

# Medicare Payments

The following table includes information about payments made by Medicare for the 17 medical conditions included in this *Hospital Performance Report*. The payments analysis is based on data from federal fiscal year (FFY) 2022. This information, provided by the Centers for Medicare and Medicaid Services (CMS), reflects 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 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.

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. Technical Notes relevant to this report provide additional detail and are available at [phc4.org](http://phc4.org).

In this section, average payments are displayed for the 17 medical conditions included in this report – broken down by the MS-DRGs included within each condition. While the 17 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 Fee-for-Service Payments FFY 2022 Statewide Data

For the 17 medical conditions included in this *Hospital Performance Report*

MS-DRG	MS-DRG Descriptions by Medical Condition	Medicare Fee-for-Service	
		Cases	Average Payment
<b>Abnormal Heartbeat</b>		<b>8,965</b>	<b>\$11,047</b>
242	Permanent Cardiac Pacemaker Implant with MCC	473	\$26,131
243	Permanent Cardiac Pacemaker Implant with CC	737	\$17,462
244	Permanent Cardiac Pacemaker Implant without CC/MCC	362	\$13,767
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	19	\$27,843
261	Cardiac Pacemaker Revision Except Device Replacement with CC	18	\$13,970
262	Cardiac Pacemaker Revision Except Device Replacement without CC/MCC	13	\$11,245
273	Percutaneous and Other Intracardiac Procedures with MCC	182	\$31,741
274	Percutaneous and Other Intracardiac Procedures without MCC	1,187	\$24,222
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization with MCC	151	\$14,828
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization without MCC	187	\$6,874
308	Cardiac Arrhythmia and Conduction Disorders with MCC	1,707	\$8,127
309	Cardiac Arrhythmia and Conduction Disorders with CC	2,528	\$4,619
310	Cardiac Arrhythmia and Conduction Disorders without CC/MCC	1,396	\$3,017
<b>Back Problem - Medical Management</b>		<b>2,398</b>	<b>\$6,889</b>
551	Medical Back Problems with MCC	467	\$11,002
552	Medical Back Problems without MCC	1,931	\$5,894

NR = Not Reported (too few cases)

CC = Complication or Comorbidity

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		Cases	Average Payment
<b>Blood Clot in Lung</b>		<b>1,972</b>	<b>\$8,683</b>
175	Pulmonary Embolism with MCC or Acute Cor Pulmonale	1,056	\$10,606
176	Pulmonary Embolism without MCC	875	\$5,633
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>571</b>	<b>\$4,447</b>
313	Chest Pain	571	\$4,447
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>		<b>3,336</b>	<b>\$7,213</b>
190	Chronic Obstructive Pulmonary Disease with MCC	2,136	\$7,429
191	Chronic Obstructive Pulmonary Disease with CC	872	\$5,846
192	Chronic Obstructive Pulmonary Disease without CC/MCC	234	\$4,175
207	Respiratory System Diagnosis with Ventilator Support >96 Hours	14	\$45,798
208	Respiratory System Diagnosis with Ventilator Support < = 96 Hours	80	\$18,478
<b>Diabetes - Medical Management</b>		<b>2,852</b>	<b>\$7,414</b>
073	Cranial and Peripheral Nerve Disorders with MCC	86	\$10,826
074	Cranial and Peripheral Nerve Disorders without MCC	183	\$7,079
299	Peripheral Vascular Disorders with MCC	46	\$11,202
300	Peripheral Vascular Disorders with CC	92	\$7,213
301	Peripheral Vascular Disorders without CC/MCC	NR	NR
637	Diabetes with MCC	921	\$9,890
638	Diabetes with CC	1,316	\$5,821
639	Diabetes without CC/MCC	159	\$3,559
698	Other Kidney and Urinary Tract Diagnoses with MCC	16	\$11,481
699	Other Kidney and Urinary Tract Diagnoses with CC	26	\$7,181
700	Other Kidney and Urinary Tract Diagnoses without CC/MCC	NR	NR

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		Cases	Average Payment
<b>Heart Attack - Medical Management</b>		<b>1,861</b>	<b>\$8,207</b>
280	Acute Myocardial Infarction, Discharged Alive with MCC	753	\$10,889
281	Acute Myocardial Infarction, Discharged Alive with CC	678	\$5,755
282	Acute Myocardial Infarction, Discharged Alive without CC/MCC	246	\$4,283
283	Acute Myocardial Infarction, Expired with MCC	149	\$13,315
284	Acute Myocardial Infarction, Expired with CC	NR	NR
285	Acute Myocardial Infarction, Expired without CC/MCC	NR	NR
<b>Heart Failure</b>		<b>15,323</b>	<b>\$9,069</b>
286	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization with MCC	1,238	\$16,264
287	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization without MCC	96	\$8,689
291	Heart Failure and Shock with MCC	13,303	\$8,579
292	Heart Failure and Shock with CC	607	\$5,869
293	Heart Failure and Shock without CC/MCC	79	\$3,959
<b>Intestinal Obstruction</b>		<b>2,309</b>	<b>\$5,586</b>
388	Intestinal Obstruction with MCC	411	\$10,635
389	Gastrointestinal Obstruction with CC	1,212	\$5,179
390	Gastrointestinal Obstruction without CC/MCC	686	\$3,279
<b>Kidney and Urinary Tract Infections</b>		<b>5,496</b>	<b>\$5,863</b>
689	Kidney and Urinary Tract Infections with MCC	2,198	\$7,152
690	Kidney and Urinary Tract Infections without MCC	3,298	\$5,004
<b>Kidney Failure - Acute</b>		<b>5,828</b>	<b>\$7,210</b>
682	Renal Failure with MCC	2,244	\$10,038
683	Renal Failure with CC	3,277	\$5,630
684	Renal Failure without CC/MCC	307	\$3,407

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MS-DRG	MS-DRG Descriptions by Medical Condition	Medicare Fee-for-Service	
		Cases	Average Payment
<b>Pneumonia - Aspiration</b>		<b>2,113</b>	<b>\$11,674</b>
177	Respiratory Infections and Inflammations with MCC	1,466	\$12,177
178	Respiratory Infections and Inflammations with CC	457	\$7,938
179	Respiratory Infections and Inflammations without CC/MCC	78	\$5,238
207	Respiratory System Diagnosis with Ventilator Support >96 Hours	31	\$42,517
208	Respiratory System Diagnosis with Ventilator Support < = 96 Hours	81	\$18,056
<b>Pneumonia - Infectious</b>		<b>5,232</b>	<b>\$8,080</b>
177	Respiratory Infections and Inflammations with MCC	235	\$12,468
178	Respiratory Infections and Inflammations with CC	97	\$7,583
179	Respiratory Infections and Inflammations without CC/MCC	NR	NR
193	Simple Pneumonia and Pleurisy with MCC	3,049	\$8,678
194	Simple Pneumonia and Pleurisy with CC	1,478	\$5,415
195	Simple Pneumonia and Pleurisy without CC/MCC	255	\$3,885
207	Respiratory System Diagnosis with Ventilator Support >96 Hours	NR	NR
208	Respiratory System Diagnosis with Ventilator Support < = 96 Hours	81	\$18,824
<b>Respiratory Failure</b>		<b>3,680</b>	<b>\$11,732</b>
189	Pulmonary Edema and Respiratory Failure	2,991	\$8,825
207	Respiratory System Diagnosis with Ventilator Support >96 Hours	163	\$43,496
208	Respiratory System Diagnosis with Ventilator Support < = 96 Hours	526	\$18,420

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<b>Sepsis</b>		<b>17,965</b>	<b>\$13,001</b>
870	Septicemia or Severe Sepsis with Mechanical Ventilation >96 Hours	560	\$49,465
871	Septicemia or Severe Sepsis without Mechanical Ventilation >96 Hours with MCC	13,890	\$13,136
872	Septicemia or Severe Sepsis without Mechanical Ventilation >96 Hours without MCC	3,515	\$6,658
<b>Stomach and Intestinal Bleeding</b>		<b>4,592</b>	<b>\$8,521</b>
377	Gastrointestinal Hemorrhage with MCC	1,514	\$13,048
378	Gastrointestinal Hemorrhage with CC	2,859	\$6,509
379	Gastrointestinal Hemorrhage without CC/MCC	219	\$3,479
<b>Stroke</b>		<b>5,266</b>	<b>\$8,911</b>
061	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent with MCC	123	\$21,825
062	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent with CC	267	\$13,663
063	Ischemic Stroke, Precerebral Occlusion or Transient Ischemia with Thrombolytic Agent without CC/MCC	68	\$11,049
064	Intracranial Hemorrhage or Cerebral Infarction with MCC	1,492	\$13,356
065	Intracranial Hemorrhage or Cerebral Infarction with CC or tPA in 24 Hours	2,552	\$6,553
066	Intracranial Hemorrhage or Cerebral Infarction without CC/MCC	764	\$4,177

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