



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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TRICARE
MANAGEMENT ACTIVITY

MB&RB

CHANGE 85
6010.55-M
OCTOBER 17, 2008

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE REIMBURSEMENT MANUAL (TRM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.55-M, issued August 2002.

CHANGE TITLE: DIAGNOSIS RELATED GROUP (DRG) UPDATE FOR
FISCAL YEAR (FY) 2009

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change provides the information necessary for
the DRG FY 2009 update.

EFFECTIVE DATE: October 1, 2008.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TSM, Change No. 68.

Reta Michak
Chief, Office of Medical Benefits
and Reimbursement Branch

ATTACHMENT(S): 41 PAGE(S)
DISTRIBUTION: 6010.55-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

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CHAPTER 2, SECTION 1

COST-SHARES AND DEDUCTIBLES

2 For ADFMs, there will be no cost-share during the period the newborn is deemed enrolled in Prime.

3 For family members of other than active duty members, the cost-share will be calculated based on 25% of the total allowed charges unless the newborn is deemed enrolled in Prime.

4 Different newborn date of birth and date of admission.

5 For ADFMs, there will be no cost-share during the period the newborn is deemed enrolled in Prime.

6 For family members of other than active duty members, the cost-share will be calculated based on 25% of the total allowed charges unless the newborn is deemed enrolled in Prime.

(7) Maternity Related Care. Medically necessary treatment rendered to a pregnant woman for a non-obstetrical medical, anatomical, or physiological illness or condition shall be cost-shared as a part of the maternity episode when:

(a) The treatment is otherwise allowable as a benefit, and,

(b) Delay of the treatment until after the conclusion of the pregnancy is medically contraindicated, and,

(c) The illness or condition is, or increases the likelihood of, a threat to the life of the mother, or,

(d) The illness or condition will cause, or increase the likelihood of, a stillbirth or newborn injury or illness, or,

(e) The usual course of treatment must be altered or modified to minimize a defined risk of newborn injury or illness.

d. Cost-Shares: DRG-Based Payment System.

(1) General. These special cost-sharing procedures apply only to claims paid under the DRG-based payment system.

(2) TRICARE Standard.

(a) Cost-shares for ADFMs.

1 Except in the case of mental health services, ADFMs or their sponsors are responsible for the payment of the first \$25 of the allowable institutional costs incurred with each covered inpatient admission to a hospital or other authorized institutional provider, or the amount the beneficiary or sponsor would have been charged had the inpatient care been provided in a Uniformed Service hospital, whichever is greater.

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COST-SHARES AND DEDUCTIBLES

2 Effective for care on or after October 1, 1995, the inpatient cost-sharing for mental health services is \$20 per day for each day of the inpatient admission.

(b) Cost-shares for beneficiaries other than ADFMs.

1 The cost-share will be the lesser of:

a An amount based on a single, specific per diem amount which will not vary regardless of the DRG involved. The following is the DRG inpatient TRICARE Standard cost-sharing per diems for beneficiaries other than ADFMs.

For FY 2005, the daily rate is \$512.

For FY 2006, the daily rate is \$535.

For FY 2007, the daily rate is capped at the FY 2006 level of \$535, per Section 704 of NDAA FY 2007.

For FY 2008, the daily rate is \$535.

For FY 2009, the daily rate is \$535.

(1) The per diem amount will be calculated as follows:

(a) Determine the total allowable DRG-based amounts for services subject to the DRG-based payment system and for beneficiaries other than ADFMs during the same database period used for determining the DRG weights and rates.

(b) Add in the allowance for capital and direct medical education which have been paid to hospitals during the same database period used for determining the DRG weights and rates.

(c) Divide this amount by the total number of patient days for these beneficiaries. This amount will be the average cost per day for these beneficiaries.

(d) Multiply this amount by 0.25. In this way total cost-sharing amounts will continue to be 25% of the allowable amount.

(e) Determine any cost-sharing amounts which exceed 25% of the billed charge (see [paragraph I.C.3.d.\(2\)\(b\)1b](#) below) and divide this amount by the total number of patient days in [paragraph I.C.3.d.\(2\)\(b\)1a](#) above). Add this amount to the amount in [paragraph I.C.3.d.\(2\)\(b\)1a](#) above. This is the per diem cost-share to be used for these beneficiaries.

(2) The per diem amount will be required for each actual day of the beneficiary's hospital stay which the DRG-based payment covers except for the day of discharge. When the payment ends on a specific day because eligibility ends on either

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a long-stay or short-stay outlier day, the last day of eligibility is to be counted for determining the per diem cost-sharing amount. For claims involving a same-day discharge which qualify as an inpatient stay (e.g., the patient was admitted with the expectation of a stay of several days, but died the same day) the cost-share is to be based on a one-day stay. (The number of hospital days must contain one day in this situation.) Where long-stay outlier days are subsequently determined to be not medically necessary by a PRO, no cost-share will be required for those days, since payment for such days will be the beneficiary's responsibility entirely.

b Twenty-five percent (25%) of the billed charge. The billed charge to be used includes all inpatient institutional line items billed by the hospital minus any duplicate charges and any charges which can be billed separately (e.g., hospital-based professional services, outpatient services, etc.). The net billed charges for the cost-share computation include comfort and convenience items.

2 Under no circumstances can the cost-share exceed the DRG-based amount.

3 Where the dates of service span different fiscal years, the per diem cost-share amount for each year is to be applied to the appropriate days of the stay.

(3) TRICARE Extra.

(a) Cost-shares for ADFMs. The cost-sharing provisions for ADFMs are the same as those for TRICARE Standard.

(b) Cost-shares for beneficiaries other than ADFMs. The cost-sharing provisions for beneficiaries other than ADFMs is the same as those for TRICARE Standard, except the per diem copayment is \$250.

(4) TRICARE Prime. Cost-shares for ADFMs. The cost-sharing provision for ADFMs is the first \$25 of the allowable institutional costs incurred with each covered inpatient admission to a hospital or other authorized institutional provider, or a per diem rate of \$11, whichever is greater. For care provided on or after April 1, 2001, for Prime ADFMs, cost-share is \$0. See attached Table 1 of this Policy for further information.

(5) Maternity Services. See [paragraph I.C.3.c.](#), for the cost-sharing provisions for maternity services.

e. Cost-Shares: Inpatient Mental Health Per Diem Payment System.

(1) General. These special cost-sharing procedures apply only to claims paid under the inpatient mental health per diem payment system. For inpatient claims exempt from this system, the procedures in [paragraph I.C.3.b.](#) or [paragraph I.C.3.d.](#) are to be followed.

(2) Cost-shares for ADFMs. Effective for care on or after October 1, 1995 and care on or prior to March 31, 2001, the inpatient cost-sharing for mental health services is \$20 per day for each day of the inpatient admission. This \$20 per day cost-sharing amount

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applies to admissions to any hospital for mental health services, any residential treatment facility, any substance use disorder rehabilitation facility, and any PHP providing mental health or substance use disorder rehabilitation services. For Prime ADFMs care provided on or after April 1, 2001, cost-share is \$0 per day. See Table 1 of this Policy for further information.

(3) Cost-shares for beneficiaries other than ADFMs.

(a) Higher volume hospitals and units. With respect to care paid for on the basis of a hospital specific per diem, the cost-share shall be 25% of the hospital specific per diem amount.

(b) Lower volume hospitals and units. For care paid for on the basis of a regional per diem, the cost-share shall be the lower of [paragraph I.C.3.e.\(3\)\(b\)1](#) or [paragraph I.C.3.e.\(3\)\(b\)2](#) below:

1 A fixed daily amount multiplied by the number of covered days. The fixed daily amount shall be 25% of the per diem adjusted so that total beneficiary cost-shares will equal 25% of total payments under the inpatient mental health per diem payment system. This fixed daily amount shall be updated annually and published in the Federal Register along with the per diems published pursuant to [Chapter 7, Section 1](#). This fixed daily amount will also be furnished to contractors by TMA. The following fixed daily amounts are effective for services rendered on or after October 1 of each fiscal year.

a Fiscal Year 1998 - \$137 per day.

b Fiscal Year 1999 - \$140 per day.

c Fiscal Year 2000 - \$144 per day.

d Fiscal Year 2001 - \$149 per day.

e Fiscal Year 2002 - \$154 per day.

f Fiscal Year 2003 - \$159 per day.

g Fiscal Year 2004 - \$164 per day.

h Fiscal Year 2005 - \$169 per day.

i Fiscal Year 2006 - \$175 per day.

j Fiscal Year 2007 - \$181 per day.

k Fiscal Year 2008 - \$187 per day.

2 Twenty-five percent (25%) of the hospital's billed charges (less any duplicates).

DIAGNOSTIC RELATED GROUPS (DRGs)

SECTION	SUBJECT
1	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (General)
2	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (General Description Of System)
3	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Basis Of Payment)
4	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Applicability Of The DRG System)
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7	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Adjusted Standardized Amounts)
8	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Adjustments To Payment Amounts)
9	Hospital Reimbursement - TRICARE/CHAMPUS DRG-Based Payment System (Information Provided By TMA)
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ADDENDUM A Health Benefit Program Agreement

ADDENDUM B (FY 2007) - Fiscal Year 2007 TRICARE/CHAMPUS Adjusted Standardized Amounts

FIGURE 6-B-2007-1 - 69.7 Percent Labor Share/30.3 Percent Non-Labor Share If Wage Index Greater Than 1

FIGURE 6-B-2007-2 - 62 Percent Labor Share/38 Percent Non-Labor Share If Wage Index Less Than Or Equal To 1

ADDENDUM B (FY 2008) - Fiscal Year 2008 TRICARE/CHAMPUS Adjusted Standardized Amounts

FIGURE 6-B-2008-1 - 69.7 Percent Labor Share/30.3 Percent Non-Labor Share If Wage Index Greater Than 1

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CHAPTER 6 - DIAGNOSTIC RELATED GROUPS (DRGs)

SECTION	SUBJECT
	FIGURE 6-B-2008-2 - 62 Percent Labor Share/38 Percent Non-Labor Share If Wage Index Less Than Or Equal To 1
	ADDENDUM B (FY 2009) - Fiscal Year 2009 TRICARE/CHAMPUS Adjusted Standardized Amounts
	FIGURE 6-B-2009-1 - 69.7 Percent Labor Share/30.3 Percent Non-Labor Share If Wage Index Greater Than 1
	FIGURE 6-B-2009-2 - 62 Percent Labor Share/38 Percent Non-Labor Share If Wage Index Less Than Or Equal To 1
	ADDENDUM C (FY 2007) - Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay, And Short-Stay Outlier Thresholds (Effective For Admissions On Or After 10/01/2006)
	ADDENDUM C (FY 2008) - Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay, And Short-Stay Outlier Thresholds (Effective For Admissions On Or After 10/01/2007)
	ADDENDUM C (FY 2009) - Diagnosis Related Groups (DRGs), DRG Relative Weights, Arithmetic And Geometric Mean Lengths-Of-Stay, And Short-Stay Outlier Thresholds (Effective For Admissions On Or After 10/01/2008)

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HOSPITAL REIMBURSEMENT - TRICARE/CHAMPUS DRG-BASED PAYMENT SYSTEM
(BASIS OF PAYMENT)

4. Qualifying DRGs.

a. For discharges with an admission date on or after October 1, 1998 through September 30, 2003, the qualifying DRGs for purposes of [paragraph III.F.3.](#) are DRGs 14, 113, 209, 210, 211, 236, 263, 264, 429, and 483.

b. For discharges with an admission date on or after October 1, 2003 through September 30, 2004, the qualifying DRGs for purposes of [paragraph III.F.3.](#) are DRGs 12, 14, 24, 25, 88, 89, 90, 113, 121, 122, 127, 130, 131, 209, 210, 211, 236, 239, 277, 278, 294, 296, 297, 320, 321, 395, 429, 468, and 483.

c. For discharges with an admission date on or after October 1, 2004, the qualifying DRGs for purposes of [paragraph III.F.3.](#) are DRGs 12, 14, 24, 25, 88, 89, 90, 113, 121, 122, 127, 130, 131, 209, 210, 211, 236, 239, 277, 278, 294, 296, 297, 320, 321, 395, 429, 468, 541, and 542.

d. For discharges with an admission date on or after October 1, 2005, the qualifying DRGs for purposes of [paragraph III.F.3.](#) are listed below.

1	24	84	121	157	205	236	266	293	402	463	529	553
2	25	85	126	158	206	238	269	294	403	464	530	554
7	28	86	127	170	210	239	270	296	404	468	531	
8	29	89	130	171	211	240	271	297	415	471	532	
10	34	90	131	172	213	241	272	300	416	475	537	
11	35	92	144	173	216	244	273	301	418	477	538	
12	73	93	145	176	217	245	277	304	423	482	541	
13	75	101	146	180	218	250	278	305	429	485	542	
14	76	102	147	181	219	251	280	316	430	487	543	
15	77	104	148	188	225	253	281	320	440	497	544	
16	78	105	149	189	226	254	283	321	442	498	545	
17	79	108	150	191	227	256	284	331	443	501	547	
18	80	113	151	192	233	263	285	332	444	502	548	
19	82	114	154	197	234	264	287	395	445	521	549	
20	83	120	155	198	235	265	292	401	462	522	550	

e. For discharges with an admission date on or after October 1, 2006, the qualifying DRGs for purposes of [paragraph III.F.3.](#), are listed in [Chapter 6, Addendum C \(FY 2007\)](#).

f. For discharges with an admission date on or after October 1, 2007, the qualifying DRGs for purposes of [paragraph III.F.3.](#), are listed in [Chapter 6, Addendum C \(FY 2008\)](#).

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g. For discharges with an admission date on or after October 1, 2008, the qualifying DRGs for purposes of paragraph III.F.3., are listed in Chapter 6, Addendum C (FY 2009).

5. Payment for discharges. The hospital discharging an inpatient (under paragraph III.F.1.) is paid in full in accordance with paragraph III.D.

6. Payment for transfers.

a. General Rule. Except as provided in paragraph III.F.6.b. and e., a hospital that transfers an inpatient under circumstances described in paragraph III.F.2. or 3., is paid a graduated per diem rate for each day of the patient's stay in that hospital, not to exceed the TRICARE/CHAMPUS DRG-based payment amount that would have been paid if the patient had been discharged to another setting. The per diem rate is determined by dividing the appropriate DRG rate by the geometric mean Length Of Stay (LOS) for the specific DRG to which the case is assigned. Payment is graduated by paying twice the per diem amount for the first day of the stay, and the per diem amount for each subsequent day, up to the full DRG amount. For neonatal claims, other than normal newborns, payment is graduated by paying twice the per diem amount for the first day of the stay, and 125% of the per diem rate for each subsequent day, up to the full DRG amount.

b. Special rule for DRGs 209, 210, and 211 for fiscal years prior to FY 2006. For fiscal years prior to FY 2006, a hospital that transfers an inpatient under the circumstances described in paragraph III.F.3. and the transfer is assigned to DRGs 209, 210, and 211 is paid as follows:

(1) Fifty percent (50%) of the DRG-based payment amount plus one-half of the per diem payment for the DRG for day one (one-half the usual transfer payment of double the per diem for day one).

(2) Fifty percent (50%) of the per diem for each subsequent day up to the full DRG payment.

c. Special rule for DRGs meeting specific criteria. For discharges occurring on or after October 1, 2005, a hospital that transfers an inpatient under the circumstances described in paragraph III.F.3. and the transfer is assigned to DRGs 7, 8, 210, 211, 233, 234, 471, 497, 498, 544, 545, 549, and 550 shall be paid under the provisions of paragraph III.F.6.b.(1) and (2). For discharges occurring on or after October 1, 2006, those DRGs subject to the special payment rule for transfers are listed in Chapter 6, Addendum C (FY 2007). For discharges occurring on or after October 1, 2007, those DRGs subject to the special payment rule for transfers are listed in Chapter 6, Addendum C (FY 2008). For discharges occurring on or after October 1, 2008, those DRGs subject to the special payment rule for transfers are listed in Chapter 6, Addendum C (FY 2009).

d. Outliers. A transferring hospital may qualify for an additional payment for extraordinary cases that meet the criteria for long-stay or cost outliers as described in Chapter 6, Section 8, paragraph III.B.6.a. For admissions on or after October 1, 1995, when

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calculating the cost outlier payment, if the LOS exceeds the geometric mean LOS, the cost outlier threshold shall be limited to the DRG-based payment plus the fixed loss amount. The contractor shall readjudicate claims affected by this change if brought to their attention by any source. For the period October 1, 1995, through September 30, 2001, these costs shall be paid as pass-through costs and the contractor is not-at-risk. For the period October 1, 2001, forward, the contractor is at-risk for these health care dollars.

STEP 1: DRG Base Payment = **Adjusted Standardized Amount (ASA)** x
DRG Weight x (Labor-Related Portion x Wage Index + Non-Labor
Portion)

STEP 2: DRG Base Payment ÷ Geometric Mean **LOS**

STEP 3: Calculation of Cost Outlier Threshold:

1. For post acute care special pay transfer DRGs

A = DRG Base Payment x (1 + **Indirect Medical Education (IDME)** Factor)

B = (Fixed Loss Threshold x [(Labor-Related Share x Wage Index) + Non-Labor-Related Share] x National Operating Standard Costs as a Share of Total Costs (**NOSCASTC**))

C = LOS ÷ Geometric Mean

Cost Outlier Threshold = (A + B) x C

NOTE: If the LOS exceeds the geometric mean LOS, the outlier threshold shall be limited to the DRG base payment plus the fixed loss threshold (wage-adjusted).

2. For post acute care special pay transfer DRGs

A = DRG Base Payment x (1 + IDME Factor)

B = (Fixed Loss Threshold x [(Labor-Related Share x Wage Index) + Non-Labor-Related Share] x **NOSCASTC**)

C = ((LOS ÷ Geometric Mean) + 1) x 0.5

Cost Outlier Threshold = (A + B) x C

NOTE: If the LOS exceeds the geometric mean LOS, the outlier threshold shall be limited to the DRG base payment plus the fixed loss threshold (wage-adjusted).

STEP 4: Calculation of Cost Outlier Payment:

1. For all cases except post acute care special pay transfer DRGs

((Billed Charges x Cost-to-**Charge Ratio (CCR)**) - Cost Outlier Threshold) x Marginal Cost Factor

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(BASIS OF PAYMENT)

2. For post acute care special pay transfer DRGs
 $((\text{Billed Charges} \times \text{CCR}) - \text{Cost Outlier Threshold}) \times \text{Marginal Cost Factor}$
3. For Children's Hospitals and Neonates using Cost Outlier Threshold for all cases except post acute care special pay transfer DRGs
 $((\text{Billed Charges} \times \text{CCR}) - \text{Cost Outlier Threshold}) \times \text{Marginal Cost Factor} \times \text{Adjustment Factor}$
4. For Children's Hospitals and Neonates using Cost Outlier Threshold for post acute care special pay transfer DRGs
 $((\text{Billed Charges} \times \text{CCR}) - \text{Cost Outlier Threshold}) \times \text{Marginal Cost Factor} \times \text{Adjustment Factor}$

NOTE: Non-covered charges shall be subtracted from the billed charges prior to multiplying the charges by the CCR.

STEP 5: DRG payment:

1. For all transfer cases except post acute care special pay transfer DRGs
Cost outlier payment + the minimum of:
 - a. DRG Base Payment x (1 + IDME Factor), or
 - b. ((2 x Per Diem) + [(LOS - 1) x Per Diem]) x (1 + IDME Factor)
2. For post acute care special pay transfer DRGs
Cost outlier payment + the minimum of:
 - a. DRG Base Payment x (1 + IDME Factor), or
 - b. [(DRG Base Payment x 0.5) + Per Diem] + ((LOS - 1) x Per Diem x 0.5) x (1 + IDME Factor)

Following is an example transfer case with cost outlier using FY 1999 variables:

Billed Charges	\$30,000
CCR	0.5562
CCR for Children's Hospitals	0.6085
Adjustment Factor for Children's Hospitals	1.37
Fixed Loss Threshold	\$10,129
LOS	5
Geometric Mean	10.0
Marginal Cost Factor	0.8
Wage Index	0.9000

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IDME Factor	20.0%
Labor Portion	71.1%
Non-Labor Portion	28.9%
ASA	\$3,000
DRG Weight	2.0000
NOSCASTC	0.9130

STEP 1: DRG Base Payment = ASA x DRG Weight x (Labor-Related Portion x Wage Index + Non-Labor Portion)
 $\$3,000 \times 2 \times (0.711 \times 0.9 + 0.289) = \$5,573.40$

STEP 2: Per Diem = DRG Base Payment ÷ Geometric Mean LOS
 $\$5,573.40 \div 10 = \557.34

STEP 3: Calculation of Cost Outlier Threshold:

1. For all cases except post acute care special pay transfer DRGs

$$A = \text{DRG Base Payment} \times (1 + \text{IDME Factor})$$

$$\$5,573.40 \times (1 + 0.2) = \$6,688.08$$

$$B = (\text{Fixed Loss Threshold} \times [(\text{Labor-Related Share} \times \text{Wage Index}) + \text{Non-Labor-Related Share}] \times \text{NOSCASTC})$$

$$\$10,129 \times [(0.711 \times 0.9) + 0.289] \times 0.913 = \$8,590.26$$

$$C = \text{LOS} \div \text{Geometric Mean}$$

$$5 \div 10 = 0.5$$

$$\text{Cost Outlier Threshold} = (A + B) \times C$$

$$(\$6,688.08 + \$8,590.26) \times 0.5 = \$7,639.17$$

NOTE: If the LOS exceeds the geometric mean LOS, the outlier threshold shall be limited to the DRG base payment plus the fixed loss threshold (wage-adjusted).

2. For post acute care special pay transfer DRGs

$$A = \text{DRG Base Payment} \times (1 + \text{IDME Factor})$$

$$\$5,573.40 \times (1 + 0.2) = \$6,688.08$$

$$B = (\text{Fixed Loss Threshold} \times [(\text{Labor-Related Share} \times \text{Wage Index}) + \text{Non-Labor-Related Share}] \times \text{NOSCASTC})$$

$$10,129 \times [(0.711 \times 0.9) + 0.289] \times 0.913 = \$8,590.26$$

$$C = ((\text{LOS} \div \text{Geometric Mean}) + 1) \times 0.5$$

$$((5 \div 10) + 1) \times 0.5 = 0.75$$

$$\text{Cost Outlier Threshold} = (A + B) \times C$$

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$$(\$6,688.08 + \$8,590.26) \times 0.75 = \$11,458.76$$

NOTE: If the LOS exceeds the geometric mean LOS, the outlier threshold shall be limited to the DRG base payment plus the fixed loss threshold (wage-adjusted).

STEP 4: Calculation of Cost Outlier Payment:

1. For all cases except post acute care special pay transfer DRGs

$$[(\text{Billed Charges} \times \text{CCR}) - \text{Cost Outlier Threshold}] \times \text{Marginal Cost Factor}$$

$$[(\$30,000 \times 0.5562) - \$7,639.17] \times 0.8 = \$7,237.46$$

2. For post acute care special pay transfer DRGs

$$[(\text{Billed Charges} \times \text{CCR}) - \text{Cost Outlier Threshold}] \times \text{Marginal Cost Factor}$$

$$[(\$30,000 \times 0.5562) - \$11,458.76] \times 0.8 = \$4,181.79$$

3. For Children's Hospitals and Neonates using Cost Outlier Threshold for all cases except post acute care special pay transfer DRGs

$$[(\text{Billed Charges} \times \text{CCR}) - \text{Cost Outlier Threshold}] \times \text{Marginal Cost Factor} \times \text{Adjustment Factor}$$

$$[(\$30,000 \times 0.6085) - \$7,639.17] \times 0.8 \times 1.37 = \$11,634.95$$

4. For Children's Hospitals and Neonates using Cost Outlier Threshold for post acute care special pay transfer DRGs

$$[(\text{Billed Charges} \times \text{CCR}) - \text{Cost Outlier Threshold}] \times \text{Marginal Cost Factor} \times \text{Adjustment Factor}$$

$$[(\$30,000 \times 0.6085) - \$11,458.76] \times 0.8 \times 1.37 = \$7,448.68$$

STEP 5: DRG payment:

1. For all transfer cases except post acute care special pay transfer DRGs

Cost outlier payment + the minimum of:

- a. DRG Base Payment \times (1 + IDME Factor), or

$$\$5,573.40 \times (1 + 0.2) = \$6,688.08$$

- b. $((2 \times \text{Per Diem}) + [(\text{LOS} - 1) \times \text{Per Diem}]) \times (1 + \text{IDME Factor})$

$$((2 \times \$557.34) + [(5 - 1) \times \$557.34]) \times (1 + 0.2) = \$4,012.85$$

$$\$7,237.46 + \$4,012.85 = \$11,250.31$$

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2. For post acute care special pay transfer DRGs

Cost outlier payment + the minimum of:

- a. DRG Base Payment x (1 + IDME Factor), or

$$\$5,573.40 \times (1 + 0.2) = \$6,688.08$$

- b. $[(\text{DRG Base Payment} \times 0.5) + \text{Per Diem}] + ((\text{LOS} - 1) \times \text{Per Diem} \times 0.5) \times (1 + \text{IDME Factor})$

$$[(\$5,573.40 \times 0.5) + 557.34] + ((5 - 1) \times 557.34 \times 0.5) \times (1 + 0.2) = \$5,350.46$$

$$\$4,181.79 + \$5,350.46 = 9,532.25$$

e. Transfer assigned to DRG 601. If a transfer is classified into DRG 601 (Neonate, transferred < 5 days old), the transferring hospital is paid in full. Effective October 1, 2008, and thereafter, the DRGs for these descriptions can be found at <http://www.tricare.mil/drgrates/>.

G. Leave of Absence Days.

1. General. Normally, a patient will leave a hospital which is subject to the DRG-based payment system only as a result of a discharge or a transfer. However, there are some circumstances where a patient is admitted for care, and for some reason is sent home temporarily before that care is completed. Hospitals may place patients on a leave of absence when readmission is expected and the patient does not require a hospital level of care during the interim period. Examples of such situations include, but are not limited to, situations where surgery could not be scheduled immediately, a specific surgical team was not available, bilateral surgery was planned, further treatment is indicated following diagnostic tests but cannot begin immediately, a change in the patient's condition requires that scheduled surgery be delayed for a short time, or test results to confirm the need for surgery are delayed.

2. Billing for leave of absence days. In billing for inpatient stays which include a leave of absence, hospitals are to use the actual admission and discharge dates and are to identify all leave of absence days by using revenue code 18X for such days. Contractors are to disallow all leave of absence days. Neither the Program nor the beneficiary may be billed for days of leave.

3. DRG-based payments for stays including leave of absence days. Placing a patient on a leave of absence will not result in two DRG-based payments, nor can any payment be made for leave of absence days. Only one claim is to be submitted when the patient is formally discharged (as opposed to being placed on leave of absence), and only one DRG-based payment is to be made. The contractor should ensure that the leave of absence does not result in long-stay outlier days being paid and that it does not increase the beneficiary's cost-share.

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4. Services received while on leave of absence. The technical component of laboratory tests obtained while on a leave of absence would be included in the DRG-based payment to the hospital. The professional component is to be cost-shared as inpatient. Tests performed in a physician's office or independent laboratory are also included in the DRG-based payment.

5. Patient dies while on leave of absence. If patient should die while on leave of absence, the date the patient left the hospital shall be treated as the date of discharge.

H. Area Wage Indexes. The labor-related portion of the ASA will be adjusted to account for the differences in wages among geographic areas and will correspond to the labor market areas used in the Medicare PPS, and the actual indexes used will be those used in the Medicare PPS. The wage index used is to be the one for the hospital's actual address--not for the hospital's billing address.

I. Redesignation of Certain Hospitals to Other Wage Index Areas. TRICARE/CHAMPUS is simply following this statutory requirement for the Medicare Prospective Payment System, and the Centers for Medicare and Medicaid Services (CMS) determines the areas affected and wage indexes used.

1. Admissions occurring on or after October 1, 1988. A hospital located in a rural county adjacent to one or more urban areas shall be treated as being located in the urban area to which the greatest number of workers commute. The area wage index for the urban area shall be used for the rural county.

2. Admissions occurring on or after April 1, 1990. In order to correct inequities resulting from application of the rules in [paragraph III.I.1.](#), CMS modified the rules for those rural hospitals deemed to be urban. TRICARE/CHAMPUS has also adopted these changes. Some of these hospitals continue to use the urban area wage index, others use a wage index computed specifically for the rural county, and others use the statewide rural wage index.

3. Admissions occurring on or after October 1, 1991. P.L. 101-239 created the Medicare Geographic Classification Review Board (MGCRB) to reclassify individual hospitals to different wage index areas based on requests from the hospitals. These reclassifications are intended to eliminate the continuing inequities caused by the reclassification actions described in [paragraph III.I.1.](#) and [2.](#) TRICARE/CHAMPUS has adopted these hospital-specific reclassifications effective for admissions occurring on or after October 1, 1991.

4. Admissions occurring on or after October 1, 1997. The wage index for an urban hospital may not be lower than the statewide area rural wage index.

J. Admissions occurring on or after October 1, 2004. TRICARE/CHAMPUS has adopted the revisions CMS has made to the labor market areas and the wage index changes outlined in CMS' August 11, 2004, Final Rule, including the out-commuting wage index adjustment.

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K. Refer to TMA's DRG home page at <http://www.tricare.osd.mil/drgrates/> for annual DRG wage index updates.

- END -

HOSPITAL REIMBURSEMENT - TRICARE/CHAMPUS DRG-BASED PAYMENT SYSTEM (ADJUSTED STANDARDIZED AMOUNTS)

ISSUE DATE: October 8, 1987

AUTHORITY: [32 CFR 199.14\(a\)\(1\)](#)

I. APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by **TRICARE Management Activity (TMA)** and specifically included in the network provider agreement.

II. ISSUE

What are the adjusted standardized amounts under the TRICARE/CHAMPUS **Diagnosis Related Group (DRG)**-based payment system, and how are they used and calculated?

III. POLICY

A. General. The **Adjusted Standardized Amount (ASA)** represents the adjusted average operating cost for treating all TRICARE/CHAMPUS beneficiaries in all DRGs during the database period. During **Fiscal Year (FY) 1988** the TRICARE/CHAMPUS DRG-based payment system used two ASAs--one for urban areas and one for rural areas. Beginning in FY 1989 (admissions on or after October 1, 1988), three ASAs are used--one for large urban areas, one for other urban areas, and one for rural areas. Effective October 1, 1994, rural hospitals will receive the same payment rate as other urban hospitals. Effective April 1, through September 30, 2003, and November 1, 2003 forward, hospitals located in other areas shall receive the same ASA payment rate as large urban hospitals.

B. Calculation of the ASA. The following procedures will be followed in calculating the TRICARE/CHAMPUS ASA.

1. Apply the **Cost-To-Charge Ratio (CCR)**. In this step each charge is reduced to a representative cost by using the Medicare **CCR**. Effective FY 2007, the **CCR** is 0.3967. Effective FY 2008, the **CCR** is 0.3888. **Effective FY 2009, the CCR is .3796.**

2. Increase for bad debts. The base standardized amount will be increased by 0.01 in order to reimburse hospitals for bad debt expenses attributable to TRICARE/CHAMPUS beneficiaries. The base standardized amount will be increased by 0.0060 for FY 2000, 0.0055

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for FY 2001, and through July 14, 2001, and by 0.0070 as of July 15, 2001 and subsequent years.

3. Update for inflation. Each record in the database will be updated to fiscal year 1988 using a factor equal to 1.07. Thereafter, any recalculation of the adjusted standardized amount will use an inflation factor equal to the hospital market basket index used by the Centers of Medicare and Medicaid Services (CMS) in their Prospective Payment System (PPS).

4. Preliminary non-teaching standardized amount. At this point indirect medical education costs have been removed through standardization in the weight methodology and direct medical education costs have been removed through the application of the Medicare CCR which does not include direct medical education costs. Therefore, a non-teaching standardized amount will be computed by dividing aggregate costs by the number of discharges in the database.

5. Preliminary teaching standardized amounts. A separate standardized amount will be calculated for each teaching hospital to reimburse for indirect medical education expenses. This will be done by multiplying the non-teaching standardized amount by 1.0 plus each hospital's indirect medical education factor.

6. System standardization. The preliminary standardized amounts will be further standardized using a factor which equals total DRG payments using the preliminary standardized amounts divided by the sum of all costs in the database (updated for inflation). To achieve standardization, each preliminary standardized amount will be divided by this factor. This step is necessary so that total DRG system outlays, given the same distribution among hospitals and diagnoses, are equal whether based on DRGs or on charges reduced to costs.

7. Labor-related and nonlabor-related portions of the adjusted standardized amount. The adjusted standardized amount shall be divided into labor-related and nonlabor-related portions according to the ratio of these amounts in the national ASA under the Medicare PPS. Since October 1, 1997, the labor-related portion of the ASA equals 71.1% and the non-labor portion equals 28.9%. Effective October 1, 2004, for wage index values greater than 1.0, the labor related portion of the ASA shall equal 71.1%. Effective October 1, 2004, and subsequent years, for wage indexes less than or equal to 1.0 the labor related portion of the ASA shall equal 62%. Effective October 1, 2005, and subsequent years, for wage index values greater than 1.0, the labor related portion of the ASA shall equal 69.7%.

8. Updating the standardized amounts. For years subsequent to the initial year, the standardized amounts will be updated by the final published Medicare annual update factor, unless the standardized amounts are recalculated.

- END -

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indirect medical education adjustment factor. For admissions occurring on or after October 1, 1997, the costs for indirect medical education are no longer standardized.

(b) Cost outliers will be reimbursed the DRG-based amount plus 80% effective October 1, 1994 of the standardized costs exceeding the threshold.

(c) For admissions occurring on or after October 1, 1997, the following steps shall be followed when calculating cost outlier payments for all cases other than neonates and children's hospitals:

$$\text{Standard Cost} = (\text{Billed Charges} \times \text{CCR})$$

$$\text{Outlier Payment} = 80\% \text{ of } (\text{Standard Cost} - \text{Threshold})$$

$$\text{Total Payments} = \text{Outlier Payments} + (\text{DRG Base Rate} \times (1 + \text{IDME}))$$

NOTE: Noncovered charges should continue to be subtracted from the billed charges prior to multiplying the billed charges by the CCR.

(d) The CCR for admissions occurring on or after October 1, 2006, is 0.3967. The CCR for admissions occurring on or after October 1, 2007, is 0.3888. **The CCR for admissions occurring on or after October 1, 2008, is 0.3796.**

(e) The National Operating Standard Cost as a Share of Total Costs (NOSCASTC) for calculating the cost-outlier threshold for FY 2007 is 0.925, for FY 2008 is 0.925, **and for FY 2009 is 0.925.**

(2) For FY 2007, a fixed loss cost-outlier threshold is set of \$22,649. Effective October 1, 2006, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$22,649 (also wage-adjusted).

(3) For FY 2008, a fixed loss cost-outlier threshold is set of \$22,649. Effective October 1, 2007, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$22,649 (also wage-adjusted).

(4) **For FY 2009, a fixed loss cost-outlier threshold is set of \$18,671. Effective October 1, 2008, the cost-outlier threshold shall be the DRG-based amount (wage-adjusted) plus the IDME payment, plus the flat rate of \$18,671 (also wage-adjusted).**

The cost-outlier threshold shall be calculated as follows:

$$\{[\text{Fixed Loss Threshold} \times ((\text{Labor-Related Share} \times \text{Applicable wage index}) + \text{Non-labor-related share}) \times \text{NOSCASTC}] + (\text{DRG Base Payment (wage-adjusted)} \times (1 + \text{IDME}))\}$$

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EXAMPLE: Using FY 1999 figures $\{[10,129 \times ((0.7110 \times \text{Applicable wage index}) + 0.2890) \times 0.913] + (\text{DRG Based Payment (wage-adjusted)} \times (1 + \text{IDME}))\}$

f. Burn outliers. Burn outliers generally will be subject to the same outlier policies applicable to the CHAMPUS DRG-based payment system except as indicated below. For admissions prior to October 1, 1998, there are six DRGs related to burn cases. They are:

- 456 - Burns, transferred to another acute care facility
- 457 - Extensive burns w/o O.R. procedure
- 458 - Non-extensive burns with skin graft
- 459 - Non-extensive burns with wound debridement or other O.R. procedure
- 460 - Non-extensive burns w/o O.R. procedure
- 472 - Extensive burns with O.R. procedure

Effective for admissions on or after October 1, 1998, the above listed DRGs are no longer valid.

For admissions on or after October 1, 1998, there are eight DRGs related to burn cases. They are:

- 504 - Extensive 3rd degree burn w skin graft
- 505 - Extensive 3rd degree burn w/o skin graft
- 506 - Full thick burn w sk graft or inhal inj w cc or sig tr
- 507 - Full thick burn w sk graft or inhal inj w/o cc or sig tr
- 508 - Full thick burn w/o sk graft or inhal inj w cc or sig tr
- 509 - Full thick burn w/o sk graft or inhal inj w/o cc or sig tr
- 510 - Non-extensive burns w cc or significant trauma
- 511 - Non-extensive burns w/o cc or significant trauma

Effective October 1, 2008, and thereafter, the DRGs for these descriptions can be found at <http://www.tricare.mil/drgrates/>.

(1) For burn cases with admissions occurring prior to October 1, 1988, there are no special procedures. The marginal cost factor for outliers for all such cases will be 60%.

(2) Burn cases which qualify as short-stay outliers, regardless of the date of admission, will be reimbursed according to the procedures for short-stay outliers.

(3) Burn cases with admissions occurring on or after October 1, 1988, which qualify as cost outliers will be reimbursed using a marginal cost factor of 90%.

(4) Burn cases which qualify as long-stay outliers will be reimbursed as follows.

(o) Admissions occurring from October 1, 1988, through September 30, 1990 will be reimbursed using a marginal cost factor of 90%.

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(b) Admissions occurring on or after October 1, 1990, will be reimbursed using a marginal cost factor of 60%.

(5) For admissions occurring on or after October 1, 1997, payment for long-stay outliers has been eliminated for all cases, except neonates and children's hospitals.

(6) For admissions occurring on or after October 1, 1998, payment for long-stay outliers has been eliminated for all neonates and children's hospitals.

(7) For a burn outlier in a children's hospital, the appropriate children's hospital outlier threshold is to be used (see below), but the marginal cost factor is to be either 60% or 90% according to the criteria above.

g. Children's hospital outliers. Children's hospitals will be subject to the same outlier policies applicable to other hospitals except that:

(1) For long-stay outliers the threshold shall be the lesser of 1.94 standard deviations or 17 days from the DRG's geometric mean LOS. (See the addenda to this chapter for the actual outlier thresholds and their effective dates.) For admissions occurring on or after October 1, 1998, payment for long-stay outliers has been eliminated.

(2) The following special provisions apply to cost outliers.

(a) The threshold shall be the greater of two times the DRG-based amount (wage-adjusted but prior to adjustment for indirect medical education) or \$13,500.

(b) Effective October 1, 1998, the threshold shall be the same as that applied to other hospitals.

(c) Effective October 1, 2006, the CCR was 0.4282. Effective October 1, 2007, the CCR is 0.4198. **Effective October 1, 2008, the CCR was 0.4099.** (This is equivalent to the Medicare CCR increased to account for capital and direct medical education costs.)

(d) The marginal cost factor shall be 80%.

(e) For admissions occurring during FY 2007, the marginal cost factor shall be adjusted by 1.27. For admissions occurring during FY 2008, the marginal cost factor shall be adjusted by 1.26. **For admissions occurring during FY 2009, the marginal cost factor shall be adjusted by 1.14.**

(f) The NOSCASTC for calculating the cost-outlier threshold for FYs 2007, 2008, **and 2009** is 0.925.

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The following calculation shall be used in determining cost outlier payments for children's hospitals and neonates:

- STEP 1: Computation of Standardized Costs:
Billed Charges x CCR
(Non-covered charges shall be subtracted from the billed charges prior to multiplying the charges by the CCR.)
- STEP 2: Determination of Cost-Outlier Threshold:
{[Fixed Loss Threshold x ((Labor-Related Share x Applicable wage index) + Non-labor-related share) x NOSCASTC] + [DRG Based Payment (wage-adjusted) x (1 + IDME)]}
- STEP 3: Determination of Cost Outlier Payment
{[(Standardized costs - Cost-Outlier Threshold) x Marginal Cost Factor] x Adjustment Factor}
- STEP 4: Total Payments = Outlier Payments + [DRG Base Rate x (1 + IDME)]

h. Neonatal outliers. Neonatal outliers in hospitals subject to the CHAMPUS DRG-based payment system (other than children's hospitals) shall be determined under the same rules applicable to children's hospitals, except that the standardized costs for cost outliers shall be calculated using the CCR of 0.64. Effective for admissions occurring on or after October 1, 2005, and subsequent years, the CCR used to calculate cost outliers for neonates in acute care hospitals shall be reduced to the same CCR used for all other acute care hospitals.

7. Indirect medical education adjustment.

g. General. The DRG-based payments for any hospital which has a teaching program approved under Medicare Regulation Section 413.85, Title 42 CFR shall be adjusted to account for indirect medical education costs. The adjustment factor used shall be the one in effect on the date of discharge (see below). The adjustment will be made by multiplying the total DRG-based amount by 1.0 plus a hospital-specific factor equal to:

$$1.43 \times \left[\left(1.0 + \frac{\text{number of interns + residents}}{\text{number of beds}} \right)^{0.5795} - 1.0 \right]$$

For admissions occurring during FY 2007, the same formula shall be used except the first number shall be 1.00.

For admissions occurring during FY 2008 and subsequent years, the same formula shall be used except the first number shall be 1.02.

For admissions occurring during FY 2009 and subsequent years, the same formula shall be used except the first number shall be 1.02.

FISCAL YEAR 2009 TRICARE/CHAMPUS ADJUSTED STANDARDIZED AMOUNTS

These amounts are effective for admissions occurring on or after October 1, 2008 through September 30, 2009.

FIGURE 6-B-2009-1 69.7 PERCENT LABOR SHARE/30.3 PERCENT NON-LABOR SHARE IF WAGE INDEX GREATER THAN 1

LABOR RELATED	NON-LABOR RELATED	TOTAL
\$3,273.53	\$1,423.07	\$4,696.60

FIGURE 6-B-2009-2 62 PERCENT LABOR SHARE/38 PERCENT NON-LABOR SHARE IF WAGE INDEX LESS THAN OR EQUAL TO 1

LABOR RELATED	NON-LABOR RELATED	TOTAL
\$2,911.89	\$1,784.71	\$4,696.60

Cost-share per diem for beneficiaries other than dependents of active duty member \$535.00

NOTE: The cost-share per diem for FY 2007 is capped at the FY 2006 level of \$535, per Section 704 of NDAA 2007. The cost-share per diem for FY 2008 and FY 2009 continues to be \$535.

CHAPTER 6
ADDENDUM C (FY 2009)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS (EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

The second column labeled "PAC XFER" indicates whether the DRG is subject to the post acute care transfer policy. The third column labeled "PAC PAY" indicates whether the DRG is subject to the post acute care special payment provision.

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
1	No	No	Heart transplant or implant of heart assist system w MCC	31.2385	48.8	33.8	6
2	No	No	Heart transplant or implant of heart assist system w/o MCC	12.4056	22.5	16.6	3
3	Yes	No	ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	21.0131	43.3	31.8	6
4	Yes	No	Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R.	11.1376	28.9	22.6	5
5	No	No	Liver transplant w MCC or intestinal transplant	16.0022	33.0	22.7	3
6	No	No	Liver transplant w/o MCC	4.9206	8.9	8.5	4
7	No	No	Lung transplant	9.6998	16.3	13.7	3
8	No	No	Simultaneous pancreas/kidney transplant	5.4180*	11.9	10.1	2
9	No	No	Bone marrow transplant	9.5788	26.8	20.2	3
10	No	No	Pancreas transplant	4.1343*	10.8	9.1	1
11	No	No	Tracheostomy for face,mouth & neck diagnoses w MCC	5.0613	11.8	8.1	1
12	No	No	Tracheostomy for face,mouth & neck diagnoses w CC	3.7577	9.3	8.2	3
13	No	No	Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC	1.9394	5.8	5.2	1
20	No	No	Intracranial vascular procedures w PDX hemorrhage w MCC	10.6834	19.3	16.5	4
21	No	No	Intracranial vascular procedures w PDX hemorrhage w CC	5.9634	15.7	14.0	5
22	No	No	Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	4.3094	10.6	9.8	4
23	No	No	Cranio w major dev impl/acute complex CNS PDX w MCC or chemo implant	5.8493	12.3	7.2	1
24	No	No	Cranio w major dev impl/acute complex CNS PDX w/o MCC	3.5883	9.5	6.9	1
25	Yes	No	Craniotomy & endovascular intracranial procedures age >17 w MCC	5.1147	11.3	7.9	1
26	Yes	No	Craniotomy & endovascular intracranial procedures age >17 w CC	3.4611	7.7	5.8	1
27	Yes	No	Craniotomy & endovascular intracranial procedures age >17 w/o CC/MCC	2.3289	3.6	2.9	1
28	Yes	Yes	Spinal procedures w MCC	3.7301	8.1	6.3	1
29	Yes	Yes	Spinal procedures w CC or spinal neurostimulators	2.8848	5.6	4.0	1
30	Yes	Yes	Spinal procedures w/o CC/MCC	1.7511	3.4	2.7	1
31	Yes	No	Ventricular shunt procedures age >17 w MCC	6.3150	14.8	8.7	1
32	Yes	No	Ventricular shunt procedures age >17 w CC	2.1422	4.2	3.2	1
33	Yes	No	Ventricular shunt procedures age >17 w/o CC/MCC	1.4802	2.6	2.2	1
34	No	No	Carotid artery stent procedure w MCC	3.5764*	7.3	4.6	1
35	No	No	Carotid artery stent procedure w CC	2.2843	3.9	2.1	1
36	No	No	Carotid artery stent procedure w/o CC/MCC	1.6646	1.5	1.3	1
37	No	No	Extracranial procedures w MCC	2.7445	6.4	4.0	1
38	No	No	Extracranial procedures w CC	1.7331	3.1	2.2	1

Notes: (1) * = low volume DRG with fewer than 10 cases. The Medicare weights are used for these DRGs.
(2) # = PM-DRGs with fewer than 10 cases. An average weight over the past 5 years were used for these DRGs.
(3) w CC = with Complications or Comorbidities.
(4) w/o CC = without Complications or Comorbidities.

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CHAPTER 6, ADDENDUM C (FY 2009)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS (EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
39	No	No	Extracranial procedures w/o CC/MCC	1.2695	1.6	1.4	1
40	Yes	Yes	Periph/cranial nerve & other nerv syst proc w MCC	4.0873	11.8	6.8	1
41	Yes	Yes	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim	1.9797	5.2	3.4	1
42	Yes	Yes	Periph/cranial nerve & other nerv syst proc w/o CC/MCC	1.6632	2.3	1.8	1
52	No	No	Spinal disorders & injuries w CC/MCC	1.8815	7.4	5.6	1
53	No	No	Spinal disorders & injuries w/o CC/MCC	0.9003	2.6	2.1	1
54	Yes	No	Nervous system neoplasms w MCC	1.3131	5.4	3.9	1
55	Yes	No	Nervous system neoplasms w/o MCC	1.0374	4.4	3.2	1
56	Yes	No	Degenerative nervous system disorders w MCC	3.5855	11.8	7.6	1
57	Yes	No	Degenerative nervous system disorders w/o MCC	0.9699	5.4	3.6	1
58	No	No	Multiple sclerosis & cerebellar ataxia w MCC	1.9236	7.5	5.8	1
59	No	No	Multiple sclerosis & cerebellar ataxia w CC	1.0012	5.1	4.2	1
60	No	No	Multiple sclerosis & cerebellar ataxia w/o CC/MCC	0.7960	3.7	3.0	1
61	No	No	Acute ischemic stroke w use of thrombolytic agent w MCC	2.6624	8.9	8.2	3
62	No	No	Acute ischemic stroke w use of thrombolytic agent w CC	2.1889	5.8	5.3	2
63	No	No	Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC	1.8368	4.3	3.8	1
64	Yes	No	Intracranial hemorrhage or cerebral infarction w MCC	2.4223	7.8	5.1	1
65	Yes	No	Intracranial hemorrhage or cerebral infarction w CC	1.3422	5.1	4.0	1
66	Yes	No	Intracranial hemorrhage or cerebral infarction w/o CC/MCC	1.0291	3.4	2.7	1
67	No	No	Nonspecific cva & precerebral occlusion w/o infarct w MCC	2.5320	8.4	5.2	1
68	No	No	Nonspecific cva & precerebral occlusion w/o infarct w/o MCC	1.0746	3.3	2.4	1
69	No	No	Transient ischemia	0.8024	2.2	1.9	1
70	Yes	No	Nonspecific cerebrovascular disorders w MCC	2.4228	7.7	5.2	1
71	Yes	No	Nonspecific cerebrovascular disorders w CC	1.1280	5.3	4.0	1
72	Yes	No	Nonspecific cerebrovascular disorders w/o CC/MCC	0.8984	3.2	2.2	1
73	No	No	Cranial & peripheral nerve disorders w MCC	1.4929	6.7	4.9	1
74	No	No	Cranial & peripheral nerve disorders w/o MCC	0.9291	3.7	2.9	1
75	No	No	Viral meningitis w CC/MCC	1.0894	4.7	3.5	1
76	No	No	Viral meningitis w/o CC/MCC	0.6121	3.0	2.6	1
77	No	No	Hypertensive encephalopathy w MCC	1.9862	6.3	4.6	1
78	No	No	Hypertensive encephalopathy w CC	1.0656	3.3	2.7	1
79	No	No	Hypertensive encephalopathy w/o CC/MCC	1.0418	3.2	2.3	1
80	No	No	Nontraumatic stupor & coma w MCC	1.5013	2.8	2.2	1
81	No	No	Nontraumatic stupor & coma w/o MCC	0.6559	2.3	1.9	1
82	No	No	Traumatic stupor & coma, coma >1 hr w MCC	3.3099	7.9	4.5	1
83	No	No	Traumatic stupor & coma, coma >1 hr w CC	1.2563	4.1	3.3	1
84	No	No	Traumatic stupor & coma, coma >1 hr w/o CC/MCC	0.8128	2.6	2.0	1
85	Yes	No	Traumatic stupor & coma, coma <1 hr age >17 w MCC	1.6365	6.0	4.1	1
86	Yes	No	Traumatic stupor & coma, coma <1 hr age >17 w CC	1.1863	4.5	2.9	1
87	Yes	No	Traumatic stupor & coma, coma <1 hr age >17 w/o CC/MCC	0.6624	2.4	1.9	1
88	No	No	Concussion age >17 w MCC	2.3267	5.7	3.5	1
89	No	No	Concussion age >17 w CC	1.0894	2.9	2.2	1
90	No	No	Concussion age >17 w/o CC/MCC	0.8133	1.7	1.4	1
91	Yes	No	Other disorders of nervous system w MCC	1.9290	7.8	4.6	1
92	Yes	No	Other disorders of nervous system w CC	0.9204	4.0	2.9	1
93	Yes	No	Other disorders of nervous system w/o CC/MCC	0.7098	2.6	2.0	1
94	No	No	Bacterial & tuberculous infections of nervous system w MCC	3.6415	11.3	8.7	1
95	No	No	Bacterial & tuberculous infections of nervous system w CC	2.2865	8.4	7.3	2
96	No	No	Bacterial & tuberculous infections of nervous system w/o CC/MCC	2.0101	6.3	5.2	1
97	No	No	Non-bacterial infect of nervous sys exc viral meningitis w MCC	3.5635	12.6	9.6	2

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CHAPTER 6, ADDENDUM C (FY 2009)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS (EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
98	No	No	Non-bacterial infect of nervous sys exc viral meningitis w CC	1.5159	6.7	4.3	1
99	No	No	Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC	1.1538	5.2	4.1	1
100	Yes	No	Seizures age >17 w MCC	1.4672	5.2	3.7	1
101	Yes	No	Seizures age >17 w/o MCC	0.7402	2.9	2.4	1
102	No	No	Headaches age >17 w MCC	0.9595	4.0	3.0	1
103	No	No	Headaches age >17 w/o MCC	0.6883	3.1	2.4	1
104	No	No	Craniotomy, ventricular shunt & endovasc intracranial proc age 0-17	2.2151	7.9	3.6	1
105	No	No	Traumatic stupor & coma, coma <1 hr age 0-17	0.5757	2.4	1.8	1
106	No	No	Concussion age 0-17	0.5719	1.5	1.3	1
107	No	No	Seizures & headaches age 0-17	0.4934	2.5	2.0	1
108	No	No	Extraocular procedures except orbit age 0-17	0.7950	1.2	1.1	1
109	No	No	Other disorders of the eye age 0-17	0.3759	2.3	1.9	1
110	No	No	Other ear, nose, mouth & throat O.R. procedures age 0-17	0.7096	2.1	1.7	1
111	No	No	Sinus & mastoid procedures age 0-17	1.0663	3.8	3.1	1
112	No	No	Otitis media & URI age 0-17	0.2910	2.1	1.7	1
113	No	No	Orbital procedures w CC/MCC	1.9454	4.0	3.2	1
114	No	No	Orbital procedures w/o CC/MCC	0.9967	2.8	2.1	1
115	No	No	Extraocular procedures except orbit age >17	1.0592	3.3	3.0	1
116	No	No	Intraocular procedures w CC/MCC	1.2594*	4.1	2.6	1
117	No	No	Intraocular procedures w/o CC/MCC	0.7461	1.8	1.5	1
118	No	No	Other ear, nose, mouth & throat diagnoses age 0-17	0.4882	2.7	2.1	1
119	No	No	Dental & Oral Diseases age 0-17	0.5871	2.9	2.2	1
120	No	No	Respiratory infections & inflammations age 0-17	1.5049	7.9	6.0	1
121	No	No	Acute major eye infections w CC/MCC	0.6398	3.9	3.6	1
122	No	No	Acute major eye infections w/o CC/MCC	0.5339	3.4	3.0	1
123	No	No	Neurological eye disorders	0.7179	3.1	2.6	1
124	No	No	Other disorders of the eye age >17 w MCC	1.1813*	5.3	3.9	1
125	No	No	Other disorders of the eye age >17 w/o MCC	0.6683	3.3	2.6	1
129	No	No	Major head & neck procedures w CC/MCC or major device	2.2954	4.2	3.4	1
130	No	No	Major head & neck procedures w/o CC/MCC	1.2312	2.8	2.3	1
131	No	No	Cranial/facial procedures w CC/MCC	2.1561	4.2	3.3	1
132	No	No	Cranial/facial procedures w/o CC/MCC	1.4051	1.7	1.5	1
133	No	No	Other ear, nose, mouth & throat O.R. procedures age >17 w CC/MCC	1.2449	3.2	2.5	1
134	No	No	Other ear, nose, mouth & throat O.R. procedures age >17 w/o CC/MCC	0.8335	1.8	1.5	1
135	No	No	Sinus & mastoid procedures age >17 w CC/MCC	2.0723	6.0	4.1	1
136	No	No	Sinus & mastoid procedures age >17 w/o CC/MCC	1.5106	2.8	2.1	1
137	No	No	Mouth procedures w CC/MCC	1.4679	5.2	3.3	1
138	No	No	Mouth procedures w/o CC/MCC	0.9242	2.3	1.9	1
139	No	No	Salivary gland procedures	0.8665	1.3	1.2	1
140	No	No	Simple pneumonia & pleurisy age 0-17	0.4434	2.8	2.3	1
141	No	No	Bronchitis & asthma age 0-17	0.3779	2.4	2.0	1
142	No	No	Cardiac congenital & valvular disorders age 0-17	0.9224	2.1	1.7	1
143	No	No	Stomach, esophageal & duodenal proc age 0-17	0.9680	4.5	3.0	1
144	No	No	Hernia procedures age 0-17	0.6473	2.0	1.5	1
145	No	No	Esophagitis, gastroent & misc digest disorders age 0-17	0.3455	2.4	1.9	1
146	No	No	Ear, nose, mouth & throat malignancy w MCC	2.2724*	9.4	6.6	1
147	No	No	Ear, nose, mouth & throat malignancy w CC	1.6666	5.4	3.5	1
148	No	No	Ear, nose, mouth & throat malignancy w/o CC/MCC	0.7100	2.7	1.8	1
149	No	No	Dysequilibrium	0.6691	2.2	1.8	1
150	No	No	Epistaxis w MCC	1.3602*	5.2	3.7	1

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DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
151	No	No	Epistaxis w/o MCC	0.6565	2.4	2.0	1
152	No	No	Otitis media & URI age >17 w MCC	0.7770	3.9	3.3	1
153	No	No	Otitis media & URI age >17 w/o MCC	0.5279	2.4	2.1	1
154	No	No	Other ear, nose, mouth & throat diagnoses age >17 w MCC	1.5644	5.8	4.4	1
155	No	No	Other ear, nose, mouth & throat diagnoses age >17 w CC	0.8071	3.2	2.7	1
156	No	No	Other ear, nose, mouth & throat diagnoses age >17 w/o CC/MCC	0.5681	2.4	2.0	1
157	No	No	Dental & Oral Diseases age >17 w MCC	1.0478	4.5	3.4	1
158	No	No	Dental & Oral Diseases age >17 w CC	0.7813	3.3	2.6	1
159	No	No	Dental & Oral Diseases age >17 w/o CC/MCC	0.6114	2.4	2.0	1
160	No	No	Other digestive system diagnoses age 0-17	0.6443	3.6	2.1	1
161	No	No	Hip & femur procedures except major joint age 0-17	1.2573	2.9	2.3	1
162	No	No	Lower extrem & humer proc except hip,foot,femur age 0-17	0.8700	1.9	1.6	1
163	Yes	No	Major chest procedures w MCC	4.9819	13.2	10.7	2
164	Yes	No	Major chest procedures w CC	2.6388	7.6	6.4	2
165	Yes	No	Major chest procedures w/o CC/MCC	1.6752	4.5	3.7	1
166	Yes	No	Other resp system O.R. procedures w MCC	3.6717	11.4	8.7	2
167	Yes	No	Other resp system O.R. procedures w CC	1.9070	6.6	5.1	1
168	Yes	No	Other resp system O.R. procedures w/o CC/MCC	1.3257	4.3	3.3	1
169	No	No	Fx, sprn, strn & disl except femur, hip, pelvis & thigh age 0-17	0.4205	1.4	1.3	1
170	No	No	Cellulitis age 0-17	0.3989	2.7	2.3	1
171	No	No	Trauma to the skin, subcut tiss & breast age 0-17	0.4434	1.7	1.4	1
172	No	No	Nutritional & misc metabolic disorders age 0-17	0.3280	2.5	1.9	1
173	No	No	Urethral procedures age 0-17	0.5696#	2.4	2.4	1
174	No	No	Kidney & urinary tract infections age 0-17	0.4025	3.0	2.5	1
175	Yes	No	Pulmonary embolism w MCC	1.5659	6.2	5.3	1
176	Yes	No	Pulmonary embolism w/o MCC	1.0013	4.5	3.8	1
177	Yes	No	Respiratory infections & inflammations age >17 w MCC	2.4099	9.6	7.4	1
178	Yes	No	Respiratory infections & inflammations age >17 w CC	1.7119	7.4	5.9	1
179	Yes	No	Respiratory infections & inflammations age >17 w/o CC/MCC	1.1799	5.4	4.3	1
180	No	No	Respiratory neoplasms w MCC	2.0023	7.7	6.0	1
181	No	No	Respiratory neoplasms w CC	1.3092	5.2	4.0	1
182	No	No	Respiratory neoplasms w/o CC/MCC	0.9345	3.5	2.7	1
183	No	No	Major chest trauma w MCC	1.5726	5.5	4.3	1
184	No	No	Major chest trauma w CC	0.8668	2.9	2.3	1
185	No	No	Major chest trauma w/o CC/MCC	0.7136	2.3	1.9	1
186	Yes	No	Pleural effusion w MCC	2.1748	8.0	6.5	1
187	Yes	No	Pleural effusion w CC	1.2995	5.7	4.2	1
188	Yes	No	Pleural effusion w/o CC/MCC	0.7476	3.1	2.6	1
189	No	No	Pulmonary edema & respiratory failure	1.4106	5.8	4.5	1
190	Yes	No	Chronic obstructive pulmonary disease w MCC	1.3224	5.5	4.5	1
191	Yes	No	Chronic obstructive pulmonary disease w CC	0.9883	4.5	3.6	1
192	Yes	No	Chronic obstructive pulmonary disease w/o CC/MCC	0.7342	3.7	3.0	1
193	Yes	No	Simple pneumonia & pleurisy age >17 w MCC	1.4800	5.8	4.7	1
194	Yes	No	Simple pneumonia & pleurisy age >17 w CC	0.9633	4.3	3.6	1
195	Yes	No	Simple pneumonia & pleurisy age >17 w/o CC/MCC	0.7105	3.3	2.8	1
196	Yes	No	Interstitial lung disease w MCC	1.8478	9.5	6.0	1
197	Yes	No	Interstitial lung disease w CC	1.4855	6.0	4.3	1
198	Yes	No	Interstitial lung disease w/o CC/MCC	0.9397	4.0	3.1	1
199	No	No	Pneumothorax w MCC	2.1054	7.2	5.5	1
200	No	No	Pneumothorax w CC	0.9361	3.9	3.1	1

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DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/ CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT- STAY THRESHOLD
201	No	No	Pneumothorax w/o CC/MCC	0.5050	3.2	2.6	1
202	No	No	Bronchitis & asthma age >17 w CC/MCC	0.8745	4.1	3.2	1
203	No	No	Bronchitis & asthma age >17 w/o CC/MCC	0.5724	2.9	2.4	1
204	No	No	Respiratory signs & symptoms	0.6570	2.5	1.9	1
205	Yes	No	Other respiratory system diagnoses w MCC	1.0590	4.5	3.3	1
206	Yes	No	Other respiratory system diagnoses w/o MCC	0.7468	2.8	2.0	1
207	Yes	No	Respiratory system diagnosis w ventilator support 96+ hours	6.1534	15.3	13.3	4
208	No	No	Respiratory system diagnosis w ventilator support <96 hours	2.2327	6.2	4.4	1
209	No	No	Kidney & urinary tract signs & symptoms age 0-17	0.3948	2.2	1.9	1
210	No	No	Urethral stricture age 0-17	0.3383#	1.8	1.8	1
211	No	No	Other kidney & urinary tract diagnoses age 0-17	0.7013	3.9	3.0	1
212	No	No	Testes procedures age 0-17	0.5846	1.2	1.2	1
213	No	No	Splenectomy age 0-17	1.8374	4.2	3.0	1
214	No	No	Red blood cell disorders age 0-17	0.6745	3.9	2.8	1
215	No	No	Other heart assist system implant	13.5993*	14.0	7.6	1
216	Yes	No	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC	11.5727	20.2	15.3	3
217	Yes	No	Cardiac valve & oth maj cardiothoracic proc w card cath w CC	7.0010	10.0	8.8	3
218	Yes	No	Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC	6.4605	8.2	7.8	4
219	Yes	Yes	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	7.9083	12.3	9.5	2
220	Yes	Yes	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	5.1674	7.0	6.3	2
221	Yes	Yes	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC	4.3737	5.3	5.0	2
222	No	No	Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC	8.8500	11.4	9.3	2
223	No	No	Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC	6.7671	5.6	4.0	1
224	No	No	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	9.3678	10.9	8.1	1
225	No	No	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	6.0740	4.3	3.5	1
226	No	No	Cardiac defibrillator implant w/o cardiac cath w MCC	7.6056	9.0	5.2	1
227	No	No	Cardiac defibrillator implant w/o cardiac cath w/o MCC	4.9416	2.3	1.6	1
228	Yes	No	Other cardiothoracic procedures w MCC	7.4546	11.8	8.5	1
229	Yes	No	Other cardiothoracic procedures w CC	4.4663	7.1	5.7	1
230	Yes	No	Other cardiothoracic procedures w/o CC/MCC	3.4135	4.8	4.0	1
231	No	No	Coronary bypass w PTCA w MCC	8.1519	11.6	9.2	2
232	No	No	Coronary bypass w PTCA w/o MCC	6.6138	9.3	8.1	3
233	Yes	No	Coronary bypass w cardiac cath w MCC	7.4298	11.8	10.3	3
234	Yes	No	Coronary bypass w cardiac cath w/o MCC	5.1659	7.9	7.4	3
235	Yes	No	Coronary bypass w/o cardiac cath w MCC	5.1261	8.9	7.8	2
236	Yes	No	Coronary bypass w/o cardiac cath w/o MCC	3.9312	5.7	5.3	2
237	No	No	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair	5.4265	9.4	7.2	1
238	No	No	Major cardiovasc procedures w/o MCC	2.9683	4.8	3.7	1
239	Yes	No	Amputation for circ sys disorders exc upper limb & toe w MCC	5.4101	15.5	13.2	3
240	Yes	No	Amputation for circ sys disorders exc upper limb & toe w CC	3.0490	12.4	9.8	2
241	Yes	No	Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC	1.7451*	6.8	5.6	2
242	Yes	No	Permanent cardiac pacemaker implant w MCC	4.3516	7.5	5.0	1
243	Yes	No	Permanent cardiac pacemaker implant w CC	3.1395	4.4	3.4	1
244	Yes	No	Permanent cardiac pacemaker implant w/o CC/MCC	2.3375	2.4	1.9	1
245	No	No	AICD generator procedures	3.8837	3.7	2.0	1
246	No	No	Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents	3.7361	3.5	2.5	1
247	No	No	Perc cardiovasc proc w drug-eluting stent w/o MCC	2.5513	1.9	1.6	1
248	No	No	Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents	3.2082	4.6	3.5	1
249	No	No	Perc cardiovasc proc w non-drug-eluting stent w/o MCC	2.1861	2.2	1.9	1
250	No	No	Perc cardiovasc proc w/o coronary artery stent w MCC	3.5614	4.6	3.5	1

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GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
251	No	No	Perc cardiovasc proc w/o coronary artery stent w/o MCC	2.2085	2.0	1.6	1
252	No	No	Other vascular procedures w MCC	3.2803	7.2	4.6	1
253	No	No	Other vascular procedures w CC	2.5616	4.9	3.4	1
254	No	No	Other vascular procedures w/o CC/MCC	1.7821	2.2	1.8	1
255	Yes	No	Upper limb & toe amputation for circ system disorders w MCC	2.6762*	9.7	7.1	1
256	Yes	No	Upper limb & toe amputation for circ system disorders w CC	1.6995	8.6	6.7	1
257	Yes	No	Upper limb & toe amputation for circ system disorders w/o CC/MCC	1.1385*	4.9	3.7	1
258	No	No	Cardiac pacemaker device replacement w MCC	3.1441*	7.4	5.4	1
259	No	No	Cardiac pacemaker device replacement w/o MCC	1.4266	2.0	1.6	1
260	No	No	Cardiac pacemaker revision except device replacement w MCC	3.7852*	11.2	8.1	1
261	No	No	Cardiac pacemaker revision except device replacement w CC	1.6958	4.1	3.0	1
262	No	No	Cardiac pacemaker revision except device replacement w/o CC/MCC	1.4646	2.3	1.8	1
263	No	No	Vein ligation & stripping	0.9894	3.6	2.4	1
264	Yes	No	Other circulatory system O.R. procedures	2.5480	8.5	5.6	1
265	No	No	AICD lead procedures	2.8225	2.4	1.7	1
266	No	No	Acute leukemia w/o major O.R. procedure age 0-17	3.6986	12.0	7.2	1
267	No	No	Viral illness & fever age 0-17	0.3232	2.3	2.0	1
268	No	No	Septicemia or severe sepsis age 0-17	1.5459	6.4	4.3	1
269	No	No	Traumatic injury age 0-17	0.4153	1.6	1.4	1
270	No	No	Allergic reactions age 0-17	0.2427	1.7	1.4	1
271	No	No	Poisoning & toxic effects of drugs age 0-17	0.3841	1.7	1.4	1
280	Yes	No	Acute myocardial infarction, discharged alive w MCC	2.2349	6.7	5.2	1
281	Yes	No	Acute myocardial infarction, discharged alive w CC	1.3134	3.4	2.8	1
282	Yes	No	Acute myocardial infarction, discharged alive w/o CC/MCC	1.0223	2.3	2.0	1
283	No	No	Acute myocardial infarction, expired w MCC	2.6866	5.4	3.0	1
284	No	No	Acute myocardial infarction, expired w CC	1.0113*	3.2	2.2	1
285	No	No	Acute myocardial infarction, expired w/o CC/MCC	0.6719*	2.2	1.7	1
286	No	No	Circulatory disorders except AMI, w card cath w MCC	2.0482	5.9	4.3	1
287	No	No	Circulatory disorders except AMI, w card cath w/o MCC	1.2009	2.4	2.0	1
288	Yes	No	Acute & subacute endocarditis w MCC	3.1642	10.4	9.2	3
289	Yes	No	Acute & subacute endocarditis w CC	1.8835	8.1	6.1	1
290	Yes	No	Acute & subacute endocarditis w/o CC/MCC	1.6056*	6.5	5.1	1
291	Yes	No	Heart failure & shock w MCC	1.4248	5.7	4.5	1
292	Yes	No	Heart failure & shock w CC	0.9638	4.4	3.4	1
293	Yes	No	Heart failure & shock w/o CC/MCC	0.6815	2.9	2.4	1
294	No	No	Deep vein thrombophlebitis w CC/MCC	0.8280	4.6	3.9	1
295	No	No	Deep vein thrombophlebitis w/o CC/MCC	0.5858	3.0	2.4	1
296	No	No	Cardiac arrest, unexplained w MCC	1.9952	3.6	2.1	1
297	No	No	Cardiac arrest, unexplained w CC	0.7188*	1.8	1.4	1
298	No	No	Cardiac arrest, unexplained w/o CC/MCC	0.4936*	1.3	1.1	1
299	Yes	No	Peripheral vascular disorders w MCC	1.3151	5.7	4.4	1
300	Yes	No	Peripheral vascular disorders w CC	0.9155	4.3	3.4	1
301	Yes	No	Peripheral vascular disorders w/o CC/MCC	0.6078	3.2	2.6	1
302	No	No	Atherosclerosis w MCC	1.2211	3.4	2.7	1
303	No	No	Atherosclerosis w/o MCC	0.6928	2.0	1.7	1
304	No	No	Hypertension w MCC	1.1208	4.5	2.9	1
305	No	No	Hypertension w/o MCC	0.6394	2.2	1.8	1
306	No	No	Cardiac congenital & valvular disorders age >17 w MCC	1.3314	6.2	4.8	1
307	No	No	Cardiac congenital & valvular disorders age >17 w/o MCC	0.7692	2.6	2.1	1
308	No	No	Cardiac arrhythmia & conduction disorders w MCC	1.1179	4.2	3.3	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2009)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS (EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
309	No	No	Cardiac arrhythmia & conduction disorders w CC	0.7190	2.9	2.3	1
310	No	No	Cardiac arrhythmia & conduction disorders w/o CC/MCC	0.5324	2.1	1.7	1
311	No	No	Angina pectoris	0.5311	1.7	1.4	1
312	No	No	Syncope & collapse	0.7323	2.4	2.0	1
313	No	No	Chest pain	0.5964	1.6	1.4	1
314	Yes	No	Other circulatory system diagnoses w MCC	2.1062	7.8	5.5	1
315	Yes	No	Other circulatory system diagnoses w CC	1.0259	4.1	3.2	1
316	Yes	No	Other circulatory system diagnoses w/o CC/MCC	0.6432	2.3	1.8	1
326	Yes	No	Stomach, esophageal & duodenal proc age >17 w MCC	5.7878	15.4	11.6	2
327	Yes	No	Stomach, esophageal & duodenal proc age >17 w CC	2.6724	7.6	5.8	1
328	Yes	No	Stomach, esophageal & duodenal proc age >17 w/o CC/MCC	1.5235	3.1	2.3	1
329	Yes	No	Major small & large bowel procedures w MCC	5.1230	14.0	11.1	2
330	Yes	No	Major small & large bowel procedures w CC	2.4030	8.0	6.9	2
331	Yes	No	Major small & large bowel procedures w/o CC/MCC	1.6737	5.0	4.5	1
332	Yes	No	Rectal resection w MCC	4.5345	11.0	9.7	3
333	Yes	No	Rectal resection w CC	2.2741	6.8	6.1	2
334	Yes	No	Rectal resection w/o CC/MCC	1.9106	5.3	4.8	2
335	Yes	No	Peritoneal adhesiolysis w MCC	3.7163	11.1	8.6	2
336	Yes	No	Peritoneal adhesiolysis w CC	2.1231	6.8	5.4	1
337	Yes	No	Peritoneal adhesiolysis w/o CC/MCC	1.4106	4.3	3.4	1
338	No	No	Appendectomy w complicated principal diag w MCC	3.6944	11.6	8.8	2
339	No	No	Appendectomy w complicated principal diag w CC	1.8570	6.4	5.4	1
340	No	No	Appendectomy w complicated principal diag w/o CC/MCC	1.2280	3.7	3.1	1
341	No	No	Appendectomy w/o complicated principal diag w MCC	1.5928	4.5	3.4	1
342	No	No	Appendectomy w/o complicated principal diag w CC	1.2241	2.8	2.2	1
343	No	No	Appendectomy w/o complicated principal diag w/o CC/MCC	0.9345	1.6	1.4	1
344	No	No	Minor small & large bowel procedures w MCC	2.1242	8.2	5.7	1
345	No	No	Minor small & large bowel procedures w CC	1.3898	5.8	4.7	1
346	No	No	Minor small & large bowel procedures w/o CC/MCC	1.1869	4.3	3.8	1
347	No	No	Anal & stomal procedures w MCC	2.0541	7.7	5.8	1
348	No	No	Anal & stomal procedures w CC	1.2786	4.7	3.7	1
349	No	No	Anal & stomal procedures w/o CC/MCC	0.7434	2.7	2.3	1
350	No	No	Inguinal & femoral hernia procedures age >17 w MCC	2.5095*	8.0	5.8	1
351	No	No	Inguinal & femoral hernia procedures age >17 w CC	1.2622	3.3	2.6	1
352	No	No	Inguinal & femoral hernia procedures age >17 w/o CC/MCC	0.8808	1.8	1.6	1
353	No	No	Hernia procedures except inguinal & femoral age >17 w MCC	2.1572	5.6	4.6	1
354	No	No	Hernia procedures except inguinal & femoral age >17 w CC	1.5031	4.2	3.6	1
355	No	No	Hernia procedures except inguinal & femoral age >17 w/o CC/MCC	1.1178	2.6	2.2	1
356	Yes	No	Other digestive system O.R. procedures w MCC	4.2185	12.8	8.6	1
357	Yes	No	Other digestive system O.R. procedures w CC	2.3661	7.3	5.7	1
358	Yes	No	Other digestive system O.R. procedures w/o CC/MCC	1.2910	3.9	3.2	1
368	No	No	Major esophageal disorders w MCC	1.9499	6.7	5.3	1
369	No	No	Major esophageal disorders w CC	0.8735	3.6	2.7	1
370	No	No	Major esophageal disorders w/o CC/MCC	0.5108	2.2	1.8	1
371	Yes	No	Major gastrointestinal disorders & peritoneal infections w MCC	1.7755	8.1	5.9	1
372	Yes	No	Major gastrointestinal disorders & peritoneal infections w CC	1.2139	5.9	4.7	1
373	Yes	No	Major gastrointestinal disorders & peritoneal infections w/o CC/MCC	0.6473	3.7	3.1	1
374	Yes	No	Digestive malignancy w MCC	2.6345	9.1	6.6	1
375	Yes	No	Digestive malignancy w CC	1.3987	6.0	4.4	1
376	Yes	No	Digestive malignancy w/o CC/MCC	0.8616	3.4	2.7	1

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CHAPTER 6, ADDENDUM C (FY 2009)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
377	Yes	No	G.I. hemorrhage w MCC	1.8051	6.0	4.4	1
378	Yes	No	G.I. hemorrhage w CC	0.9505	3.5	2.9	1
379	Yes	No	G.I. hemorrhage w/o CC/MCC	0.6987	2.7	2.3	1
380	Yes	No	Complicated peptic ulcer w MCC	2.1827	6.9	5.6	1
381	Yes	No	Complicated peptic ulcer w CC	1.1032	4.8	3.8	1
382	Yes	No	Complicated peptic ulcer w/o CC/MCC	0.8003	3.0	2.4	1
383	No	No	Uncomplicated peptic ulcer w MCC	0.8779	2.8	2.4	1
384	No	No	Uncomplicated peptic ulcer w/o MCC	0.8100	2.8	2.3	1
385	No	No	Inflammatory bowel disease w MCC	1.5801	7.2	5.4	1
386	No	No	Inflammatory bowel disease w CC	1.0571	5.2	4.2	1
387	No	No	Inflammatory bowel disease w/o CC/MCC	0.8522	3.9	3.2	1
388	Yes	No	G.I. obstruction w MCC	1.4764	7.0	4.5	1
389	Yes	No	G.I. obstruction w CC	0.7648	3.8	3.1	1
390	Yes	No	G.I. obstruction w/o CC/MCC	0.6029	2.9	2.5	1
391	No	No	Esophagitis, gastroent & misc digest disorders age >17 w MCC	0.9334	4.0	3.2	1
392	No	No	Esophagitis, gastroent & misc digest disorders age >17 w/o MCC	0.7002	2.9	2.4	1
393	No	No	Other digestive system diagnoses age >17 w MCC	1.5947	6.2	4.8	1
394	No	No	Other digestive system diagnoses age >17 w CC	0.9049	4.1	3.2	1
395	No	No	Other digestive system diagnoses age >17 w/o CC/MCC	0.6581	3.6	2.3	1
405	Yes	No	Pancreas, liver & shunt procedures w MCC	6.7003	16.7	12.6	2
406	Yes	No	Pancreas, liver & shunt procedures w CC	3.1388	8.2	6.5	1
407	Yes	No	Pancreas, liver & shunt procedures w/o CC/MCC	1.9241	5.3	4.3	1
408	No	No	Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC	3.8409	12.4	11.5	5
409	No	No	Biliary tract proc except only cholecyst w or w/o c.d.e. w CC	2.9203	8.3	7.2	2
410	No	No	Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC	1.8125	6.1	5.5	2
411	No	No	Cholecystectomy w c.d.e. w MCC	4.1621*	12.4	10.4	1
412	No	No	Cholecystectomy w c.d.e. w CC	2.0181	5.5	5.0	1
413	No	No	Cholecystectomy w c.d.e. w/o CC/MCC	1.8477	4.6	3.8	1
414	Yes	No	Cholecystectomy except by laparoscope w/o c.d.e. w MCC	3.1863	9.0	7.6	2
415	Yes	No	Cholecystectomy except by laparoscope w/o c.d.e. w CC	1.8514	6.1	5.0	1
416	Yes	No	Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC	1.3282	3.9	3.4	1
417	No	No	Laparoscopic cholecystectomy w/o c.d.e. w MCC	1.9902	5.2	4.4	1
418	No	No	Laparoscopic cholecystectomy w/o c.d.e. w CC	1.6504	4.2	3.4	1
419	No	No	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	1.1628	2.4	2.0	1
420	No	No	Hepatobiliary diagnostic procedures w MCC	4.4891	14.1	8.5	1
421	No	No	Hepatobiliary diagnostic procedures w CC	1.8681	5.8	4.9	1
422	No	No	Hepatobiliary diagnostic procedures w/o CC/MCC	1.9670	6.0	3.7	1
423	No	No	Other hepatobiliary or pancreas O.R. procedures w MCC	5.6761	14.1	10.7	2
424	No	No	Other hepatobiliary or pancreas O.R. procedures w CC	2.2060	8.8	5.9	1
425	No	No	Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC	1.5265*	5.4	4.0	1
432	No	No	Cirrhosis & alcoholic hepatitis w MCC	2.1192	7.2	5.2	1
433	No	No	Cirrhosis & alcoholic hepatitis w CC	1.1317	4.7	3.7	1
434	No	No	Cirrhosis & alcoholic hepatitis w/o CC/MCC	0.7983	2.8	2.4	1
435	No	No	Malignancy of hepatobiliary system or pancreas w MCC	1.8664	7.4	5.2	1
436	No	No	Malignancy of hepatobiliary system or pancreas w CC	1.5803	5.4	3.7	1
437	No	No	Malignancy of hepatobiliary system or pancreas w/o CC/MCC	1.1356	3.4	2.8	1
438	No	No	Disorders of pancreas except malignancy w MCC	2.1885	8.2	6.1	1
439	No	No	Disorders of pancreas except malignancy w CC	1.2052	5.5	4.3	1
440	No	No	Disorders of pancreas except malignancy w/o CC/MCC	0.7542	4.5	3.0	1
441	Yes	No	Disorders of liver except malig,cirr,alc hepa w MCC	2.2070	8.0	5.4	1

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CHAPTER 6, ADDENDUM C (FY 2009)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS (EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
442	Yes	No	Disorders of liver except malig,cirr,alc hepa w CC	0.9623	4.9	3.6	1
443	Yes	No	Disorders of liver except malig,cirr,alc hepa w/o CC/MCC	0.7186	3.4	2.6	1
444	No	No	Disorders of the biliary tract w MCC	1.4044	4.9	3.7	1
445	No	No	Disorders of the biliary tract w CC	0.9476	3.6	2.8	1
446	No	No	Disorders of the biliary tract w/o CC/MCC	0.7421	2.5	2.0	1
453	No	No	Combined anterior/posterior spinal fusion w MCC	12.8361	13.4	9.5	1
454	No	No	Combined anterior/posterior spinal fusion w CC	7.3961	5.9	5.1	1
455	No	No	Combined anterior/posterior spinal fusion w/o CC/MCC	5.9428	3.4	2.8	1
456	No	No	Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w MCC	7.8363	8.0	7.3	3
457	No	No	Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w CC	6.9816	6.7	6.1	2
458	No	No	Spinal fus exc cerv w spinal curv/malig/infec or 9+ fus w/o CC/MCC	5.0028	4.6	4.3	1
459	Yes	No	Spinal fusion except cervical w MCC	5.3804	6.5	5.5	1
460	Yes	No	Spinal fusion except cervical w/o MCC	4.0836	3.4	3.0	1
461	No	No	Bilateral or multiple major joint procs of lower extremity w MCC	4.4588	7.3	6.2	2
462	No	No	Bilateral or multiple major joint procs of lower extremity w/o MCC	3.3710	4.2	4.0	2
463	Yes	No	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC	7.1456	17.3	12.7	2
464	Yes	No	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC	2.9477	9.0	6.7	1
465	Yes	No	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC	1.7374	5.9	4.3	1
466	Yes	No	Revision of hip or knee replacement w MCC	4.2752	9.5	7.6	2
467	Yes	No	Revision of hip or knee replacement w CC	2.8812	4.4	3.9	1
468	Yes	No	Revision of hip or knee replacement w/o CC/MCC	2.6489	3.5	3.2	1
469	Yes	No	Major joint replacement or reattachment of lower extremity w MCC	3.4044	7.1	5.9	1
470	Yes	No	Major joint replacement or reattachment of lower extremity w/o MCC	2.1589	3.3	3.1	1
471	No	No	Cervical spinal fusion w MCC	4.4856	6.7	5.2	1
472	No	No	Cervical spinal fusion w CC	2.5109	3.6	1.9	1
473	No	No	Cervical spinal fusion w/o CC/MCC	2.0155	1.4	1.3	1
474	Yes	No	Amputation for musculoskeletal sys & conn tissue dis w MCC	3.9805	10.8	9.1	2
475	Yes	No	Amputation for musculoskeletal sys & conn tissue dis w CC	1.8247	7.3	5.9	1
476	Yes	No	Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC	1.3367	4.1	3.0	1
477	Yes	Yes	Biopsies of musculoskeletal system & connective tissue w MCC	4.8114	12.1	8.0	1
478	Yes	Yes	Biopsies of musculoskeletal system & connective tissue w CC	2.2645	5.9	4.2	1
479	Yes	Yes	Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	1.5606	3.4	2.4	1
480	Yes	Yes	Hip & femur procedures except major joint age >17 w MCC	4.1250	10.4	8.7	2
481	Yes	Yes	Hip & femur procedures except major joint age >17 w CC	2.2085	5.5	4.8	1
482	Yes	Yes	Hip & femur procedures except major joint age >17 w/o CC/MCC	1.6201	3.8	3.3	1
483	Yes	No	Major joint & limb reattachment proc of upper extremity w CC/MCC	2.6270	3.5	2.9	1
484	Yes	No	Major joint & limb reattachment proc of upper extremity w/o CC/MCC	1.9294	2.2	1.9	1
485	No	No	Knee procedures w pdx of infection w MCC	3.6670	10.7	9.3	3
486	No	No	Knee procedures w pdx of infection w CC	2.0117	7.1	5.9	1
487	No	No	Knee procedures w pdx of infection w/o CC/MCC	1.3202	3.9	3.5	1
488	Yes	No	Knee procedures w/o pdx of infection w CC/MCC	1.9453	4.6	3.2	1
489	Yes	No	Knee procedures w/o pdx of infection w/o CC/MCC	1.3937	2.2	1.8	1
490	No	No	Back & neck proc exc spinal fusion w CC/MCC or disc device/neurostim	2.0690	3.1	2.3	1
491	No	No	Back & neck proc exc spinal fusion w/o CC/MCC	1.1076	1.6	1.4	1
492	Yes	Yes	Lower extrem & humer proc except hip,foot,femur age >17 w MCC	2.7864	7.5	6.1	1
493	Yes	Yes	Lower extrem & humer proc except hip,foot,femur age >17 w CC	2.0430	4.9	3.9	1
494	Yes	Yes	Lower extrem & humer proc except hip,foot,femur age >17 w/o CC/MCC	1.3643	2.5	2.1	1
495	Yes	No	Local excision & removal int fix devices exc hip & femur w MCC	2.9089	7.3	5.4	1
496	Yes	No	Local excision & removal int fix devices exc hip & femur w CC	1.7429	4.7	3.7	1
497	Yes	No	Local excision & removal int fix devices exc hip & femur w/o CC/MCC	1.1662	2.2	1.7	1

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DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
498	No	No	Local excision & removal int fix devices of hip & femur w CC/MCC	2.2812	8.3	3.8	1
499	No	No	Local excision & removal int fix devices of hip & femur w/o CC/MCC	0.9818	2.7	2.0	1
500	Yes	Yes	Soft tissue procedures w MCC	3.8505	10.8	6.3	1
501	Yes	Yes	Soft tissue procedures w CC	1.6571	4.9	3.6	1
502	Yes	Yes	Soft tissue procedures w/o CC/MCC	1.0338	2.3	1.9	1
503	No	No	Foot procedures w MCC	2.1996	6.8	5.4	1
504	No	No	Foot procedures w CC	1.6524	4.5	3.6	1
505	No	No	Foot procedures w/o CC/MCC	1.1335	2.5	2.0	1
506	No	No	Major thumb or joint procedures	0.9846	2.7	2.1	1
507	No	No	Major shoulder or elbow joint procedures w CC/MCC	1.5818	3.2	2.4	1
508	No	No	Major shoulder or elbow joint procedures w/o CC/MCC	1.2518	1.9	1.5	1
509	No	No	Arthroscopy	0.9689	1.5	1.3	1
510	Yes	No	Shoulder,elbow or forearm proc,exc major joint proc w MCC	2.7174	5.4	4.3	1
511	Yes	No	Shoulder,elbow or forearm proc,exc major joint proc w CC	1.4881	2.8	2.3	1
512	Yes	No	Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC	0.9455	1.7	1.5	1
513	No	No	Hand or wrist proc, except major thumb or joint proc w CC/MCC	1.3532	3.9	2.8	1
514	No	No	Hand or wrist proc, except major thumb or joint proc w/o CC/MCC	0.8053	2.3	1.8	1
515	Yes	Yes	Other musculoskelet sys & conn tiss O.R. proc w MCC	3.9237	8.7	5.5	1
516	Yes	Yes	Other musculoskelet sys & conn tiss O.R. proc w CC	2.1055	5.2	3.6	1
517	Yes	Yes	Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC	1.5983	2.9	2.3	1
533	Yes	No	Fractures of femur w MCC	1.5810*	6.7	4.8	1
534	Yes	No	Fractures of femur w/o MCC	0.5438	3.0	2.0	1
535	Yes	No	Fractures of hip & pelvis w MCC	1.4201	8.2	5.1	1
536	Yes	No	Fractures of hip & pelvis w/o MCC	0.7840	3.7	3.0	1
537	No	No	Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC	0.9906*	4.5	3.6	1
538	No	No	Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC	0.5072	2.1	1.9	1
539	Yes	No	Osteomyelitis w MCC	1.4754	9.2	6.6	1
540	Yes	No	Osteomyelitis w CC	1.0908	5.4	4.3	1
541	Yes	No	Osteomyelitis w/o CC/MCC	0.6647	4.0	3.2	1
542	Yes	No	Pathological fractures & musculoskelet & conn tiss malig w MCC	1.9830	9.3	7.2	1
543	Yes	No	Pathological fractures & musculoskelet & conn tiss malig w CC	1.2704	5.9	4.3	1
544	Yes	No	Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC	0.8912	4.2	2.8	1
545	Yes	No	Connective tissue disorders w MCC	2.5231	8.1	5.7	1
546	Yes	No	Connective tissue disorders w CC	0.9972	4.8	3.7	1
547	Yes	No	Connective tissue disorders w/o CC/MCC	0.8679	3.4	2.6	1
548	No	No	Septic arthritis w MCC	2.0834*	8.9	6.7	1
549	No	No	Septic arthritis w CC	0.9985	4.9	4.0	1
550	No	No	Septic arthritis w/o CC/MCC	0.5848	3.8	3.0	1
551	Yes	No	Medical back problems w MCC	1.5598	5.8	4.1	1
552	Yes	No	Medical back problems w/o MCC	0.7416	3.1	2.4	1
553	No	No	Bone diseases & arthropathies w MCC	1.5113	4.4	3.4	1
554	No	No	Bone diseases & arthropathies w/o MCC	0.7651	3.0	2.4	1
555	No	No	Signs & symptoms of musculoskeletal system & conn tissue w MCC	0.9132	2.8	2.1	1
556	No	No	Signs & symptoms of musculoskeletal system & conn tissue w/o MCC	0.6528	2.7	2.1	1
557	Yes	No	Tendonitis, myositis & bursitis w MCC	1.1999	5.0	3.9	1
558	Yes	No	Tendonitis, myositis & bursitis w/o MCC	0.6060	3.3	2.7	1
559	Yes	No	Aftercare, musculoskeletal system & connective tissue w MCC	1.8930*	7.5	5.3	1
560	Yes	No	Aftercare, musculoskeletal system & connective tissue w CC	0.8670	6.4	3.7	1
561	Yes	No	Aftercare, musculoskeletal system & connective tissue w/o CC/MCC	0.4547	2.8	2.1	1
562	Yes	No	Fx, sprn, strn & disl except femur, hip, pelvis & thigh age >17 w MCC	1.1284	4.4	3.2	1

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TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 6, ADDENDUM C (FY 2009)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
563	Yes	No	Fx, sprn, strn & disl except femur, hip, pelvis & thigh age >17 w/o MCC	0.6689	2.7	2.1	1
564	No	No	Other musculoskeletal sys & connective tissue diagnoses w MCC	1.5663*	7.0	5.2	1
565	No	No	Other musculoskeletal sys & connective tissue diagnoses w CC	0.7702	3.7	2.6	1
566	No	No	Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC	0.7524	2.5	1.9	1
573	Yes	No	Skin graft &/or debrid for skn ulcer or cellulitis w MCC	3.9953	17.0	11.2	2
574	Yes	No	Skin graft &/or debrid for skn ulcer or cellulitis w CC	1.9583	8.0	6.1	1
575	Yes	No	Skin graft &/or debrid for skn ulcer or cellulitis w/o CC/MCC	1.0484	4.4	3.6	1
576	No	No	Skin graft &/or debrid exc for skin ulcer or cellulitis w MCC	3.8166*	12.9	8.4	1
577	No	No	Skin graft &/or debrid exc for skin ulcer or cellulitis w CC	1.6620	5.0	3.3	1
578	No	No	Skin graft &/or debrid exc for skin ulcer or cellulitis w/o CC/MCC	1.5709	3.2	2.4	1
579	Yes	No	Other skin, subcut tiss & breast proc w MCC	3.2995	10.5	6.9	1
580	Yes	No	Other skin, subcut tiss & breast proc w CC	1.5020	4.0	2.8	1
581	Yes	No	Other skin, subcut tiss & breast proc w/o CC/MCC	1.1185	2.2	1.8	1
582	No	No	Mastectomy for malignancy w CC/MCC	1.4198	2.4	1.9	1
583	No	No	Mastectomy for malignancy w/o CC/MCC	1.3947	2.1	1.8	1
584	No	No	Breast biopsy, local excision & other breast procedures w CC/MCC	1.5937	2.9	2.4	1
585	No	No	Breast biopsy, local excision & other breast procedures w/o CC/MCC	1.2032	1.6	1.3	1
592	Yes	No	Skin ulcers w MCC	1.3026	8.8	6.2	1
593	Yes	No	Skin ulcers w CC	0.8924	5.8	4.9	1
594	Yes	No	Skin ulcers w/o CC/MCC	0.8780*	5.1	4.1	1
595	No	No	Major skin disorders w MCC	1.6048	6.5	5.0	1
596	No	No	Major skin disorders w/o MCC	0.8235	4.3	3.3	1
597	No	No	Malignant breast disorders w MCC	1.7828*	8.2	6.0	1
598	No	No	Malignant breast disorders w CC	1.2298	5.0	4.0	1
599	No	No	Malignant breast disorders w/o CC/MCC	0.8114*	3.7	2.7	1
600	No	No	Non-malignant breast disorders w CC/MCC	0.7721	4.1	3.3	1
601	No	No	Non-malignant breast disorders w/o CC/MCC	0.5660	3.2	2.7	1
602	Yes	No	Cellulitis age >17 w MCC	1.3269	6.8	5.0	1
603	Yes	No	Cellulitis age >17 w/o MCC	0.6606	3.7	3.1	1
604	No	No	Trauma to the skin, subcut tiss & breast age >17 w MCC	1.5804	6.1	4.2	1
605	No	No	Trauma to the skin, subcut tiss & breast age >17 w/o MCC	0.7256	2.1	1.7	1
606	No	No	Minor skin disorders w MCC	0.8852	5.1	3.3	1
607	No	No	Minor skin disorders w/o MCC	0.4075	2.6	2.2	1
608	No	No	BPD & oth chronic respiratory diseases arising in perinatal period	1.0343	7.3	4.9	1
609	No	No	Other respiratory problems after birth	0.8947	6.8	4.2	1
610	No	No	Neonate, died w/in one day of birth	0.3615	1.0	1.0	1
611	No	No	Neonate, transferred <5 days old	0.2957	1.2	1.1	1
612	No	No	Neonate, birthwt <750g, discharged alive	20.1681	78.7	56.2	6
613	No	No	Neonate, birthwt <750g, died	3.7276	11.2	3.2	1
614	No	No	Adrenal & pituitary procedures w CC/MCC	2.0961	4.9	3.8	1
615	No	No	Adrenal & pituitary procedures w/o CC/MCC	1.5341	3.0	2.5	1
616	Yes	No	Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC	5.2245*	17.1	13.3	1
617	Yes	No	Amputat of lower limb for endocrine,nutrit,& metabol dis w CC	2.5022	7.7	6.8	2
618	Yes	No	Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC	1.4800*	6.4	5.1	1
619	No	No	O.R. procedures for obesity w MCC	3.9779	7.3	5.4	1
620	No	No	O.R. procedures for obesity w CC	2.0120	3.0	2.6	1
621	No	No	O.R. procedures for obesity w/o CC/MCC	1.7726	2.1	1.9	1
622	Yes	No	Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC	3.5218*	13.2	9.4	1
623	Yes	No	Skin grafts & wound debrid for endoc, nutrit & metab dis w CC	1.5778	7.4	6.5	2
624	Yes	No	Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC	1.2150*	6.0	4.8	1

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CHAPTER 6, ADDENDUM C (FY 2009)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
625	No	No	Thyroid, parathyroid & thyroglossal procedures w MCC	2.3155	4.2	3.1	1
626	No	No	Thyroid, parathyroid & thyroglossal procedures w CC	1.2228	2.1	1.7	1
627	No	No	Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC	0.9011	1.4	1.3	1
628	Yes	No	Other endocrine, nutrit & metab O.R. proc w MCC	3.9568	10.9	6.3	1
629	Yes	No	Other endocrine, nutrit & metab O.R. proc w CC	2.4213	7.5	5.4	1
630	Yes	No	Other endocrine, nutrit & metab O.R. proc w/o CC/MCC	1.4682	2.9	2.5	1
631	No	No	Neonate, birthwt 750-999g, discharged alive	14.9579	64.5	50.7	8
632	No	No	Neonate, birthwt 750-999g, died	5.6894	12.4	6.6	1
633	No	No	Neonate, birthwt 1000-1499g, w signif O.R. proc, discharged alive	18.6072	72.5	61.7	17
634	No	No	Neonate, birthwt 1000-1499g, w/o signif O.R. proc, discharged alive	7.2095	40.4	33.2	7
635	No	No	Neonate, birthwt 1000-1499g, died	2.1657	6.7	3.1	1
636	No	No	Neonate, birthwt 1500-1999g, w signif O.R. proc, w mult major prob	10.9154	45.3	39.0	11
637	Yes	No	Diabetes w MCC	1.2128	4.8	3.6	1
638	Yes	No	Diabetes w CC	0.7519	3.4	2.7	1
639	Yes	No	Diabetes w/o CC/MCC	0.4753	2.4	2.1	1
640	Yes	No	Nutritional & misc metabolic disorders age >17 w MCC	1.1329	4.7	3.4	1
641	Yes	No	Nutritional & misc metabolic disorders age >17 w/o MCC	0.6123	3.0	2.4	1
642	No	No	Inborn errors of metabolism	1.1825	5.0	3.5	1
643	Yes	No	Endocrine disorders w MCC	1.3515	6.8	5.1	1
644	Yes	No	Endocrine disorders w CC	1.0435	4.3	3.2	1
645	Yes	No	Endocrine disorders w/o CC/MCC	0.5557	2.4	2.1	1
646	No	No	Neonate, birthwt 1500-1999g, w signif O.R. proc, w/o mult major prob	3.6970#	21.9	24.2	12
647	No	No	Neonate, birthwt 1500-1999g, w/o signif O.R. proc, w mult major prob	4.6769	25.3	21.3	5
648	No	No	Neonate, birthwt 1500-1999g, w/o signif O.R. proc, w major prob	3.6793	20.6	17.9	5
649	No	No	Neonate, birthwt 1500-1999g, w/o signif O.R. proc, w minor prob	1.9877	16.6	13.4	3
650	No	No	Neonate, birthwt 1500-1999g, w/o signif O.R. proc, w other prob	2.1677	14.5	10.9	2
651	No	No	Neonate, birthwt 2000-2499g, w signif O.R. proc, w mult major prob	8.4510	38.5	28.5	4
652	No	No	Kidney transplant	3.0926	6.5	6.0	2
653	Yes	No	Major bladder procedures w MCC	5.2889	13.7	11.5	3
654	Yes	No	Major bladder procedures w CC	2.7474	8.2	7.4	3
655	Yes	No	Major bladder procedures w/o CC/MCC	1.6897	4.8	4.1	1
656	No	No	Kidney & ureter procedures for neoplasm w MCC	3.9888	7.5	6.6	2
657	No	No	Kidney & ureter procedures for neoplasm w CC	2.0163	5.4	4.5	1
658	No	No	Kidney & ureter procedures for neoplasm w/o CC/MCC	1.4978	3.4	3.0	1
659	Yes	No	Kidney & ureter procedures for non-neoplasm w MCC	2.8742	8.6	5.8	1
660	Yes	No	Kidney & ureter procedures for non-neoplasm w CC	1.4591	3.9	3.1	1
661	Yes	No	Kidney & ureter procedures for non-neoplasm w/o CC/MCC	1.2370	2.3	1.9	1
662	No	No	Minor bladder procedures w MCC	3.0090*	10.3	7.4	1
663	No	No	Minor bladder procedures w CC	1.3560	4.0	2.8	1
664	No	No	Minor bladder procedures w/o CC/MCC	0.9652	1.7	1.5	1
665	No	No	Prostatectomy w MCC	2.8396*	11.0	8.2	1
666	No	No	Prostatectomy w CC	1.7245*	6.3	4.3	1
667	No	No	Prostatectomy w/o CC/MCC	0.6753	1.5	1.2	1
668	No	No	Transurethral procedures w MCC	2.2934	6.7	4.5	1
669	No	No	Transurethral procedures w CC	0.9529	2.3	1.9	1
670	No	No	Transurethral procedures w/o CC/MCC	0.8387	1.9	1.6	1
671	No	No	Urethral procedures age >17 w CC/MCC	1.5788*	6.0	4.1	1
672	No	No	Urethral procedures age >17 w/o CC/MCC	1.0054	2.2	1.9	1
673	No	No	Other kidney & urinary tract procedures w MCC	3.8753	8.9	5.3	1
674	No	No	Other kidney & urinary tract procedures w CC	2.3014	6.5	4.3	1

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CHAPTER 6, ADDENDUM C (FY 2009)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
675	No	No	Other kidney & urinary tract procedures w/o CC/MCC	1.5281	2.2	1.7	1
676	No	No	Neonate, birthwt 2000-2499g, w signif O.R. proc, w/o mult major prob	3.6283#	17.0	21.1	4
677	No	No	Neonate, birthwt 2000-2499g, w/o signif O.R. proc, w mult major prob	3.2124	15.7	12.6	3
678	No	No	Neonate, birthwt 2000-2499g, w/o signif O.R. proc, w major prob	1.7786	11.2	9.0	2
679	No	No	Neonate, birthwt 2000-2499g, w/o signif O.R. proc, w minor prob	0.9243	8.0	5.8	1
680	No	No	Neonate, birthwt 2000-2499g, w/o signif O.R. proc, w other prob	0.8054	6.3	4.6	1
681	No	No	Neonate, birthwt >2499g, w signif O.R. proc, w mult major prob	8.8414	29.9	19.9	3
682	Yes	No	Renal failure w MCC	1.8285	6.7	4.9	1
683	Yes	No	Renal failure w CC	1.1385	5.0	3.8	1
684	Yes	No	Renal failure w/o CC/MCC	0.6758	3.2	2.6	1
685	No	No	Admit for renal dialysis	0.7231	2.8	2.1	1
686	No	No	Kidney & urinary tract neoplasms w MCC	1.4649	7.0	6.3	2
687	No	No	Kidney & urinary tract neoplasms w CC	0.7766	3.4	2.8	1
688	No	No	Kidney & urinary tract neoplasms w/o CC/MCC	0.7661	2.8	2.0	1
689	Yes	No	Kidney & urinary tract infections age >17 w MCC	1.1675	5.0	4.0	1
690	Yes	No	Kidney & urinary tract infections age >17 w/o MCC	0.6764	3.3	2.7	1
691	No	No	Urinary stones w esw lithotripsy w CC/MCC	1.3106	2.1	1.8	1
692	No	No	Urinary stones w esw lithotripsy w/o CC/MCC	1.1485	1.8	1.6	1
693	No	No	Urinary stones w/o esw lithotripsy w MCC	1.4264	4.7	3.1	1
694	No	No	Urinary stones w/o esw lithotripsy w/o MCC	0.6150	2.0	1.6	1
695	No	No	Kidney & urinary tract signs & symptoms age >17 w MCC	1.2999*	5.5	4.2	1
696	No	No	Kidney & urinary tract signs & symptoms age >17 w/o MCC	0.6838	3.1	2.2	1
697	No	No	Urethral stricture age >17	0.7693*	3.1	2.4	1
698	Yes	No	Other kidney & urinary tract diagnoses age >17 w MCC	1.3371	5.5	4.3	1
699	Yes	No	Other kidney & urinary tract diagnoses age >17 w CC	1.0322	4.4	3.5	1
700	Yes	No	Other kidney & urinary tract diagnoses age >17 w/o CC/MCC	0.7145	2.6	2.0	1
707	No	No	Major male pelvic procedures w CC/MCC	1.7445	3.6	3.0	1
708	No	No	Major male pelvic procedures w/o CC/MCC	1.4202	2.0	1.7	1
709	No	No	Penis procedures w CC/MCC	1.4348	2.9	2.2	1
710	No	No	Penis procedures w/o CC/MCC	1.2191	1.7	1.4	1
711	No	No	Testes procedures age >17 w CC/MCC	2.2464*	8.1	5.5	1
712	No	No	Testes procedures age >17 w/o CC/MCC	0.6210	1.3	1.2	1
713	No	No	Transurethral prostatectomy w CC/MCC	1.1064	2.8	2.1	1
714	No	No	Transurethral prostatectomy w/o CC/MCC	0.7684	1.7	1.5	1
715	No	No	Other male reproductive system O.R. proc for malignancy w CC/MCC	1.8950*	6.2	3.9	1
716	No	No	Other male reproductive system O.R. proc for malignancy w/o CC/MCC	1.1398	1.7	1.4	1
717	No	No	Other male reproductive system O.R. proc exc malignancy w CC/MCC	2.0077*	7.2	5.1	1
718	No	No	Other male reproductive system O.R. proc exc malignancy w/o CC/MCC	0.8668*	2.8	2.2	1
722	No	No	Malignancy, male reproductive system w MCC	1.7411*	7.6	5.7	1
723	No	No	Malignancy, male reproductive system w CC	1.1013*	5.3	4.0	1
724	No	No	Malignancy, male reproductive system w/o CC/MCC	0.6628*	3.1	2.4	1
725	No	No	Benign prostatic hypertrophy w MCC	1.1646*	5.5	4.2	1
726	No	No	Benign prostatic hypertrophy w/o MCC	0.6297	2.8	2.4	1
727	No	No	Inflammation of the male reproductive system w MCC	1.3754	4.7	3.6	1
728	No	No	Inflammation of the male reproductive system w/o MCC	0.6483	3.4	2.8	1
729	No	No	Other male reproductive system diagnoses w CC/MCC	2.2727	6.2	4.7	1
730	No	No	Other male reproductive system diagnoses w/o CC/MCC	0.3045	1.5	1.3	1
734	No	No	Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC	2.2443	5.7	4.7	1
735	No	No	Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC	1.4363	2.8	2.5	1
736	No	No	Uterine & adnexa proc for ovarian or adnexal malignancy w MCC	4.3722	11.8	9.4	2

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DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
737	No	No	Uterine & adnexa proc for ovarian or adnexal malignancy w CC	1.8436	5.4	4.7	1
738	No	No	Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC	1.2896	3.0	2.7	1
739	No	No	Uterine,adnexa proc for non-ovarian/adnexal malig w MCC	4.1535	10.6	7.6	1
740	No	No	Uterine,adnexa proc for non-ovarian/adnexal malig w CC	1.4907	3.9	3.2	1
741	No	No	Uterine,adnexa proc for non-ovarian/adnexal malig w/o CC/MCC	1.0855	2.3	2.1	1
742	No	No	Uterine & adnexa proc for non-malignancy w CC/MCC	1.2981	3.1	2.7	1
743	No	No	Uterine & adnexa proc for non-malignancy w/o CC/MCC	0.9928	2.1	1.8	1
744	No	No	D&C, conization, laparoscopy & tubal interruption w CC/MCC	1.0934	3.6	2.6	1
745	No	No	D&C, conization, laparoscopy & tubal interruption w/o CC/MCC	0.8157	1.9	1.7	1
746	No	No	Vagina, cervix & vulva procedures w CC/MCC	1.5127	3.4	2.7	1
747	No	No	Vagina, cervix & vulva procedures w/o CC/MCC	1.0206	1.7	1.5	1
748	No	No	Female reproductive system reconstructive procedures	1.0515	1.6	1.4	1
749	No	No	Other female reproductive system O.R. procedures w CC/MCC	2.1587	5.7	4.3	1
750	No	No	Other female reproductive system O.R. procedures w/o CC/MCC	1.0484	2.4	2.0	1
754	No	No	Malignancy, female reproductive system w MCC	1.9476*	8.3	6.2	1
755	No	No	Malignancy, female reproductive system w CC	1.4989	5.8	4.0	1
756	No	No	Malignancy, female reproductive system w/o CC/MCC	0.5468	3.8	3.5	1
757	No	No	Infections, female reproductive system w MCC	1.2120	5.5	3.7	1
758	No	No	Infections, female reproductive system w CC	0.7237	3.5	3.0	1
759	No	No	Infections, female reproductive system w/o CC/MCC	0.5373	2.7	2.4	1
760	No	No	Menstrual & other female reproductive system disorders w CC/MCC	0.7500	3.3	2.2	1
761	No	No	Menstrual & other female reproductive system disorders w/o CC/MCC	0.4907	1.8	1.6	1
765	No	No	Cesarean section w CC/MCC	0.8356	4.4	3.7	1
766	No	No	Cesarean section w/o CC/MCC	0.6503	3.0	2.9	1
767	No	No	Vaginal delivery w sterilization &/or D&C	0.6725	2.5	2.2	1
768	No	No	Vaginal delivery w O.R. proc except steril &/or D&C	0.5455	2.6	2.4	1
769	No	No	Postpartum & post abortion diagnoses w O.R. procedure	1.4656	4.0	2.6	1
770	No	No	Abortion w D&C, aspiration curettage or hysterotomy	0.5697	1.6	1.3	1
774	No	No	Vaginal delivery w complicating diagnoses	0.4849	2.7	2.4	1
775	No	No	Vaginal delivery w/o complicating diagnoses	0.3818	2.1	1.9	1
776	No	No	Postpartum & post abortion diagnoses w/o O.R. procedure	0.5326	4.0	2.3	1
777	No	No	Ectopic pregnancy	0.8278	1.9	1.7	1
778	No	No	Threatened abortion	0.4278	3.5	2.3	1
779	No	No	Abortion w/o D&C	0.3530	1.6	1.4	1
780	No	No	False labor	0.2040	1.4	1.2	1
781	No	No	Other antepartum diagnoses w medical complications	0.4470	3.0	2.2	1
782	No	No	Other antepartum diagnoses w/o medical complications	0.3846	2.6	1.8	1
787	No	No	Neonate, birthwt >2499g, w signif O.R. proc, w/o mult major prob	1.5403	5.9	3.8	1
788	No	No	Neonate, birthwt >2499g, w minor abdom procedure	0.5181	2.3	2.1	1
789	No	No	Neonate, birthwt >2499g, w/o signif O.R. proc, w mult major prob	2.2098	9.6	6.5	1
790	No	No	Neonate, birthwt >2499g, w/o signif O.R. proc, w major prob	0.7475	4.8	3.6	1
791	No	No	Neonate, birthwt >2499g, w/o signif O.R. proc, w minor prob	0.3638	3.1	2.6	1
792	No	No	Neonate, birthwt >2499g, w/o signif O.R. proc, w other prob	0.2006	2.5	2.3	1
793	No	No	Neonatal aftercare for weight gain	0.4016#	6.2	6.2	6
794	No	No	Neonatal diagnosis, age > 28 days	5.3369	21.4	9.4	1
795	No	No	Normal newborn	0.1084	2.0	1.9	1
796	No	No	Multiple, other and unspecified congenital anomalies, w CC/MCC	1.0228#	5.2	7.9	2
797	No	No	Multiple, other and unspecified congenital anomalies, w/o CC/MCC	0.7722#	4.9	6.4	2
799	No	No	Splenectomy age >17 w MCC	5.2852*	14.1	10.8	1
800	No	No	Splenectomy age >17 w CC	2.5179	5.7	4.8	1

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CHAPTER 6, ADDENDUM C (FY 2009)

DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/ CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT- STAY THRESHOLD
801	No	No	Splenectomy age >17 w/o CC/MCC	1.5317	3.3	2.8	1
802	No	No	Other O.R. proc of the blood & blood forming organs w MCC	7.0443	16.0	9.0	1
803	No	No	Other O.R. proc of the blood & blood forming organs w CC	1.5777	5.2	4.0	1
804	No	No	Other O.R. proc of the blood & blood forming organs w/o CC/MCC	1.2417	3.1	2.4	1
808	No	No	Major hematomol/immun diag exc sickle cell crisis & coagul w MCC	2.8208	9.2	5.8	1
809	No	No	Major hematomol/immun diag exc sickle cell crisis & coagul w CC	1.1141	4.8	3.9	1
810	No	No	Major hematomol/immun diag exc sickle cell crisis & coagul w/o CC/MCC	0.8320	3.8	3.2	1
811	No	No	Red blood cell disorders age >17 w MCC	1.4297	5.5	3.7	1
812	No	No	Red blood cell disorders age >17 w/o MCC	0.7071	3.5	2.7	1
813	No	No	Coagulation disorders	1.4203	4.0	2.8	1
814	No	No	Reticuloendothelial & immunity disorders w MCC	1.9856	6.9	5.2	1
815	No	No	Reticuloendothelial & immunity disorders w CC	0.8370	4.1	3.3	1
816	No	No	Reticuloendothelial & immunity disorders w/o CC/MCC	0.5353	3.0	2.4	1
820	No	No	Lymphoma & leukemia w major O.R. procedure w MCC	8.8451	20.3	16.0	4
821	No	No	Lymphoma & leukemia w major O.R. procedure w CC	3.0565	6.8	4.5	1
822	No	No	Lymphoma & leukemia w major O.R. procedure w/o CC/MCC	1.2907	2.9	2.3	1
823	No	No	Lymphoma & non-acute leukemia w other O.R. proc w MCC	6.5225	15.6	13.1	4
824	No	No	Lymphoma & non-acute leukemia w other O.R. proc w CC	2.5728	7.9	5.7	1
825	No	No	Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC	1.5868	3.1	2.4	1
826	No	No	Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC	4.3138	13.1	9.4	1
827	No	No	Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC	2.2871	6.5	4.5	1
828	No	No	Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC	1.6626	4.5	4.0	1
829	No	No	Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC	3.3376	10.3	8.4	2
830	No	No	Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC	1.2606	2.1	1.8	1
834	No	No	Acute leukemia w/o major O.R. procedure age >17 w MCC	8.2552	22.6	14.7	1
835	No	No	Acute leukemia w/o major O.R. procedure age >17 w CC	4.4423	15.8	9.6	1
836	No	No	Acute leukemia w/o major O.R. procedure age >17 w/o CC/MCC	3.3686	10.1	5.8	1
837	No	No	Chemo w acute leukemia as sdx or w high dose chemo agent w MCC	6.8427	22.0	16.8	3
838	No	No	Chemo w acute leukemia as sdx w CC or high dose chemo agent	3.4347	10.6	6.7	1
839	No	No	Chemo w acute leukemia as sdx w/o CC/MCC	1.1182	4.5	3.7	1
840	Yes	No	Lymphoma & non-acute leukemia w MCC	3.7231	12.3	8.4	1
841	Yes	No	Lymphoma & non-acute leukemia w CC	2.0333	7.2	4.8	1
842	Yes	No	Lymphoma & non-acute leukemia w/o CC/MCC	1.3375	5.2	3.6	1
843	No	No	Other myeloprolif dis or poorly diff neopl diag w MCC	3.4832	10.4	7.2	1
844	No	No	Other myeloprolif dis or poorly diff neopl diag w CC	0.9215	4.2	3.4	1
845	No	No	Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC	0.9135*	4.4	3.3	1
846	No	No	Chemotherapy w/o acute leukemia as secondary diagnosis w MCC	2.4490	7.0	5.6	1
847	No	No	Chemotherapy w/o acute leukemia as secondary diagnosis w CC	1.1584	3.6	3.1	1
848	No	No	Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC	0.8865	3.1	2.5	1
849	No	No	Radiotherapy	0.6139	2.8	2.2	1
853	Yes	No	Infectious & parasitic diseases w O.R. procedure w MCC	6.5750	16.6	12.2	2
854	Yes	No	Infectious & parasitic diseases w O.R. procedure w CC	3.5225	12.9	8.9	1
855	Yes	No	Infectious & parasitic diseases w O.R. procedure w/o CC/MCC	1.5466	4.8	3.7	1
856	Yes	No	Postoperative or post-traumatic infections w O.R. proc w MCC	4.3865	14.6	11.2	2
857	Yes	No	Postoperative or post-traumatic infections w O.R. proc w CC	1.6880	6.4	4.8	1
858	Yes	No	Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC	1.1353	4.0	3.3	1
862	Yes	No	Postoperative & post-traumatic infections w MCC	1.5637	6.6	4.9	1
863	Yes	No	Postoperative & post-traumatic infections w/o MCC	0.7465	4.0	3.3	1
864	No	No	Fever age >17	0.7548	3.2	2.6	1
865	No	No	Viral illness age >17 w MCC	1.7265	6.6	4.9	1

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DIAGNOSIS RELATED GROUPS (DRGs), DRG RELATIVE WEIGHTS, ARITHMETIC AND
GEOMETRIC MEAN LENGTHS-OF-STAY, AND SHORT-STAY OUTLIER THRESHOLDS
(EFFECTIVE FOR ADMISSIONS ON OR AFTER 10/01/2008)

DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT-STAY THRESHOLD
866	No	No	Viral illness age >17 w/o MCC	0.6178	2.7	2.3	1
867	Yes	No	Other infectious & parasitic diseases diagnoses w MCC	2.4512	8.4	6.3	1
868	Yes	No	Other infectious & parasitic diseases diagnoses w CC	0.9750	4.6	3.3	1
869	Yes	No	Other infectious & parasitic diseases diagnoses w/o CC/MCC	0.5912	3.0	2.5	1
870	Yes	No	Septicemia or severe sepsis w MV 96+ hours age >17	7.7876	16.6	14.3	4
871	Yes	No	Septicemia or severe sepsis w/o MV 96+ hours age >17 w MCC	2.1511	7.1	5.2	1
872	Yes	No	Septicemia or severe sepsis w/o MV 96+ hours age >17 w/o MCC	1.2109	5.3	4.2	1
876	No	No	O.R. procedure w principal diagnoses of mental illness	2.7566*	12.1	7.8	1
880	No	No	Acute adjustment reaction & psychosocial dysfunction	0.6114	3.3	2.3	1
881	No	No	Depressive neuroses	0.3544	3.9	2.9	1
882	No	No	Neuroses except depressive	0.4011	4.0	3.0	1
883	No	No	Disorders of personality & impulse control	0.8934	9.6	6.1	1
884	Yes	No	Organic disturbances & mental retardation	0.8028	6.3	3.7	1
885	No	No	Psychoses	0.5970	6.8	5.0	1
886	No	No	Behavioral & developmental disorders	0.5506	7.7	5.6	1
887	No	No	Other mental disorder diagnoses	1.1232	8.6	5.3	1
894	No	No	Alcohol/drug abuse or dependence, left AMA	0.3025	3.3	2.3	1
895	No	No	Alcohol/drug abuse or dependence w rehabilitation therapy	0.8050	15.3	12.7	3
896	Yes	No	Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	1.5307	6.0	4.7	1
898	No	No	Alcohol/drug abuse or dependence w/o rehabilitation therapy age >21 w/o MCC	0.3453	4.4	3.5	1
899	No	No	Alcohol/drug abuse or dependence w/o rehabilitation therapy age <=21 w/o MCC	0.2213	4.3	3.3	1
901	No	No	Wound debridements for injuries w MCC	4.4276*	15.3	10.0	1
902	No	No	Wound debridements for injuries w CC	1.6317	6.7	5.2	1
903	No	No	Wound debridements for injuries w/o CC/MCC	0.9816	3.6	2.5	1
904	No	No	Skin grafts for injuries w CC/MCC	3.8511	12.1	7.9	1
905	No	No	Skin grafts for injuries w/o CC/MCC	1.5996	4.8	3.3	1
906	No	No	Hand procedures for injuries	1.0427	2.5	1.8	1
907	Yes	No	Other O.R. procedures for injuries w MCC	4.0739	10.8	7.2	1
908	Yes	No	Other O.R. procedures for injuries w CC	2.0431	6.9	4.3	1
909	Yes	No	Other O.R. procedures for injuries w/o CC/MCC	1.0874	2.7	2.1	1
913	No	No	Traumatic injury age >17 w MCC	1.3657*	5.7	4.2	1
914	No	No	Traumatic injury age >17 w/o MCC	0.7563	2.3	1.8	1
915	No	No	Allergic reactions age >17 w MCC	0.8380	2.4	2.1	1
916	No	No	Allergic reactions age >17 w/o MCC	0.3525	1.7	1.5	1
917	Yes	No	Poisoning & toxic effects of drugs age >17 w MCC	1.4874	4.2	3.1	1
918	Yes	No	Poisoning & toxic effects of drugs age >17 w/o MCC	0.4807	2.1	1.7	1
919	No	No	Complications of treatment w MCC	1.3127	4.6	3.4	1
920	No	No	Complications of treatment w CC	0.9712	4.2	3.1	1
921	No	No	Complications of treatment w/o CC/MCC	0.5410	2.5	2.1	1
922	No	No	Other injury, poisoning & toxic effect diag w MCC	2.1222	6.4	3.9	1
923	No	No	Other injury, poisoning & toxic effect diag w/o MCC	0.5472	1.8	1.4	1
927	No	No	Extensive burns or full thickness burns w MV 96+ hrs w skin graft	13.3610	39.2	33.1	9
928	No	No	Full thickness burn w skin graft or inhal inj w CC/MCC	3.5758	14.4	10.0	1
929	No	No	Full thickness burn w skin graft or inhal inj w/o CC/MCC	1.3951	5.8	3.8	1
933	No	No	Extensive burns or full thickness burns w MV 96+ hrs w/o skin graft	2.3493*	4.4	2.3	1
934	No	No	Full thickness burn w/o skin grft or inhal inj	0.8313	4.8	3.1	1
935	No	No	Non-extensive burns	0.8540	3.8	2.4	1
939	No	No	O.R. proc w diagnoses of other contact w health services w MCC	6.6925	32.6	22.1	3

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DRG #	PAC XFER	PAC PAY	DESCRIPTION	TRICARE/ CHAMPUS WEIGHT	ARITH MEAN LOS	GEOM MEAN LOS	SHORT- STAY THRESHOLD
940	No	No	O.R. proc w diagnoses of other contact w health services w CC	2.2272	9.5	3.8	1
941	No	No	O.R. proc w diagnoses of other contact w health services w/o CC/MCC	1.4945	2.8	2.3	1
945	Yes	No	Rehabilitation w CC/MCC	2.3917	17.9	12.4	2
946	Yes	No	Rehabilitation w/o CC/MCC	1.2739	10.3	7.4	1
947	Yes	No	Signs & symptoms w MCC	1.7910	7.2	4.4	1
948	Yes	No	Signs & symptoms w/o MCC	0.6443	2.9	2.3	1
949	No	No	Aftercare w CC/MCC	1.8711	9.8	3.4	1
950	No	No	Aftercare w/o CC/MCC	0.6647	3.8	2.3	1
951	No	No	Other factors influencing health status	0.4231	2.4	1.9	1
955	No	No	Craniotomy for multiple significant trauma	5.4742	12.2	8.5	1
956	Yes	No	Limb reattachment, hip & femur proc for multiple significant trauma	6.2164	11.5	8.4	1
957	No	No	Other O.R. procedures for multiple significant trauma w MCC	7.4084	16.2	10.2	1
958	No	No	Other O.R. procedures for multiple significant trauma w CC	4.5783	10.1	8.0	2
959	No	No	Other O.R. procedures for multiple significant trauma w/o CC/MCC	2.4831	5.9	5.1	1
963	No	No	Other multiple significant trauma w MCC	3.2008	8.8	6.2	1
964	No	No	Other multiple significant trauma w CC	1.6491	5.6	4.5	1
965	No	No	Other multiple significant trauma w/o CC/MCC	1.1136	3.5	2.9	1
969	No	No	HIV w extensive O.R. procedure w MCC	5.9747*	18.9	12.9	1
970	No	No	HIV w extensive O.R. procedure w/o MCC	2.8197*	10.3	6.7	1
974	No	No	HIV w major related condition w MCC	2.9164	9.4	6.9	1
975	No	No	HIV w major related condition w CC	2.1687	8.0	6.5	1
976	No	No	HIV w major related condition w/o CC/MCC	1.0607	4.2	3.5	1
977	No	No	HIV w or w/o other related condition	1.4505	5.3	3.6	1
981	Yes	No	Extensive O.R. procedure unrelated to principal diagnosis w MCC	5.9662	16.8	11.1	1
982	Yes	No	Extensive O.R. procedure unrelated to principal diagnosis w CC	2.4754	8.1	5.5	1
983	Yes	No	Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.4052	3.3	2.5	1
984	No	No	Prostatic O.R. procedure unrelated to principal diagnosis w MCC	3.6826*	14.6	11.8	1
985	No	No	Prostatic O.R. procedure unrelated to principal diagnosis w CC	2.4459*	9.6	7.3	1
986	No	No	Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC	1.4180*	5.3	3.5	1
987	Yes	No	Non-extensive O.R. proc unrelated to principal diagnosis w MCC	4.3364	13.8	8.6	1
988	Yes	No	Non-extensive O.R. proc unrelated to principal diagnosis w CC	1.8327	5.8	4.0	1
989	Yes	No	Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC	1.1146	3.1	2.3	1
998	No	No	Principal diagnosis invalid as discharge diagnosis	0.0000*	0.0	0.0	1
999	No	No	Ungroupable	0.0000*	0.0	0.0	1

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