

# Medicare and Medicaid Payments

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The following table includes information about payments made by Medicare and Medicaid for the 17 medical conditions/surgical procedures included in this *Hospital Performance Report*. This analysis is based on data from 2013, which is the most recent payment data available to PHC4. Displayed separately are the average amounts paid by Medicare fee-for-service, Medicaid fee-for-service, and Medicaid managed care organizations for inpatient hospitalizations of Pennsylvania residents only. Payments from Medicare Advantage plans (e.g., Medicare HMOs) are not included, nor are patient liabilities (e.g., coinsurance and deductible dollar amounts).

The average Medicare fee-for-service payment is calculated using the claim-payment amount based on data provided by the Centers for Medicare and Medicaid Services (CMS). The average Medicaid fee-for-

***The payments analysis is based on***

***data from 2013, the most recent***

***information available to PHC4.***

***Displayed separately are the average***

***amounts paid by Medicare fee-for-***

***service, Medicaid fee-for-service, and***

***Medicaid managed care***

***organizations for inpatient***

***hospitalizations of Pennsylvania***

***residents only.***

service and managed care organization payments are calculated separately and are based on the claim-payment amounts obtained from the Pennsylvania Department of Human Services. The average payment for each payer category is calculated by summing the payment amounts for the cases in a particular medical condition/surgical procedure and dividing the sum by the number of cases in that condition-procedure group for the given payer.

Most of the medical conditions and surgical procedures included in this report are defined using ICD-9-CM (International Classification of Diseases, Ninth Revision, Clinical Modification) diagnosis and procedure codes, with a secondary requirement that they be limited to particular MS-DRGs (Medicare Severity – Diagnosis-Related Group) – information available from the discharge data that PHC4

receives from Pennsylvania hospitals. Two conditions (Chest Pain and Hypotension and Fainting) are comprised of single MS-DRGs.

In this section, average payments are displayed for the 17 medical conditions/surgical procedures included in this report – broken down by the MS-DRGs included within each condition/procedure. While the 17 conditions/procedures have been defined using diagnosis and procedure codes that represent a clinically cohesive population, the payment data is displayed by the individual MS-DRGs included within each condition to account for variations in case-mix. Differences in the approaches used by Medicare and Medicaid in determining payments may account for some of the variation seen across these payers.

# Medicare and Medicaid Payments

Medicare and Medicaid Payments – 2013 Statewide Data							
For the 17 medical conditions/surgical procedures included in this Hospital Performance Report							
MS-DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Medicare Fee-for-Service		Medicaid Fee-for-Service		Medicaid Managed Care	
		Cases	Average Payment	Cases	Average Payment	Cases	Average Payment
<b>Abnormal Heartbeat</b>		<b>15,331</b>	<b>\$6,981</b>	<b>517</b>	<b>\$7,856</b>	<b>1,126</b>	<b>\$7,423</b>
242	Permanent Cardiac Pacemaker Implant w/ MCC	578	\$21,505	7	NR	11	\$22,023
243	Permanent Cardiac Pacemaker Implant w/ CC	1,137	\$15,091	24	\$17,699	27	\$19,008
244	Permanent Cardiac Pacemaker Implant w/o CC/MCC	953	\$11,725	18	\$11,772	26	\$16,339
246	Percutaneous Cardiovascular Procedure with Drug-Eluting Stent w/ MCC or 4+ Vessels/Stents	22	\$19,969	4	NR	0	NR
247	Percutaneous Cardiovascular Procedure with Drug-Eluting Stent w/o MCC	25	\$12,888	1	NR	2	NR
248	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent w/ MCC or 4+ Vessels/Stents	13	\$18,462	3	NR	1	NR
249	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent w/o MCC	14	\$11,208	0	NR	0	NR
250	Percutaneous Cardiovascular Procedure without Coronary Artery Stent w/ MCC	131	\$20,856	13	\$17,574	12	\$18,418
251	Percutaneous Cardiovascular Procedure without Coronary Artery Stent w/o MCC	591	\$13,138	28	\$10,906	97	\$11,501
258	Cardiac Pacemaker Device Replacement w/ MCC	4	NR	0	NR	0	NR
259	Cardiac Pacemaker Device Replacement w/o MCC	14	\$10,681	1	NR	0	NR
260	Cardiac Pacemaker Revision Except Device Replacement w/ MCC	3	NR	0	NR	0	NR
261	Cardiac Pacemaker Revision Except Device Replacement w/ CC	10	NR	1	NR	0	NR
262	Cardiac Pacemaker Revision Except Device Replacement w/o CC/MCC	7	NR	0	NR	0	NR
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/ MCC	156	\$12,481	18	\$13,870	15	\$8,501
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/o MCC	342	\$6,007	30	\$6,928	31	\$6,304
308	Cardiac Arrhythmia and Conduction Disorders w/ MCC	2,985	\$7,144	92	\$8,524	138	\$7,814
309	Cardiac Arrhythmia and Conduction Disorders w/ CC	4,172	\$4,324	131	\$5,505	376	\$6,251
310	Cardiac Arrhythmia and Conduction Disorders w/o CC/MCC	4,174	\$2,575	146	\$3,714	390	\$5,249
<b>Chest Pain</b>		<b>2,336</b>	<b>\$2,969</b>	<b>155</b>	<b>\$3,737</b>	<b>865</b>	<b>\$4,384</b>
313	Chest Pain	2,336	\$2,969	155	\$3,737	865	\$4,384

Note: Differences in the approaches used by Medicare and Medicaid in determining payments may account for some of the variation seen across these payers for a given condition.

NR = Not Reported (10 or fewer cases)  
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MS-DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Medicare Fee-for-Service		Medicaid Fee-for-Service		Medicaid Managed Care	
		Cases	Average Payment	Cases	Average Payment	Cases	Average Payment
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>		<b>11,662</b>	<b>\$5,318</b>	<b>476</b>	<b>\$6,113</b>	<b>2,199</b>	<b>\$6,811</b>
190	Chronic Obstructive Pulmonary Disease w/ MCC	4,544	\$6,508	162	\$7,365	589	\$7,212
191	Chronic Obstructive Pulmonary Disease w/ CC	4,205	\$5,180	148	\$6,633	836	\$6,880
192	Chronic Obstructive Pulmonary Disease w/o CC/MCC	2,913	\$3,659	166	\$4,426	774	\$6,431
<b>Colorectal Procedures</b>		<b>3,278</b>	<b>\$18,285</b>	<b>272</b>	<b>\$16,694</b>	<b>553</b>	<b>\$17,614</b>
329	Major Small and Large Bowel Procedures w/ MCC	885	\$31,200	77	\$26,813	100	\$24,481
330	Major Small and Large Bowel Procedures w/ CC	1,453	\$15,107	121	\$14,048	283	\$17,996
331	Major Small and Large Bowel Procedures w/o CC/MCC	647	\$9,363	57	\$8,804	126	\$12,141
332	Rectal Resection w/ MCC	50	\$26,692	2	NR	5	NR
333	Rectal Resection w/ CC	150	\$14,119	7	NR	23	\$17,082
334	Rectal Resection w/o CC/MCC	93	\$9,306	8	NR	16	\$11,531
<b>Congestive Heart Failure (CHF)</b>		<b>18,903</b>	<b>\$6,457</b>	<b>613</b>	<b>\$9,934</b>	<b>1,448</b>	<b>\$8,772</b>
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/ MCC	296	\$14,500	54	\$19,704	58	\$10,265
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/o MCC	676	\$6,669	85	\$11,363	133	\$9,387
291	Heart Failure and Shock w/ MCC	6,295	\$8,686	142	\$12,156	307	\$9,447
292	Heart Failure and Shock w/ CC	8,433	\$5,605	284	\$7,155	761	\$8,494
293	Heart Failure and Shock w/o CC/MCC	3,203	\$3,530	48	\$6,284	189	\$7,907
<b>Diabetes - Medical Management</b>		<b>3,950</b>	<b>\$5,403</b>	<b>907</b>	<b>\$6,256</b>	<b>2,507</b>	<b>\$5,988</b>
073	Cranial and Peripheral Nerve Disorders w/ MCC	148	\$8,457	11	\$16,636	45	\$8,911
074	Cranial and Peripheral Nerve Disorders w/o MCC	477	\$5,127	65	\$6,002	278	\$6,247
299	Peripheral Vascular Disorders w/ MCC	34	\$9,158	3	NR	5	NR
300	Peripheral Vascular Disorders w/ CC	89	\$5,444	2	NR	20	\$7,406
301	Peripheral Vascular Disorders w/o CC/MCC	3	NR	1	NR	2	NR
637	Diabetes w/ MCC	726	\$8,358	120	\$11,537	249	\$7,352
638	Diabetes w/ CC	1,821	\$4,581	431	\$5,742	1,181	\$5,939
639	Diabetes w/o CC/MCC	518	\$2,888	259	\$4,054	674	\$5,182
698	Other Kidney and Urinary Tract Diagnoses w/ MCC	39	\$10,146	3	NR	6	NR
699	Other Kidney and Urinary Tract Diagnoses w/ CC	84	\$5,879	9	NR	37	\$6,280
700	Other Kidney and Urinary Tract Diagnoses w/o CC/MCC	11	\$3,850	3	NR	10	NR

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MS-DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Medicare Fee-for-Service		Medicaid Fee-for-Service		Medicaid Managed Care	
		Cases	Average Payment	Cases	Average Payment	Cases	Average Payment
<b>Gallbladder Removal - Laparoscopic</b>		<b>2,030</b>	<b>\$9,704</b>	<b>516</b>	<b>\$6,906</b>	<b>1,075</b>	<b>\$8,516</b>
411	Cholecystectomy with Common Duct Exploration (C.D.E.) w/ MCC	3	NR	0	NR	2	NR
412	Cholecystectomy with C.D.E. w/ CC	4	NR	1	NR	0	NR
413	Cholecystectomy with C.D.E. w/o CC/MCC	1	NR	3	NR	0	NR
417	Laparoscopic Cholecystectomy without C.D.E. w/ MCC	452	\$14,796	56	\$10,857	100	\$10,236
418	Laparoscopic Cholecystectomy without C.D.E. w/ CC	815	\$9,644	168	\$7,780	349	\$9,485
419	Laparoscopic Cholecystectomy without C.D.E. w/o CC/MCC	755	\$6,648	288	\$5,639	624	\$7,701
<b>Gallbladder Removal - Open</b>		<b>446</b>	<b>\$14,079</b>	<b>59</b>	<b>\$12,247</b>	<b>111</b>	<b>\$11,511</b>
411	Cholecystectomy with C.D.E. w/ MCC	5	NR	2	NR	1	NR
412	Cholecystectomy with C.D.E. w/ CC	8	NR	1	NR	1	NR
413	Cholecystectomy with C.D.E. w/o CC/MCC	6	NR	1	NR	0	NR
414	Cholecystectomy Except by Laparoscope without C.D.E. w/ MCC	143	\$21,307	8	NR	21	\$17,438
415	Cholecystectomy Except by Laparoscope without C.D.E. w/ CC	167	\$12,127	29	\$11,122	51	\$11,386
416	Cholecystectomy Except by Laparoscope without C.D.E. w/o CC/MCC	117	\$7,643	18	\$9,953	37	\$8,655
<b>Heart Attack - Angioplasty/Stent</b>		<b>2,911</b>	<b>\$13,800</b>	<b>610</b>	<b>\$14,636</b>	<b>493</b>	<b>\$17,445</b>
246	Percutaneous Cardiovascular Procedure with Drug-Eluting Stent w/ MCC or 4+ Vessels/Stents	496	\$20,259	54	\$19,415	54	\$20,958
247	Percutaneous Cardiovascular Procedure with Drug-Eluting Stent w/o MCC	1,466	\$11,763	326	\$13,059	275	\$18,137
248	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent w/ MCC or 4+ Vessels/Stents	263	\$19,469	43	\$22,804	24	\$19,063
249	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent w/o MCC	503	\$10,510	158	\$13,624	106	\$14,647
250	Percutaneous Cardiovascular Procedure without Coronary Artery Stent w/ MCC	60	\$18,586	11	\$22,764	5	NR
251	Percutaneous Cardiovascular Procedure without Coronary Artery Stent w/o MCC	123	\$11,040	18	\$13,285	29	\$13,184

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		Cases	Average Payment	Cases	Average Payment	Cases	Average Payment
<b>Heart Attack - Medical Management</b>		<b>4,674</b>	<b>\$7,859</b>	<b>167</b>	<b>\$10,723</b>	<b>293</b>	<b>\$11,477</b>
280	Acute Myocardial Infarction, Discharged Alive w/ MCC	2,154	\$10,267	53	\$14,481	107	\$13,817
281	Acute Myocardial Infarction, Discharged Alive w/ CC	1,368	\$5,959	51	\$9,608	100	\$10,642
282	Acute Myocardial Infarction, Discharged Alive w/o CC/MCC	738	\$3,884	55	\$6,905	76	\$9,182
283	Acute Myocardial Infarction, Expired w/ MCC	309	\$10,455	8	NR	9	NR
284	Acute Myocardial Infarction, Expired w/ CC	65	\$4,164	0	NR	0	NR
285	Acute Myocardial Infarction, Expired w/o CC/MCC	40	\$2,483	0	NR	1	NR
<b>Hypotension and Fainting</b>		<b>4,306</b>	<b>\$3,915</b>	<b>117</b>	<b>\$4,520</b>	<b>451</b>	<b>\$5,042</b>
312	Syncope and Collapse	4,306	\$3,915	117	\$4,520	451	\$5,042
<b>Kidney and Urinary Tract Infections</b>		<b>9,458</b>	<b>\$4,815</b>	<b>375</b>	<b>\$6,778</b>	<b>1,073</b>	<b>\$5,928</b>
689	Kidney and Urinary Tract Infections w/ MCC	2,870	\$6,415	71	\$12,511	166	\$7,136
690	Kidney and Urinary Tract Infections w/o MCC	6,588	\$4,118	304	\$5,439	907	\$5,706
<b>Kidney Failure - Acute</b>		<b>9,613</b>	<b>\$6,463</b>	<b>426</b>	<b>\$9,248</b>	<b>1,160</b>	<b>\$8,372</b>
682	Renal Failure w/ MCC	2,946	\$9,261	80	\$15,830	268	\$9,450
683	Renal Failure w/ CC	5,711	\$5,531	284	\$7,976	727	\$8,122
684	Renal Failure w/o CC/MCC	956	\$3,406	62	\$6,581	165	\$7,724
<b>Pneumonia - Aspiration</b>		<b>3,829</b>	<b>\$9,480</b>	<b>105</b>	<b>\$11,913</b>	<b>269</b>	<b>\$11,138</b>
177	Respiratory Infections and Inflammations w/ MCC	1,970	\$11,261	42	\$14,865	107	\$12,555
178	Respiratory Infections and Inflammations w/ CC	1,515	\$8,094	53	\$10,540	114	\$10,894
179	Respiratory Infections and Inflammations w/o CC/ MCC	344	\$5,388	10	NR	48	\$8,558
<b>Pneumonia - Infectious</b>		<b>15,062</b>	<b>\$6,243</b>	<b>708</b>	<b>\$6,746</b>	<b>1,936</b>	<b>\$7,471</b>
177	Respiratory Infections and Inflammations w/ MCC	507	\$11,338	16	\$18,330	44	\$13,703
178	Respiratory Infections and Inflammations w/ CC	391	\$7,770	16	\$10,508	50	\$10,600
179	Respiratory Infections and Inflammations w/o CC/ MCC	57	\$5,277	4	NR	7	NR
193	Simple Pneumonia and Pleurisy w/ MCC	5,010	\$8,224	192	\$8,870	387	\$8,546
194	Simple Pneumonia and Pleurisy w/ CC	6,494	\$5,335	333	\$5,894	1,006	\$7,252
195	Simple Pneumonia and Pleurisy w/o CC/MCC	2,603	\$3,497	147	\$4,225	442	\$6,069

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		Cases	Average Payment	Cases	Average Payment	Cases	Average Payment
<b>Septicemia</b>		<b>19,291</b>	<b>\$10,981</b>	<b>1,418</b>	<b>\$15,511</b>	<b>2,338</b>	<b>\$12,228</b>
870	Septicemia or Severe Sepsis with Mechanical Ventilation 96+ Hours	840	\$37,476	156	\$25,700	190	\$25,212
871	Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours w/ MCC	13,519	\$11,146	836	\$17,037	1,343	\$12,030
872	Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours w/o MCC	4,932	\$6,016	426	\$8,784	805	\$9,494
<b>Stroke</b>		<b>8,113</b>	<b>\$6,995</b>	<b>651</b>	<b>\$9,904</b>	<b>766</b>	<b>\$10,667</b>
061	Acute Ischemic Stroke with Use of Thrombolytic Agent w/ MCC	134	\$17,790	9	NR	8	NR
062	Acute Ischemic Stroke with Use of Thrombolytic Agent w/ CC	238	\$11,656	18	\$7,595	16	\$16,735
063	Acute Ischemic Stroke with Use of Thrombolytic Agent w/o CC/MCC	69	\$8,707	3	NR	5	NR
064	Intracranial Hemorrhage or Cerebral Infarction w/ MCC	1,838	\$10,663	139	\$17,903	125	\$12,009
065	Intracranial Hemorrhage or Cerebral Infarction w/ CC	3,661	\$6,149	296	\$8,425	393	\$10,348
066	Intracranial Hemorrhage or Cerebral Infarction w/o CC/MCC	2,173	\$4,087	186	\$6,166	219	\$9,695

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