 Day Fixed) to mean length of stay for Episode Definition B (30 Day Fixed Excluding Readmissions), SNF the mean length of stay decreases from 31.6 days to 28.8 days. SNF length of stay also decreases from Episode Definition A (30 Day Fixed) to Episode Definition C (30 Day Fixed-pro rated) from 31.6 days to 19.9. This significant decrease is due to the long average length of stay associated with SNF admissions.
- In Episode Definition A (30 Day Fixed), there are differences in the types of services used during a PAC episode by MS-DRG. For example, a higher proportion of beneficiaries in MS-DRG 470 Major joint replacement or reattachment of lower extremity w/o MCC use HHA (65.7 percent), IRF (19.4 percent), and hospital outpatient therapy (25.3 percent) compared to beneficiaries in beneficiaries in MS DRG MS-DRG 194 Simple pneumonia & pleurisy w CC (48.1 percent for HHA, 2.3 percent for IRF, and 15.4 for hospital outpatient therapy). In contrast, a higher proportion of beneficiaries in MS-DRG 194 use SNF (49.9 percent) and have acute hospital readmissions (16.8 percent) compared to beneficiaries in MS-DRG 470 (38.7 percent for SNF, and 6.2 percent for acute hospital readmissions).

**Section 3 - Table 1**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition A: 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>53.1</b>	<b>15.9</b>	<b>\$2,582</b>	<b>10.9</b>	<b>13.0</b>	<b>\$15,330</b>	<b>44.6</b>	<b>31.6</b>	<b>\$9,682</b>	<b>2.3</b>	<b>29.0</b>	<b>\$36,098</b>	<b>15.1</b>	<b>19.9</b>	<b>\$610</b>	<b>15.5</b>	<b>7.7</b>	<b>\$10,482</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	65.7	14.9	\$3,131	19.4	10.1	\$11,603	38.7	20.6	\$7,288	0.3	20.8	\$20,333	25.3	27.1	\$601	6.2	6.6	\$9,892
194 Simple pneumonia & pleurisy w CC	2,661	48.1	15.0	\$2,268	2.3	13.9	\$16,608	49.9	30.0	\$8,634	1.4	24.1	\$29,055	15.4	13.6	\$444	16.8	7.3	\$8,696
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	34.4	22.8	\$3,553	40.5	17.2	\$20,029	48.0	41.2	\$13,435	1.9	29.3	\$26,897	15.6	27.1	\$754	13.8	6.9	\$9,280
481 Hip & femur procedures except major joint w CC	2,135	31.9	21.6	\$3,619	25.8	14.0	\$15,353	71.7	43.5	\$13,558	1.0	30.0	\$35,639	6.9	21.7	\$560	13.5	6.8	\$8,960
690 Kidney & urinary tract infections w/o MCC	2,125	35.4	16.7	\$2,649	2.1	14.0	\$16,872	63.5	34.7	\$9,917	0.7	20.1	\$18,971	13.2	25.8	\$682	15.8	7.0	\$8,294
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	46.0	19.7	\$3,210	31.4	15.5	\$18,308	35.9	36.0	\$11,576	1.1	28.2	\$30,454	22.6	24.1	\$667	12.1	6.2	\$9,932
641 Nutritional & misc metabolic disorders w/o MCC	1,647	43.3	16.7	\$2,477	3.2	11.0	\$13,027	55.3	34.9	\$10,421	0.5	27.6	\$28,720	13.5	18.2	\$557	15.8	7.5	\$9,750
292 Heart failure & shock w CC	1,622	58.6	17.0	\$2,294	1.8	13.5	\$15,220	44.8	31.6	\$9,249	1.0	25.6	\$31,822	10.4	11.2	\$459	21.5	7.6	\$9,841
871 Septicemia w/o MV 96+ hours w MCC	1,556	32.8	16.1	\$2,473	3.5	13.0	\$16,022	62.2	34.0	\$9,581	4.6	28.6	\$32,512	13.6	17.8	\$760	19.2	8.2	\$11,066
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	39.3	19.5	\$3,494	29.2	12.9	\$14,891	64.3	41.4	\$13,019	0.7	29.5	\$25,795	9.1	24.8	\$598	11.5	6.4	\$8,628
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	48.6	14.7	\$2,237	1.2	10.7	\$13,390	46.8	29.2	\$8,400	0.4	17.0	\$22,652	18.0	15.7	\$466	12.8	6.3	\$7,661
552 Medical back problems w/o MCC	1,433	49.2	17.1	\$2,870	10.7	13.6	\$14,763	54.2	30.8	\$9,721	0.4	24.5	\$26,119	14.9	21.9	\$617	16.2	7.6	\$9,815
603 Cellulitis w/o MCC	1,277	58.4	17.3	\$2,258	1.5	12.5	\$13,949	38.7	33.0	\$9,740	1.9	21.6	\$22,033	16.5	10.8	\$439	13.3	7.4	\$9,289
291 Heart failure & shock w MCC	1,252	52.2	17.8	\$2,396	4.0	14.2	\$16,433	48.6	31.6	\$9,360	2.2	23.8	\$34,376	11.2	10.5	\$856	25.5	7.8	\$10,870
312 Syncope & collapse	1,245	58.5	16.6	\$2,601	4.5	12.9	\$14,700	39.4	31.6	\$10,105	0.4	22.0	\$22,843	15.6	17.3	\$544	11.0	6.3	\$8,243
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	52.2	14.9	\$2,266	2.6	12.3	\$14,306	40.1	30.4	\$9,222	0.3	30.8	\$25,043	18.2	14.5	\$422	14.3	6.0	\$9,071
293 Heart failure & shock w/o CC/MCC	1,215	66.7	16.2	\$2,154	0.8	13.3	\$14,318	32.7	31.0	\$9,069	0.7	20.3	\$19,182	11.7	13.4	\$438	18.8	6.1	\$10,271
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	64.9	14.5	\$2,017	2.0	11.0	\$14,703	28.6	30.3	\$8,407	1.8	22.8	\$24,771	16.0	9.8	\$356	16.0	6.6	\$7,845
683 Renal failure w CC	1,082	41.5	15.4	\$2,351	2.6	12.0	\$15,345	56.9	34.4	\$9,864	1.3	27.8	\$29,326	13.9	19.9	\$1,196	20.1	8.1	\$9,938
536 Fractures of hip & pelvis w/o MCC	924	39.8	17.5	\$3,173	15.9	13.3	\$14,191	70.1	34.4	\$10,880	0.4	28.0	\$22,689	9.4	36.3	\$846	13.3	8.1	\$10,571

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 2**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition B: 30 Day Fixed: Any Claim Starting Within 30 Days After Hospital Discharge Excluding Acute Hospital Readmissions.**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean <sup>2</sup> Services <sup>2</sup> Per Service User	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>52.2</b>	<b>15.8</b>	<b>\$2,568</b>	<b>10.6</b>	<b>12.5</b>	<b>\$14,714</b>	<b>43.4</b>	<b>28.8</b>	<b>\$8,870</b>	<b>2.1</b>	<b>28.4</b>	<b>\$35,523</b>	<b>14.8</b>	<b>19.9</b>	<b>\$604</b>	<b>0.0</b>	<b>-</b>	<b>-</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	64.8	14.8	\$3,126	19.2	9.9	\$11,379	38.4	19.5	\$6,943	0.2	20.3	\$18,519	25.0	27.1	\$599	0.0	-	-
194 Simple pneumonia & pleurisy w CC	2,661	47.5	14.9	\$2,250	2.1	12.7	\$14,947	48.3	27.5	\$7,934	1.2	23.9	\$29,490	15.2	13.0	\$429	0.0	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	33.6	22.9	\$3,550	40.2	16.4	\$19,169	46.5	38.1	\$12,470	1.7	27.2	\$26,903	15.3	26.8	\$746	0.0	-	-
481 Hip & femur procedures except major joint w CC	2,135	30.7	21.3	\$3,602	25.7	13.7	\$14,987	71.1	40.1	\$12,575	0.8	29.9	\$32,085	6.6	22.4	\$577	0.0	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	35.2	16.4	\$2,614	2.1	13.6	\$16,436	61.9	32.0	\$9,154	0.5	19.9	\$18,405	12.9	24.6	\$655	0.0	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	45.2	19.6	\$3,202	30.9	14.7	\$17,512	34.5	33.5	\$10,786	0.9	28.1	\$32,311	22.1	23.9	\$661	0.0	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	42.6	16.6	\$2,459	2.9	10.9	\$12,798	54.0	31.9	\$9,499	0.4	18.0	\$18,581	13.2	18.4	\$554	0.0	-	-
292 Heart failure & shock w CC	1,622	57.9	17.0	\$2,289	1.7	13.5	\$15,243	42.8	28.1	\$8,301	0.8	22.2	\$26,372	10.0	11.1	\$457	0.0	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	32.3	16.0	\$2,465	3.4	11.9	\$14,518	61.1	30.7	\$8,665	3.9	27.8	\$30,748	13.2	17.4	\$758	0.0	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	38.2	19.5	\$3,487	29.1	12.8	\$14,678	63.4	39.0	\$12,363	0.7	30.4	\$26,020	8.9	24.2	\$597	0.0	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	48.1	14.6	\$2,223	1.2	10.7	\$13,334	45.4	27.6	\$7,942	0.3	14.3	\$20,305	18.0	15.3	\$454	0.0	-	-
552 Medical back problems w/o MCC	1,433	47.5	16.9	\$2,856	9.9	13.2	\$14,318	53.1	27.3	\$8,714	0.3	17.8	\$15,171	14.4	21.8	\$616	0.0	-	-
603 Cellulitis w/o MCC	1,277	57.6	17.3	\$2,242	1.3	12.2	\$13,863	37.3	29.8	\$8,767	1.6	21.6	\$21,881	16.4	10.8	\$433	0.0	-	-
291 Heart failure & shock w MCC	1,252	51.3	17.6	\$2,384	3.7	14.1	\$16,065	47.0	27.9	\$8,413	2.2	23.3	\$34,661	10.8	10.4	\$844	0.0	-	-
312 Syncope & collapse	1,245	58.0	16.5	\$2,581	4.4	12.3	\$13,917	38.1	30.2	\$9,647	0.3	16.8	\$18,560	15.3	17.4	\$545	0.0	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	51.7	14.8	\$2,258	2.5	11.6	\$13,792	38.6	28.0	\$8,475	0.2	29.5	\$33,857	18.0	14.2	\$416	0.0	-	-
293 Heart failure & shock w/o CC/MCC	1,215	66.2	16.2	\$2,142	0.7	12.4	\$13,162	31.2	28.6	\$8,385	0.6	19.9	\$17,945	11.6	13.1	\$428	0.0	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	64.4	14.5	\$2,018	2.0	11.0	\$14,703	26.8	26.8	\$7,475	1.8	22.8	\$24,771	15.8	9.9	\$359	0.0	-	-
683 Renal failure w CC	1,082	40.9	15.2	\$2,334	2.2	11.2	\$14,654	55.4	30.8	\$8,870	1.0	29.5	\$29,739	13.7	19.1	\$1,138	0.0	-	-
536 Fractures of hip & pelvis w/o MCC	924	38.4	17.4	\$3,171	15.5	13.0	\$13,822	68.7	32.2	\$10,222	0.4	28.0	\$22,689	9.0	37.5	\$872	0.0	-	-

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.
2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 3**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition C: 30 Day Fixed Following Hospital Discharge (pro rated)**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>53.1</b>	<b>10.4</b>	<b>\$1,801</b>	<b>10.9</b>	<b>12.5</b>	<b>\$14,839</b>	<b>44.6</b>	<b>19.9</b>	<b>\$6,499</b>	<b>2.3</b>	<b>21.8</b>	<b>\$27,541</b>	<b>15.1</b>	<b>14.2</b>	<b>\$462</b>	<b>15.5</b>	<b>6.4</b>	<b>\$9,043</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	65.7	11.3	\$2,481	19.4	10.1	\$11,525	38.7	15.8	\$5,871	0.3	16.4	\$15,610	25.3	17.5	\$398	6.2	5.8	\$8,924
194 Simple pneumonia & pleurisy w CC	2,661	48.1	10.2	\$1,605	2.3	12.3	\$15,066	49.9	19.6	\$6,060	1.4	18.8	\$22,191	15.4	10.9	\$372	16.8	6.1	\$7,696
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	34.4	11.3	\$1,962	40.5	16.4	\$19,242	48.0	20.0	\$6,871	1.9	24.0	\$23,554	15.6	16.1	\$478	13.8	5.8	\$7,899
481 Hip & femur procedures except major joint w CC	2,135	31.9	9.7	\$1,758	25.8	13.9	\$15,243	71.7	24.3	\$7,994	1.0	21.1	\$24,715	6.9	16.0	\$428	13.5	5.8	\$7,815
690 Kidney & urinary tract infections w/o MCC	2,125	35.4	10.0	\$1,683	2.1	13.9	\$16,703	63.5	21.8	\$6,651	0.7	17.5	\$16,473	13.2	20.1	\$552	15.8	6.1	\$7,462
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	46.0	11.6	\$2,066	31.4	14.9	\$17,804	35.9	19.8	\$6,629	1.1	22.2	\$23,926	22.6	16.2	\$468	12.1	5.3	\$8,469
641 Nutritional & misc metabolic disorders w/o MCC	1,647	43.3	10.5	\$1,650	3.2	10.7	\$12,690	55.3	21.8	\$6,925	0.5	17.2	\$19,534	13.5	14.9	\$470	15.8	6.2	\$8,333
292 Heart failure & shock w CC	1,622	58.6	10.9	\$1,534	1.8	13.1	\$14,756	44.8	19.9	\$6,220	1.0	17.4	\$20,597	10.4	8.9	\$375	21.5	6.0	\$8,014
871 Septicemia w/o MV 96+ hours w MCC	1,556	32.8	10.1	\$1,625	3.5	12.6	\$15,460	62.2	20.4	\$6,256	4.6	20.6	\$23,589	13.6	14.5	\$646	19.2	7.1	\$9,970
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	39.3	10.0	\$1,904	29.2	12.9	\$14,862	64.3	23.6	\$7,885	0.7	24.8	\$21,842	9.1	15.6	\$406	11.5	5.8	\$8,008
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	48.6	10.2	\$1,627	1.2	10.7	\$13,390	46.8	19.8	\$6,039	0.4	12.3	\$17,687	18.0	12.5	\$394	12.8	5.4	\$6,927
552 Medical back problems w/o MCC	1,433	49.2	9.9	\$1,772	10.7	13.1	\$14,298	54.2	20.7	\$6,860	0.4	16.5	\$14,966	14.9	16.9	\$510	16.2	6.1	\$8,404
603 Cellulitis w/o MCC	1,277	58.4	11.6	\$1,594	1.5	11.8	\$13,318	38.7	19.6	\$6,121	1.9	18.5	\$19,441	16.5	8.9	\$384	13.3	6.1	\$7,710
291 Heart failure & shock w MCC	1,252	52.2	11.1	\$1,594	4.0	13.2	\$15,482	48.6	19.9	\$6,294	2.2	21.2	\$30,126	11.2	8.8	\$633	25.5	6.7	\$9,475
312 Syncope & collapse	1,245	58.5	10.6	\$1,766	4.5	12.5	\$14,232	39.4	21.7	\$7,219	0.4	17.6	\$18,753	15.6	13.6	\$430	11.0	5.4	\$7,607
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	52.2	10.0	\$1,585	2.6	12.0	\$14,048	40.1	20.5	\$6,565	0.3	15.0	\$17,091	18.2	11.6	\$355	14.3	5.1	\$7,973
293 Heart failure & shock w/o CC/MCC	1,215	66.7	10.6	\$1,472	0.8	11.4	\$12,304	32.7	20.4	\$6,378	0.7	18.8	\$17,801	11.7	11.1	\$388	18.8	5.0	\$8,986
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	64.9	9.7	\$1,450	2.0	11.0	\$14,703	28.6	18.4	\$5,478	1.8	20.7	\$22,782	16.0	7.8	\$305	16.0	6.0	\$7,320
683 Renal failure w CC	1,082	41.5	9.6	\$1,561	2.6	11.0	\$14,243	56.9	21.2	\$6,526	1.3	21.4	\$23,322	13.9	15.2	\$828	20.1	6.8	\$8,100
536 Fractures of hip & pelvis w/o MCC	924	39.8	8.9	\$1,710	15.9	13.1	\$13,947	70.1	22.8	\$7,605	0.4	24.0	\$19,673	9.4	27.7	\$668	13.3	6.7	\$9,474

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following day period without acute, LTCH, SNF, IRF, or HHA service use.
2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 4**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition D: 30 Day Fixed Following Hospital Discharge (pro rated) Excluding Acute Hospital Readmissions**

MS-DRG Descriptor	Home Health				IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
	Number of PAC Users <sup>1</sup>	Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean <sup>2</sup> Per Service User	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>52.2</b>	<b>10.0</b>	<b>\$1,755</b>	<b>10.6</b>	<b>12.2</b>	<b>\$14,435</b>	<b>43.4</b>	<b>19.1</b>	<b>\$6,238</b>	<b>2.1</b>	<b>22.2</b>	<b>\$28,231</b>	<b>14.8</b>	<b>14.2</b>	<b>\$457</b>	<b>0.0</b>	<b>-</b>	<b>-</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	64.8	11.2	\$2,467	19.2	9.9	\$11,325	38.4	15.4	\$5,742	0.2	19.0	\$17,728	25.0	17.6	\$398	0.0	-	-
194 Simple pneumonia & pleurisy w CC	2,661	47.5	9.8	\$1,558	2.1	11.7	\$14,256	48.3	18.9	\$5,852	1.2	20.7	\$24,620	15.2	10.6	\$357	0.0	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	33.6	11.1	\$1,929	40.2	15.8	\$18,596	46.5	19.4	\$6,649	1.7	24.6	\$24,603	15.3	16.1	\$479	0.0	-	-
481 Hip & femur procedures except major joint w CC	2,135	30.7	9.7	\$1,762	25.7	13.5	\$14,848	71.1	23.2	\$7,672	0.8	24.0	\$26,786	6.6	16.5	\$441	0.0	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	35.2	9.6	\$1,630	2.1	13.6	\$16,436	61.9	21.0	\$6,393	0.5	17.5	\$16,185	12.9	19.5	\$535	0.0	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	45.2	11.3	\$2,035	30.9	14.3	\$17,106	34.5	19.3	\$6,458	0.9	24.0	\$26,906	22.1	16.0	\$464	0.0	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	42.6	10.1	\$1,604	2.9	10.9	\$12,798	54.0	20.8	\$6,606	0.4	18.0	\$18,581	13.2	14.9	\$463	0.0	-	-
292 Heart failure & shock w CC	1,622	57.9	10.2	\$1,444	1.7	13.5	\$15,243	42.8	18.9	\$5,938	0.8	20.3	\$23,914	10.0	8.7	\$375	0.0	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	32.3	9.8	\$1,577	3.4	11.7	\$14,293	61.1	19.3	\$5,912	3.9	21.1	\$24,183	13.2	14.4	\$638	0.0	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	38.2	10.0	\$1,906	29.1	12.7	\$14,584	63.4	22.9	\$7,696	0.7	26.8	\$23,437	8.9	15.6	\$410	0.0	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	48.1	9.9	\$1,584	1.2	10.7	\$13,334	45.4	19.3	\$5,881	0.3	14.3	\$20,305	18.0	12.3	\$382	0.0	-	-
552 Medical back problems w/o MCC	1,433	47.5	9.7	\$1,748	9.9	12.9	\$14,065	53.1	19.5	\$6,485	0.3	17.8	\$15,171	14.4	17.2	\$516	0.0	-	-
603 Cellulitis w/o MCC	1,277	57.6	11.3	\$1,551	1.3	12.2	\$13,863	37.3	18.9	\$5,866	1.6	18.9	\$19,717	16.4	9.0	\$376	0.0	-	-
291 Heart failure & shock w MCC	1,252	51.3	10.3	\$1,501	3.7	13.4	\$15,433	47.0	18.7	\$5,961	2.2	21.6	\$30,940	10.8	8.8	\$635	0.0	-	-
312 Syncope & collapse	1,245	58.0	10.3	\$1,726	4.4	12.3	\$13,917	38.1	21.3	\$7,074	0.3	16.8	\$18,560	15.3	13.7	\$427	0.0	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	51.7	9.6	\$1,529	2.5	11.6	\$13,767	38.6	19.7	\$6,297	0.2	26.5	\$30,551	18.0	11.5	\$352	0.0	-	-
293 Heart failure & shock w/o CC/MCC	1,215	66.2	10.1	\$1,412	0.7	11.7	\$12,494	31.2	19.6	\$6,104	0.6	15.3	\$15,161	11.6	10.7	\$357	0.0	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	64.4	9.3	\$1,413	2.0	11.0	\$14,703	26.8	17.5	\$5,230	1.8	20.2	\$22,228	15.8	7.9	\$303	0.0	-	-
683 Renal failure w CC	1,082	40.9	9.0	\$1,481	2.2	10.5	\$14,196	55.4	20.0	\$6,183	1.0	24.9	\$26,612	13.7	15.0	\$795	0.0	-	-
536 Fractures of hip & pelvis w/o MCC	924	38.4	9.0	\$1,739	15.5	13.0	\$13,799	68.7	22.2	\$7,422	0.4	24.0	\$19,673	9.0	28.7	\$690	0.0	-	-

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.
2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 5**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition E: 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>58.0</b>	<b>16.8</b>	<b>\$2,704</b>	<b>11.2</b>	<b>13.3</b>	<b>\$15,652</b>	<b>45.9</b>	<b>34.3</b>	<b>\$10,375</b>	<b>2.5</b>	<b>30.1</b>	<b>\$37,100</b>	<b>19.2</b>	<b>26.9</b>	<b>\$778</b>	<b>23.0</b>	<b>8.4</b>	<b>\$11,610</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	69.2	15.2	\$3,177	19.5	10.3	\$11,723	39.0	21.6	\$7,540	0.4	22.4	\$22,013	33.7	36.1	\$788	9.4	6.7	\$10,309
194 Simple pneumonia & pleurisy w CC	2,661	51.0	15.5	\$2,379	2.6	14.1	\$16,631	51.0	32.3	\$9,184	1.5	25.7	\$30,600	17.8	17.1	\$547	24.4	8.1	\$9,825
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	42.1	24.5	\$3,729	40.9	17.4	\$20,338	50.6	45.5	\$14,667	2.0	29.3	\$27,123	21.5	40.0	\$1,053	22.1	7.2	\$9,797
481 Hip & femur procedures except major joint w CC	2,135	44.9	22.0	\$3,709	26.0	14.2	\$15,525	72.7	46.7	\$14,357	1.2	30.1	\$34,052	11.1	27.3	\$721	20.4	7.3	\$9,631
690 Kidney & urinary tract infections w/o MCC	2,125	39.9	17.5	\$2,793	2.3	14.6	\$17,813	64.3	37.3	\$10,546	0.9	23.2	\$23,337	15.2	30.0	\$816	24.0	8.1	\$9,817
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	51.1	20.7	\$3,323	31.6	15.8	\$18,684	37.3	38.9	\$12,463	1.1	32.8	\$35,846	27.2	33.1	\$885	19.5	6.3	\$9,941
641 Nutritional & misc metabolic disorders w/o MCC	1,647	48.1	17.2	\$2,620	3.5	11.7	\$13,842	56.6	37.8	\$11,142	0.9	31.6	\$30,485	15.7	23.1	\$702	23.7	8.2	\$10,624
292 Heart failure & shock w CC	1,622	62.2	17.7	\$2,400	2.4	14.0	\$15,296	46.4	33.8	\$9,800	1.2	28.5	\$34,286	12.3	14.5	\$612	31.1	8.4	\$11,170
871 Septicemia w/o MV 96+ hours w MCC	1,556	37.0	17.2	\$2,622	3.8	13.4	\$16,450	63.4	36.6	\$10,186	4.9	29.4	\$33,743	16.1	22.3	\$911	27.7	9.3	\$13,118
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	51.2	19.8	\$3,581	29.3	13.1	\$15,127	65.0	43.8	\$13,602	0.8	29.2	\$25,575	13.4	34.2	\$796	16.5	7.1	\$9,539
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	51.5	15.6	\$2,343	1.3	10.9	\$13,109	47.6	31.4	\$8,911	0.5	24.1	\$27,491	20.6	19.9	\$569	20.8	6.9	\$8,952
552 Medical back problems w/o MCC	1,433	57.2	17.5	\$2,982	10.9	13.7	\$14,936	55.5	33.7	\$10,439	0.8	24.0	\$24,196	18.8	25.3	\$673	24.0	8.0	\$10,585
603 Cellulitis w/o MCC	1,277	61.3	18.1	\$2,370	1.8	12.2	\$13,614	39.6	35.7	\$10,387	2.3	23.4	\$24,105	18.5	13.5	\$537	20.4	8.2	\$10,468
291 Heart failure & shock w MCC	1,252	55.6	18.2	\$2,495	4.2	14.2	\$16,573	49.9	34.5	\$10,096	2.4	24.1	\$34,250	13.2	13.7	\$1,047	35.9	9.0	\$12,475
312 Syncope & collapse	1,245	63.5	17.6	\$2,744	5.0	12.8	\$14,929	40.3	35.4	\$11,103	0.4	23.6	\$23,802	18.2	21.6	\$645	19.0	6.6	\$9,488
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	55.8	15.7	\$2,387	2.8	13.0	\$15,424	41.3	33.7	\$10,063	0.6	35.7	\$39,627	20.4	18.1	\$524	23.0	6.9	\$10,192
293 Heart failure & shock w/o CC/MCC	1,215	69.0	17.1	\$2,255	1.2	13.1	\$14,880	34.5	34.0	\$9,826	0.9	21.8	\$23,253	13.6	15.0	\$519	28.4	6.9	\$11,339
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	66.5	15.0	\$2,078	2.3	10.9	\$14,361	30.3	32.2	\$8,955	2.0	26.8	\$28,572	17.2	12.3	\$455	25.0	7.5	\$9,299
683 Renal failure w CC	1,082	45.2	16.2	\$2,446	2.8	12.3	\$15,974	58.1	37.4	\$10,551	1.6	30.2	\$33,391	16.3	25.4	\$1,515	31.1	9.5	\$11,315
536 Fractures of hip & pelvis w/o MCC	924	53.6	17.8	\$3,247	16.3	13.3	\$14,261	70.7	37.5	\$11,653	0.4	28.0	\$22,689	13.2	38.3	\$911	19.6	7.9	\$10,477

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 6**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition F: 60 Day Fixed: Any Claim Starting Within 60 Days After Hospital Discharge Excluding Acute Hospital Readmissions.**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>55.9</b>	<b>16.3</b>	<b>\$2,649</b>	<b>10.7</b>	<b>12.5</b>	<b>\$14,771</b>	<b>43.7</b>	<b>29.3</b>	<b>\$8,990</b>	<b>2.1</b>	<b>28.5</b>	<b>\$35,583</b>	<b>18.3</b>	<b>26.7</b>	<b>\$759</b>	<b>0.0</b>	<b>-</b>	<b>-</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	67.6	15.0	\$3,152	19.2	10.0	\$11,393	38.4	19.6	\$6,970	0.3	20.5	\$18,768	32.8	35.9	\$783	0.0	-	-
194 Simple pneumonia & pleurisy w CC	2,661	49.6	15.0	\$2,301	2.1	12.8	\$15,097	48.3	27.8	\$8,026	1.2	23.9	\$29,490	16.9	15.8	\$514	0.0	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	40.2	24.1	\$3,694	40.5	16.5	\$19,198	47.5	39.3	\$12,840	1.7	27.2	\$26,903	20.5	39.1	\$1,023	0.0	-	-
481 Hip & femur procedures except major joint w CC	2,135	42.1	21.5	\$3,659	25.8	13.8	\$15,062	71.3	41.0	\$12,777	0.8	30.0	\$31,522	10.5	27.1	\$715	0.0	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	38.5	17.1	\$2,734	2.1	13.6	\$16,436	61.9	32.5	\$9,248	0.6	21.1	\$18,756	14.4	28.3	\$763	0.0	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	49.1	20.3	\$3,292	30.9	14.8	\$17,618	35.2	34.2	\$11,026	0.9	28.1	\$32,311	26.1	32.6	\$876	0.0	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	46.5	16.9	\$2,570	2.9	10.9	\$12,798	54.1	32.6	\$9,640	0.4	18.0	\$18,581	15.0	22.4	\$684	0.0	-	-
292 Heart failure & shock w CC	1,622	60.7	17.4	\$2,349	1.7	13.5	\$15,243	42.9	28.4	\$8,379	0.9	23.4	\$27,351	11.3	13.9	\$566	0.0	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	35.2	16.9	\$2,581	3.5	11.9	\$14,443	61.6	31.0	\$8,711	3.9	27.8	\$30,748	15.4	21.4	\$893	0.0	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	48.7	19.6	\$3,555	29.1	12.8	\$14,697	63.7	39.7	\$12,509	0.7	30.4	\$26,020	12.9	33.0	\$781	0.0	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	50.1	15.1	\$2,281	1.2	10.7	\$13,334	45.4	28.0	\$8,027	0.3	14.3	\$20,305	20.2	18.8	\$544	0.0	-	-
552 Medical back problems w/o MCC	1,433	53.7	17.0	\$2,925	10.0	13.2	\$14,344	53.2	27.8	\$8,794	0.3	17.8	\$15,171	17.5	25.4	\$678	0.0	-	-
603 Cellulitis w/o MCC	1,277	59.4	17.8	\$2,315	1.4	12.1	\$13,611	37.3	30.1	\$8,848	1.7	21.7	\$22,176	17.9	13.4	\$517	0.0	-	-
291 Heart failure & shock w MCC	1,252	53.3	17.7	\$2,412	3.7	14.1	\$16,065	47.2	28.3	\$8,518	2.2	23.3	\$34,661	12.1	12.7	\$1,024	0.0	-	-
312 Syncope & collapse	1,245	62.3	17.1	\$2,679	4.5	12.3	\$14,334	38.1	31.1	\$9,886	0.3	16.8	\$18,560	17.3	21.8	\$649	0.0	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	54.3	15.2	\$2,315	2.6	11.7	\$14,003	38.6	28.5	\$8,572	0.2	29.5	\$33,857	19.3	17.4	\$507	0.0	-	-
293 Heart failure & shock w/o CC/MCC	1,215	67.8	16.6	\$2,193	0.8	12.7	\$13,294	31.3	28.5	\$8,363	0.6	19.9	\$17,945	12.9	15.3	\$500	0.0	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	65.5	14.7	\$2,042	2.0	11.0	\$14,703	26.9	27.2	\$7,551	1.8	22.8	\$24,771	16.7	12.5	\$446	0.0	-	-
683 Renal failure w CC	1,082	43.3	15.8	\$2,403	2.2	11.2	\$14,654	55.5	31.2	\$8,961	1.0	29.5	\$29,739	15.2	23.6	\$1,373	0.0	-	-
536 Fractures of hip & pelvis w/o MCC	924	50.2	17.4	\$3,216	15.6	13.0	\$13,821	68.8	32.9	\$10,380	0.4	28.0	\$22,689	12.2	39.9	\$934	0.0	-	-

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 7**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition G: 60 Day Fixed Following Hospital Discharge (pro rated)**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>58.0</b>	<b>14.9</b>	<b>\$2,455</b>	<b>11.2</b>	<b>13.1</b>	<b>\$15,474</b>	<b>45.9</b>	<b>28.5</b>	<b>\$8,872</b>	<b>2.5</b>	<b>26.8</b>	<b>\$33,524</b>	<b>19.2</b>	<b>23.3</b>	<b>\$689</b>	<b>23.0</b>	<b>7.8</b>	<b>\$10,901</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	69.2	14.3	\$3,035	19.5	10.2	\$11,675	39.0	19.7	\$7,015	0.4	20.4	\$19,977	33.7	31.5	\$692	9.4	6.3	\$9,837
194 Simple pneumonia & pleurisy w CC	2,661	51.0	14.4	\$2,201	2.6	13.6	\$16,187	51.0	27.3	\$8,010	1.5	24.0	\$28,244	17.8	15.5	\$506	24.4	7.7	\$9,387
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	42.1	19.5	\$3,101	40.9	17.3	\$20,181	50.6	33.4	\$11,064	2.0	27.5	\$26,070	21.5	32.7	\$872	22.1	7.0	\$9,567
481 Hip & femur procedures except major joint w CC	2,135	44.9	16.5	\$2,881	26.0	14.2	\$15,477	72.7	38.3	\$12,090	1.2	26.3	\$30,229	11.1	22.9	\$620	20.4	6.9	\$9,204
690 Kidney & urinary tract infections w/o MCC	2,125	39.9	15.3	\$2,484	2.3	14.0	\$17,022	64.3	31.5	\$9,172	0.9	19.7	\$19,216	15.2	28.2	\$765	24.0	7.1	\$8,702
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	51.1	18.0	\$2,986	31.6	15.7	\$18,635	37.3	30.5	\$9,958	1.1	28.8	\$31,183	27.2	28.7	\$780	19.5	5.8	\$9,378
641 Nutritional & misc metabolic disorders w/o MCC	1,647	48.1	15.6	\$2,376	3.5	11.1	\$13,019	56.6	31.4	\$9,520	0.9	19.9	\$21,647	15.7	20.4	\$617	23.7	7.8	\$10,228
292 Heart failure & shock w CC	1,622	62.2	16.2	\$2,200	2.4	12.5	\$14,192	46.4	28.5	\$8,471	1.2	21.2	\$25,081	12.3	12.9	\$553	31.1	7.8	\$10,308
871 Septicemia w/o MV 96+ hours w MCC	1,556	37.0	14.8	\$2,302	3.8	13.4	\$16,450	63.4	29.9	\$8,663	4.9	25.8	\$29,662	16.1	20.4	\$840	27.7	8.4	\$11,473
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	51.2	15.9	\$2,964	29.3	13.1	\$15,088	65.0	36.3	\$11,593	0.8	28.8	\$25,278	13.4	27.0	\$647	16.5	6.7	\$9,218
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	51.5	14.3	\$2,173	1.3	10.4	\$12,722	47.6	27.1	\$7,901	0.5	14.4	\$18,480	20.6	17.1	\$501	20.8	6.5	\$8,478
552 Medical back problems w/o MCC	1,433	57.2	15.2	\$2,638	10.9	13.7	\$14,895	55.5	28.8	\$9,134	0.8	15.7	\$15,701	18.8	23.0	\$624	24.0	7.4	\$9,845
603 Cellulitis w/o MCC	1,277	61.3	16.7	\$2,199	1.8	12.2	\$13,614	39.6	28.6	\$8,570	2.3	20.3	\$21,395	18.5	12.5	\$498	20.4	7.6	\$9,974
291 Heart failure & shock w MCC	1,252	55.6	16.8	\$2,304	4.2	14.1	\$16,476	49.9	29.2	\$8,756	2.4	23.3	\$33,509	13.2	12.5	\$969	35.9	8.4	\$11,829
312 Syncope & collapse	1,245	63.5	15.6	\$2,471	5.0	12.8	\$14,929	40.3	30.1	\$9,635	0.4	23.6	\$23,802	18.2	19.6	\$597	19.0	6.2	\$8,834
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	55.8	14.3	\$2,196	2.8	12.5	\$15,095	41.3	29.0	\$8,896	0.6	21.3	\$24,212	20.4	16.4	\$480	23.0	6.4	\$9,658
293 Heart failure & shock w/o CC/MCC	1,215	69.0	15.8	\$2,102	1.2	12.0	\$13,680	34.5	28.7	\$8,538	0.9	21.4	\$22,644	13.6	13.7	\$470	28.4	6.5	\$10,852
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	66.5	14.0	\$1,968	2.3	10.5	\$13,979	30.3	26.5	\$7,530	2.0	22.9	\$25,270	17.2	11.4	\$425	25.0	7.2	\$8,853
683 Renal failure w CC	1,082	45.2	14.4	\$2,213	2.8	12.3	\$15,874	58.1	31.0	\$9,064	1.6	28.2	\$31,200	16.3	22.1	\$1,322	31.1	8.4	\$10,534
536 Fractures of hip & pelvis w/o MCC	924	53.6	14.8	\$2,764	16.3	13.2	\$14,154	70.7	32.7	\$10,438	0.4	28.0	\$22,689	13.2	33.8	\$809	19.6	7.4	\$10,086

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.
2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 8**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition H: 60 Day Fixed Following Hospital Discharge (pro rated) Excluding Acute Hospital Readmissions**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>55.9</b>	<b>13.8</b>	<b>\$2,315</b>	<b>10.7</b>	<b>12.4</b>	<b>\$14,674</b>	<b>43.7</b>	<b>25.6</b>	<b>\$8,057</b>	<b>2.1</b>	<b>26.3</b>	<b>\$33,276</b>	<b>18.3</b>	<b>23.3</b>	<b>\$675</b>	<b>0.0</b>	<b>-</b>	<b>-</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	67.6	14.0	\$2,979	19.2	9.9	\$11,362	38.4	18.4	\$6,643	0.3	18.5	\$17,336	32.8	31.4	\$689	0.0	-	-
194 Simple pneumonia & pleurisy w CC	2,661	49.6	13.2	\$2,043	2.1	11.9	\$14,638	48.3	24.8	\$7,339	1.2	22.8	\$27,524	16.9	14.5	\$471	0.0	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	40.2	18.7	\$2,984	40.5	16.4	\$19,081	47.5	30.7	\$10,233	1.7	27.2	\$26,903	20.5	32.3	\$862	0.0	-	-
481 Hip & femur procedures except major joint w CC	2,135	42.1	15.9	\$2,833	25.8	13.7	\$14,987	71.3	35.0	\$11,143	0.8	27.0	\$28,972	10.5	23.0	\$617	0.0	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	38.5	14.1	\$2,321	2.1	13.6	\$16,436	61.9	28.6	\$8,368	0.6	18.1	\$16,247	14.4	26.7	\$719	0.0	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	49.1	17.0	\$2,879	30.9	14.7	\$17,506	35.2	28.1	\$9,196	0.9	28.1	\$32,270	26.1	28.4	\$775	0.0	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	46.5	14.4	\$2,233	2.9	10.9	\$12,798	54.1	28.4	\$8,630	0.4	18.0	\$18,581	15.0	20.1	\$606	0.0	-	-
292 Heart failure & shock w CC	1,622	60.7	14.1	\$1,962	1.7	13.5	\$15,243	42.9	25.1	\$7,550	0.9	21.4	\$25,275	11.3	12.7	\$529	0.0	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	35.2	13.7	\$2,149	3.5	11.9	\$14,443	61.6	26.6	\$7,748	3.9	25.1	\$28,422	15.4	19.4	\$812	0.0	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	48.7	15.6	\$2,918	29.1	12.7	\$14,613	63.7	33.8	\$10,916	0.7	30.4	\$26,020	12.9	26.2	\$638	0.0	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	50.1	13.3	\$2,058	1.2	10.7	\$13,334	45.4	25.3	\$7,402	0.3	14.3	\$20,305	20.2	16.4	\$478	0.0	-	-
552 Medical back problems w/o MCC	1,433	53.7	14.4	\$2,523	10.0	12.9	\$14,153	53.2	25.2	\$8,124	0.3	17.8	\$15,171	17.5	23.3	\$632	0.0	-	-
603 Cellulitis w/o MCC	1,277	59.4	15.6	\$2,053	1.4	12.1	\$13,611	37.3	25.9	\$7,771	1.7	21.3	\$21,906	17.9	12.4	\$487	0.0	-	-
291 Heart failure & shock w MCC	1,252	53.3	14.6	\$2,038	3.7	14.1	\$16,065	47.2	25.2	\$7,715	2.2	23.3	\$34,661	12.1	11.8	\$933	0.0	-	-
312 Syncope & collapse	1,245	62.3	14.6	\$2,328	4.5	12.3	\$14,334	38.1	28.0	\$9,040	0.3	16.8	\$18,560	17.3	20.0	\$603	0.0	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	54.3	13.3	\$2,063	2.6	11.7	\$14,003	38.6	26.1	\$8,027	0.2	29.5	\$33,857	19.3	15.9	\$466	0.0	-	-
293 Heart failure & shock w/o CC/MCC	1,215	67.8	14.1	\$1,893	0.8	12.7	\$13,294	31.3	25.8	\$7,707	0.6	15.3	\$15,161	12.9	13.8	\$449	0.0	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	65.5	12.8	\$1,831	2.0	11.0	\$14,703	26.9	23.6	\$6,739	1.8	21.7	\$23,498	16.7	11.7	\$409	0.0	-	-
683 Renal failure w CC	1,082	43.3	12.9	\$2,015	2.2	10.5	\$14,196	55.5	27.3	\$8,056	1.0	29.2	\$29,575	15.2	21.6	\$1,242	0.0	-	-
536 Fractures of hip & pelvis w/o MCC	924	50.2	14.2	\$2,722	15.6	13.0	\$13,794	68.8	29.9	\$9,642	0.4	28.0	\$22,689	12.2	35.4	\$830	0.0	-	-

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 9**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition I: 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
All MS-DRGs	109,236	59.8	19.2	\$3,047	11.4	13.5	\$15,861	46.6	35.9	\$10,791	2.6	30.9	\$37,521	21.5	30.9	\$883	27.8	9.0	\$12,438
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	70.2	15.9	\$3,284	19.5	10.4	\$11,862	39.1	22.1	\$7,676	0.4	24.1	\$23,845	35.8	40.8	\$890	11.8	6.8	\$10,678
194 Simple pneumonia & pleurisy w CC	2,661	52.2	18.3	\$2,777	2.8	15.5	\$18,128	51.9	33.6	\$9,470	1.5	27.3	\$32,075	20.1	20.3	\$634	29.3	8.6	\$10,866
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	45.0	27.8	\$4,185	41.1	17.6	\$20,596	51.2	47.7	\$15,182	2.2	28.6	\$26,497	25.0	49.6	\$1,272	27.2	8.2	\$10,839
481 Hip & femur procedures except major joint w CC	2,135	51.6	23.9	\$4,005	26.2	14.4	\$15,680	73.0	48.2	\$14,713	1.2	29.2	\$33,060	15.5	29.4	\$778	24.6	7.7	\$10,485
690 Kidney & urinary tract infections w/o MCC	2,125	41.6	20.5	\$3,210	2.6	14.6	\$17,764	65.5	39.1	\$10,967	1.0	21.1	\$21,203	17.7	32.6	\$886	29.4	8.4	\$10,468
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	53.1	23.1	\$3,696	31.8	16.0	\$18,898	38.4	40.7	\$12,969	1.2	31.5	\$34,554	30.1	40.7	\$1,076	24.0	6.7	\$10,375
641 Nutritional & misc metabolic disorders w/o MCC	1,647	49.8	20.8	\$3,117	3.6	11.9	\$14,245	57.7	39.4	\$11,533	1.0	29.9	\$30,200	17.5	25.0	\$753	28.8	8.7	\$11,284
292 Heart failure & shock w CC	1,622	63.6	21.4	\$2,927	2.6	14.3	\$15,854	47.6	35.2	\$10,151	1.3	29.0	\$34,049	14.0	16.7	\$727	38.0	8.8	\$11,767
871 Septicemia w/o MV 96+ hours w MCC	1,556	38.2	20.2	\$3,104	4.2	13.8	\$16,933	63.7	38.2	\$10,605	5.1	30.2	\$35,399	18.2	24.6	\$985	32.8	10.3	\$14,333
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	55.8	21.8	\$3,862	29.3	13.2	\$15,197	65.1	44.9	\$13,867	0.9	29.1	\$25,593	17.7	36.9	\$864	19.9	7.3	\$9,831
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	52.3	17.6	\$2,622	1.4	10.9	\$13,174	48.2	33.2	\$9,334	0.8	25.0	\$30,940	23.1	21.4	\$615	25.4	7.3	\$9,345
552 Medical back problems w/o MCC	1,433	59.1	19.6	\$3,292	11.6	14.3	\$15,889	56.5	35.8	\$11,030	0.9	26.8	\$32,630	21.6	27.5	\$726	30.4	8.5	\$11,473
603 Cellulitis w/o MCC	1,277	62.2	21.2	\$2,781	2.0	13.7	\$15,149	40.3	37.7	\$10,912	2.5	24.8	\$25,943	20.4	15.0	\$638	26.8	8.8	\$11,185
291 Heart failure & shock w MCC	1,252	57.1	22.0	\$2,960	4.6	14.9	\$17,163	51.1	36.8	\$10,681	2.5	23.4	\$33,351	15.2	16.0	\$1,196	43.6	10.1	\$13,513
312 Syncope & collapse	1,245	65.0	19.7	\$3,046	5.2	12.7	\$14,767	41.4	37.2	\$11,569	0.4	23.6	\$23,802	19.9	25.6	\$743	25.5	7.2	\$9,826
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	57.5	18.7	\$2,824	3.2	13.6	\$15,791	42.5	36.2	\$10,765	0.6	35.7	\$39,627	21.8	20.6	\$586	29.0	7.3	\$10,464
293 Heart failure & shock w/o CC/MCC	1,215	69.8	21.1	\$2,775	1.5	13.2	\$14,954	35.7	35.6	\$10,265	1.0	27.9	\$26,981	15.1	17.8	\$594	36.5	7.9	\$12,369
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	67.1	18.2	\$2,515	2.4	12.0	\$15,787	31.6	34.2	\$9,507	2.2	26.1	\$28,392	18.9	14.0	\$548	32.1	8.4	\$10,569
683 Renal failure w CC	1,082	46.5	20.2	\$2,974	3.3	12.9	\$16,114	59.6	39.6	\$11,134	1.8	29.3	\$31,826	18.5	27.3	\$1,672	36.5	10.0	\$12,291
536 Fractures of hip & pelvis w/o MCC	924	58.4	19.8	\$3,500	16.7	13.6	\$14,579	70.9	38.8	\$11,965	0.4	28.0	\$22,689	15.9	41.2	\$1,021	23.9	8.8	\$11,282

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 10**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition J: 90 Day Fixed: Any Claim Starting Within 90 Days After Hospital Discharge Excluding Acute Hospital Readmissions**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean <sup>2</sup> Services	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>56.9</b>	<b>17.8</b>	<b>\$2,851</b>	<b>10.7</b>	<b>12.6</b>	<b>\$14,786</b>	<b>43.8</b>	<b>29.4</b>	<b>\$9,029</b>	<b>2.1</b>	<b>28.9</b>	<b>\$35,776</b>	<b>19.9</b>	<b>30.2</b>	<b>\$851</b>	<b>0.0</b>	<b>-</b>	<b>-</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	68.2	15.4	\$3,206	19.2	10.0	\$11,399	38.4	19.7	\$6,989	0.3	20.5	\$18,768	34.5	40.3	\$877	0.0	-	-
194 Simple pneumonia & pleurisy w CC	2,661	50.2	16.7	\$2,559	2.1	12.8	\$15,097	48.3	28.0	\$8,064	1.2	23.9	\$29,490	18.6	18.7	\$593	0.0	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	42.4	26.5	\$4,018	40.5	16.5	\$19,234	47.5	39.6	\$12,905	1.7	27.2	\$26,903	23.4	48.3	\$1,232	0.0	-	-
481 Hip & femur procedures except major joint w CC	2,135	47.3	22.9	\$3,895	25.9	13.8	\$15,081	71.4	41.3	\$12,829	0.8	30.0	\$31,522	14.0	28.9	\$765	0.0	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	39.7	19.1	\$3,006	2.1	13.6	\$16,436	62.0	32.7	\$9,287	0.6	21.1	\$18,756	16.3	29.9	\$811	0.0	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	50.5	21.8	\$3,560	30.9	14.8	\$17,618	35.2	34.3	\$11,031	0.9	28.1	\$32,311	28.1	39.9	\$1,057	0.0	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	47.3	18.9	\$2,859	2.9	10.9	\$12,798	54.1	32.8	\$9,670	0.4	18.0	\$18,581	16.3	24.0	\$723	0.0	-	-
292 Heart failure & shock w CC	1,622	61.3	19.4	\$2,638	1.8	13.7	\$15,338	42.9	28.5	\$8,414	0.9	23.4	\$27,351	12.5	15.5	\$651	0.0	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	36.1	18.6	\$2,874	3.5	11.9	\$14,443	61.6	31.2	\$8,747	3.9	27.8	\$30,748	17.1	23.1	\$945	0.0	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	52.3	21.1	\$3,782	29.1	12.8	\$14,697	63.7	39.9	\$12,557	0.7	30.4	\$26,020	16.1	35.3	\$834	0.0	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	50.7	16.5	\$2,469	1.2	10.7	\$13,334	45.4	28.1	\$8,062	0.3	14.3	\$20,305	21.9	20.7	\$592	0.0	-	-
552 Medical back problems w/o MCC	1,433	54.6	18.0	\$3,086	10.0	13.2	\$14,386	53.2	27.9	\$8,829	0.3	17.8	\$15,171	19.2	27.7	\$726	0.0	-	-
603 Cellulitis w/o MCC	1,277	60.1	19.8	\$2,559	1.4	12.1	\$13,611	37.3	30.3	\$8,899	1.7	21.7	\$22,176	19.3	14.8	\$590	0.0	-	-
291 Heart failure & shock w MCC	1,252	54.2	19.7	\$2,648	3.7	14.1	\$16,065	47.2	28.7	\$8,594	2.2	23.3	\$34,661	13.5	15.7	\$1,114	0.0	-	-
312 Syncope & collapse	1,245	63.1	18.7	\$2,885	4.5	12.3	\$14,334	38.1	31.3	\$9,925	0.3	16.8	\$18,560	19.0	24.2	\$711	0.0	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	55.5	17.1	\$2,608	2.6	11.7	\$14,003	38.6	28.9	\$8,637	0.2	29.5	\$33,857	20.0	19.0	\$545	0.0	-	-
293 Heart failure & shock w/o CC/MCC	1,215	68.6	19.1	\$2,521	0.8	12.7	\$13,294	31.3	28.6	\$8,388	0.6	19.9	\$17,945	13.7	17.9	\$559	0.0	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	65.8	16.2	\$2,277	2.0	11.0	\$14,703	27.0	27.1	\$7,538	1.8	22.8	\$24,771	17.8	13.3	\$478	0.0	-	-
683 Renal failure w CC	1,082	44.0	18.0	\$2,696	2.3	11.2	\$14,567	55.5	31.3	\$8,990	1.1	28.6	\$28,963	16.7	24.6	\$1,486	0.0	-	-
536 Fractures of hip & pelvis w/o MCC	924	53.8	19.0	\$3,406	15.6	13.0	\$13,821	68.8	33.1	\$10,421	0.4	28.0	\$22,689	14.3	43.3	\$1,062	0.0	-	-

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.
2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 11**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition K: 90 Day Fixed Following Hospital Discharge (pro rated)**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
All MS-DRGs	109,236	59.8	17.3	\$2,797	11.4	13.4	\$15,737	46.6	33.6	\$10,179	2.6	28.7	\$35,462	21.5	28.9	\$827	27.8	8.6	\$11,994
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	70.2	15.3	\$3,193	19.5	10.3	\$11,819	39.1	21.5	\$7,502	0.4	21.0	\$21,045	35.8	39.0	\$852	11.8	6.6	\$10,541
194 Simple pneumonia & pleurisy w CC	2,661	52.2	16.4	\$2,511	2.8	15.1	\$17,805	51.9	31.6	\$8,990	1.5	25.6	\$30,282	20.1	18.7	\$590	29.3	8.4	\$10,415
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	45.0	24.0	\$3,680	41.1	17.6	\$20,547	51.2	43.0	\$13,858	2.2	28.2	\$26,360	25.0	43.8	\$1,137	27.2	7.7	\$10,343
481 Hip & femur procedures except major joint w CC	2,135	51.6	20.3	\$3,482	26.2	14.3	\$15,592	73.0	45.9	\$14,107	1.2	28.7	\$32,360	15.5	25.5	\$687	24.6	7.5	\$10,180
690 Kidney & urinary tract infections w/o MCC	2,125	41.6	18.2	\$2,891	2.6	14.1	\$17,271	65.5	36.8	\$10,439	1.0	21.1	\$21,203	17.7	30.6	\$834	29.4	8.1	\$10,176
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	53.1	20.9	\$3,393	31.8	16.0	\$18,824	38.4	37.2	\$11,937	1.2	29.1	\$31,820	30.1	36.8	\$981	24.0	6.6	\$10,276
641 Nutritional & misc metabolic disorders w/o MCC	1,647	49.8	18.4	\$2,796	3.6	11.7	\$13,864	57.7	36.9	\$10,898	1.0	26.3	\$27,200	17.5	23.8	\$725	28.8	8.3	\$10,895
292 Heart failure & shock w CC	1,622	63.6	19.0	\$2,613	2.6	14.0	\$15,457	47.6	33.3	\$9,685	1.3	26.7	\$31,353	14.0	15.4	\$664	38.0	8.5	\$11,280
871 Septicemia w/o MV 96+ hours w MCC	1,556	38.2	17.7	\$2,758	4.2	13.6	\$16,695	63.7	35.6	\$9,996	5.1	28.2	\$32,640	18.2	22.6	\$926	32.8	9.6	\$13,137
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	55.8	19.1	\$3,485	29.3	13.2	\$15,183	65.1	42.9	\$13,365	0.9	29.1	\$25,593	17.7	33.0	\$780	19.9	7.1	\$9,687
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	52.3	16.2	\$2,433	1.4	10.9	\$13,174	48.2	31.4	\$8,919	0.8	19.3	\$23,324	23.1	20.3	\$587	25.4	7.1	\$9,220
552 Medical back problems w/o MCC	1,433	59.1	17.8	\$3,038	11.6	13.9	\$15,471	56.5	33.3	\$10,350	0.9	21.9	\$23,460	21.6	25.8	\$687	30.4	8.2	\$11,098
603 Cellulitis w/o MCC	1,277	62.2	19.3	\$2,550	2.0	12.0	\$13,356	40.3	34.7	\$10,120	2.5	22.3	\$23,475	20.4	14.3	\$618	26.8	8.5	\$10,842
291 Heart failure & shock w MCC	1,252	57.1	19.4	\$2,661	4.6	14.3	\$16,461	51.1	34.4	\$10,062	2.5	23.4	\$33,351	15.2	15.1	\$1,073	43.6	9.5	\$13,069
312 Syncope & collapse	1,245	65.0	18.1	\$2,842	5.2	12.5	\$14,564	41.4	34.8	\$10,903	0.4	23.6	\$23,802	19.9	23.5	\$693	25.5	6.8	\$9,491
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	57.5	16.5	\$2,532	3.2	12.5	\$14,635	42.5	33.5	\$10,025	0.6	31.4	\$34,669	21.8	19.6	\$560	29.0	6.9	\$10,120
293 Heart failure & shock w/o CC/MCC	1,215	69.8	18.6	\$2,478	1.5	12.3	\$14,258	35.7	33.3	\$9,680	1.0	22.3	\$23,029	15.1	16.9	\$576	36.5	7.5	\$11,929
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	67.1	16.3	\$2,274	2.4	12.0	\$15,787	31.6	31.6	\$8,816	2.2	23.3	\$25,778	18.9	13.0	\$524	32.1	8.1	\$10,161
683 Renal failure w CC	1,082	46.5	17.6	\$2,653	3.3	12.4	\$15,631	59.6	36.7	\$10,435	1.8	27.2	\$29,808	18.5	25.4	\$1,571	36.5	9.6	\$11,728
536 Fractures of hip & pelvis w/o MCC	924	58.4	17.3	\$3,162	16.7	13.5	\$14,509	70.9	37.4	\$11,627	0.4	28.0	\$22,689	15.9	38.3	\$962	23.9	8.0	\$10,594

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following day period without acute, LTCH, SNF, IRF, or HHA service use.

2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 12**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition L: 90 Day Fixed Following Hospital Discharge (pro rated) Excluding Acute Hospital Readmissions**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
All MS-DRGs	109,236	56.9	15.3	\$2,536	10.7	12.5	\$14,716	43.8	28.6	\$8,828	2.1	27.2	\$34,241	19.9	28.4	\$800	0.0	-	-
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	68.2	14.6	\$3,085	19.2	9.9	\$11,367	38.4	19.5	\$6,933	0.3	19.4	\$18,121	34.5	38.7	\$843	0.0	-	-
194 Simple pneumonia & pleurisy w CC	2,661	50.2	14.4	\$2,236	2.1	11.9	\$14,638	48.3	27.4	\$7,921	1.2	23.8	\$29,209	18.6	17.3	\$545	0.0	-	-
65 Intracranial hemorrhage or cerebral infarction w/o CC	2,311	42.4	22.2	\$3,445	40.5	16.4	\$19,155	47.5	37.3	\$12,237	1.7	27.2	\$26,903	23.4	42.8	\$1,103	0.0	-	-
481 Hip & femur procedures except major joint w CC	2,135	47.3	19.1	\$3,338	25.9	13.7	\$14,974	71.4	40.2	\$12,576	0.8	28.8	\$30,089	14.0	25.8	\$691	0.0	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	39.7	16.1	\$2,613	2.1	13.6	\$16,436	62.0	31.9	\$9,128	0.6	19.1	\$16,912	16.3	28.7	\$778	0.0	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	50.5	19.2	\$3,199	30.9	14.7	\$17,517	35.2	32.8	\$10,586	0.9	28.1	\$32,311	28.1	36.4	\$974	0.0	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	47.3	16.2	\$2,523	2.9	10.9	\$12,798	54.1	31.9	\$9,471	0.4	18.0	\$18,581	16.3	23.1	\$698	0.0	-	-
292 Heart failure & shock w CC	1,622	61.3	15.8	\$2,208	1.8	13.4	\$15,097	42.9	28.0	\$8,279	0.9	23.4	\$27,351	12.5	14.2	\$600	0.0	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	36.1	15.6	\$2,451	3.5	11.9	\$14,443	61.6	30.2	\$8,547	3.9	26.1	\$29,150	17.1	21.7	\$896	0.0	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	52.3	18.2	\$3,378	29.1	12.7	\$14,613	63.7	38.8	\$12,280	0.7	30.4	\$26,020	16.1	32.1	\$769	0.0	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	50.7	14.5	\$2,208	1.2	10.7	\$13,334	45.4	27.6	\$7,959	0.3	14.3	\$20,305	21.9	19.7	\$563	0.0	-	-
552 Medical back problems w/o MCC	1,433	54.6	16.1	\$2,809	10.0	13.0	\$14,197	53.2	27.5	\$8,710	0.3	17.8	\$15,171	19.2	26.4	\$694	0.0	-	-
603 Cellulitis w/o MCC	1,277	60.1	17.2	\$2,251	1.4	12.1	\$13,611	37.3	29.5	\$8,685	1.7	21.7	\$22,176	19.3	14.2	\$567	0.0	-	-
291 Heart failure & shock w MCC	1,252	54.2	15.9	\$2,204	3.7	14.1	\$16,065	47.2	28.1	\$8,434	2.2	23.3	\$34,661	13.5	14.4	\$1,019	0.0	-	-
312 Syncope & collapse	1,245	63.1	16.5	\$2,597	4.5	12.3	\$14,334	38.1	30.7	\$9,773	0.3	16.8	\$18,560	19.0	22.6	\$665	0.0	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	55.5	14.6	\$2,275	2.6	11.7	\$14,003	38.6	28.3	\$8,512	0.2	29.5	\$33,857	20.0	18.4	\$529	0.0	-	-
293 Heart failure & shock w/o CC/MCC	1,215	68.6	15.7	\$2,111	0.8	12.7	\$13,294	31.3	28.2	\$8,285	0.6	15.3	\$15,161	13.7	16.7	\$521	0.0	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	65.8	13.9	\$2,004	2.0	11.0	\$14,703	27.0	26.4	\$7,386	1.8	21.7	\$23,498	17.8	12.7	\$455	0.0	-	-
683 Renal failure w CC	1,082	44.0	14.7	\$2,272	2.3	10.5	\$14,128	55.5	30.6	\$8,847	1.1	27.3	\$27,619	16.7	23.1	\$1,389	0.0	-	-
536 Fractures of hip & pelvis w/o MCC	924	53.8	16.2	\$3,041	15.6	13.0	\$13,821	68.8	32.7	\$10,319	0.4	28.0	\$22,689	14.3	40.7	\$1,010	0.0	-	-

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following day period without acute, LTCH, SNF, IRF, or HHA service use.
2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 13**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition M: 30 Day Variable Length**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>60.2</b>	<b>23.1</b>	<b>\$3,525</b>	<b>11.5</b>	<b>13.7</b>	<b>\$16,070</b>	<b>46.9</b>	<b>37.1</b>	<b>\$11,126</b>	<b>2.8</b>	<b>32.0</b>	<b>\$38,250</b>	<b>22.0</b>	<b>39.8</b>	<b>\$1,127</b>	<b>27.3</b>	<b>10.5</b>	<b>\$14,136</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	70.3	17.0	\$3,419	19.6	10.4	\$11,920	39.2	22.8	\$7,873	0.4	25.8	\$25,091	35.3	45.8	\$998	11.2	7.9	\$11,905
194 Simple pneumonia & pleurisy w CC	2,661	51.9	22.2	\$3,269	2.7	15.2	\$17,566	52.3	34.3	\$9,629	1.7	27.5	\$31,440	19.2	22.8	\$696	28.3	9.7	\$11,596
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	47.2	36.1	\$5,207	41.2	17.9	\$20,865	51.7	49.8	\$15,782	2.3	29.0	\$27,456	29.2	84.3	\$2,090	29.5	9.4	\$12,557
481 Hip & femur procedures except major joint w CC	2,135	54.0	29.2	\$4,649	26.3	14.5	\$15,791	73.3	49.0	\$14,921	1.4	29.0	\$32,106	18.2	45.1	\$1,105	27.2	8.7	\$11,830
690 Kidney & urinary tract infections w/o MCC	2,125	41.5	25.8	\$4,002	2.6	14.5	\$17,769	65.3	40.1	\$11,312	1.2	23.8	\$24,906	18.2	37.2	\$1,007	28.9	9.4	\$11,421
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	53.9	27.2	\$4,235	31.9	16.1	\$18,988	38.7	42.0	\$13,312	1.3	31.8	\$36,587	31.8	57.2	\$1,462	24.6	7.4	\$11,439
641 Nutritional & misc metabolic disorders w/o MCC	1,647	49.7	27.4	\$3,900	3.6	12.3	\$14,554	57.9	40.9	\$11,917	1.2	38.7	\$40,391	17.5	29.1	\$863	28.4	11.0	\$14,046
292 Heart failure & shock w CC	1,622	63.8	26.9	\$3,563	2.9	14.4	\$16,022	48.1	37.0	\$10,675	1.7	30.1	\$38,479	14.7	23.1	\$885	37.2	11.6	\$14,465
871 Septicemia w/o MV 96+ hours w MCC	1,556	38.9	25.7	\$3,796	4.5	14.6	\$19,377	64.0	39.1	\$10,887	5.4	34.0	\$38,459	18.4	30.5	\$1,257	31.6	11.3	\$15,535
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	56.7	25.1	\$4,325	29.3	13.3	\$15,240	65.3	45.6	\$14,091	1.0	28.5	\$25,210	18.6	49.9	\$1,159	21.0	8.4	\$10,876
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	51.9	20.5	\$3,002	1.5	11.5	\$14,027	48.2	33.7	\$9,494	0.8	24.1	\$31,278	21.9	25.0	\$683	22.8	8.2	\$10,267
552 Medical back problems w/o MCC	1,433	59.3	22.7	\$3,690	11.5	14.7	\$16,159	56.5	37.0	\$11,424	1.1	26.6	\$31,489	23.2	38.5	\$1,003	28.5	10.2	\$13,326
603 Cellulitis w/o MCC	1,277	62.3	25.3	\$3,292	2.1	14.3	\$16,082	41.5	38.7	\$11,213	2.8	26.1	\$27,195	21.3	19.9	\$858	26.2	11.5	\$13,805
291 Heart failure & shock w MCC	1,252	57.5	26.3	\$3,475	4.6	15.7	\$18,127	51.6	38.4	\$11,108	2.6	24.3	\$34,287	15.7	26.6	\$1,440	43.8	11.7	\$15,009
312 Syncope & collapse	1,245	64.7	26.3	\$3,667	5.3	13.3	\$15,538	41.1	38.4	\$11,909	0.6	26.7	\$24,519	19.4	31.3	\$862	23.8	8.4	\$10,974
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	57.5	23.5	\$3,413	3.4	14.1	\$16,554	43.3	37.7	\$11,203	0.6	35.0	\$38,670	22.6	23.7	\$647	28.1	8.8	\$11,906
293 Heart failure & shock w/o CC/MCC	1,215	70.0	27.1	\$3,444	1.6	15.5	\$16,468	36.5	36.8	\$10,547	1.5	32.7	\$29,848	16.2	26.3	\$930	35.8	9.7	\$14,354
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	67.2	22.2	\$3,008	2.5	12.3	\$16,085	31.9	35.4	\$9,861	2.2	29.6	\$32,497	19.5	18.2	\$665	29.4	9.8	\$11,553
683 Renal failure w CC	1,082	46.8	26.7	\$3,774	3.0	12.5	\$15,974	60.0	41.8	\$11,723	2.0	31.8	\$33,916	19.6	30.7	\$1,794	35.7	11.8	\$14,244
536 Fractures of hip & pelvis w/o MCC	924	58.9	24.2	\$3,984	16.5	13.8	\$14,674	70.8	39.4	\$12,108	0.4	34.5	\$27,324	16.3	49.4	\$1,205	23.6	9.8	\$12,568

NOTES:  
1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following 60-day period without acute, LTCH, SNF, IRF, or HHA service use.  
2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 14**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition N: 30 Day Variable Length Excluding Acute Hospital Readmission**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Length of Stay (days)	Mean Payment Per Service User
All MS-DRGs	109,236	57.0	19.7	\$3,087	10.7	12.6	\$14,806	43.8	29.4	\$9,033	2.1	29.0	\$35,803	19.6	35.4	\$973	0.0	-	-
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	68.2	16.0	\$3,276	19.2	10.0	\$11,402	38.4	19.7	\$6,996	0.3	20.5	\$18,768	33.7	43.7	\$949	0.0	-	-
194 Simple pneumonia & pleurisy w CC	2,661	50.0	18.2	\$2,760	2.1	12.8	\$15,097	48.3	27.9	\$8,040	1.2	23.9	\$29,490	17.4	18.7	\$588	0.0	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	43.2	30.8	\$4,556	40.6	16.5	\$19,252	47.6	39.6	\$12,911	1.7	27.2	\$26,903	25.8	73.2	\$1,805	0.0	-	-
481 Hip & femur procedures except major joint w CC	2,135	48.4	25.8	\$4,254	25.9	13.8	\$15,056	71.4	41.3	\$12,829	0.8	30.0	\$31,522	15.2	38.9	\$975	0.0	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	39.4	22.4	\$3,471	2.1	13.6	\$16,436	62.0	32.7	\$9,287	0.6	21.1	\$18,756	16.0	31.1	\$851	0.0	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	50.7	23.8	\$3,859	31.0	14.8	\$17,601	35.2	34.4	\$11,061	0.9	28.1	\$32,311	28.9	51.8	\$1,343	0.0	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	47.1	22.6	\$3,307	2.9	10.9	\$12,798	54.0	32.7	\$9,658	0.4	18.0	\$18,581	15.9	26.7	\$789	0.0	-	-
292 Heart failure & shock w CC	1,622	61.4	22.2	\$2,938	1.7	13.5	\$15,243	42.9	28.5	\$8,414	0.9	23.4	\$27,351	12.3	16.5	\$677	0.0	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	36.1	22.3	\$3,266	3.5	11.9	\$14,443	61.7	31.3	\$8,783	3.9	27.8	\$30,748	16.8	25.7	\$1,044	0.0	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	52.4	22.7	\$4,027	29.1	12.8	\$14,697	63.7	39.9	\$12,544	0.7	30.4	\$26,020	16.1	42.2	\$985	0.0	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	50.5	17.6	\$2,621	1.2	10.7	\$13,334	45.4	28.2	\$8,070	0.3	14.3	\$20,305	20.4	23.5	\$639	0.0	-	-
552 Medical back problems w/o MCC	1,433	54.7	19.3	\$3,267	10.0	13.2	\$14,403	53.2	27.9	\$8,829	0.3	17.8	\$15,171	19.7	30.5	\$797	0.0	-	-
603 Cellulitis w/o MCC	1,277	60.0	22.0	\$2,841	1.4	12.1	\$13,611	37.3	30.3	\$8,890	1.7	21.7	\$22,176	19.3	18.6	\$728	0.0	-	-
291 Heart failure & shock w MCC	1,252	54.6	21.0	\$2,822	3.7	14.1	\$16,065	47.2	28.7	\$8,594	2.2	23.3	\$34,661	13.3	20.5	\$1,198	0.0	-	-
312 Syncope & collapse	1,245	62.9	23.2	\$3,234	4.5	12.3	\$14,334	38.1	31.2	\$9,911	0.3	16.8	\$18,560	18.2	28.3	\$798	0.0	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	55.4	19.3	\$2,860	2.5	11.6	\$13,792	38.6	28.9	\$8,638	0.2	29.5	\$33,857	20.1	19.7	\$551	0.0	-	-
293 Heart failure & shock w/o CC/MCC	1,215	68.5	21.9	\$2,870	0.8	12.7	\$13,294	31.3	28.6	\$8,389	0.6	19.9	\$17,945	13.9	18.1	\$587	0.0	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	65.8	18.6	\$2,546	2.0	11.0	\$14,703	27.0	27.3	\$7,589	1.8	22.8	\$24,771	17.6	14.0	\$492	0.0	-	-
683 Renal failure w CC	1,082	44.2	20.8	\$3,076	2.3	11.2	\$14,567	55.5	31.3	\$8,999	1.1	28.6	\$28,963	16.5	27.2	\$1,452	0.0	-	-
536 Fractures of hip & pelvis w/o MCC	924	53.9	22.4	\$3,793	15.6	13.0	\$13,821	68.8	33.1	\$10,401	0.4	28.0	\$22,689	14.0	47.9	\$1,151	0.0	-	-

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.
2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 15**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition O: 45 Day Variable Length**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>60.6</b>	<b>24.6</b>	<b>\$3,734</b>	<b>11.6</b>	<b>13.8</b>	<b>\$16,181</b>	<b>47.4</b>	<b>37.6</b>	<b>\$11,269</b>	<b>2.8</b>	<b>32.2</b>	<b>\$38,398</b>	<b>23.3</b>	<b>41.3</b>	<b>\$1,188</b>	<b>29.6</b>	<b>11.0</b>	<b>\$14,942</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	70.5	17.3	\$3,475	19.7	10.5	\$11,991	39.3	23.0	\$7,950	0.5	26.1	\$26,053	36.4	46.6	\$1,017	12.5	7.9	\$12,259
194 Simple pneumonia & pleurisy w CC	2,661	52.4	23.6	\$3,490	2.9	15.2	\$17,768	52.8	35.0	\$9,829	1.7	27.2	\$30,784	20.6	25.2	\$761	30.6	10.3	\$12,373
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	48.1	38.3	\$5,494	41.2	17.9	\$20,892	52.1	49.9	\$15,837	2.6	29.5	\$28,518	30.6	85.3	\$2,137	31.6	9.7	\$12,816
481 Hip & femur procedures except major joint w CC	2,135	54.5	30.3	\$4,807	26.3	14.6	\$15,899	73.3	49.5	\$15,056	1.4	29.4	\$32,483	19.6	54.6	\$1,173	28.3	9.0	\$12,258
690 Kidney & urinary tract infections w/o MCC	2,125	42.2	28.5	\$4,338	2.6	14.5	\$17,769	65.8	40.5	\$11,446	1.3	27.2	\$25,085	19.2	39.6	\$1,082	31.4	9.9	\$12,096
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	54.4	28.2	\$4,364	32.0	16.2	\$19,077	39.2	42.9	\$13,579	1.4	31.7	\$36,154	32.7	58.8	\$1,504	26.3	7.9	\$11,828
641 Nutritional & misc metabolic disorders w/o MCC	1,647	50.3	28.5	\$4,106	3.7	12.4	\$14,616	58.7	41.5	\$12,056	1.2	38.1	\$39,367	18.6	33.0	\$949	30.3	11.3	\$14,315
292 Heart failure & shock w CC	1,622	64.1	29.5	\$3,901	3.0	14.6	\$16,244	49.0	37.6	\$10,861	1.8	29.6	\$37,794	15.7	24.9	\$952	40.9	12.4	\$15,871
871 Septicemia w/o MV 96+ hours w MCC	1,556	39.3	29.3	\$4,226	4.5	14.6	\$19,377	64.5	39.6	\$10,999	5.7	36.1	\$39,994	19.3	33.1	\$1,346	34.3	11.9	\$16,416
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	57.4	26.0	\$4,447	29.3	13.3	\$15,271	65.3	46.0	\$14,202	1.0	28.5	\$25,210	20.0	53.5	\$1,234	22.5	8.5	\$11,154
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	52.5	22.2	\$3,186	1.5	11.5	\$14,027	48.6	34.3	\$9,661	0.9	24.0	\$30,776	23.2	26.6	\$764	26.0	8.6	\$10,819
552 Medical back problems w/o MCC	1,433	60.3	24.2	\$3,908	11.7	15.0	\$16,550	57.2	37.9	\$11,696	1.3	32.6	\$35,819	24.4	38.6	\$1,038	31.8	10.7	\$13,906
603 Cellulitis w/o MCC	1,277	62.3	27.7	\$3,547	2.2	14.7	\$16,960	41.7	39.3	\$11,411	2.8	28.4	\$29,249	22.5	23.7	\$1,022	27.7	12.1	\$14,991
291 Heart failure & shock w MCC	1,252	57.7	28.8	\$3,796	4.6	15.7	\$18,127	52.4	39.2	\$11,338	2.6	24.2	\$33,994	17.2	27.0	\$1,453	46.3	12.8	\$16,620
312 Syncope & collapse	1,245	64.9	27.6	\$3,859	5.5	13.3	\$15,369	42.2	39.2	\$12,172	0.6	29.7	\$28,295	20.3	35.3	\$958	26.4	8.8	\$11,586
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	58.0	25.5	\$3,693	3.6	14.5	\$16,953	43.8	38.3	\$11,382	0.6	35.0	\$38,670	23.5	25.2	\$694	30.8	9.2	\$12,325
293 Heart failure & shock w/o CC/MCC	1,215	70.1	30.3	\$3,830	1.8	15.5	\$16,525	37.2	37.6	\$10,817	1.6	34.8	\$32,345	17.1	26.2	\$967	38.4	10.8	\$15,950
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	67.3	24.2	\$3,325	2.6	13.4	\$17,213	33.2	36.6	\$10,229	2.5	28.6	\$32,196	20.8	18.7	\$678	33.4	11.2	\$13,523
683 Renal failure w CC	1,082	47.3	28.8	\$4,063	3.4	12.8	\$15,828	60.5	42.0	\$11,799	2.2	33.1	\$34,515	20.6	32.3	\$1,898	39.1	12.4	\$14,591
536 Fractures of hip & pelvis w/o MCC	924	60.0	24.9	\$4,095	16.6	13.8	\$14,732	70.9	39.8	\$12,253	0.4	34.5	\$27,324	18.2	50.5	\$1,242	25.2	10.0	\$12,724

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 16**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition P: 45 Day Variable Length Excluding Acute Hospital Readmission**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>57.2</b>	<b>19.9</b>	<b>\$3,123</b>	<b>10.7</b>	<b>12.6</b>	<b>\$14,810</b>	<b>43.8</b>	<b>29.5</b>	<b>\$9,036</b>	<b>2.1</b>	<b>29.0</b>	<b>\$35,801</b>	<b>20.4</b>	<b>36.3</b>	<b>\$1,000</b>	<b>0.0</b>	<b>-</b>	<b>-</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	68.3	16.0	\$3,285	19.2	10.0	\$11,402	38.4	19.7	\$6,996	0.3	20.5	\$18,768	34.6	43.9	\$955	0.0	-	-
194 Simple pneumonia & pleurisy w CC	2,661	50.2	18.5	\$2,803	2.1	12.8	\$15,097	48.3	28.0	\$8,064	1.2	23.9	\$29,490	18.3	20.1	\$638	0.0	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	43.8	31.3	\$4,635	40.6	16.5	\$19,252	47.6	39.6	\$12,911	1.7	27.2	\$26,903	26.8	73.3	\$1,816	0.0	-	-
481 Hip & femur procedures except major joint w CC	2,135	48.7	25.9	\$4,272	25.9	13.8	\$15,081	71.4	41.3	\$12,833	0.9	30.6	\$32,147	16.2	50.5	\$1,050	0.0	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	39.7	22.9	\$3,546	2.1	13.6	\$16,436	62.0	32.7	\$9,287	0.6	21.1	\$18,602	16.6	32.9	\$904	0.0	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	50.9	23.9	\$3,886	31.0	14.8	\$17,601	35.2	34.4	\$11,061	0.9	28.1	\$32,311	29.5	52.6	\$1,364	0.0	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	47.3	22.8	\$3,339	2.9	10.9	\$12,798	54.1	32.8	\$9,676	0.4	18.0	\$18,581	16.6	27.5	\$806	0.0	-	-
292 Heart failure & shock w CC	1,622	61.6	22.6	\$2,986	1.7	13.5	\$15,243	42.9	28.5	\$8,414	0.9	23.4	\$27,351	12.6	16.5	\$684	0.0	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	36.3	23.9	\$3,419	3.5	11.9	\$14,443	61.7	31.3	\$8,783	3.9	27.8	\$30,748	17.3	28.9	\$1,151	0.0	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	52.8	22.8	\$4,071	29.1	12.8	\$14,697	63.7	39.9	\$12,544	0.7	30.4	\$26,020	17.1	44.4	\$1,032	0.0	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	50.8	17.8	\$2,653	1.2	10.7	\$13,334	45.4	28.2	\$8,070	0.3	14.3	\$20,305	21.6	24.6	\$707	0.0	-	-
552 Medical back problems w/o MCC	1,433	55.1	19.8	\$3,336	10.1	13.2	\$14,445	53.2	27.9	\$8,829	0.3	17.8	\$15,171	20.3	30.3	\$800	0.0	-	-
603 Cellulitis w/o MCC	1,277	60.0	22.5	\$2,879	1.4	12.1	\$13,611	37.3	30.3	\$8,890	1.7	21.7	\$22,176	19.7	22.0	\$843	0.0	-	-
291 Heart failure & shock w MCC	1,252	54.6	21.1	\$2,850	3.7	14.1	\$16,065	47.2	28.7	\$8,594	2.2	23.3	\$34,661	13.8	21.7	\$1,228	0.0	-	-
312 Syncope & collapse	1,245	63.0	23.5	\$3,284	4.5	12.3	\$14,334	38.2	31.2	\$9,910	0.3	16.8	\$18,560	18.7	28.8	\$827	0.0	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	55.5	19.7	\$2,927	2.6	11.7	\$14,003	38.6	28.9	\$8,638	0.2	29.5	\$33,857	20.5	20.9	\$587	0.0	-	-
293 Heart failure & shock w/o CC/MCC	1,215	68.6	22.2	\$2,917	0.8	12.7	\$13,294	31.3	28.6	\$8,389	0.6	19.9	\$17,945	14.2	18.1	\$582	0.0	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	65.8	18.8	\$2,583	2.0	11.0	\$14,703	27.0	27.3	\$7,589	1.8	22.8	\$24,771	17.9	13.8	\$493	0.0	-	-
683 Renal failure w CC	1,082	44.4	21.2	\$3,135	2.3	11.2	\$14,567	55.5	31.3	\$8,999	1.1	28.6	\$28,963	17.0	27.3	\$1,523	0.0	-	-
536 Fractures of hip & pelvis w/o MCC	924	54.7	22.4	\$3,792	15.6	13.0	\$13,821	68.8	33.1	\$10,413	0.4	28.0	\$22,689	15.4	48.3	\$1,175	0.0	-	-

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.

2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 17**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition Q: 60 Day Variable Length**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>60.9</b>	<b>25.9</b>	<b>\$3,912</b>	<b>11.7</b>	<b>13.9</b>	<b>\$16,290</b>	<b>47.8</b>	<b>38.0</b>	<b>\$11,404</b>	<b>2.9</b>	<b>32.5</b>	<b>\$38,583</b>	<b>24.2</b>	<b>42.3</b>	<b>\$1,224</b>	<b>31.5</b>	<b>11.4</b>	<b>\$15,513</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	70.7	17.6	\$3,530	19.7	10.6	\$12,073	39.4	23.2	\$8,023	0.5	26.3	\$26,724	37.1	47.4	\$1,035	13.7	7.9	\$12,654
194 Simple pneumonia & pleurisy w CC	2,661	52.6	24.7	\$3,677	3.0	15.6	\$18,171	53.3	35.5	\$9,990	1.8	27.2	\$30,597	21.7	26.9	\$802	32.9	10.8	\$13,276
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	48.4	39.3	\$5,682	41.2	18.0	\$21,007	52.4	50.1	\$15,889	2.6	29.5	\$28,758	31.6	86.6	\$2,168	33.0	9.8	\$12,916
481 Hip & femur procedures except major joint w CC	2,135	54.9	31.7	\$4,996	26.4	14.6	\$15,957	73.3	49.8	\$15,141	1.5	29.3	\$32,619	20.8	54.8	\$1,197	29.7	9.2	\$12,615
690 Kidney & urinary tract infections w/o MCC	2,125	42.4	30.2	\$4,583	2.6	14.4	\$17,877	66.4	41.0	\$11,575	1.3	27.4	\$25,085	20.4	41.4	\$1,123	33.6	10.3	\$12,682
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	55.1	29.7	\$4,583	32.0	16.2	\$19,130	39.7	43.3	\$13,689	1.4	31.7	\$36,154	34.0	59.5	\$1,536	28.5	8.4	\$12,209
641 Nutritional & misc metabolic disorders w/o MCC	1,647	50.7	30.5	\$4,368	3.7	12.4	\$14,616	59.1	41.8	\$12,151	1.2	40.0	\$40,652	19.4	33.4	\$977	32.2	11.5	\$14,627
292 Heart failure & shock w CC	1,622	64.6	31.9	\$4,255	3.0	14.6	\$16,418	50.1	37.8	\$10,918	2.0	28.4	\$35,638	16.5	26.1	\$1,013	44.3	12.9	\$16,962
871 Septicemia w/o MV 96+ hours w MCC	1,556	39.5	31.1	\$4,513	4.5	14.7	\$19,474	64.8	39.8	\$11,041	5.8	36.5	\$40,297	20.2	33.8	\$1,369	36.1	12.4	\$17,202
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	57.6	26.8	\$4,533	29.3	13.3	\$15,340	65.3	46.3	\$14,288	1.0	27.1	\$23,862	21.2	54.5	\$1,275	23.7	8.5	\$11,306
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	52.6	22.9	\$3,285	1.7	11.8	\$14,721	48.9	34.6	\$9,760	0.9	24.0	\$30,776	24.4	27.3	\$788	28.5	8.8	\$10,900
552 Medical back problems w/o MCC	1,433	60.8	26.5	\$4,180	11.9	15.2	\$16,755	57.7	38.8	\$11,955	1.3	32.6	\$36,629	25.3	41.4	\$1,109	34.3	10.8	\$14,330
603 Cellulitis w/o MCC	1,277	62.7	29.5	\$3,769	2.4	14.2	\$16,341	42.2	40.3	\$11,694	2.8	30.2	\$30,659	23.4	26.3	\$1,129	29.7	12.7	\$15,634
291 Heart failure & shock w MCC	1,252	58.1	31.7	\$4,152	4.7	16.2	\$18,893	53.7	39.4	\$11,458	3.0	27.9	\$34,383	18.0	28.0	\$1,538	48.7	13.7	\$17,820
312 Syncope & collapse	1,245	65.2	29.0	\$4,087	5.8	13.6	\$15,925	43.3	40.9	\$12,671	0.6	29.7	\$28,295	21.4	38.3	\$1,030	30.2	9.2	\$12,042
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	58.4	26.9	\$3,893	3.6	15.0	\$17,696	44.5	39.0	\$11,558	0.7	34.9	\$42,277	23.9	26.3	\$754	33.1	9.5	\$12,756
293 Heart failure & shock w/o CC/MCC	1,215	70.1	32.4	\$4,143	2.0	15.3	\$16,563	37.8	37.9	\$10,930	1.6	35.3	\$33,362	17.5	26.9	\$986	40.5	11.6	\$17,347
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	67.5	25.5	\$3,506	2.6	13.4	\$17,213	33.6	37.0	\$10,433	2.6	29.1	\$31,053	21.9	19.2	\$698	35.2	11.8	\$14,324
683 Renal failure w CC	1,082	47.6	30.7	\$4,334	3.5	12.6	\$15,601	60.9	42.7	\$12,007	2.3	33.7	\$35,475	21.4	33.2	\$1,956	41.5	12.7	\$15,299
536 Fractures of hip & pelvis w/o MCC	924	60.5	25.9	\$4,241	16.9	13.9	\$14,928	70.9	40.3	\$12,389	0.4	34.5	\$27,324	19.3	52.3	\$1,269	26.9	10.6	\$13,575

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.
2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).

**Section 3 - Table 18**  
**Medicare Post-Acute Care Episode Payments and Utilization By Service Type, for PAC Users, By MS-DRG, 2006, Top 20 MS-DRGs by Volume of Discharges to PAC**  
**Episode Definition R: 60 Day Variable Length Excluding Acute Hospital Readmission**

MS-DRG Descriptor	Number of PAC Users <sup>1</sup>	Home Health			IRF			SNF			LTCH			Hospital Outpatient Therapy			Acute Hospital Readmissions		
		Percent with Claim	Mean Visits	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User	Percent with Claim	Mean Services <sup>2</sup>	Mean Payment Per Service User	Percent with Claim	Mean Length of Stay (days)	Mean Payment Per Service User
<b>All MS-DRGs</b>	<b>109,236</b>	<b>57.3</b>	<b>20.1</b>	<b>\$3,156</b>	<b>10.7</b>	<b>12.6</b>	<b>\$14,814</b>	<b>43.8</b>	<b>29.5</b>	<b>\$9,041</b>	<b>2.1</b>	<b>29.0</b>	<b>\$35,802</b>	<b>20.9</b>	<b>36.9</b>	<b>\$1,021</b>	<b>0.0</b>	<b>-</b>	<b>-</b>
470 Major joint replacement or reattachment of lower extremity w/o MCC	14,447	68.4	16.0	\$3,290	19.2	10.0	\$11,402	38.4	19.8	\$6,999	0.3	20.5	\$18,768	35.1	44.3	\$965	0.0	-	-
194 Simple pneumonia & pleurisy w CC	2,661	50.4	18.8	\$2,866	2.1	12.8	\$15,097	48.3	28.0	\$8,064	1.2	23.9	\$29,490	19.1	21.9	\$674	0.0	-	-
65 Intracranial hemorrhage or cerebral infarction w CC	2,311	43.9	31.5	\$4,680	40.6	16.5	\$19,252	47.6	39.6	\$12,912	1.7	27.2	\$26,903	27.3	74.0	\$1,832	0.0	-	-
481 Hip & femur procedures except major joint w CC	2,135	49.0	26.1	\$4,328	25.9	13.8	\$15,081	71.4	41.4	\$12,854	0.9	30.6	\$32,147	17.0	50.4	\$1,053	0.0	-	-
690 Kidney & urinary tract infections w/o MCC	2,125	39.9	23.0	\$3,563	2.1	13.6	\$16,436	62.0	32.7	\$9,285	0.6	21.1	\$18,602	17.5	34.0	\$928	0.0	-	-
66 Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1,760	51.1	24.2	\$3,936	31.0	14.8	\$17,601	35.2	34.4	\$11,061	0.9	28.1	\$32,311	30.2	52.6	\$1,365	0.0	-	-
641 Nutritional & misc metabolic disorders w/o MCC	1,647	47.5	22.9	\$3,383	2.9	10.9	\$12,798	54.1	32.8	\$9,676	0.4	18.0	\$18,581	17.0	27.7	\$805	0.0	-	-
292 Heart failure & shock w CC	1,622	61.7	23.6	\$3,091	1.7	13.5	\$15,243	42.9	28.6	\$8,415	0.9	23.4	\$27,351	12.9	17.8	\$745	0.0	-	-
871 Septicemia w/o MV 96+ hours w MCC	1,556	36.3	24.1	\$3,460	3.5	11.9	\$14,443	61.7	31.3	\$8,783	3.9	27.8	\$30,748	17.8	29.7	\$1,183	0.0	-	-
482 Hip & femur procedures except major joint w/o CC/MCC	1,526	52.9	22.9	\$4,078	29.1	12.8	\$14,697	63.7	40.0	\$12,571	0.7	30.4	\$26,020	18.0	45.5	\$1,072	0.0	-	-
195 Simple pneumonia & pleurisy w/o CC/MCC	1,510	50.9	17.9	\$2,667	1.2	10.7	\$13,334	45.4	28.2	\$8,078	0.3	14.3	\$20,305	22.3	25.0	\$726	0.0	-	-
552 Medical back problems w/o MCC	1,433	55.3	19.9	\$3,364	10.1	13.2	\$14,445	53.2	27.9	\$8,829	0.3	17.8	\$15,171	20.6	32.8	\$863	0.0	-	-
603 Cellulitis w/o MCC	1,277	60.1	22.8	\$2,926	1.4	12.1	\$13,611	37.3	30.3	\$8,890	1.7	21.7	\$22,176	20.0	22.6	\$879	0.0	-	-
291 Heart failure & shock w MCC	1,252	54.7	21.3	\$2,892	3.7	14.1	\$16,065	47.2	28.7	\$8,594	2.2	23.3	\$34,661	14.1	21.7	\$1,278	0.0	-	-
312 Syncope & collapse	1,245	63.1	23.6	\$3,302	4.5	12.3	\$14,334	38.2	31.2	\$9,912	0.3	16.8	\$18,560	19.2	30.7	\$872	0.0	-	-
392 Esophagitis, gastroent & misc digest disorders w/o MCC	1,232	55.5	20.3	\$3,006	2.6	11.7	\$14,003	38.6	28.9	\$8,638	0.2	29.5	\$33,857	20.7	21.9	\$620	0.0	-	-
293 Heart failure & shock w/o CC/MCC	1,215	68.6	22.4	\$2,966	0.8	12.7	\$13,294	31.3	28.6	\$8,389	0.6	19.9	\$17,945	14.3	19.0	\$601	0.0	-	-
192 Chronic obstructive pulmonary disease w/o CC/MCC	1,098	65.8	18.9	\$2,606	2.0	11.0	\$14,703	27.0	27.3	\$7,589	1.8	22.8	\$24,771	18.4	13.9	\$496	0.0	-	-
683 Renal failure w CC	1,082	44.5	21.6	\$3,186	2.3	11.2	\$14,567	55.5	31.3	\$8,999	1.1	28.6	\$28,963	17.7	28.5	\$1,609	0.0	-	-
536 Fractures of hip & pelvis w/o MCC	924	54.9	22.5	\$3,802	15.6	13.0	\$13,821	68.8	33.1	\$10,421	0.4	28.0	\$22,689	16.0	47.5	\$1,158	0.0	-	-

NOTES:

1. PAC users are defined as beneficiaries discharged to SNF, IRF, or LTCH within 5 days of discharge from an index acute hospitalization, or discharged to HHA or hospital outpatient therapy within 14 days of discharge from an index acute hospitalization. An index acute hospitalization is defined as a hospital admission following a 60-day period without acute, LTCH, SNF, IRF, or HHA service use.
2. Units of service as reported on the outpatient department claim.

SOURCE: RTI Analysis of 2006 5% Medicare claims data (MM2Y234).