

# Medicare Payments

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The following table includes information about payments made by Medicare for the 17 medical conditions/surgical procedures included in this *Hospital Performance Report*. This analysis is based on data from federal fiscal year (FFY) 2018, which is the most recent payment data available to PHC4. Displayed are the average amounts paid by Medicare fee-for-service 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 payment 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.

***The payments analysis is based on data from federal fiscal year 2018. This information, provided by CMS, reflects the average amounts paid by Medicare fee-for-service for inpatient hospitalizations of Pennsylvania residents only.***

Most of the medical conditions and surgical procedures included in this report are defined using ICD-10-CM/PCS (International Classification of Diseases, Tenth Revision, Clinical Modification/Procedure Coding System) diagnosis and procedure codes, with a secondary requirement that they be limited to particular MS-DRGs (Medicare Severity – Diagnosis-Related Groups) – information available from the discharge data that PHC4 receives from Pennsylvania hospitals. One condition (Chest Pain) is comprised of a single MS-DRG.

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.

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<b>Medicare Fee-for-Service Payments – FFY 2018 Statewide Data</b> <i>For the 17 medical conditions/surgical procedures included in this Hospital Performance Report</i>			
MS-DRG	MS-DRG Descriptions by Medical Condition/Surgical Procedure	Medicare Fee-for-Service	
		Cases	Average Payment
<b>Abnormal Heartbeat</b>		<b>12,454</b>	<b>\$8,288</b>
242	Permanent Cardiac Pacemaker Implant w/ MCC	582	\$22,843
243	Permanent Cardiac Pacemaker Implant w/ CC	941	\$16,183
244	Permanent Cardiac Pacemaker Implant w/o CC/MCC	647	\$12,922
258	Cardiac Pacemaker Device Replacement w/ MCC	NR	NR
259	Cardiac Pacemaker Device Replacement w/o MCC	17	\$15,119
260	Cardiac Pacemaker Revision Except Device Replacement w/ MCC	16	\$26,872
261	Cardiac Pacemaker Revision Except Device Replacement w/ CC	32	\$13,440
262	Cardiac Pacemaker Revision Except Device Replacement w/o CC/MCC	NR	NR
273	Percutaneous Intracardiac Procedures w/ MCC	176	\$25,870
274	Percutaneous Intracardiac Procedures w/o MCC	667	\$19,029
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/ MCC	223	\$13,981
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/o MCC	236	\$6,785
308	Cardiac Arrhythmia and Conduction Disorders w/ MCC	2,753	\$7,204
309	Cardiac Arrhythmia and Conduction Disorders w/ CC	3,566	\$4,457
310	Cardiac Arrhythmia and Conduction Disorders w/o CC/MCC	2,581	\$2,846
<b>Blood Clot in Lung</b>		<b>2,336</b>	<b>\$7,055</b>
175	Pulmonary Embolism with MCC	1,001	\$9,030
176	Pulmonary Embolism without MCC	1,290	\$5,177
207	Respiratory System Diagnosis with Ventilator Support > 96 Hours	NR	NR
208	Respiratory System Diagnosis with Ventilator Support < = 96 Hours	NR	NR
<b>Chest Pain</b>		<b>1,410</b>	<b>\$4,183</b>
313	Chest Pain	1,410	\$4,183
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>		<b>9,429</b>	<b>\$5,989</b>
190	Chronic Obstructive Pulmonary Disease w/ MCC	5,032	\$6,790
191	Chronic Obstructive Pulmonary Disease w/ CC	3,128	\$5,425
192	Chronic Obstructive Pulmonary Disease w/o CC/MCC	1,269	\$4,209

NR = Not Reported (too few cases)

CC = Complication or Comorbidity

MCC = Major Complication or Comorbidity

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<b>Colorectal Procedures</b>		<b>2,930</b>	<b>\$17,304</b>
329	Major Small and Large Bowel Procedures w/ MCC	654	\$30,218
330	Major Small and Large Bowel Procedures w/ CC	1,495	\$15,257
331	Major Small and Large Bowel Procedures w/o CC/MCC	734	\$10,285
332	Rectal Resection w/ MCC	NR	NR
333	Rectal Resection w/ CC	21	\$12,554
334	Rectal Resection w/o CC/MCC	NR	NR
<b>Diabetes - Medical Management</b>		<b>4,359</b>	<b>\$6,136</b>
073	Cranial and Peripheral Nerve Disorders w/ MCC	133	\$9,475
074	Cranial and Peripheral Nerve Disorders w/o MCC	296	\$5,932
299	Peripheral Vascular Disorders w/ MCC	73	\$8,917
300	Peripheral Vascular Disorders w/ CC	99	\$6,450
301	Peripheral Vascular Disorders w/o CC/MCC	NR	NR
637	Diabetes w/ MCC	1,135	\$8,166
638	Diabetes w/ CC	2,157	\$5,124
639	Diabetes w/o CC/MCC	363	\$3,581
698	Other Kidney and Urinary Tract Diagnoses w/ MCC	34	\$10,603
699	Other Kidney and Urinary Tract Diagnoses w/ CC	62	\$6,897
700	Other Kidney and Urinary Tract Diagnoses w/o CC/MCC	NR	NR
<b>Heart Attack - Angioplasty/Stent</b>		<b>3,363</b>	<b>\$15,307</b>
246	Percutaneous Cardiovascular Procedures with Drug-Eluting Stent w/ MCC or 4+ Arteries or Stents	908	\$21,350
247	Percutaneous Cardiovascular Procedures with Drug-Eluting Stent w/o MCC	2,093	\$12,831
248	Percutaneous Cardiovascular Procedures with Non Drug-Eluting Stent w/ MCC or 4+ Arteries or Stents	85	\$21,128
249	Percutaneous Cardiovascular Procedures with Non Drug-Eluting Stent w/o MCC	128	\$12,046
250	Percutaneous Cardiovascular Procedures without Coronary Artery Stent w/ MCC	56	\$16,856
251	Percutaneous Cardiovascular Procedures without Coronary Artery Stent w/o MCC	93	\$10,257

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		<b>Cases</b>	<b>Average Payment</b>
<b>Heart Attack - Medical Management</b>		<b>3,741</b>	<b>\$7,764</b>
280	Acute Myocardial Infarction, Discharged Alive w/ MCC	1,703	\$9,904
281	Acute Myocardial Infarction, Discharged Alive w/ CC	1,244	\$5,780
282	Acute Myocardial Infarction, Discharged Alive w/o CC/MCC	515	\$4,149
283	Acute Myocardial Infarction, Expired w/ MCC	228	\$11,578
284	Acute Myocardial Infarction, Expired w/ CC	NR	NR
285	Acute Myocardial Infarction, Expired w/o CC/MCC	NR	NR
<b>Heart Failure</b>		<b>21,710</b>	<b>\$8,232</b>
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/ MCC	901	\$15,953
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization w/o MCC	474	\$7,595
291	Heart Failure and Shock w/ MCC	14,827	\$8,920
292	Heart Failure and Shock w/ CC	4,030	\$5,666
293	Heart Failure and Shock w/o CC/MCC	1,478	\$3,831
<b>Intestinal Obstruction</b>		<b>3,374</b>	<b>\$5,166</b>
388	GI Obstruction w/ MCC	599	\$9,163
389	GI Obstruction w/ CC	1,686	\$5,014
390	GI Obstruction w/o CC/MCC	1,089	\$3,201
393	Other Digestive System Diagnoses w/ MCC	NR	NR
394	Other Digestive System Diagnoses w/ CC	NR	NR
395	Other Digestive System Diagnoses w/o CC/MCC	NR	NR
<b>Kidney and Urinary Tract Infections</b>		<b>8,125</b>	<b>\$5,163</b>
689	Kidney and Urinary Tract Infections w/ MCC	2,904	\$6,245
690	Kidney and Urinary Tract Infections w/o MCC	5,221	\$4,562
<b>Kidney Failure - Acute</b>		<b>9,723</b>	<b>\$6,609</b>
682	Renal Failure w/ MCC	3,437	\$9,023
683	Renal Failure w/ CC	5,553	\$5,528
684	Renal Failure w/o CC/MCC	733	\$3,475

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<b>Pneumonia - Aspiration</b>		<b>3,403</b>	<b>\$9,588</b>
177	Respiratory Infections and Inflammations w/ MCC	2,137	\$11,058
178	Respiratory Infections and Inflammations w/ CC	1,026	\$7,555
179	Respiratory Infections and Inflammations w/o CC/MCC	240	\$5,194
<b>Pneumonia - Infectious</b>		<b>11,203</b>	<b>\$6,655</b>
177	Respiratory Infections and Inflammations w/ MCC	545	\$10,912
178	Respiratory Infections and Inflammations w/ CC	253	\$7,388
179	Respiratory Infections and Inflammations w/o CC/MCC	26	\$5,065
193	Simple Pneumonia and Pleurisy w/ MCC	5,050	\$7,970
194	Simple Pneumonia and Pleurisy w/ CC	4,183	\$5,278
195	Simple Pneumonia and Pleurisy w/o CC/MCC	1,146	\$3,737
<b>Respiratory Failure</b>		<b>6,245</b>	<b>\$9,968</b>
189	Pulmonary Edema and Respiratory Failure	5,001	\$7,585
207	Respiratory System Diagnosis with Ventilator Support > 96 Hours	243	\$36,963
208	Respiratory System Diagnosis with Ventilator Support <= 96 Hours	1,001	\$15,322
<b>Sepsis</b>		<b>27,130</b>	<b>\$11,047</b>
870	Septicemia or Severe Sepsis with Mechanical Ventilation > 96 Hours	783	\$40,531
871	Septicemia or Severe Sepsis without Mechanical Ventilation > 96 Hours w/ MCC	20,362	\$11,334
872	Septicemia or Severe Sepsis without Mechanical Ventilation > 96 Hours w/o MCC	5,985	\$6,214
<b>Stroke</b>		<b>7,305</b>	<b>\$7,519</b>
061	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent w/ MCC	145	\$18,376
062	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent w/ CC	296	\$12,123
063	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent w/o CC/MCC	70	\$9,442
064	Intracranial Hemorrhage or Cerebral Infarction w/ MCC	1,971	\$11,030
065	Intracranial Hemorrhage or Cerebral Infarction w/ CC or tPA in 24 Hours	3,596	\$5,950
066	Intracranial Hemorrhage or Cerebral Infarction w/o CC/MCC	1,227	\$3,976

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