



Average Charges for the 2009 Top 25 Statewide MS-DRGs Compared to DAMERON HOSPITAL

Statewide Rank	MS-DRG Code	MS-DRG Description	Number of Discharges	Average Charge Per Stay (this hospital)	Average Charge Per Stay Statewide*	Percent Higher/Lower than Statewide
1	795	NORMAL NEWBORN	1,486	\$ 5,968	\$ 3,382	76.5%
2	775	VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSIS	1,121	\$ 16,811	\$ 12,356	36.1%
3	885	PSYCHOSES	5	\$ 54,628	\$ 20,464	166.9%
4	766	CESAREAN SECTION WITHOUT CC/MCC	348	\$ 28,553	\$ 22,016	29.7%
5	794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	278	\$ 14,486	\$ 7,226	100.5%
6	470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREM	536	\$ 93,831	\$ 65,107	44.1%
7	392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS WITHOUT M	236	\$ 29,485	\$ 22,500	31.0%
8	313	CHEST PAIN	303	\$ 29,383	\$ 18,774	56.5%
9	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MECH VENT 96+ HOURS V	140	\$ 109,424	\$ 72,012	52.0%
10	765	CESAREAN SECTION WITH CC/MCC	262	\$ 36,984	\$ 30,235	22.3%
11	743	UTERINE & ADNEXA PROCEDURE FOR NON-MALIGNANCY WITHOUT C	172	\$ 34,491	\$ 30,614	12.7%
12	603	CELLULITIS WITHOUT MCC	129	\$ 33,551	\$ 24,540	36.7%
13	690	KIDNEY & URINARY TRACT INFECTIONS WITHOUT MCC	148	\$ 32,815	\$ 23,912	37.2%
14	194	SIMPLE PNEUMONIA & PLEURISY WITH CC	171	\$ 62,810	\$ 32,414	93.8%
16	774	VAGINAL DELIVERY WITH COMPLICATING DIAGNOSIS	152	\$ 22,389	\$ 16,333	37.1%
17	641	NUTRITIONAL & MISC METABOLIC DISORDERS WITHOUT MCC	128	\$ 35,423	\$ 21,433	65.3%
18	291	HEART FAILURE & SHOCK WITH MCC	66	\$ 90,365	\$ 52,826	71.1%
19	343	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS W/	150	\$ 40,391	\$ 28,374	42.4%
20	247	PERC CARDIOVASC PROCEDURE WITH DRUG-ELUTING STENT WITHO	111	\$ 116,227	\$ 79,677	45.9%
21	897	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION	27	\$ 38,716	\$ 16,052	141.2%
22	292	HEART FAILURE & SHOCK WITH CC	100	\$ 51,029	\$ 32,113	58.9%
23	203	BRONCHITIS & ASTHMA WITHOUT CC/MCC	119	\$ 26,224	\$ 16,470	59.2%
24	312	SYNCOPE & COLLAPSE	93	\$ 33,345	\$ 23,717	40.6%