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(25)

(449)	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	2	21
(450)	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	1	12
(451)	POISONING & TOXIC EFFECTS OF DRUGS AGE <18	1	11
(452)	COMPLICATION OF TREATMENT W CC	2	23
(453)	COMPLICATION OF TREATMENT W/O CC	2	11
(454)	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W CC	2	29
(455)	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSIS W/O CC	1	10
(468)	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	4	57
(476)	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	5	58
(477)	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3	38
(736)	TRACHEOSTOMY OTHER THAN FOR MOUTH, LARYNX OR PHARYNX DISORDER	10	125
(752)	LEAD POISONING	2	11

MAJOR DIAGNOSTIC CATEGORY 22: BURNS

		OUTLIER TRIM POINT LOW	HIGH
(456)	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	2	51
(457)	EXTENSIVE BURNS W/O O.R. PROCEDURE	2	42
(458)	NON-EXTENSIVE BURNS W SKIN GRAFT	4	56
(459)	NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. PROC	2	32
(460)	NON-EXTENSIVE BURNS W/O O.R. PROCEDURE	2	17
(468)	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	4	57
(472)	EXTENSIVE BURNS W O.R. PROCEDURE	7	94
(476)	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	5	58
(477)	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3	38
(736)	TRACHEOSTOMY OTHER THAN FOR MOUTH, LARYNX OR PHARYNX DISORDER	10	125

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VIRGINIA

(26)

MAJOR DIAGNOSTIC CATEGORY 23. SELECTED FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES

		OUTLIER TRIM POINT LOW	OUTLIER TRIM POINT HIGH
(461)	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	2	33
(462)	REHABILITATION	5	61
(463)	SIGNS & SYMPTOMS W CC	2	28
(464)	SIGNS & SYMPTOMS W/O CC	2	12
(465)	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	1	10
(466)	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	1	16
(467)	OTHER FACTORS INFLUENCING HEALTH STATUS	1	16
(633)	MULTIPLE, OTHER AND UNSPECIFIED CONGENITAL ANOMALIES, W CC	2	12
(634)	MULTIPLE, OTHER AND UNSPECIFIED CONGENITAL ANOMALIES, W/O CC	2	8
(635)	NEONATAL AFTERCARE FOR WEIGHT GAIN	3	34
(736)	TRACHEOSTOMY OTHER THAN FOR MOUTH, LARYNX OR PHARYNX DISORDER	10	125

MAJOR DIAGNOSTIC CATEGORY 24. HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTIONS

		OUTLIER TRIM POINT LOW	OUTLIER TRIM POINT HIGH
(700)	HIV WITH SPECIFIED RELATED CONDITION, AGE <13	3	47
(701)	HIV RELATED CENTRAL NERVOUS SYSTEM DISEASE, W OPIOID USE, AGE >12	4	51
(702)	HIV RELATED CENTRAL NERVOUS SYSTEM DISEASE, W/O OPIOID USE, AGE >12	5	54
(703)	(NOT VALID)	NA	NA
(704)	HIV RELATED MALIGNANCY, W OPIOID USE, AGE >12	5	58
(705)	HIV RELATED MALIGNANCY, W/O OPIOID USE, AGE >12	4	49

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(706)	(NOT VALID)	NA	NA
(707)	HIV RELATED INFECTION, W OPIOID USE, AGE >12	4	51
(708)	HIV RELATED INFECTION, W/O OPIOID USE, AGE >12	4	54
(709)	(NOT VALID)	NA	NA
(710)	HIV WITH OTHER RELATED CONDITION, W OPIOID USE, AGE >12	4	52
(711)	HIV WITH OTHER RELATED CONDITION, W/O OPIOID USE, AGE >12	2	43
(712)	HIV W/O SPECIFIED RELATED CONDITION, AGE <13	1	3
(713)	HIV W/O SPECIFIED RELATED CONDITION, W OPIOID USE, AGE >12	7	65
(714)	HIV W/O SPECIFIED RELATED CONDITION, W/O OPIOID USE, AGE >12	2	34

MAJOR DIAGNOSTIC CATEGORY 25: MULTIPLE SIGNIFICANT TRAUMA

		OUTLIER TRIM POINT	
		LOW	HIGH
(730)	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	6	95
(731)	HIP, FEMUR AND LIMB REATTACHMENT PROC FOR MULTIPLE SIGNIFICANT TRAUMA	6	83
(732)	OTHER O.R. PROCEDURE FOR MULTIPLE SIGNIFICANT TRAUMA	4	61
(733)	HEAD, CHEST AND LOWER LIMB DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA	3	45
(734)	OTHER DIAGNOSES OF MULTIPLE SIGNIFICANT TRAUMA	2	25
(468)	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	4	57
(476)	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	5	58
(477)	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	3	38

LOW LENGTH OF STAY OUTLIER PAYMENT NUMERIC EXAMPLE

GIVEN FOR DRG ###

FACTOR	VALUE
Inlier Payment Rate for DRG ### (Hospital Specific)	= $6,000
Inlier Days for DRG ### (State-wide, All Hospitals)	= Stays between 2 and 3 days
Low Length of Stay (LLOS) Outlier Days for DRG ### (State-wide, All Hospitals)	= Stays under 2 days
Total LLOS Outlier Days for All LLOS Outlier Cases for DRG ### (State-wide, All Hospitals)	= 765 Days
Total LLOS Outlier Standard (equalized) Cost for DRG ### (State-wide, All Hospitals)	= $ 765,000
Specific Hospital Adjustment Factors for XYZ Hospital	= 1.50%

HOSPITAL SPECIFIC DRG ### PER DIEM COMPUTATIONS:

1.	Take:	$765,000	Total LLOS Outlier Standard Cost
	Divided By:	765	Total LLOS Outlier Days
	Resulting:	$1,000	Unadjusted LLOS Outlier Per Diem
2.	Take:	$1,000	Unadjusted LLOS Outlier Per Diem
	Multiply By:	1.50	Adjustment Factors
	Resulting:	$1,500	Adjusted LLOS Outlier Per Diem

HOSPITAL SPECIFIC LLOS OUTLIER DRG ### PAYMENT COMPUTATION

GIVEN: one (1) LLOS Outlier Case for XYZ Hospital's DRG ###
Length of Stay = 1 Acute Day

Payment = The lesser of the Inlier payment Rate or
(Adjusted LLOS Outlier Per Diem X Total Acute Days)

= The lesser of $6,000 or ($1,500 X 1 Day)

= $1,500

HIGH LENGTH OF STAY OUTLIER PAYMENT NUMERIC EXAMPLE

GIVEN FOR DRG ###

FACTOR	VALUE
Inlier Payment Rate for DRG ### (Hospital Specific)	= $ 6,000
Inlier Days (State-wide) for DRG ###	= Stays between 2 and 3 days
High Length of Stay (HLOS) Outlier Days (State-wide) for DRG ###	= Stays greater than 3 days
Total HLOS Outlier Cases for DRG ### (State-wide, All Hospitals)	= 15 cases
Total Acute Days for Stays Greater Than 3 Days HLOS Outlier Cases for DRG ## (State-wide, All Hospitals)	= 225 Days
Inlier Standard Cost For DRG ###	= $ 4,000 per case
HLOS Outlier Standard (equalized)Total Cost for All Cases for DRG ### (State-wide)	= $ 150,000
Specific Hospital Adjustment Factors for XYZ Hospital	= 1.50%

HOSPITAL SPECIFIC DRG ### PER DIEM COMPUTATIONS:

1.	Take:	$4,000	Inlier Standard Cost
	Multiply By:	X 15	HLOS Outlier Cases
	Resulting:	$60,000	HLOS Outlier Cases Priced at Inlier Standard Cost
2.	Take:	$150,000	HLOS Outlier Standard Cost
	Subtract:	- 60,000	HLOS Outlier Cases Priced at the Inlier Standard Cost
	Resulting:	$ 90,000	Subtotal
3.	Take:	$90,000	Step 2 Result
	Divide By:	225 Days	HLOS Outlier Days
	Resulting:	$400	Unadjusted HLOS Outlier Per Diem
4	Take:	$400	Unadjusted HLOS Outlier Per Diem
	Multiply By:	1.50	Adjustment Factors
	Resulting:	$600	Adjusted HLOS Outlier Per Diem

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HOSPITAL SPECIFIC HLOS OUTLIER DRG ### PAYMENT COMPUTATION

GIVEN: One (1) HLOS Case for XYZ Hospital's DRG ###
Length of Stay = 20 Acute Days

Payment = Inlier Payment Rate +
(Adjusted High Outlier Per Diem X Total Acute Days)

= $6,000 + ($600 X 20 Days)

= $18,000

Appendix 1.7

MEASURES OF RESOURCE USE
NUMERIC EXAMPLE

GIVEN FOR DRG ###
HOSPITAL AND COST CENTER SPECIFIC:

FACTOR		VALUE
Acute Days is the Measure of Resource Use for this Specific Cost Center (ACU MRU):	=	10,000 Days
Cost Per Cost Report	=	$ 1,000,000
Acute Days for Patients in DRG ###	=	1,000

MRU Calculations Applied to Compute DRG Cost:

1.	Take:	$1,000,000	Cost Center Cost Per Cost Report
	Divided By:	10,000	ACU MRU
	Resulting:	$ 100	Cost per ACU MRU
2.	Take:	$ 100	Cost per ACU MRU
	Multiply By:	1,000	Acute Days for Patients in DRG ###
	Resulting:	$100,000	ACU Cost for Patients in DRG ##

The result of step 2 for all cost centers on the patient record is used to calculate the total cost per patient. These costed patient records, with the DRG assigned, are then used to calculate standards by DRG and the hospital average cost per case by DRG report.

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79-22

ATTACHMENT 4.19 A

e-4 I-251

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

REIMBURSEMENT FOR HOSPITAL ADMINISTRATIVE DAYS

Reimbursement will be made for each eligible patient at the statewide average SNF and ICF per diem rates of Medicaid participating long-term care facilities as determined on January 1 of each calendar year.

79-22-MA (N.J.)

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Pages I-252 through I-255

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