Medicare Payments

The following table includes information about payments made by Medicare for the 13 medical conditions included in this *Hospital Performance Report*. This analysis is based on data from federal fiscal year (FFY) 2021. 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 and dividing the sum by the number of cases in that condition.

The payments analysis is based on data from federal fiscal year 2021. 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 included in this report are defined using ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification) diagnosis 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 13 medical conditions included in this report – broken down by the MS-DRGs included within each condition. While the 13 conditions have been defined using diagnosis 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.

Medicare Payments

Medicare Fee-for-Service Payments – FFY 2021 Statewide Data

For the 13 medical conditions included in this Hospital Performance Report

MS-DRG	MS-DRG Descriptions by Medical Condition	Medicare Fee-for-Service	
		Cases	Average Payment
Abnormal Heartbeat		**9,581**	**$10,293**
242	Permanent Cardiac Pacemaker Implant with MCC	444	$25,165
243	Permanent Cardiac Pacemaker Implant with CC	784	$17,328
244	Permanent Cardiac Pacemaker Implant without CC/MCC	411	$13,480
258	Cardiac Pacemaker Device Replacement with MCC	NR	NR
259	Cardiac Pacemaker Device Replacement without MCC	NR	NR
260	Cardiac Pacemaker Revision Except Device Replacement with MCC	26	$25,873
261	Cardiac Pacemaker Revision Except Device Replacement with CC	22	$13,657
262	Cardiac Pacemaker Revision Except Device Replacement without CC/MCC	15	$11,981
273	Percutaneous and Other Intracardiac Procedures with MCC	202	$29,826
274	Percutaneous and Other Intracardiac Procedures without MCC	1,033	$23,677
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization with MCC	157	$15,624
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization without MCC	199	$7,315
308	Cardiac Arrhythmia and Conduction Disorders with MCC	1,986	$7,888
309	Cardiac Arrhythmia and Conduction Disorders with CC	2,702	$4,574
310	Cardiac Arrhythmia and Conduction Disorders without CC/MCC	1,596	$2,930
Blood Clot in Lung		**2,230**	**$8,249**
175	Pulmonary Embolism with MCC or Acute Cor Pulmonale	1,113	$10,358
176	Pulmonary Embolism without MCC	1,079	$5,610
207	Respiratory System Diagnosis with Ventilator Support >96 Hours	NR	NR
208	Respiratory System Diagnosis with Ventilator Support < = 96 Hours	NR	NR
Chest Pain		**781**	**$4,356**
313	Chest Pain	781	$4,356
Chronic Obstructive Pulmonary Disease (COPD)		**3,705**	**$6,899**
190	Chronic Obstructive Pulmonary Disease with MCC	2,262	$7,301
191	Chronic Obstructive Pulmonary Disease with CC	1,068	$5,575
192	Chronic Obstructive Pulmonary Disease without CC/MCC	290	$4,101
207	Respiratory System Diagnosis with Ventilator Support >96 Hours	NR	NR
208	Respiratory System Diagnosis with Ventilator Support < = 96 Hours	NR	NR

NR = Not Reported (too few cases)
CC = Complication or Comorbidity
MCC = Major Complication or Comorbidity

Medicare Payments

Medicare Fee-for-Service Payments – FFY 2021 Statewide Data

For the 13 medical conditions included in this Hospital Performance Report

MS-DRG	MS-DRG Descriptions by Medical Condition	Medicare Fee-for-Service	
		Cases	Average Payment
Diabetes - Medical Management		**3,245**	**$6,984**
073	Cranial and Peripheral Nerve Disorders with MCC	107	$10,010
074	Cranial and Peripheral Nerve Disorders without MCC	234	$6,823
299	Peripheral Vascular Disorders with MCC	65	$10,706
300	Peripheral Vascular Disorders with CC	93	$7,019
301	Peripheral Vascular Disorders without CC/MCC	NR	NR
637	Diabetes with MCC	939	$9,377
638	Diabetes with CC	1,550	$5,606
639	Diabetes without CC/MCC	203	$3,591
698	Other Kidney and Urinary Tract Diagnoses with MCC	14	$11,871
699	Other Kidney and Urinary Tract Diagnoses with CC	28	$7,021
700	Other Kidney and Urinary Tract Diagnoses without CC/MCC	NR	NR
Heart Attack - Medical Management		**2,146**	**$8,158**
280	Acute Myocardial Infarction, Discharged Alive with MCC	908	$10,536
281	Acute Myocardial Infarction, Discharged Alive with CC	739	$5,829
282	Acute Myocardial Infarction, Discharged Alive without CC/MCC	276	$4,167
283	Acute Myocardial Infarction, Expired with MCC	173	$13,181
284	Acute Myocardial Infarction, Expired with CC	38	$4,489
285	Acute Myocardial Infarction, Expired without CC/MCC	12	$2,594
Heart Failure		**16,981**	**$8,824**
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization with MCC	1,189	$16,587
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization without MCC	327	$7,711
291	Heart Failure and Shock with MCC	12,441	$8,923
292	Heart Failure and Shock with CC	2,554	$5,775
293	Heart Failure and Shock without CC/MCC	470	$3,931

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Medicare Payments

Medicare Fee-for-Service Payments – FFY 2021 Statewide Data

For the 13 medical conditions included in this Hospital Performance Report

MS-DRG	MS-DRG Descriptions by Medical Condition	Medicare Fee-for-Service	
		Cases	Average Payment
Intestinal Obstruction		**2,593**	**$5,389**
388	GI Obstruction with MCC	449	$10,041
389	GI Obstruction with CC	1,380	$5,073
390	GI Obstruction without CC/MCC	764	$3,225
Kidney and Urinary Tract Infections		**6,020**	**$5,690**
689	Kidney and Urinary Tract Infections with MCC	2,262	$7,094
690	Kidney and Urinary Tract Infections without MCC	3,758	$4,845
Kidney Failure - Acute		**6,536**	**$7,071**
682	Renal Failure with MCC	2,485	$9,809
683	Renal Failure with CC	3,693	$5,574
684	Renal Failure without CC/MCC	358	$3,504
Respiratory Failure		**3,757**	**$11,956**
189	Pulmonary Edema and Respiratory Failure	2,963	$8,605
207	Respiratory System Diagnosis with Ventilator Support >96 Hours	181	$44,733
208	Respiratory System Diagnosis with Ventilator Support < = 96 Hours	613	$18,474
Sepsis		**18,277**	**$12,739**
870	Septicemia or Severe Sepsis with Mechanical Ventilation >96 Hours	644	$48,808
871	Septicemia or Severe Sepsis without Mechanical Ventilation >96 Hours with MCC	13,733	$12,830
872	Septicemia or Severe Sepsis without Mechanical Ventilation >96 Hours without MCC	3,900	$6,463
Stroke		**5,868**	**$8,661**
061	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent with MCC	171	$20,770
062	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent with CC	290	$13,433
063	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent without CC/MCC	54	$10,843
064	Intracranial Hemorrhage or Cerebral Infarction with MCC	1,513	$13,436
065	Intracranial Hemorrhage or Cerebral Infarction with CC or tPA in 24 Hours	2,946	$6,386
066	Intracranial Hemorrhage or Cerebral Infarction without CC/MCC	894	$4,080

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