Federalism (64 FR 43255, August 10, 1999) and Executive Order 13175, entitled *Consultation and Coordination with Indian Tribal Governments* (65 FR 67249, November 9, 2000) do not apply to this final rule. In addition, this final rule does not impose any enforceable duty or contain any unfunded mandate as described under Title II of the Unfunded Mandates Reform Act of 1995 (UMRA) (Public Law 104–4).

This action does not involve any technical standards that would require Agency consideration of voluntary consensus standards pursuant to section 12(d) of the National Technology Transfer and Advancement Act of 1995 (NTTAA), Public Law 104–113, section 12(d) (15 U.S.C. 272 note).

VIII. Congressional Review Act

The Congressional Review Act, 5 U.S.C. 801 *et seq.*, generally provides that before a rule may take effect, the agency promulgating the rule must submit a rule report to each House of the Congress and to the Comptroller General of the United States. EPA will submit a report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the United States prior to publication of this final rule in the **Federal Register**. This final rule is not a ''major rule'' as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 180

Environmental protection, Administrative practice and procedure, Agricultural commodities, Pesticides and pests, Reporting and recordkeeping requirements.

Dated: May 20, 2009.

W. Michael McDavit,

Acting Director, Biopesticides and Pollution Prevention Division, Office of Pesticide Programs.

■ Therefore, 40 CFR chapter I is amended as follows:

PART 180—[AMENDED]

■ 1. The authority citation for part 180 continues to read as follows:

Authority: 21 U.S.C. 321(q), 346a and 371.

■ 2. Section 180.1206(b) is revised to read as follows:

§ 180.1206 Aspergillus flavus AF36, exemption from the requirement of a tolerance.

* * * * *

(b) *Aspergillus flavus* AF36 is temporarily exempt from the requirement of a tolerance on pistachio when used in accordance with the Experimental Use Permit, EPA File Symbol 71693–EUP–1. This temporary exemption from tolerance expires on December 31, 2011.

* * * * *

[FR Doc. E9–12788 Filed 6–2–09; 8:45 am]

BILLING CODE 6560–50–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 412

[CMS–1337–IFC]

RIN 0938–AP76

Medicare Program; Revisions to FY 2009 Medicare Severity-Long-Term Care Diagnosis-Related Group (MS–LTC–DRG) Weights

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Interim final rule with comment period.

SUMMARY: This interim final rule with comment period implements revised Medicare severity long-term care diagnosis-related group (MS–LTC–DRG) relative weights for payment under the long-term care hospital (LTCH) prospective payment system (PPS) for federal fiscal year (FY) 2009. We are revising the MS–LTC–DRG relative weights for FY 2009 due to the misapplication of our established methodology in the calculation of the budget neutrality factor. The revised FY 2009 MS–LTC–DRG relative weights are effective for the remainder of FY 2009 (that is, from June 3, 2009 through September 30, 2009).

DATES: *Effective date:* These regulations are effective on June 3, 2009.

Comment date: To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m., June 29, 2009.

ADDRESSES: In commenting, please refer to file code CMS–1337–IFC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *http://www.regulations.gov.* Follow the instructions under the ''More Search Options'' tab.

2. *By regular mail.* You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1337–IFC, P.O. Box 8011, Baltimore, MD 21244–8011.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address only: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1337–IFC, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to either of the following addresses:

a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244–1850.

If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–9994 in advance to schedule your arrival with one of our staff members.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period has ended.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Tzvi Hefter, (410) 786–4487.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the

comment period on the following Web site as soon as possible after they have been received: *http://regulations.gov.* Follow the search instructions on that Web site to view public comments.

Comments received timely will be also available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, at the headquarters of the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, Monday through Friday of each week from 8:30 a.m. to 4 p.m. To schedule an appointment to view public comments, phone 1–800–743–3951.

I. Background of the LTCH PPS

A. Legislative and Regulatory Authority

Section 123 of the Medicare, Medicaid, and SCHIP (State Children's Health Insurance Program) Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113) as amended by section 307(b) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106–554) provides for payment for both the operating and capital-related costs of hospital inpatient stays in long-term care hospitals (LTCHs) under Medicare Part A based on prospectively set rates. The Medicare prospective payment system (PPS) for LTCHs applies to hospitals that are described in section 1886(d)(1)(B)(iv) of the Social Security Act (the Act), effective for cost reporting periods beginning on or after October 1, 2002.

In the August 30, 2002 (67 FR 55954) **Federal Register**, we issued a final rule that implemented the LTCH PPS authorized under the BBRA and BIPA. The same final rule established regulations for the LTCH PPS under 42 CFR Part 412, Subpart O. This system currently uses information from LTCH patient records to classify patients into distinct Medicare Severity-long-term care diagnosis-related groups (MS–LTC–DRGs) based on clinical characteristics and expected resource needs. Payments are calculated for each MS–LTC–DRG and provisions are made for appropriate payment adjustments. Payment rates under the LTCH PPS are updated annually and published in the **Federal Register**. We refer readers to the August 30, 2002 (67 FR 55954) final rule for a comprehensive discussion of the research and data that supported the establishment of the LTCH PPS.

B. Annual Updates to the LTCH PPS

For rate years (RYs) 2004 through 2009, annual payment rate update and policy changes under the LTCH PPS were effective beginning on July 1 of each year (RY 2009 is the 15-month rate period July 1, 2008 through September 30, 2009 (see § 412.503)). However, the annual updates of the LTC–DRG (and, beginning in FY 2008, the MS–LTC–DRG) classifications and relative weights for LTCHs are linked to the annual update of the acute care hospital inpatient prospective payment system (IPPS) DRGs and are effective each October 1.

The most recent annual update to the payment rates and policy changes under the LTCH PPS was established in the RY 2009 LTCH PPS final rule (73 FR 26788 through 26874), and is currently effective for the 15-month rate year of July 1, 2008 through September 30, 2009. The most recent annual update to the MS–LTC–DRGs was established in the FY 2009 IPPS final rule (73 FR 48528 through 48551), and is currently effective October 1, 2008 through September 30, 2009.

Beginning with October 1, 2009, the annual updates to the LTCH PPS rates and factors, including the relative weights, and other payment policy changes are effective on October 1.

II. Provisions of This Interim Final Rule With Comment Period

A. FY 2009 MS–LTC–DRG Relative Weights

Beginning with the FY 2008 update, we established a budget neutrality requirement for the annual update to the MS–LTC–DRG classifications and relative weights at § 412.517(b) (in conjunction with § 412.503), such that estimated aggregate LTCH PPS payments would be unaffected, that is, would be neither greater than nor less than the estimated aggregate LTCH PPS payments that would have been made without the classification and relative weight changes. (See the May 11, 2007 LTCH PPS final rule (72 FR 26882 through 26884).)

Consistent with § 412.517(b), in the FY 2009 IPPS final rule (August 19, 2008, (73 FR 48550 through 48551)), using the most recent data available at that time (FY 2007 LTCH claims data from the March 2008 update of the MedPAR files), we established the MS–LTC–DRG classifications and relative weights for FY 2009 based on the application of budget neutrality adjustment factors determined using the two-step methodology of calculating and applying a normalization factor and a budget neutrality factor, as initially established in the FY 2008 IPPS final rule (August 22, 2007, (72 FR 47295 through 47296)). Specifically, for FY 2009, under the first step of the established two-step budget neutrality methodology, after recalibrating the MS–LTC–DRG relative weights, we calculated and applied a normalization factor of 1.03887 to those relative weights to ensure that the average case-mix index (CMI) is not influenced by changes in the composition of case types or the changes to the classification system, such that the recalibration process itself neither increases nor decreases the average CMI. In doing so, each (recalibrated) MS–LTC–DRG relative weight was multiplied by 1.03887 to produce ''normalized relative weights''.

Under the second step of the established two-step budget neutrality methodology, we calculated and applied a ''budget neutrality adjustment factor'' to ensure that estimated aggregate LTCH PPS payments after reclassification and recalibration would be equal to estimated aggregate LTCH PPS payments before reclassification and recalibration. Specifically, as described in the FY 2009 IPPS final rule (73 FR 48551), we calculated a budget neutrality factor of 1.04186 by comparing estimated total payments using the normalized FY 2009 relative weights under GROUPER Version 26.0 to estimated total payments using the FY 2008 GROUPER (Version 25.0) and FY 2008 MS–LTC–DRG relative weights. Then, each of the normalized relative weights was multiplied by that budget neutrality factor to determine the budget neutral relative weight for each MS–LTC–DRG for FY 2009. Thus, the FY 2009 MS–LTC–DRG relative weights established in Table 11 of the Addendum of the FY 2009 IPPS final rule reflect the application of both the normalization factor of 1.03887 and the budget neutrality factor of 1.04186.

We have discovered that, in determining the published FY 2009 MS–LTC–DRG relative weights, we did not properly apply the established methodology for calculating the budget neutrality factor (the second step of the budget neutrality methodology, as set forth in the FY 2009 IPPS final rule (73 FR 48550 through 48551). Specifically, upon recent review of the calculation of the budget neutrality factor of 1.04186, we found that it was determined using the unadjusted recalibrated relative weights rather than using the normalized relative weights. This is inconsistent with our stated methodology for the calculation of the FY 2009 budget neutrality factor (that is, the second step of the budget neutrality methodology). As described above and as we stated in the FY 2009 IPPS final rule (73 FR 48551), the FY 2009 budget

neutrality factor is to be determined based on estimated total payments using the normalized (recalibrated) relative weights under GROUPER Version 26.0 (not the unadjusted recalibrated relative weights as were used in calculating the budget neutrality factor of 1.04186 published in the FY 2009 IPPS final rule). This misapplication of the rule's established methodology for calculating the budget neutrality factors resulted in relative weights that are higher, by approximately 3.9 percent. We estimate aggregate annualized LTCH PPS payments in FY 2009 (that is, for discharges occurring on or after October 1, 2008 through September 30, 2009) based on the MS–LTC–DRG relative weights published in the FY 2009 IPPS final rule to be approximately $130 million greater than what the increase would have been had the FY 2009 budget neutrality factor been calculated consistent with the established methodology described in that final rule. Thus, the FY 2009 MS–LTC–DRG relative weights shown in Table 11 of the FY 2009 IPPS final rule (73 FR 49041 through 49062) are inconsistent with the established budget neutrality methodology used for the annual update to the MS–LTC–DRG classifications and relative weights.

Consistent with our general and longstanding policy in PPS contexts, we do not make retroactive changes to correct past errors in PPS rate-setting, regardless of whether an error resulted in higher payments to providers (as in this situation) or lower payments to providers; we also do not make prospective adjustments to PPS rates to account for errors that occurred in prior periods, regardless of whether an error resulted in higher payments or lower payments to providers. In this instance, we are, revising the FY 2009 MS–LTC–DRG relative weights to ensure proper application of the established budget neutrality methodology in updating the FY 2008 MS–LTC–DRG relative weights to FY 2009 during the fiscal year that will be effective for the remainder of the fiscal year. We note that this prospective revision to the FY 2009 MS–LTC–DRG relative weights does not reflect a change in the established budget neutrality methodology itself, but rather, reflects the proper calculation of the relative weights under the rule's stated methodology.

In this interim final rule with comment period, we have calculated revised FY 2009 MS–LTC–DRG relative weights (effective prospectively for the remainder of FY 2009) based on the proper application of the established budget neutrality methodology. Specifically, using the same data (FY 2007 LTCH claims data from the March 2008 update of the MedPAR files) and methodology presented in the FY 2009 IPPS final rule (73 FR 48551) described above, we have determined a budget neutrality factor of 1.0030401, which was applied to the normalized relative weights (that is, the recalibrated relative weights adjusted by the normalization factor of 1.03887, as described above). As a result, we are establishing revised FY 2009 MS–LTC–DRG relative weights (shown in Table 11 of this interim final rule with comment period) that are effective for LTCH PPS discharges occurring on or after June 3, 2009 through September 30, 2009. The revised FY 2009 MS–LTC–DRG relative weights in Table 11 of this interim final rule with comment period reflect the application of the revised FY 2009 budget neutrality factor 1.0030401 and the FY 2009 normalization factor of 1.03887 (established in the FY 2009 IPPS final rule (73 FR 48551)). (For the convenience of the reader, in addition to the revised budget neutral FY 2009 MS–LTC–DRG relative weights effective June 3, 2009 through September 30, 2009, Table 11 also includes the geometric mean length of stay and five-sixths of the geometric mean length of stay (Short-Stay Outlier (SSO) Threshold for payments under § 412.529) for each MS–LTC–DRG for FY 2009. The revision to the FY 2009 budget neutrality factor did not affect the calculation of the geometric mean length of stay and the SSO threshold for FY 2009 that were presented in Table 11 of the FY 2009 IPPS final rule.)

B. Effect on the Proposed RY 2010 MS–LTC–DRG Relative Weights and Fixed-Loss Amount

As discussed above in section II.A. of this interim final rule with comment period, we are revising the published FY 2009 MS–LTC–DRG relative weights (73 FR 49041 through 49062), based on the appropriate application of the FY 2009 budget neutrality factor, consistent with the description of our established methodology. Because the proposed RY 2010 MS–LTC–DRG relative weights published in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule on May 22, 2009 (74 FR 24589 through 24608) were determined based on the published FY 2009 MS–LTC–DRG relative weights, the revisions to the published FY 2009 MS–LTC–DRG relative weights discussed in section II.A. of this interim final rule with comment period affect the determination of the proposed RY 2010 MS–LTC–DRG relative weights. Therefore, we are also presenting proposed RY 2010 MS–LTC–DRG relative weights in a supplemental proposed rule published elsewhere in this **Federal Register**. The proposed RY 2010 MS–LTC–DRG relative weights were determined consistent with the proposed two-step budget neutrality methodology discussed in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24226 through 24227).

We also note that the proposed RY 2010 HCO fixed-loss amount presented in the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule (74 FR 24268) was determined based on the proposed RY 2010 MS–LTC–DRG relative weights presented in Table 11 of that proposed rule. Thus, the supplemental proposed rule published elsewhere in this **Federal Register** also determines a proposed RY 2010 HCO fixed-loss amount based on the proposed RY 2010 MS–LTC–DRG relative weights presented in that same supplemental proposed rule.

III. Response to Comments

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

IV. Waiver of Proposed Rulemaking, Delay of Effective Date, and 60-Day Comment Period

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before provisions of a rule such as this take effect. We also ordinarily provide a 30-day delay in effective date of a rule in accordance with section 553(d) of the Administrative Procedure Act (APA) (5 U.S.C. 553(d)), and section 1871 of the Act. However, we can waive both the prior notice-and-comment procedure or the delay in effective date, if the Secretary for good cause finds that it is impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reasons in the notice issued.

We believe it is unnecessary to undertake prior notice and comment rulemaking or provide a delay in effective date because this interim final rule with comment period simply reflects the appropriate application of the established methodology set forth in the FY 2009 IPPS final rule (73 FR 48550 through 48551). The LTCH statute provides for annual updates to the LTCH PPS MS–LTC–DRG relative

weights, and the methodologies used to update the MS–LTC–DRG relative weights have been previously subject to public comment, and therefore, additional comment would be unnecessary.

Moreover, we believe that it is impracticable to undertake prior notice and comment rulemaking or provide a delay in effective date because this interim final rule with comment period is making a prospective revision to the FY 2009 MS–LTC–DRG relative weights to reflect proper application of the applicable established methodology, and therefore should be applied in as timely a manner as possible. For the reasons set forth above, we find good cause to waive notice-and-comment procedures, as well as the 30-day delay in effective date.

In addition, we ordinarily publish an interim final rule with comment period in the **Federal Register** and permit a 60-day comment period, as provided in section 1871(b)(1) of the Act. This period, however, may be shortened, as provided under section 1871(b)(2)(C), when the agency finds good cause that a 60-day comment period would be impracticable, unnecessary, or contrary to the public interest and incorporates a statement of the finding and its reasons in the rule issued. For the reasons set forth above, and because we plan to finalize the provisions of this interim final rule with comment period at the same time that the FY 2010 IPPS and RY 2010 LTCH PPS proposed rule is finalized, we are waiving the 60-day comment period for good cause and allowing a 30-day comment period instead.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

VI. Regulatory Impact Analysis

We have examined the impacts of this rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), Executive Order 13132 on Federalism, and the Congressional Review Act (5 U.S.C. 804(2)).

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more in any one year).

The revision to the FY 2009 MS–LTC–DRG relative weights presented in section II.A. of this interim final rule with comment period will affect LTCH PPS payments for discharges occurring for approximately the last 4 months of FY 2009. Specifically, we estimate that the impact of the revision to the FY 2009 MS–LTC–DRG relative weights effective from June 3, 2009 through September 30, 2009 would result in an aggregate decrease in FY 2009 LTCH PPS payments of approximately $43 million (or approximately 0.9 percent of estimated FY 2009 LTCH PPS payments). Because the distributional effects and estimated changes to the Medicare program payments would not be greater than $100 million, this interim final rule with comment period would not be considered a major economic rule, as defined in this section.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and small government jurisdictions. Most hospitals and most other providers and suppliers are considered to be small entities, either by being nonprofit organizations or by meeting the Small Business Administration definition of a small business (having revenues of $34.5 million or less in any 1 year). (For details on the latest standards for heath care providers, we refer readers to the Table of Small Business Size Standards for NAIC 622 found on the Small Business Administration Office of Size Standards Web site at: *http://www.sba.gov/contractingopportunities/officials/size/GC-SMALL-BUS-SIZE-STANDARDS.html*.) For purposes of the RFA, all hospitals and other providers and suppliers are considered to be small entities. Individuals and States are not included in the definition of a small entity. Because we lack data on individual hospital receipts, we cannot determine the number of small proprietary LTCHs. Therefore, we are assuming that all LTCHs are considered small entities for the purpose of the analysis in this section. Because we acknowledge that many of the affected entities are small entities, the analysis discussed in this section constitutes our regulatory flexibility analysis. Therefore, we are soliciting public comments on our estimates and analysis of the impact of the provisions of this interim final rule with comment period on those small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area for Medicare payment regulations and has fewer than 100 beds. In our database of 399 LTCHs, we have identified 26 small rural hospitals that account for less than 5 percent of all LTCH cases. As stated above, the provisions of this interim final rule with comment period will result in a decrease in estimated aggregate LTCH PPS payments in FY 2009 of approximately $43 million (or approximately 0.9 percent) for all LTCHs. Similarly, for the 26 rural LTCHs for which data is available, we estimate that the provisions of this interim final rule with comment period will result in a decrease in estimated aggregate LTCH PPS payments to rural LTCHs in FY 2009 of approximately 0.9 percent (or about $1.6 million). Therefore, we believe this rule will not have a significant impact on small rural hospitals. Accordingly, the Secretary certifies that this interim final rule with comment period would not have a significant economic impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of $100 million in 1995 dollars, updated annually for inflation. In 2009, that threshold level is currently approximately $133 million. This interim final rule with comment period would not mandate any requirements for State, local, or tribal governments, nor would it result in expenditures by the private sector of $133 million or more in any one year.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. Since this regulation does not impose

any costs on State or local governments, the requirements of Executive Order 13132 are not applicable.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 21, 2009.

Charlene Frizzera,

Acting Administrator, Centers for Medicare & Medicaid Services.

Approved: May 27, 2009.

Kathleen Sebelius,

Secretary.

[**Editorial Note:** The following table will not appear in the Code of Federal Regulations.]

BILLING CODE 4120–01–P

TABLE 11.—FY 2009 MS-LTC-DRGS, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY AND SHORT-STAY OUTLIER THRESHOLD EFFECTIVE FOR DISCHARGES OCCURRING FROM JUNE 3, 2009 THROUGH SEPTEMBER 30, 2009

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
1	1	Heart transplant or implant of heart assist system w MCC	0	0.0000	0.0	0.0
2	1	Heart transplant or implant of heart assist system w/o MCC	0	0.0000	0.0	0.0
3	3	ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.	291	4.5940	66.9	55.8
4	4	Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R.	1,211	2.9711	44.5	37.1
5	5	Liver transplant w MCC or intestinal transplant	0	0.0000	0.0	0.0
6	5	Liver transplant w/o MCC	0	0.0000	0.0	0.0
7	7	Lung transplant	0	0.0000	0.0	0.0
8	8	Simultaneous pancreas/kidney transplant	0	0.0000	0.0	0.0
9	9	Bone marrow transplant	0	1.2440	31.4	26.2
10	10	Pancreas transplant	0	0.0000	0.0	0.0
11	11	Tracheostomy for face,mouth & neck diagnoses w MCC	1	1.7291	38.2	31.8
12	11	Tracheostomy for face,mouth & neck diagnoses w CC	1	1.7291	38.2	31.8
13	11	Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC	0	1.7291	38.2	31.8
20	20	Intracranial vascular procedures w PDX hemorrhage w MCC	0	1.7291	38.2	31.8
21	20	Intracranial vascular procedures w PDX hemorrhage w CC	0	1.7291	38.2	31.8
22	20	Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	0	1.7291	38.2	31.8
23	23	Craniotomy w major device implant or acute complex CNS PDX w MCC	2	1.2440	31.4	26.2
24	23	Craniotomy w major device implant or acute complex CNS PDX w/o MCC	1	1.2440	31.4	26.2
25	25	Craniotomy & endovascular intracranial procedures w MCC	2	1.7291	38.2	31.8
26	25	Craniotomy & endovascular intracranial procedures w CC	3	1.7291	38.2	31.8
27	25	Craniotomy & endovascular intracranial procedures w/o CC/MCC	1	0.8491	25.2	21.0
28	28	Spinal procedures w MCC	12	1.2440	31.4	26.2
29	28	Spinal procedures w CC	9	1.2440	31.4	26.2
30	28	Spinal procedures w/o CC/MCC	1	1.2440	31.4	26.2
31	31	Ventricular shunt procedures w MCC	5	1.7291	38.2	31.8
32	31	Ventricular shunt procedures w CC	1	1.7291	38.2	31.8
33	31	Ventricular shunt procedures w/o CC/MCC	0	1.7291	38.2	31.8

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
34	34	Carotid artery stent procedure w MCC	0	1.2440	31.4	26.2
35	34	Carotid artery stent procedurew CC	0	1.2440	31.4	26.2
36	34	Carotid artery stent procedure w/o CC/MCC	0	1.2440	31.4	26.2
37	37	Extracranial procedures w MCC	7	1.2440	31.4	26.2
38	37	Extracranial procedures w CC	6	1.2440	31.4	26.2
39	37	Extracranial procedures w/o CC/MCC	0	1.2440	31.4	26.2
40	40	Periph & cranial nerve & other nerv syst proc w MCC	143	1.2319	34.8	29.0
41	40	Periph & cranial nerve & other nerv syst proc w CC	88	1.0740	34.2	28.5
42	40	Periph & cranial nerve & other nerv syst proc w/o CC/MCC	6	1.0740	34.2	28.5
52	52	Spinal disorders & injuries w CC/MCC	84	1.0123	31.6	26.3
53	52	Spinal disorders & injuries w/o CC/MCC	7	0.8491	25.2	21.0
54	54	Nervous system neoplasms w MCC	31	0.9965	26.7	22.3
55	54	Nervous system neoplasms w/o MCC	50	0.6501	21.6	18.0
56	56	Degenerative nervous system disorders w MCC	1,185	0.7925	25.3	21.1
57	56	Degenerative nervous system disorders w/o MCC	1,947	0.5972	24.0	20.0
58	58	Multiple sclerosis & cerebellar ataxia w MCC	19	0.8491	25.2	21.0
59	58	Multiple sclerosis & cerebellar ataxia w CC	24	0.6281	21.7	18.1
60	58	Multiple sclerosis & cerebellar ataxia w/o CC/MCC	10	0.6281	21.7	18.1
61	61	Acute ischemic stroke w use of thrombolytic agent w MCC	0	0.8706	23.6	19.7
62	61	Acute ischemic stroke w use of thrombolytic agent w CC	0	0.5958	23.6	19.7
63	61	Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC	0	0.4811	19.5	16.3
64	64	Intracranial hemorrhage or cerebral infarction w MCC	107	0.7700	24.5	20.4
65	64	Intracranial hemorrhage or cerebral infarction w CC	68	0.6120	24.0	20.0
66	64	Intracranial hemorrhage or cerebral infarction w/o CC/MCC	24	0.4811	19.5	16.3
67	67	Nonspecific cva & precerebral occlusion w/o infarct w MCC	4	0.4811	19.5	16.3
68	67	Nonspecific cva & precerebral occlusion w/o infarct w/o MCC	4	0.4811	19.5	16.3
69	69	Transient ischemia	13	0.4811	19.5	16.3
70	70	Nonspecific cerebrovascular disorders w MCC	88	0.8706	23.6	19.7
71	70	Nonspecific cerebrovascular disorders w CC	53	0.5958	23.6	19.7
72	70	Nonspecific cerebrovascular disorders w/o CC/MCC	8	0.4811	19.5	16.3
73	73	Cranial & peripheral nerve disorders w MCC	116	0.8806	24.6	20.5
74	73	Cranial & peripheral nerve disorders w/o MCC	175	0.6043	23.3	19.4
75	75	Viral meningitis w CC/MCC	15	0.6281	21.7	18.1
76	75	Viral meningitis w/o CC/MCC	0	0.6281	21.7	18.1
77	77	Hypertensive encephalopathy w MCC	4	1.2440	31.4	26.2
78	77	Hypertensive encephalopathy w CC	1	0.6281	21.7	18.1
79	77	Hypertensive encephalopathy w/o CC/MCC	1	0.4811	19.5	16.3
80	80	Nontraumatic stupor & coma w MCC	47	0.7853	29.2	24.3
81	80	Nontraumatic stupor & coma w/o MCC	110	0.7024	28.2	23.5
82	82	Traumatic stupor & coma, coma >1 hr w MCC	9	0.8491	25.2	21.0
83	82	Traumatic stupor & coma, coma >1 hr w CC	12	0.6281	21.7	18.1
84	82	Traumatic stupor & coma, coma >1 hr w/o CC/MCC	3	0.6281	21.7	18.1
85	85	Traumatic stupor & coma, coma <1 hr w MCC	79	0.8652	26.6	22.2

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
86	85	Traumatic stupor & coma, coma <1 hr w CC	81	0.6542	24.1	20.1
87	85	Traumatic stupor & coma, coma <1 hr w/o CC/MCC	15	0.4811	19.5	16.3
88	88	Concussion w MCC	0	0.4811	19.5	16.3
89	88	Concussion w CC	1	0.4811	19.5	16.3
90	88	Concussion w/o CC/MCC	0	0.4811	19.5	16.3
91	91	Other disorders of nervous system w MCC	221	0.9149	25.9	21.6
92	91	Other disorders of nervous system w CC	141	0.6891	25.3	21.1
93	91	Other disorders of nervous system w/o CC/MCC	43	0.5992	22.0	18.3
94	94	Bacterial & tuberculous infections of nervous system w MCC	203	1.0331	29.2	24.3
95	94	Bacterial & tuberculous infections of nervous system w CC	107	0.9374	28.5	23.8
96	94	Bacterial & tuberculous infections of nervous system w/o CC/MCC	31	0.7475	27.6	23.0
97	97	Non-bacterial infect of nervous sys exc viral meningitis w MCC	49	1.0481	26.3	21.9
98	97	Non-bacterial infect of nervous sys exc viral meningitis w CC	22	0.8491	25.2	21.0
99	97	Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC	6	0.6281	21.7	18.1
100	100	Seizures w MCC	47	0.6299	21.8	18.2
101	100	Seizures w/o MCC	55	0.6060	25.4	21.2
102	102	Headaches w MCC	10	0.6281	21.7	18.1
103	102	Headaches w/o MCC	4	0.6281	21.7	18.1
113	113	Orbital procedures w CC/MCC	1	0.8491	25.2	21.0
114	113	Orbital procedures w/o CC/MCC	0	0.8491	25.2	21.0
115	115	Extraocular procedures except orbit	0	0.4811	19.5	16.3
116	116	Intraocular procedures w CC/MCC	1	0.8491	25.2	21.0
117	116	Intraocular procedures w/o CC/MCC	0	0.4811	19.5	16.3
121	121	Acute major eye infections w CC/MCC	10	0.6281	21.7	18.1
122	121	Acute major eye infections w/o CC/MCC	1	0.6281	21.7	18.1
123	123	Neurological eye disorders	0	0.4811	19.5	16.3
124	124	Other disorders of the eye w MCC	2	0.6281	21.7	18.1
125	124	Other disorders of the eye w/o MCC	8	0.4811	19.5	16.3
129	129	Major head & neck procedures w CC/MCC or major device	0	1.2905	29.5	24.6
130	129	Major head & neck procedures w/o CC/MCC	0	0.4811	19.5	16.3
131	131	Cranial/facial procedures w CC/MCC	0	1.7291	38.2	31.8
132	131	Cranial/facial procedures w/o CC/MCC	1	1.7291	38.2	31.8
133	133	Other ear, nose, mouth & throat O.R. procedures w CC/MCC	10	1.2440	31.4	26.2
134	133	Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC	0	1.2440	31.4	26.2
135	135	Sinus & mastoid procedures w CC/MCC	2	0.4811	19.5	16.3
136	135	Sinus & mastoid procedures w/o CC/MCC	1	0.4811	19.5	16.3
137	137	Mouth procedures w CC/MCC	1	1.7291	38.2	31.8
138	137	Mouth procedures w/o CC/MCC	0	1.7291	38.2	31.8
139	139	Salivary gland procedures	0	1.7291	38.2	31.8
146	146	Ear, nose, mouth & throat malignancy w MCC	39	1.2905	29.5	24.6

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
147	146	Ear, nose, mouth & throat malignancy w CC	25	1.0069	23.0	19.2
148	146	Ear, nose, mouth & throat malignancy w/o CC/MCC	6	0.4811	19.5	16.3
149	149	Dysequilibrium	11	0.4811	19.5	16.3
150	150	Epistaxis w MCC	0	0.8491	25.2	21.0
151	150	Epistaxis w/o MCC	0	0.6281	21.7	18.1
152	152	Otitis media & URI w MCC	9	0.8491	25.2	21.0
153	152	Otitis media & URI w/o MCC	23	0.6281	21.7	18.1
154	154	Nasal trauma & deformity w MCC	50	0.7626	22.0	18.3
155	154	Nasal trauma & deformity w CC	47	0.6937	21.1	17.6
156	154	Nasal trauma & deformity w/o CC/MCC	13	0.6281	21.7	18.1
157	157	Dental & Oral Diseases w MCC	12	0.6281	21.7	18.1
158	157	Dental & Oral Diseases w CC	21	0.6281	21.7	18.1
159	157	Dental & Oral Diseases w/o CC/MCC	5	0.4811	19.5	16.3
163	163	Major chest procedures w MCC	45	2.4763	33.5	27.9
164	163	Major chest procedures w CC	6	1.2440	31.4	26.2
165	163	Major chest procedures w/o CC/MCC	1	0.8491	25.2	21.0
166	166	Other resp system O.R. procedures w MCC	1,515	2.4774	41.9	34.9
167	166	Other resp system O.R. procedures w CC	213	1.8911	36.6	30.5
168	166	Other resp system O.R. procedures w/o CC/MCC	8	0.8491	25.2	21.0
175	175	Pulmonary embolism w MCC	128	0.6569	21.9	18.3
176	175	Pulmonary embolism w/o MCC	139	0.5411	20.0	16.7
177	177	Respiratory infections & inflammations w MCC	3,193	0.8748	22.9	19.1
178	177	Respiratory infections & inflammations w CC	2,340	0.7326	22.1	18.4
179	177	Respiratory infections & inflammations w/o CC/MCC	393	0.6163	19.4	16.2
180	180	Respiratory neoplasms w MCC	149	0.7883	20.9	17.4
181	180	Respiratory neoplasms w CC	109	0.6227	18.8	15.7
182	180	Respiratory neoplasms w/o CC/MCC	11	0.6227	18.8	15.7
183	183	Major chest trauma w MCC	1	0.4811	19.5	16.3
184	183	Major chest trauma w CC	2	0.4811	19.5	16.3
185	183	Major chest trauma w/o CC/MCC	1	0.4811	19.5	16.3
186	186	Pleural effusion w MCC	121	0.7492	20.5	17.1
187	186	Pleural effusion w CC	59	0.6152	20.5	17.1
188	186	Pleural effusion w/o CC/MCC	15	0.6152	20.5	17.1
189	189	Pulmonary edema & respiratory failure	6,613	0.9527	24.0	20.0
190	190	Chronic obstructive pulmonary disease w MCC	1,658	0.7388	20.5	17.1
191	190	Chronic obstructive pulmonary disease w CC	1,347	0.6145	19.4	16.2
192	190	Chronic obstructive pulmonary disease w/o CC/MCC	766	0.5282	17.3	14.4
193	193	Simple pneumonia & pleurisy w MCC	1,810	0.7613	21.6	18.0
194	193	Simple pneumonia & pleurisy w CC	2,028	0.6301	20.1	16.8
195	193	Simple pneumonia & pleurisy w/o CC/MCC	383	0.5318	17.4	14.5
196	196	Interstitial lung disease w MCC	109	0.7056	20.1	16.8
197	196	Interstitial lung disease w CC	85	0.5648	17.6	14.7
198	196	Interstitial lung disease w/o CC/MCC	40	0.4970	15.9	13.3
199	199	Pneumothorax w MCC	50	0.7737	22.2	18.5
200	199	Pneumothorax w CC	32	0.5840	17.8	14.8
201	199	Pneumothorax w/o CC/MCC	5	0.4811	19.5	16.3
202	202	Bronchitis & asthma w CC/MCC	88	0.6441	19.6	16.3
203	202	Bronchitis & asthma w/o CC/MCC	21	0.4811	19.5	16.3
204	204	Respiratory signs & symptoms	233	0.8248	22.8	19.0

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
205	205	Other respiratory system diagnoses w MCC	324	0.8178	22.4	18.7
206	205	Other respiratory system diagnoses w/o MCC	171	0.7098	21.5	17.9
207	207	Respiratory system diagnosis w ventilator support 96+ hours	13,299	2.0584	34.6	28.8
208	208	Respiratory system diagnosis w ventilator support <96 hours	1,466	1.1568	23.5	19.6
215	215	Other heart assist system implant	0	0.8491	25.2	21.0
216	216	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC	0	1.2440	31.4	26.2
217	216	Cardiac valve & oth maj cardiothoracic proc w card cath w CC	0	0.8491	25.2	21.0
218	216	Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC	0	0.8491	25.2	21.0
219	219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	0	1.2440	31.4	26.2
220	219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	0	0.8491	25.2	21.0
221	219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC	0	0.8491	25.2	21.0
222	222	Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC	0	1.7291	38.2	31.8
223	222	Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC	0	1.7291	38.2	31.8
224	224	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	0	1.7291	38.2	31.8
225	224	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	0	1.7291	38.2	31.8
226	226	Cardiac defibrillator implant w/o cardiac cath w MCC	11	1.7291	38.2	31.8
227	226	Cardiac defibrillator implant w/o cardiac cath w/o MCC	9	1.7291	38.2	31.8
228	228	Other cardiothoracic procedures w MCC	0	1.5200	34.2	28.5
229	228	Other cardiothoracic procedures w CC	0	1.1869	28.8	24.0
230	228	Other cardiothoracic procedures w/o CC/MCC	0	0.6281	21.7	18.1
231	231	Coronary bypass w PTCA w MCC	0	1.2440	31.4	26.2
232	231	Coronary bypass w PTCA w/o MCC	0	0.8491	25.2	21.0
233	233	Coronary bypass w cardiac cath w MCC	0	1.2440	31.4	26.2
234	233	Coronary bypass w cardiac cath w/o MCC	0	0.8491	25.2	21.0
235	235	Coronary bypass w/o cardiac cath w MCC	0	1.2440	31.4	26.2
236	235	Coronary bypass w/o cardiac cath w/o MCC	0	0.8491	25.2	21.0
237	237	Major cardiovascular procedures w MCC	8	1.2440	31.4	26.2
238	237	Major cardiovascular procedures w/o MCC	2	0.8491	25.2	21.0
239	239	Amputation for circ sys disorders exc upper limb & toe w MCC	164	1.5045	36.8	30.7
240	239	Amputation for circ sys disorders exc upper limb & toe w CC	83	1.1426	34.1	28.4
241	239	Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC	10	0.8491	25.2	21.0
242	242	Permanent cardiac pacemaker implant w MCC	12	1.7291	38.2	31.8
243	242	Permanent cardiac pacemaker implant w CC	5	1.7291	38.2	31.8
244	242	Permanent cardiac pacemaker implant w/o CC/MCC	1	1.7291	38.2	31.8
245	245	AICD generator procedures	0	1.7291	38.2	31.8

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
246	246	Percutaneous cardiovascular proc w drug-eluting stent w MCC	4	1.2440	31.4	26.2
247	246	Percutaneous cardiovascular proc w drug-eluting stent w/o MCC	1	1.2440	31.4	26.2
248	248	Percutaneous cardiovasc proc w non-drug-eluting stent w MCC	2	1.2440	31.4	26.2
249	248	Percutaneous cardiovasc proc w non-drug-eluting stent w/o MCC	1	1.2440	31.4	26.2
250	250	Perc cardiovasc proc w/o coronary artery stent or AMI w MCC	3	1.7291	38.2	31.8
251	250	Perc cardiovasc proc w/o coronary artery stent or AMI w/o MCC	0	1.7291	38.2	31.8
252	252	Other vascular procedures w MCC	136	1.5200	34.2	28.5
253	252	Other vascular procedures w CC	53	1.1869	28.8	24.0
254	252	Other vascular procedures w/o CC/MCC	3	0.6281	21.7	18.1
255	255	Upper limb & toe amputation for circ system disorders w MCC	61	1.2448	33.8	28.2
256	255	Upper limb & toe amputation for circ system disorders w CC	42	0.9324	30.0	25.0
257	255	Upper limb & toe amputation for circ system disorders w/o CC/MCC	1	0.4811	19.5	16.3
258	258	Cardiac pacemaker device replacement w MCC	0	1.2440	31.4	26.2
259	258	Cardiac pacemaker device replacement w/o MCC	1	1.2440	31.4	26.2
260	260	Cardiac pacemaker revision except device replacement w MCC	2	1.2440	31.4	26.2
261	260	Cardiac pacemaker revision except device replacement w CC	1	0.8491	25.2	21.0
262	260	Cardiac pacemaker revision except device replacement w/o CC/MCC	1	0.8491	25.2	21.0
263	263	Vein ligation & stripping	3	0.4811	19.5	16.3
264	264	Other circulatory system O.R. procedures	609	1.0788	31.0	25.8
265	265	AICD lead procedures	0	1.2440	31.4	26.2
280	280	Circulatory disorders w AMI, discharged alive w MCC	260	0.7751	23.0	19.2
281	280	Circulatory disorders w AMI, discharged alive w CC	112	0.5724	20.8	17.3
282	280	Circulatory disorders w AMI, discharged alive w/o CC/MCC	35	0.5007	19.9	16.6
283	283	Circulatory disorders w AMI, expired w MCC	56	0.8018	15.9	13.3
284	283	Circulatory disorders w AMI, expired w CC	17	0.8018	15.9	13.3
285	283	Circulatory disorders w AMI, expired w/o CC/MCC	0	0.8018	15.9	13.3
286	286	Circulatory disorders except AMI, w card cath w MCC	8	1.2440	31.4	26.2
287	286	Circulatory disorders except AMI, w card cath w/o MCC	9	0.8491	25.2	21.0
288	288	Acute & subacute endocarditis w MCC	597	0.9942	26.1	21.8
289	288	Acute & subacute endocarditis w CC	217	0.7787	26.1	21.8
290	288	Acute & subacute endocarditis w/o CC/MCC	48	0.6801	24.3	20.3
291	291	Heart failure & shock w MCC	1,730	0.7653	22.0	18.3
292	291	Heart failure & shock w CC	902	0.6229	21.2	17.7
293	291	Heart failure & shock w/o CC/MCC	363	0.5114	18.8	15.7
294	294	Deep vein thrombophlebitis w CC/MCC	6	0.6281	21.7	18.1
295	294	Deep vein thrombophlebitis w/o CC/MCC	0	0.6281	21.7	18.1

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
296	296	Cardiac arrest, unexplained w MCC	0	0.8018	15.9	13.3
297	296	Cardiac arrest, unexplained w CC	0	0.8018	15.9	13.3
298	296	Cardiac arrest, unexplained w/o CC/MCC	0	0.8018	15.9	13.3
299	299	Peripheral vascular disorders w MCC	588	0.7721	23.4	19.5
300	299	Peripheral vascular disorders w CC	752	0.5759	22.0	18.3
301	299	Peripheral vascular disorders w/o CC/MCC	78	0.5326	20.3	16.9
302	302	Atherosclerosis w MCC	59	0.7519	21.8	18.2
303	302	Atherosclerosis w/o MCC	61	0.5632	20.1	16.8
304	304	Hypertension w MCC	6	0.4811	19.5	16.3
305	304	Hypertension w/o MCC	15	0.4811	19.5	16.3
306	306	Cardiac congenital & valvular disorders w MCC	59	0.8144	22.7	18.9
307	306	Cardiac congenital & valvular disorders w/o MCC	38	0.7298	22.9	19.1
308	308	Cardiac arrhythmia & conduction disorders w MCC	97	0.8371	25.1	20.9
309	308	Cardiac arrhythmia & conduction disorders w CC	109	0.5671	21.1	17.6
310	308	Cardiac arrhythmia & conduction disorders w/o CC/MCC	36	0.4540	19.4	16.2
311	311	Angina pectoris	7	0.4811	19.5	16.3
312	312	Syncope & collapse	57	0.5049	19.7	16.4
313	313	Chest pain	6	0.4811	19.5	16.3
314	314	Other circulatory system diagnoses w MCC	1,309	0.8690	23.0	19.2
315	314	Other circulatory system diagnoses w CC	285	0.6483	21.0	17.5
316	314	Other circulatory system diagnoses w/o CC/MCC	72	0.5963	21.0	17.5
326	326	Stomach, esophageal & duodenal proc w MCC	19	1.7291	38.2	31.8
327	326	Stomach, esophageal & duodenal proc w CC	4	1.7291	38.2	31.8
328	326	Stomach, esophageal & duodenal proc w/o CC/MCC	1	1.7291	38.2	31.8
329	329	Major small & large bowel procedures w MCC	31	2.2372	41.8	34.8
330	329	Major small & large bowel procedures w CC	12	1.7291	38.2	31.8
331	329	Major small & large bowel procedures w/o CC/MCC	1	1.7291	38.2	31.8
332	332	Rectal resection w MCC	0	1.6564	34.3	28.6
333	332	Rectal resection w CC	0	1.1576	30.0	25.0
334	332	Rectal resection w/o CC/MCC	0	1.1576	30.0	25.0
335	335	Peritoneal adhesiolysis w MCC	6	1.7291	38.2	31.8
336	335	Peritoneal adhesiolysis w CC	0	1.7291	38.2	31.8
337	335	Peritoneal adhesiolysis w/o CC/MCC	0	1.7291	38.2	31.8
338	338	Appendectomy w complicated principal diag w MCC	0	0.9559	25.1	20.9
339	338	Appendectomy w complicated principal diag w CC	0	0.7667	23.2	19.3
340	338	Appendectomy w complicated principal diag w/o CC/MCC	0	0.5886	19.6	16.3
341	341	Appendectomy w/o complicated principal diag w MCC	0	0.9559	25.1	20.9
342	341	Appendectomy w/o complicated principal diag w CC	0	0.7667	23.2	19.3
343	341	Appendectomy w/o complicated principal diag w/o CC/MCC	0	0.5886	19.6	16.3
344	344	Minor small & large bowel procedures w MCC	5	1.7291	38.2	31.8
345	344	Minor small & large bowel procedures w CC	0	1.7291	38.2	31.8
346	344	Minor small & large bowel procedures w/o CC/MCC	0	1.7291	38.2	31.8
347	347	Anal & stomal procedures w MCC	3	1.7291	38.2	31.8
348	347	Anal & stomal procedures w CC	3	1.2440	31.4	26.2
349	347	Anal & stomal procedures w/o CC/MCC	0	1.2440	31.4	26.2
350	350	Inguinal & femoral hernia procedures w MCC	0	1.2440	31.4	26.2
351	350	Inguinal & femoral hernia procedures w CC	0	1.2440	31.4	26.2
352	350	Inguinal & femoral hernia procedures w/o CC/MCC	0	1.2440	31.4	26.2

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
353	353	Hernia procedures except inguinal & femoral w MCC	1	1.7291	38.2	31.8
354	353	Hernia procedures except inguinal & femoral w CC	1	0.6281	21.7	18.1
355	353	Hernia procedures except inguinal & femoral w/o CC/MCC	0	0.6281	21.7	18.1
356	356	Other digestive system O.R. procedures w MCC	142	1.6564	34.3	28.6
357	356	Other digestive system O.R. procedures w CC	36	1.1576	30.0	25.0
358	356	Other digestive system O.R. procedures w/o CC/MCC	4	1.1576	30.0	25.0
368	368	Major esophageal disorders w MCC	26	0.9068	21.1	17.6
369	368	Major esophageal disorders w CC	14	0.8491	25.2	21.0
370	368	Major esophageal disorders w/o CC/MCC	4	0.8491	25.2	21.0
371	371	Major gastrointestinal disorders & peritoneal infections w MCC	724	0.9559	25.1	20.9
372	371	Major gastrointestinal disorders & peritoneal infections w CC	351	0.7667	23.2	19.3
373	371	Major gastrointestinal disorders & peritoneal infections w/o CC/MCC	68	0.5886	19.6	16.3
374	374	Digestive malignancy w MCC	97	0.8959	21.7	18.1
375	374	Digestive malignancy w CC	88	0.7739	23.4	19.5
376	374	Digestive malignancy w/o CC/MCC	3	0.6281	21.7	18.1
377	377	G.I. hemorrhage w MCC	90	0.8111	23.8	19.8
378	377	G.I. hemorrhage w CC	53	0.6834	23.8	19.8
379	377	G.I. hemorrhage w/o CC/MCC	19	0.6281	21.7	18.1
380	380	Complicated peptic ulcer w MCC	22	0.8491	25.2	21.0
381	380	Complicated peptic ulcer w CC	17	0.6281	21.7	18.1
382	380	Complicated peptic ulcer w/o CC/MCC	5	0.4811	19.5	16.3
383	383	Uncomplicated peptic ulcer w MCC	0	0.8491	25.2	21.0
384	383	Uncomplicated peptic ulcer w/o MCC	7	0.8491	25.2	21.0
385	385	Inflammatory bowel disease w MCC	36	0.7979	23.3	19.4
386	385	Inflammatory bowel disease w CC	37	0.7063	23.1	19.3
387	385	Inflammatory bowel disease w/o CC/MCC	5	0.4811	19.5	16.3
388	388	G.I. obstruction w MCC	216	0.9452	22.5	18.8
389	388	G.I. obstruction w CC	97	0.7230	20.9	17.4
390	388	G.I. obstruction w/o CC/MCC	18	0.6281	21.7	18.1
391	391	Esophagitis, gastroent & misc digest disorders w MCC	255	0.7853	22.0	18.3
392	391	Esophagitis, gastroent & misc digest disorders w/o MCC	294	0.6490	20.9	17.4
393	393	Other digestive system diagnoses w MCC	783	1.0568	25.7	21.4
394	393	Other digestive system diagnoses w CC	451	0.7815	22.7	18.9
395	393	Other digestive system diagnoses w/o CC/MCC	33	0.5719	22.1	18.4
405	405	Pancreas, liver & shunt procedures w MCC	10	1.2440	31.4	26.2
406	405	Pancreas, liver & shunt procedures w CC	2	1.2440	31.4	26.2
407	405	Pancreas, liver & shunt procedures w/o CC/MCC	0	1.2440	31.4	26.2
408	408	Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC	0	0.6281	21.7	18.1
409	408	Biliary tract proc except only cholecyst w or w/o c.d.e. w CC	1	0.6281	21.7	18.1
410	408	Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC	0	0.6281	21.7	18.1
411	411	Cholecystectomy w c.d.e. w MCC	1	1.7291	38.2	31.8
412	411	Cholecystectomy w c.d.e. w CC	0	1.7291	38.2	31.8

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
413	411	Cholecystectomy w c.d.e. w/o CC/MCC	0	1.7291	38.2	31.8
414	414	Cholecystectomy except by laparoscope w/o c.d.e. w MCC	2	1.7291	38.2	31.8
415	414	Cholecystectomy except by laparoscope w/o c.d.e. w CC	3	1.7291	38.2	31.8
416	414	Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC	0	1.7291	38.2	31.8
417	417	Laparoscopic cholecystectomy w/o c.d.e. w MCC	11	1.7291	38.2	31.8
418	417	Laparoscopic cholecystectomy w/o c.d.e. w CC	5	1.7291	38.2	31.8
419	417	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	0	1.7291	38.2	31.8
420	420	Hepatobiliary diagnostic procedures w MCC	0	0.8491	25.2	21.0
421	420	Hepatobiliary diagnostic procedures w CC	0	0.8491	25.2	21.0
422	420	Hepatobiliary diagnostic procedures w/o CC/MCC	0	0.8491	25.2	21.0
423	423	Other hepatobiliary or pancreas O.R. procedures w MCC	23	1.7291	38.2	31.8
424	423	Other hepatobiliary or pancreas O.R. procedures w CC	2	0.8491	25.2	21.0
425	423	Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC	0	0.8491	25.2	21.0
432	432	Cirrhosis & alcoholic hepatitis w MCC	73	0.6908	20.9	17.4
433	432	Cirrhosis & alcoholic hepatitis w CC	24	0.6281	21.7	18.1
434	432	Cirrhosis & alcoholic hepatitis w/o CC/MCC	0	0.6281	21.7	18.1
435	435	Malignancy of hepatobiliary system or pancreas w MCC	53	0.8133	21.7	18.1
436	435	Malignancy of hepatobiliary system or pancreas w CC	26	0.4869	17.2	14.3
437	435	Malignancy of hepatobiliary system or pancreas w/o CC/MCC	5	0.4811	19.5	16.3
438	438	Disorders of pancreas except malignancy w MCC	244	1.0686	23.4	19.5
439	438	Disorders of pancreas except malignancy w CC	144	0.7499	22.1	18.4
440	438	Disorders of pancreas except malignancy w/o CC/MCC	24	0.6281	21.7	18.1
441	441	Disorders of liver except malig,cirr,alc hepa w MCC	123	0.8104	23.1	19.3
442	441	Disorders of liver except malig,cirr,alc hepa w CC	62	0.7053	21.7	18.1
443	441	Disorders of liver except malig,cirr,alc hepa w/o CC/MCC	14	0.4811	19.5	16.3
444	444	Disorders of the biliary tract w MCC	104	0.8243	22.7	18.9
445	444	Disorders of the biliary tract w CC	34	0.6025	21.3	17.8
446	444	Disorders of the biliary tract w/o CC/MCC	8	0.6025	21.3	17.8
453	453	Combined anterior/posterior spinal fusion w MCC	0	1.7291	38.2	31.8
454	453	Combined anterior/posterior spinal fusion w CC	0	1.7291	38.2	31.8
455	453	Combined anterior/posterior spinal fusion w/o CC/MCC	0	1.7291	38.2	31.8
456	456	Spinal fusion exc cerv w spinal curv, malig or 9+ fusions w MCC	1	1.7291	38.2	31.8
457	456	Spinal fusion exc cerv w spinal curv, malig or 9+ fusions w CC	3	1.7291	38.2	31.8
458	456	Spinal fusion exc cerv w spinal curv, malig or 9+ fusions w/o CC/MCC	0	1.7291	38.2	31.8
459	459	Spinal fusion except cervical w MCC	1	1.7291	38.2	31.8
460	459	Spinal fusion except cervical w/o MCC	0	1.7291	38.2	31.8
461	461	Bilateral or multiple major joint procs of lower extremity w MCC	0	1.7291	38.2	31.8
462	461	Bilateral or multiple major joint procs of lower extremity w/o MCC	0	0.8491	25.2	21.0
463	463	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC	525	1.4027	38.8	32.3

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
464	463	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC	313	1.0519	34.0	28.3
465	463	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC	63	0.9736	33.9	28.3
466	466	Revision of hip or knee replacement w MCC	3	1.2440	31.4	26.2
467	466	Revision of hip or knee replacement w CC	4	1.2440	31.4	26.2
468	466	Revision of hip or knee replacement w/o CC/MCC	1	0.4811	19.5	16.3
469	469	Major joint replacement or reattachment of lower extremity w MCC	3	1.7291	38.2	31.8
470	469	Major joint replacement or reattachment of lower extremity w/o MCC	3	1.7291	38.2	31.8
471	471	Cervical spinal fusion w MCC	2	0.8491	25.2	21.0
472	471	Cervical spinal fusion w CC	1	0.8491	25.2	21.0
473	471	Cervical spinal fusion w/o CC/MCC	0	0.8491	25.2	21.0
474	474	Amputation for musculoskeletal sys & conn tissue dis w MCC	91	1.5503	38.4	32.0
475	474	Amputation for musculoskeletal sys & conn tissue dis w CC	67	1.1015	33.9	28.3
476	474	Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC	4	0.8491	25.2	21.0
477	477	Biopsies of musculoskeletal system & connective tissue w MCC	22	1.7291	38.2	31.8
478	477	Biopsies of musculoskeletal system & connective tissue w CC	12	1.2440	31.4	26.2
479	477	Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	0	1.2440	31.4	26.2
480	480	Hip & femur procedures except major joint w MCC	22	1.7291	38.2	31.8
481	480	Hip & femur procedures except major joint w CC	11	1.2440	31.4	26.2
482	480	Hip & femur procedures except major joint w/o CC/MCC	2	0.8491	25.2	21.0
483	483	Major joint & limb reattachment proc of upper extremity w CC/MCC	0	1.7291	38.2	31.8
484	483	Major joint & limb reattachment proc of upper extremity w/o CC/MCC	0	0.8491	25.2	21.0
485	485	Knee procedures w pdx of infection w MCC	10	1.2440	31.4	26.2
486	485	Knee procedures w pdx of infection w CC	10	1.2440	31.4	26.2
487	485	Knee procedures w pdx of infection w/o CC/MCC	2	1.2440	31.4	26.2
488	488	Knee procedures w/o pdx of infection w CC/MCC	1	1.7291	38.2	31.8
489	488	Knee procedures w/o pdx of infection w/o CC/MCC	1	0.6281	21.7	18.1
490	490	Back & neck procedures except spinal fusion w CC/MCC or disc devices	9	1.2440	31.4	26.2
491	490	Back & neck procedures except spinal fusion w/o CC/MCC	0	1.2440	31.4	26.2
492	492	Lower extrem & humer proc except hip, foot, femur w MCC	9	1.2440	31.4	26.2
493	492	Lower extrem & humer proc except hip, foot, femur w CC	10	1.2440	31.4	26.2
494	492	Lower extrem & humer proc except hip, foot, femur w/o CC/MCC	1	0.8491	25.2	21.0
495	495	Local excision & removal int fix devices exc hip & femur w MCC	42	1.1915	35.0	29.2

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
496	495	Local excision & removal int fix devices exc hip & femur w CC	20	1.1915	35.0	29.2
497	495	Local excision & removal int fix devices exc hip & femur w/o CC/MCC	5	1.1915	35.0	29.2
498	498	Local excision & removal int fix devices of hip & femur w CC/MCC	9	1.7291	38.2	31.8
499	498	Local excision & removal int fix devices of hip & femur w/o CC/MCC	0	1.7291	38.2	31.8
500	500	Soft tissue procedures w MCC	68	1.3301	36.7	30.6
501	500	Soft tissue procedures w CC	29	1.0939	33.5	27.9
502	500	Soft tissue procedures w/o CC/MCC	4	0.8491	25.2	21.0
503	503	Foot procedures w MCC	15	1.2440	31.4	26.2
504	503	Foot procedures w CC	22	0.8491	25.2	21.0
505	503	Foot procedures w/o CC/MCC	4	0.8491	25.2	21.0
506	506	Major thumb or joint procedures	0	1.2440	31.4	26.2
507	507	Major shoulder or elbow joint procedures w CC/MCC	1	1.7291	38.2	31.8
508	507	Major shoulder or elbow joint procedures w/o CC/MCC	0	1.7291	38.2	31.8
509	509	Arthroscopy	0	0.8491	25.2	21.0
510	510	Shoulder, elbow or forearm proc, exc major joint proc w MCC	1	0.8491	25.2	21.0
511	510	Shoulder, elbow or forearm proc, exc major joint proc w CC	2	0.8491	25.2	21.0
512	510	Shoulder, elbow or forearm proc, exc major joint proc w/o CC/MCC	0	0.8491	25.2	21.0
513	513	Hand or wrist proc, except major thumb or joint proc w CC/MCC	6	1.2440	31.4	26.2
514	513	Hand or wrist proc, except major thumb or joint proc w/o CC/MCC	1	1.2440	31.4	26.2
515	515	Other musculoskelet sys & conn tiss O.R. proc w MCC	61	1.3548	31.6	26.3
516	515	Other musculoskelet sys & conn tiss O.R. proc w CC	27	0.9050	28.0	23.3
517	515	Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC	0	0.9050	28.0	23.3
533	533	Fractures of femur w MCC	3	0.6281	21.7	18.1
534	533	Fractures of femur w/o MCC	6	0.6281	21.7	18.1
535	535	Fractures of hip & pelvis w MCC	16	0.8491	25.2	21.0
536	535	Fractures of hip & pelvis w/o MCC	25	0.6059	26.9	22.4
537	537	Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC	1	0.4811	19.5	16.3
538	537	Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC	0	0.4811	19.5	16.3
539	539	Osteomyelitis w MCC	1,327	0.9845	30.3	25.3
540	539	Osteomyelitis w CC	850	0.7588	27.7	23.1
541	539	Osteomyelitis w/o CC/MCC	228	0.6843	27.2	22.7
542	542	Pathological fractures & musculoskelet & conn tiss malig w MCC	23	0.8491	25.2	21.0
543	542	Pathological fractures & musculoskelet & conn tiss malig w CC	42	0.5614	20.5	17.1
544	542	Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC	17	0.4811	19.5	16.3
545	545	Connective tissue disorders w MCC	50	0.8990	23.5	19.6

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
546	545	Connective tissue disorders w CC	38	0.8394	25.5	21.3
547	545	Connective tissue disorders w/o CC/MCC	5	0.4811	19.5	16.3
548	548	Septic arthritis w MCC	174	0.8943	26.3	21.9
549	548	Septic arthritis w CC	201	0.6986	26.7	22.3
550	548	Septic arthritis w/o CC/MCC	73	0.6012	24.2	20.2
551	551	Medical back problems w MCC	84	0.8866	26.6	22.2
552	551	Medical back problems w/o MCC	157	0.5995	24.1	20.1
553	553	Bone diseases & arthropathies w MCC	15	0.6281	21.7	18.1
554	553	Bone diseases & arthropathies w/o MCC	59	0.4962	21.3	17.8
555	555	Signs & symptoms of musculoskeletal system & conn tissue w MCC	3	0.8491	25.2	21.0
556	555	Signs & symptoms of musculoskeletal system & conn tissue w/o MCC	8	0.4811	19.5	16.3
557	557	Tendonitis, myositis & bursitis w MCC	85	0.8744	25.4	21.2
558	557	Tendonitis, myositis & bursitis w/o MCC	134	0.6443	23.0	19.2
559	559	Aftercare, musculoskeletal system & connective tissue w MCC	1,375	0.8049	26.1	21.8
560	559	Aftercare, musculoskeletal system & connective tissue w CC	1,611	0.6401	24.7	20.6
561	559	Aftercare, musculoskeletal system & connective tissue w/o CC/MCC	732	0.5511	22.8	19.0
562	562	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC	5	0.8491	25.2	21.0
563	562	Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC	9	0.4811	19.5	16.3
564	564	Other musculoskeletal sys & connective tissue diagnoses w MCC	309	0.8733	24.3	20.3
565	564	Other musculoskeletal sys & connective tissue diagnoses w CC	198	0.6413	22.7	18.9
566	564	Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC	60	0.6153	22.5	18.8
573	573	Skin graft &/or debrid for skn ulcer or cellulitis w MCC	1,822	1.3856	38.3	31.9
574	573	Skin graft &/or debrid for skn ulcer or cellulitis w CC	1,770	1.0725	36.1	30.1
575	573	Skin graft &/or debrid for skn ulcer or cellulitis w/o CC/MCC	200	0.8934	30.1	25.1
576	576	Skin graft &/or debrid exc for skin ulcer or cellulitis w MCC	27	1.7714	37.6	31.3
577	576	Skin graft &/or debrid exc for skin ulcer or cellulitis w CC	28	0.8008	27.3	22.8
578	576	Skin graft &/or debrid exc for skin ulcer or cellulitis w/o CC/MCC	11	0.6281	21.7	18.1
579	579	Other skin, subcut tiss & breast proc w MCC	480	1.3675	36.7	30.6
580	579	Other skin, subcut tiss & breast proc w CC	399	1.0404	33.5	27.9
581	579	Other skin, subcut tiss & breast proc w/o CC/MCC	34	0.7968	30.1	25.1
582	582	Mastectomy for malignancy w CC/MCC	1	1.7291	38.2	31.8
583	582	Mastectomy for malignancy w/o CC/MCC	0	1.7291	38.2	31.8
584	584	Breast biopsy, local excision & other breast procedures w CC/MCC	2	0.6281	21.7	18.1
585	584	Breast biopsy, local excision & other breast procedures w/o CC/MCC	0	0.6281	21.7	18.1
592	592	Skin ulcers w MCC	3,054	0.9378	27.0	22.5

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
593	592	Skin ulcers w CC	2,816	0.7096	26.2	21.8
594	592	Skin ulcers w/o CC/MCC	435	0.6031	24.7	20.6
595	595	Major skin disorders w MCC	28	0.8038	25.3	21.1
596	595	Major skin disorders w/o MCC	39	0.6460	22.4	18.7
597	597	Malignant breast disorders w MCC	7	1.2440	31.4	26.2
598	597	Malignant breast disorders w CC	7	0.8491	25.2	21.0
599	597	Malignant breast disorders w/o CC/MCC	1	0.8491	25.2	21.0
600	600	Non-malignant breast disorders w CC/MCC	17	0.8491	25.2	21.0
601	600	Non-malignant breast disorders w/o CC/MCC	6	0.4811	19.5	16.3
602	602	Cellulitis w MCC	833	0.6883	21.7	18.1
603	602	Cellulitis w/o MCC	1,637	0.5268	19.9	16.6
604	604	Trauma to the skin, subcut tiss & breast w MCC	29	0.8151	24.4	20.3
605	604	Trauma to the skin, subcut tiss & breast w/o MCC	53	0.5989	23.8	19.8
606	606	Minor skin disorders w MCC	63	0.8198	24.5	20.4
607	606	Minor skin disorders w/o MCC	93	0.5537	20.7	17.3
614	614	Adrenal & pituitary procedures w CC/MCC	0	1.0379	32.6	27.2
615	614	Adrenal & pituitary procedures w/o CC/MCC	0	0.8491	25.2	21.0
616	616	Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC	71	1.4615	38.4	32.0
617	616	Amputat of lower limb for endocrine,nutrit,& metabol dis w CC	131	1.1333	33.1	27.6
618	616	Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC	2	0.4811	19.5	16.3
619	619	O.R. procedures for obesity w MCC	1	1.7291	38.2	31.8
620	619	O.R. procedures for obesity w CC	0	1.7291	38.2	31.8
621	619	O.R. procedures for obesity w/o CC/MCC	0	1.7291	38.2	31.8
622	622	Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC	173	1.3120	36.2	30.2
623	622	Skin grafts & wound debrid for endoc, nutrit & metab dis w CC	361	1.0048	31.1	25.9
624	622	Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC	21	0.6281	21.7	18.1
625	625	Thyroid, parathyroid & thyroglossal procedures w MCC	1	1.2440	31.4	26.2
626	625	Thyroid, parathyroid & thyroglossal procedures w CC	1	0.8491	25.2	21.0
627	625	Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC	0	0.8491	25.2	21.0
628	628	Other endocrine, nutrit & metab O.R. proc w MCC	48	1.3619	32.3	26.9
629	628	Other endocrine, nutrit & metab O.R. proc w CC	111	1.0379	32.6	27.2
630	628	Other endocrine, nutrit & metab O.R. proc w/o CC/MCC	2	0.8491	25.2	21.0
637	637	Diabetes w MCC	424	0.9170	26.6	22.2
638	637	Diabetes w CC	1,059	0.6892	24.5	20.4
639	637	Diabetes w/o CC/MCC	70	0.5743	20.8	17.3
640	640	Nutritional & misc metabolic disorders w MCC	642	0.8333	23.2	19.3
641	640	Nutritional & misc metabolic disorders w/o MCC	552	0.6162	21.5	17.9
642	642	Inborn errors of metabolism	5	0.4811	19.5	16.3
643	643	Endocrine disorders w MCC	30	0.6770	24.0	20.0
644	643	Endocrine disorders w CC	28	0.5337	21.1	17.6
645	643	Endocrine disorders w/o CC/MCC	1	0.4811	19.5	16.3
652	652	Kidney transplant	0	0.0000	0.0	0.0

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
653	653	Major bladder procedures w MCC	2	1.7291	38.2	31.8
654	653	Major bladder procedures w CC	0	1.7291	38.2	31.8
655	653	Major bladder procedures w/o CC/MCC	0	1.7291	38.2	31.8
656	656	Kidney & ureter procedures for neoplasm w MCC	1	1.7291	38.2	31.8
657	656	Kidney & ureter procedures for neoplasm w CC	0	1.7291	38.2	31.8
658	656	Kidney & ureter procedures for neoplasm w/o CC/MCC	0	1.7291	38.2	31.8
659	659	Kidney & ureter procedures for non-neoplasm w MCC	6	1.2440	31.4	26.2
660	659	Kidney & ureter procedures for non-neoplasm w CC	6	1.2440	31.4	26.2
661	659	Kidney & ureter procedures for non-neoplasm w/o CC/MCC	1	0.6281	21.7	18.1
662	662	Minor bladder procedures w MCC	2	1.7291	38.2	31.8
663	662	Minor bladder procedures w CC	2	0.6281	21.7	18.1
664	662	Minor bladder procedures w/o CC/MCC	0	0.6281	21.7	18.1
665	665	Prostatectomy w MCC	2	0.8491	25.2	21.0
666	665	Prostatectomy w CC	1	0.8491	25.2	21.0
667	665	Prostatectomy w/o CC/MCC	0	0.8491	25.2	21.0
668	668	Transurethral procedures w MCC	4	0.8491	25.2	21.0
669	668	Transurethral procedures w CC	3	0.6281	21.7	18.1
670	668	Transurethral procedures w/o CC/MCC	0	0.6281	21.7	18.1
671	671	Urethral procedures w CC/MCC	1	0.6281	21.7	18.1
672	671	Urethral procedures w/o CC/MCC	0	0.6281	21.7	18.1
673	673	Other kidney & urinary tract procedures w MCC	230	1.4321	34.0	28.3
674	673	Other kidney & urinary tract procedures w CC	67	1.1314	29.1	24.3
675	673	Other kidney & urinary tract procedures w/o CC/MCC	0	1.1314	29.1	24.3
682	682	Renal failure w MCC	1,460	0.8881	23.8	19.8
683	682	Renal failure w CC	714	0.7436	22.9	19.1
684	682	Renal failure w/o CC/MCC	91	0.6572	20.6	17.2
685	685	Admit for renal dialysis	32	0.8258	25.1	20.9
686	686	Kidney & urinary tract neoplasms w MCC	15	0.8491	25.2	21.0
687	686	Kidney & urinary tract neoplasms w CC	18	0.8491	25.2	21.0
688	686	Kidney & urinary tract neoplasms w/o CC/MCC	3	0.6281	21.7	18.1
689	689	Kidney & urinary tract infections w MCC	871	0.6664	22.6	18.8
690	689	Kidney & urinary tract infections w/o MCC	783	0.5213	20.5	17.1
691	691	Urinary stones w esw lithotripsy w CC/MCC	0	0.4811	19.5	16.3
692	691	Urinary stones w esw lithotripsy w/o CC/MCC	0	0.4811	19.5	16.3
693	693	Urinary stones w/o esw lithotripsy w MCC	3	0.8491	25.2	21.0
694	693	Urinary stones w/o esw lithotripsy w/o MCC	5	0.4811	19.5	16.3
695	695	Kidney & urinary tract signs & symptoms w MCC	4	1.2440	31.4	26.2
696	695	Kidney & urinary tract signs & symptoms w/o MCC	7	0.6281	21.7	18.1
697	697	Urethral stricture	0	0.6281	21.7	18.1
698	698	Other kidney & urinary tract diagnoses w MCC	284	0.9494	23.6	19.7
699	698	Other kidney & urinary tract diagnoses w CC	143	0.6517	21.9	18.3
700	698	Other kidney & urinary tract diagnoses w/o CC/MCC	31	0.5613	21.0	17.5
707	707	Major male pelvic procedures w CC/MCC	0	1.2440	31.4	26.2
708	707	Major male pelvic procedures w/o CC/MCC	0	0.6281	21.7	18.1
709	709	Penis procedures w CC/MCC	15	1.7291	38.2	31.8
710	709	Penis procedures w/o CC/MCC	0	1.7291	38.2	31.8
711	711	Testes procedures w CC/MCC	6	1.2440	31.4	26.2
712	711	Testes procedures w/o CC/MCC	0	1.2440	31.4	26.2

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
713	713	Transurethral prostatectomy w CC/MCC	2	1.7291	38.2	31.8
714	713	Transurethral prostatectomy w/o CC/MCC	0	1.7291	38.2	31.8
715	715	Other male reproductive system O.R. proc for malignancy w CC/MCC	0	1.2440	31.4	26.2
716	715	Other male reproductive system O.R. proc for malignancy w/o CC/MCC	0	1.2440	31.4	26.2
717	717	Other male reproductive system O.R. proc exc malignancy w CC/MCC	11	1.2440	31.4	26.2
718	717	Other male reproductive system O.R. proc exc malignancy w/o CC/MCC	0	1.2440	31.4	26.2
722	722	Malignancy, male reproductive system w MCC	15	0.6281	21.7	18.1
723	722	Malignancy, male reproductive system w CC	14	0.6281	21.7	18.1
724	722	Malignancy, male reproductive system w/o CC/MCC	0	0.6281	21.7	18.1
725	725	Benign prostatic hypertrophy w MCC	1	0.8491	25.2	21.0
726	725	Benign prostatic hypertrophy w/o MCC	2	0.4811	19.5	16.3
727	727	Inflammation of the male reproductive system w MCC	27	0.7858	23.1	19.3
728	727	Inflammation of the male reproductive system w/o MCC	53	0.5215	20.2	16.8
729	729	Other male reproductive system diagnoses w CC/MCC	48	0.8865	25.9	21.6
730	729	Other male reproductive system diagnoses w/o CC/MCC	8	0.4811	19.5	16.3
734	734	Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC	0	1.2440	31.4	26.2
735	734	Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC	0	1.2440	31.4	26.2
736	736	Uterine & adnexa proc for ovarian or adnexal malignancy w MCC	0	1.2440	31.4	26.2
737	736	Uterine & adnexa proc for ovarian or adnexal malignancy w CC	0	0.8491	25.2	21.0
738	736	Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC	0	0.4811	19.5	16.3
739	739	Uterine,adnexa proc for non-ovarian/adnexal malig w MCC	1	1.2440	31.4	26.2
740	739	Uterine,adnexa proc for non-ovarian/adnexal malig w CC	0	1.2440	31.4	26.2
741	739	Uterine,adnexa proc for non-ovarian/adnexal malig w/o CC/MCC	0	1.2440	31.4	26.2
742	742	Uterine & adnexa proc for non-malignancy w CC/MCC	0	0.8491	25.2	21.0
743	742	Uterine & adnexa proc for non-malignancy w/o CC/MCC	0	0.4811	19.5	16.3
744	744	D&C, conization, laparascopy & tubal interruption w CC/MCC	1	0.8491	25.2	21.0
745	744	D&C, conization, laparascopy & tubal interruption w/o CC/MCC	0	0.8491	25.2	21.0
746	746	Vagina, cervix & vulva procedures w CC/MCC	1	1.7291	38.2	31.8
747	746	Vagina, cervix & vulva procedures w/o CC/MCC	0	1.7291	38.2	31.8
748	748	Female reproductive system reconstructive procedures	0	1.2440	31.4	26.2
749	749	Other female reproductive system O.R. procedures w CC/MCC	4	1.2440	31.4	26.2
750	749	Other female reproductive system O.R. procedures w/o CC/MCC	0	1.2440	31.4	26.2
754	754	Malignancy, female reproductive system w MCC	22	1.2440	31.4	26.2
755	754	Malignancy, female reproductive system w CC	21	0.8491	25.2	21.0
756	754	Malignancy, female reproductive system w/o CC/MCC	1	0.4811	19.5	16.3

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
757	757	Infections, female reproductive system w MCC	53	0.7733	24.0	20.0
758	757	Infections, female reproductive system w CC	27	0.7733	24.0	20.0
759	757	Infections, female reproductive system w/o CC/MCC	5	0.7733	24.0	20.0
760	760	Menstrual & other female reproductive system disorders w CC/MCC	0	0.8491	25.2	21.0
761	760	Menstrual & other female reproductive system disorders w/o CC/MCC	0	0.8491	25.2	21.0
765	765	Cesarean section w CC/MCC	0	0.8491	25.2	21.0
766	765	Cesarean section w/o CC/MCC	0	0.8491	25.2	21.0
767	767	Vaginal delivery w sterilization &/or D&C	0	0.8491	25.2	21.0
768	768	Vaginal delivery w O.R. proc except steril &/or D&C	0	0.8491	25.2	21.0
769	769	Postpartum & post abortion diagnoses w O.R. procedure	0	0.8491	25.2	21.0
770	770	Abortion w D&C, aspiration curettage or hysterotomy	0	0.8491	25.2	21.0
774	774	Vaginal delivery w complicating diagnoses	0	0.8491	25.2	21.0
775	775	Vaginal delivery w/o complicating diagnoses	0	0.8491	25.2	21.0
776	776	Postpartum & post abortion diagnoses w/o O.R. procedure	0	0.8491	25.2	21.0
777	777	Ectopic pregnancy	0	0.8491	25.2	21.0
778	778	Threatened abortion	0	0.7733	24.0	20.0
779	779	Abortion w/o D&C	0	0.7733	24.0	20.0
780	780	False labor	0	0.7733	24.0	20.0
781	781	Other antepartum diagnoses w medical complications	1	0.4811	19.5	16.3
782	782	Other antepartum diagnoses w/o medical complications	0	0.4811	19.5	16.3
789	789	Neonates, died or transferred to another acute care facility	0	0.4811	19.5	16.3
790	790	Extreme immaturity or respiratory distress syndrome, neonate	0	0.4811	19.5	16.3
791	791	Prematurity w major problems	0	0.4811	19.5	16.3
792	792	Prematurity w/o major problems	0	0.4811	19.5	16.3
793	793	Full term neonate w major problems	0	0.4811	19.5	16.3
794	794	Neonate w other significant problems	0	0.4811	19.5	16.3
795	795	Normal newborn	0	0.4811	19.5	16.3
799	799	Splenectomy w MCC	0	0.8491	25.2	21.0
800	799	Splenectomy w CC	1	0.8491	25.2	21.0
801	799	Splenectomy w/o CC/MCC	0	0.8491	25.2	21.0
802	802	Other O.R. proc of the blood & blood forming organs w MCC	4	1.2440	31.4	26.2
803	802	Other O.R. proc of the blood & blood forming organs w CC	0	1.2440	31.4	26.2
804	802	Other O.R. proc of the blood & blood forming organs w/o CC/MCC	0	1.2440	31.4	26.2
808	808	Major hematol/immun diag exc sickle cell crisis & coagul w MCC	17	1.2440	31.4	26.2
809	808	Major hematol/immun diag exc sickle cell crisis & coagul w CC	11	0.8491	25.2	21.0
810	808	Major hematol/immun diag exc sickle cell crisis & coagul w/o CC/MCC	1	0.4811	19.5	16.3
811	811	Red blood cell disorders w MCC	44	0.7925	23.1	19.3
812	811	Red blood cell disorders w/o MCC	59	0.5272	20.4	17.0

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
813	813	Coagulation disorders	55	0.8311	23.2	19.3
814	814	Reticuloendothelial & immunity disorders w MCC	16	0.8491	25.2	21.0
815	814	Reticuloendothelial & immunity disorders w CC	7	0.6281	21.7	18.1
816	814	Reticuloendothelial & immunity disorders w/o CC/MCC	1	0.4811	19.5	16.3
820	820	Lymphoma & leukemia w major O.R. procedure w MCC	0	1.2440	31.4	26.2
821	820	Lymphoma & leukemia w major O.R. procedure w CC	0	0.8491	25.2	21.0
822	820	Lymphoma & leukemia w major O.R. procedure w/o CC/MCC	0	0.8491	25.2	21.0
823	823	Lymphoma & non-acute leukemia w other O.R. proc w MCC	11	1.2440	31.4	26.2
824	823	Lymphoma & non-acute leukemia w other O.R. proc w CC	4	0.8491	25.2	21.0
825	823	Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC	0	0.8491	25.2	21.0
826	826	Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC	1	1.7291	38.2	31.8
827	826	Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC	1	1.7291	38.2	31.8
828	826	Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC	0	1.7291	38.2	31.8
829	829	Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC	7	1.7291	38.2	31.8
830	829	Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC	0	1.7291	38.2	31.8
834	834	Acute leukemia w/o major O.R. procedure w MCC	14	0.8491	25.2	21.0
835	834	Acute leukemia w/o major O.R. procedure w CC	14	0.8491	25.2	21.0
836	834	Acute leukemia w/o major O.R. procedure w/o CC/MCC	2	0.8491	25.2	21.0
837	837	Chemo w acute leukemia as sdx or w high dose chemo agent w MCC	0	1.7291	38.2	31.8
838	837	Chemo w acute leukemia as sdx or w high dose chemo agent w CC	0	1.7291	38.2	31.8
839	837	Chemo w acute leukemia as sdx or w high dose chemo agent w/o CC/MCC	0	1.7291	38.2	31.8
840	840	Lymphoma & non-acute leukemia w MCC	133	0.9135	23.1	19.3
841	840	Lymphoma & non-acute leukemia w CC	63	0.7159	19.7	16.4
842	840	Lymphoma & non-acute leukemia w/o CC/MCC	7	0.6281	21.7	18.1
843	843	Other myeloprolif dis or poorly diff neopl diag w MCC	20	0.8491	25.2	21.0
844	843	Other myeloprolif dis or poorly diff neopl diag w CC	10	0.6281	21.7	18.1
845	843	Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC	3	0.6281	21.7	18.1
846	846	Chemotherapy w/o acute leukemia as secondary diagnosis w MCC	49	1.4611	30.0	25.0
847	846	Chemotherapy w/o acute leukemia as secondary diagnosis w CC	43	1.0744	23.8	19.8
848	846	Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC	0	1.0744	23.8	19.8
849	849	Radiotherapy	141	0.7878	21.6	18.0
853	853	Infectious & parasitic diseases w O.R. procedure w MCC	840	1.7691	37.3	31.1
854	853	Infectious & parasitic diseases w O.R. procedure w CC	104	1.1402	33.0	27.5

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
855	853	Infectious & parasitic diseases w O.R. procedure w/o CC/MCC	5	1.1402	33.0	27.5
856	856	Postoperative or post-traumatic infections w O.R. proc w MCC	303	1.5454	36.8	30.7
857	856	Postoperative or post-traumatic infections w O.R. proc w CC	213	1.0591	32.7	27.3
858	856	Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC	32	0.8833	26.8	22.3
862	862	Postoperative & post-traumatic infections w MCC	1,168	0.9532	25.3	21.1
863	862	Postoperative & post-traumatic infections w/o MCC	1,240	0.6971	24.0	20.0
864	864	Fever of unknown origin	11	0.4811	19.5	16.3
865	865	Viral illness w MCC	36	0.7928	22.2	18.5
866	865	Viral illness w/o MCC	14	0.6281	21.7	18.1
867	867	Other infectious & parasitic diseases diagnoses w MCC	359	1.1181	23.3	19.4
868	867	Other infectious & parasitic diseases diagnoses w CC	86	0.7342	22.6	18.8
869	867	Other infectious & parasitic diseases diagnoses w/o CC/MCC	7	0.4811	19.5	16.3
870	870	Septicemia w MV 96+ hours	902	2.2083	33.1	27.6
871	871	Septicemia w/o MV 96+ hours w MCC	4,512	0.8625	23.4	19.5
872	871	Septicemia w/o MV 96+ hours w/o MCC	1,610	0.6514	21.8	18.2
876	876	O.R. procedure w principal diagnoses of mental illness	12	0.6281	21.7	18.1
880	880	Acute adjustment reaction & psychosocial dysfunction	11	0.4811	19.5	16.3
881	881	Depressive neuroses	15	0.6281	21.7	18.1
882	882	Neuroses except depressive	16	0.4811	19.5	16.3
883	883	Disorders of personality & impulse control	12	0.8491	25.2	21.0
884	884	Organic disturbances & mental retardation	147	0.5119	25.5	21.3
885	885	Psychoses	1,220	0.4153	23.8	19.8
886	886	Behavioral & developmental disorders	18	0.4811	19.5	16.3
887	887	Other mental disorder diagnoses	0	0.6281	21.7	18.1
894	894	Alcohol/drug abuse or dependence, left ama	0	0.6281	21.7	18.1
895	895	Alcohol/drug abuse or dependence w rehabilitation therapy	2	0.4811	19.5	16.3
896	896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC	7	1.2440	31.4	26.2
897	896	Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC	17	0.4811	19.5	16.3
901	901	Wound debridements for injuries w MCC	220	1.4971	35.9	29.9
902	901	Wound debridements for injuries w CC	129	1.0444	30.1	25.1
903	901	Wound debridements for injuries w/o CC/MCC	23	0.8491	25.2	21.0
904	904	Skin grafts for injuries w CC/MCC	78	1.3240	35.6	29.7
905	904	Skin grafts for injuries w/o CC/MCC	6	0.8491	25.2	21.0
906	906	Hand procedures for injuries	1	1.7291	38.2	31.8
907	907	Other O.R. procedures for injuries w MCC	91	1.6121	37.5	31.3
908	907	Other O.R. procedures for injuries w CC	63	1.1164	34.1	28.4
909	907	Other O.R. procedures for injuries w/o CC/MCC	6	1.1164	34.1	28.4
913	913	Traumatic injury w MCC	38	0.7603	25.1	20.9
914	913	Traumatic injury w/o MCC	66	0.6102	22.2	18.5
915	915	Allergic reactions w MCC	0	0.4811	19.5	16.3
916	915	Allergic reactions w/o MCC	0	0.4811	19.5	16.3

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
917	917	Poisoning & toxic effects of drugs w MCC	8	0.4811	19.5	16.3
918	917	Poisoning & toxic effects of drugs w/o MCC	9	0.4811	19.5	16.3
919	919	Complications of treatment w MCC	1,245	1.0831	26.9	22.4
920	919	Complications of treatment w CC	847	0.8494	26.0	21.7
921	919	Complications of treatment w/o CC/MCC	118	0.6108	20.2	16.8
922	922	Other injury, poisoning & toxic effect diag w MCC	7	0.8491	25.2	21.0
923	922	Other injury, poisoning & toxic effect diag w/o MCC	11	0.6281	21.7	18.1
927	927	Extensive burns or full thickness burns w MV 96+ hrs w skin graft	1	1.7291	38.2	31.8
928	928	Full thickness burn w skin graft or inhal inj w CC/MCC	9	1.2440	31.4	26.2
929	928	Full thickness burn w skin graft or inhal inj w/o CC/MCC	2	0.6281	21.7	18.1
933	933	Extensive burns or full thickness burns w MV 96+ hrs w/o skin graft	10	1.2440	31.4	26.2
934	934	Full thickness burn w/o skin graft or inhal inj	40	0.7641	24.2	20.2
935	935	Non-extensive burns	46	0.7746	24.5	20.4
939	939	O.R. proc w diagnoses of other contact w health services w MCC	270	1.3259	33.7	28.1
940	939	O.R. proc w diagnoses of other contact w health services w CC	136	0.9894	30.6	25.5
941	939	O.R. proc w diagnoses of other contact w health services w/o CC/MCC	15	0.8491	25.2	21.0
945	945	Rehabilitation w CC/MCC	2,223	0.6072	22.1	18.4
946	945	Rehabilitation w/o CC/MCC	428	0.4261	18.9	15.8
947	947	Signs & symptoms w MCC	58	0.6412	22.1	18.4
948	947	Signs & symptoms w/o MCC	70	0.5685	22.1	18.4
949	949	Aftercare w CC/MCC	3,824	0.6962	22.5	18.8
950	949	Aftercare w/o CC/MCC	551	0.4952	19.2	16.0
951	951	Other factors influencing health status	28	1.3205	27.9	23.3
955	955	Craniotomy for multiple significant trauma	0	1.7291	38.2	31.8
956	956	Limb reattachment, hip & femur proc for multiple significant trauma	0	0.8491	25.2	21.0
957	957	Other O.R. procedures for multiple significant trauma w MCC	1	1.2440	31.4	26.2
958	957	Other O.R. procedures for multiple significant trauma w CC	1	0.4811	19.5	16.3
959	957	Other O.R. procedures for multiple significant trauma w/o CC/MCC	0	0.4811	19.5	16.3
963	963	Other multiple significant trauma w MCC	15	0.8491	25.2	21.0
964	963	Other multiple significant trauma w CC	5	0.6281	21.7	18.1
965	963	Other multiple significant trauma w/o CC/MCC	3	0.4811	19.5	16.3
969	969	HIV w extensive O.R. procedure w MCC	14	1.2440	31.4	26.2
970	969	HIV w extensive O.R. procedure w/o MCC	3	1.2440	31.4	26.2
974	974	HIV w major related condition w MCC	196	0.9948	21.9	18.3
975	974	HIV w major related condition w CC	85	0.6370	18.3	15.3
976	974	HIV w major related condition w/o CC/MCC	16	0.6281	21.7	18.1
977	977	HIV w or w/o other related condition	45	0.6822	19.0	15.8
981	981	Extensive O.R. procedure unrelated to principal diagnosis w MCC	1,161	2.3267	43.1	35.9

MS-LTC-DRG	Base MS-LTC-DRG	MS-LTC-DRG Description	FY 2007 LTCH Cases	Relative Weight	Geo-metric Average Length of Stay	Short-Stay Outlier (SSO) Threshold
982	981	Extensive O.R. procedure unrelated to principal diagnosis w CC	293	1.4598	35.5	29.6
983	981	Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC	26	1.1497	31.9	26.6
984	984	Prostatic O.R. procedure unrelated to principal diagnosis w MCC	16	1.2440	31.4	26.2
985	984	Prostatic O.R. procedure unrelated to principal diagnosis w CC	9	1.2440	31.4	26.2
986	984	Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC	0	1.2440	31.4	26.2
987	987	Non-extensive O.R. proc unrelated to principal diagnosis w MCC	423	1.7625	36.7	30.6
988	987	Non-extensive O.R. proc unrelated to principal diagnosis w CC	219	1.1474	33.9	28.3
989	987	Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC	10	0.8491	25.2	21.0
998	998	Ungroupable	0	0.0000	0.0	0.0
999	999	Principal diagnosis invalid as discharge diagnosis	0	0.0000	0.0	0.0

[FR Doc. E9–12911 Filed 5–29–09; 4:15 pm]
BILLING CODE 4120–01–C

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 64

[Docket ID FEMA–2008–0020; Internal Agency Docket No. FEMA–8077]

Suspension of Community Eligibility

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Final rule.

SUMMARY: This rule identifies communities, where the sale of flood insurance has been authorized under the National Flood Insurance Program (NFIP), that are scheduled for suspension on the effective dates listed within this rule because of noncompliance with the floodplain management requirements of the program. If the Federal Emergency Management Agency (FEMA) receives documentation that the community has adopted the required floodplain management measures prior to the effective suspension date given in this rule, the suspension will not occur and a notice of this will be provided by publication in the **Federal Register** on a subsequent date.

DATES: *Effective Dates:* The effective date of each community's scheduled suspension is the third date (''Susp'') listed in the third column of the following tables.

FOR FURTHER INFORMATION CONTACT: If you want to determine whether a particular community was suspended on the suspension date or for further information, contact David Stearrett, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–2953.

SUPPLEMENTARY INFORMATION: The NFIP enables property owners to purchase flood insurance which is generally not otherwise available. In return, communities agree to adopt and administer local floodplain management aimed at protecting lives and new construction from future flooding. Section 1315 of the National Flood Insurance Act of 1968, as amended, 42 U.S.C. 4022, prohibits flood insurance coverage as authorized under the NFIP, 42 U.S.C. 4001 *et seq.*; unless an appropriate public body adopts adequate floodplain management measures with effective enforcement measures. The communities listed in this document no longer meet that statutory requirement for compliance with program regulations, 44 CFR part 59. Accordingly, the communities will be suspended on the effective date in the third column. As of that date, flood insurance will no longer be available in the community. However, some of these communities may adopt and submit the required documentation of legally enforceable floodplain management measures after this rule is published but prior to the actual suspension date. These communities will not be suspended and will continue their eligibility for the sale of insurance. A notice withdrawing the suspension of the communities will be published in the **Federal Register**.

In addition, FEMA has identified the Special Flood Hazard Areas (SFHAs) in these communities by publishing a Flood Insurance Rate Map (FIRM). The date of the FIRM, if one has been published, is indicated in the fourth column of the table. No direct Federal financial assistance (except assistance pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act not in connection with a flood) may legally be provided for construction or acquisition of buildings in identified SFHAs for communities not participating in the NFIP and identified for more than a year, on FEMA's initial flood insurance map of the community as having flood-prone areas (section 202(a) of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4106(a), as amended). This prohibition against certain types of Federal assistance becomes effective for the communities listed on the date shown in the last column. The Administrator finds that notice and public comment under 5 U.S.C. 553(b) are impracticable and unnecessary because communities listed in this final rule have been adequately notified.

Each community receives 6-month, 90-day, and 30-day notification letters addressed to the Chief Executive Officer stating that the community will be