

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY
Medicaid Rate Year (RY) 2013 DRG Weight Recalibration Process - Verson #30 Weights effective February 1, 2013

DRG	DRG Description	V30 Weight	Weight Type	Comments
001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	26.0295	Medicare	
002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	13.9131	Medicare	
003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	15.0486	Medicaid	
004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	9.2656	Medicaid	
005	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	32.2401	Medicaid	
006	LIVER TRANSPLANT W/O MCC	4.7178	Medicare	
007	LUNG TRANSPLANT	9.6127	Medicare	
008	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	5.1110	Medicare	
010	PANCREAS TRANSPLANT	3.8954	Medicare	
011	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC	4.8434	Medicare	
012	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC	3.6645	Medicaid	
013	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC	1.9566	Medicare	
014	ALLOGENEIC BONE MARROW TRANSPLANT	18.0559	Medicaid	
015	AUTOLOGOUS BONE MARROW TRANSPLANT	-	Medicaid	Code Eliminated in V30
016	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	7.9001	Medicare	New Code in Medicare Grouper V30
017	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	4.5817	Medicare	New Code in Medicare Grouper V30
020	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	9.1016	Medicare	
021	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	6.6400	Medicare	
022	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	4.5056	Medicare	
023	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLA	5.2378	Medicare	
024	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	3.5279	Medicare	
025	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	5.8933	Medicaid	
026	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	3.7710	Medicaid	
027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	2.5404	Medicaid	
028	SPINAL PROCEDURES W MCC	3.4568	Medicaid	
029	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	2.9524	Medicaid	
030	SPINAL PROCEDURES W/O CC/MCC	1.7534	Medicaid	
031	VENTRICULAR SHUNT PROCEDURES W MCC	3.0836	Medicaid	
032	VENTRICULAR SHUNT PROCEDURES W CC	1.5526	Medicaid	
033	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	1.3210	Medicaid	
034	CAROTID ARTERY STENT PROCEDURE W MCC	3.6918	Medicare	
035	CAROTID ARTERY STENT PROCEDURE W CC	2.1965	Medicare	
036	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	1.6610	Medicare	
037	EXTRACRANIAL PROCEDURES W MCC	3.1870	Medicare	
038	EXTRACRANIAL PROCEDURES W CC	1.5741	Medicare	
039	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.0479	Medicaid	
040	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	2.9171	Medicaid	
041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	1.9738	Medicaid	
042	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	1.6391	Medicaid	
052	SPINAL DISORDERS & INJURIES W CC/MCC	1.4903	Medicare	
053	SPINAL DISORDERS & INJURIES W/O CC/MCC	0.9046	Medicare	
054	NERVOUS SYSTEM NEOPLASMS W MCC	1.6625	Medicaid	
055	NERVOUS SYSTEM NEOPLASMS W/O MCC	1.0696	Medicaid	
056	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	1.4351	Medicaid	
057	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	1.2141	Medicaid	
058	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	1.6472	Medicare	
059	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	0.7753	Medicare	
060	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	0.6000	Medicare	
061	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	2.8668	Medicare	
062	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	1.9551	Medicare	
063	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	1.5366	Medicare	
064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	2.7765	Medicaid	
065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	1.7609	Medicaid	
066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	0.8919	Medicaid	
067	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	1.5074	Medicare	
068	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	0.8899	Medicare	

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069	TRANSIENT ISCHEMIA	0.6587	Medicaid	
070	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	1.5867	Medicaid	
071	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1.0659	Medicaid	
072	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	0.7506	Medicare	
073	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	1.1889	Medicaid	
074	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	0.7913	Medicaid	
075	VIRAL MENINGITIS W CC/MCC	1.7611	Medicare	
076	VIRAL MENINGITIS W/O CC/MCC	0.5395	Medicaid	
077	HYPERTENSIVE ENCEPHALOPATHY W MCC	1.6426	Medicare	
078	HYPERTENSIVE ENCEPHALOPATHY W CC	0.9790	Medicare	
079	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	0.7297	Medicare	
080	NONTRAUMATIC STUPOR & COMA W MCC	1.2616	Medicare	
081	NONTRAUMATIC STUPOR & COMA W/O MCC	0.6192	Medicaid	
082	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	1.9249	Medicare	
083	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	1.3458	Medicare	
084	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	1.4370	Medicaid	
085	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	2.2865	Medicaid	
086	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	1.2912	Medicaid	
087	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	0.5971	Medicaid	
088	CONCUSSION W MCC	1.5687	Medicare	
089	CONCUSSION W CC	0.9791	Medicare	
090	CONCUSSION W/O CC/MCC	0.7218	Medicare	
091	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	1.2448	Medicaid	
092	OTHER DISORDERS OF NERVOUS SYSTEM W CC	0.9329	Medicaid	
093	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	0.6124	Medicaid	
094	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	3.5656	Medicare	
095	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	2.4627	Medicare	
096	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	2.0158	Medicare	
097	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	3.3714	Medicare	
098	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	1.8418	Medicare	
099	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	1.2427	Medicare	
100	SEIZURES W MCC	1.0537	Medicaid	
101	SEIZURES W/O MCC	0.6201	Medicaid	
102	HEADACHES W MCC	0.8919	Medicaid	
103	HEADACHES W/O MCC	0.6353	Medicaid	
113	ORBITAL PROCEDURES W CC/MCC	1.8587	Medicare	
114	ORBITAL PROCEDURES W/O CC/MCC	0.9589	Medicare	
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	1.2407	Medicare	
116	INTRAOCULAR PROCEDURES W CC/MCC	1.5022	Medicare	
117	INTRAOCULAR PROCEDURES W/O CC/MCC	0.7234	Medicare	
121	ACUTE MAJOR EYE INFECTIONS W CC/MCC	0.9589	Medicare	
122	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	0.6533	Medicare	
123	NEUROLOGICAL EYE DISORDERS	0.7542	Medicare	
124	OTHER DISORDERS OF THE EYE W MCC	1.1885	Medicare	
125	OTHER DISORDERS OF THE EYE W/O MCC	0.5395	Medicaid	
129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	2.1500	Medicare	
130	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	1.2065	Medicare	
131	CRANIAL/FACIAL PROCEDURES W CC/MCC	2.3443	Medicare	
132	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	1.0914	Medicaid	
133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	1.4966	Medicaid	
134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	0.6623	Medicaid	
135	SINUS & MASTOID PROCEDURES W CC/MCC	2.0002	Medicare	
136	SINUS & MASTOID PROCEDURES W/O CC/MCC	1.0697	Medicare	
137	MOUTH PROCEDURES W CC/MCC	1.3192	Medicare	
138	MOUTH PROCEDURES W/O CC/MCC	0.7388	Medicare	
139	SALIVARY GLAND PROCEDURES	0.8922	Medicare	
146	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	2.2347	Medicare	
147	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	1.2486	Medicare	
148	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	0.7488	Medicare	
149	DYSEQUILIBRIUM	0.5817	Medicaid	
150	EPISTAXIS W MCC	1.3890	Medicare	

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151	EPISTAXIS W/O MCC	0.6458	Medicare	
152	OTITIS MEDIA & URI W MCC	0.9174	Medicaid	
153	OTITIS MEDIA & URI W/O MCC	0.4984	Medicaid	
154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	1.4138	Medicare	
155	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	0.8396	Medicaid	
156	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	0.6166	Medicaid	
157	DENTAL & ORAL DISEASES W MCC	1.6010	Medicare	
158	DENTAL & ORAL DISEASES W CC	0.7708	Medicaid	
159	DENTAL & ORAL DISEASES W/O CC/MCC	0.4810	Medicaid	
163	MAJOR CHEST PROCEDURES W MCC	4.1189	Medicaid	
164	MAJOR CHEST PROCEDURES W CC	2.2923	Medicaid	
165	MAJOR CHEST PROCEDURES W/O CC/MCC	1.6414	Medicaid	
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	3.1135	Medicaid	
167	OTHER RESP SYSTEM O.R. PROCEDURES W CC	2.0682	Medicaid	
168	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	1.2909	Medicaid	
175	PULMONARY EMBOLISM W MCC	1.3538	Medicaid	
176	PULMONARY EMBOLISM W/O MCC	0.8409	Medicaid	
177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	1.7671	Medicaid	
178	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	1.5931	Medicaid	
179	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	1.5775	Medicaid	
180	RESPIRATORY NEOPLASMS W MCC	1.6304	Medicaid	
181	RESPIRATORY NEOPLASMS W CC	1.1751	Medicaid	
182	RESPIRATORY NEOPLASMS W/O CC/MCC	0.8275	Medicare	
183	MAJOR CHEST TRAUMA W MCC	1.4804	Medicare	
184	MAJOR CHEST TRAUMA W CC	1.0171	Medicare	
185	MAJOR CHEST TRAUMA W/O CC/MCC	0.6961	Medicare	
186	PLEURAL EFFUSION W MCC	1.3553	Medicare	
187	PLEURAL EFFUSION W CC	0.9613	Medicare	
188	PLEURAL EFFUSION W/O CC/MCC	0.7544	Medicare	
189	PULMONARY EDEMA & RESPIRATORY FAILURE	1.1396	Medicaid	
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	0.9787	Medicaid	
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.7021	Medicaid	
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.5578	Medicaid	
193	SIMPLE PNEUMONIA & PLEURISY W MCC	1.2086	Medicaid	
194	SIMPLE PNEUMONIA & PLEURISY W CC	0.7511	Medicaid	
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	0.5003	Medicaid	
196	INTERSTITIAL LUNG DISEASE W MCC	1.5721	Medicare	
197	INTERSTITIAL LUNG DISEASE W CC	1.0477	Medicare	
198	INTERSTITIAL LUNG DISEASE W/O CC/MCC	0.7879	Medicare	
199	PNEUMOTHORAX W MCC	1.8915	Medicare	
200	PNEUMOTHORAX W CC	1.0242	Medicare	
201	PNEUMOTHORAX W/O CC/MCC	0.6792	Medicare	
202	BRONCHITIS & ASTHMA W CC/MCC	0.7195	Medicaid	
203	BRONCHITIS & ASTHMA W/O CC/MCC	0.4082	Medicaid	
204	RESPIRATORY SIGNS & SYMPTOMS	0.6787	Medicaid	
205	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	1.1014	Medicaid	
206	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	0.7248	Medicaid	
207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	4.9767	Medicaid	
208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	1.9858	Medicaid	
215	OTHER HEART ASSIST SYSTEM IMPLANT	14.1036	Medicare	
216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	6.5904	Medicaid	
217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	6.3495	Medicare	
218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	5.3429	Medicare	
219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	7.1052	Medicaid	
220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	4.4998	Medicaid	
221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MC	4.4232	Medicare	
222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	8.5506	Medicare	
223	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	6.1065	Medicare	
224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	7.6758	Medicare	
225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	5.7605	Medicare	
226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	6.7354	Medicare	

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227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	3.2809	Medicaid	
228	OTHER CARDIOTHORACIC PROCEDURES W MCC	8.1819	Medicaid	
229	OTHER CARDIOTHORACIC PROCEDURES W CC	4.9268	Medicaid	
230	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	3.8111	Medicare	
231	CORONARY BYPASS W PTCA W MCC	7.5297	Medicare	
232	CORONARY BYPASS W PTCA W/O MCC	5.7151	Medicare	
233	CORONARY BYPASS W CARDIAC CATH W MCC	5.2306	Medicaid	
234	CORONARY BYPASS W CARDIAC CATH W/O MCC	4.0069	Medicaid	
235	CORONARY BYPASS W/O CARDIAC CATH W MCC	5.8014	Medicare	
236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	3.1410	Medicaid	
237	MAJOR CARDIOVASC PROCEDURES W MCC	4.9586	Medicaid	
238	MAJOR CARDIOVASC PROCEDURES W/O MCC	2.9023	Medicaid	
239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	4.6194	Medicare	
240	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	2.8934	Medicaid	
241	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	1.4825	Medicare	
242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	3.7314	Medicare	
243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	2.6204	Medicare	
244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	2.0624	Medicare	
245	AICD GENERATOR PROCEDURES	4.2540	Medicare	
246	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	2.6229	Medicaid	
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	1.7394	Medicaid	
248	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	2.6161	Medicaid	
249	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	1.6654	Medicaid	
250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	2.9988	Medicare	
251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	1.7190	Medicaid	
252	OTHER VASCULAR PROCEDURES W MCC	2.5693	Medicaid	
253	OTHER VASCULAR PROCEDURES W CC	2.4754	Medicaid	
254	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.5397	Medicaid	
255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	2.4381	Medicare	
256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	1.5934	Medicare	
257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	0.9535	Medicare	
258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	2.6945	Medicare	
259	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	1.8590	Medicare	
260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	3.6624	Medicare	
261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	1.6769	Medicare	
262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	1.2343	Medicare	
263	VEIN LIGATION & STRIPPING	1.9091	Medicare	
264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	2.1729	Medicaid	
265	AICD LEAD PROCEDURES	2.4394	Medicare	
280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	1.6652	Medicaid	
281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	1.0249	Medicaid	
282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	0.9277	Medicaid	
283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	1.7539	Medicare	
284	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	0.8042	Medicare	
285	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	0.5353	Medicare	
286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	1.8995	Medicaid	
287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	1.0606	Medicaid	
288	ACUTE & SUBACUTE ENDOCARDITIS W MCC	2.8229	Medicare	
289	ACUTE & SUBACUTE ENDOCARDITIS W CC	1.8145	Medicare	
290	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	1.2092	Medicare	
291	HEART FAILURE & SHOCK W MCC	1.0288	Medicaid	
292	HEART FAILURE & SHOCK W CC	0.8090	Medicaid	
293	HEART FAILURE & SHOCK W/O CC/MCC	0.6143	Medicaid	
294	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	1.0229	Medicare	
295	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	0.6476	Medicare	
296	CARDIAC ARREST, UNEXPLAINED W MCC	1.2878	Medicare	
297	CARDIAC ARREST, UNEXPLAINED W CC	0.6455	Medicare	
298	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	0.4571	Medicare	
299	PERIPHERAL VASCULAR DISORDERS W MCC	1.1386	Medicaid	
300	PERIPHERAL VASCULAR DISORDERS W CC	0.7995	Medicaid	
301	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	0.5506	Medicaid	

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302	ATHEROSCLEROSIS W MCC	1.0142	Medicare	
303	ATHEROSCLEROSIS W/O MCC	0.5152	Medicaid	
304	HYPERTENSION W MCC	1.0503	Medicare	
305	HYPERTENSION W/O MCC	0.5926	Medicaid	
306	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	1.3122	Medicare	
307	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	1.1764	Medicaid	
308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	0.9250	Medicaid	
309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.7983	Medicaid	
310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	0.5626	Medicaid	
311	ANGINA PECTORIS	0.5444	Medicaid	
312	SYNCOPE & COLLAPSE	0.5856	Medicaid	
313	CHEST PAIN	0.5390	Medicaid	
314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	2.0031	Medicaid	
315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.0264	Medicaid	
316	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	0.6953	Medicaid	
326	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	4.3250	Medicaid	
327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	2.1604	Medicaid	
328	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	0.9014	Medicaid	
329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	4.3745	Medicaid	
330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2.2364	Medicaid	
331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.8635	Medicaid	
332	RECTAL RESECTION W MCC	4.6143	Medicare	
333	RECTAL RESECTION W CC	2.0998	Medicaid	
334	RECTAL RESECTION W/O CC/MCC	1.6181	Medicare	
335	PERITONEAL ADHESIOLYSIS W MCC	3.0569	Medicaid	
336	PERITONEAL ADHESIOLYSIS W CC	2.4202	Medicaid	
337	PERITONEAL ADHESIOLYSIS W/O CC/MCC	1.4634	Medicaid	
338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	3.2008	Medicare	
339	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1.7532	Medicaid	
340	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	1.1383	Medicaid	
341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	2.3116	Medicare	
342	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.0767	Medicaid	
343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	0.7170	Medicaid	
344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	3.4094	Medicare	
345	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1.7123	Medicare	
346	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.0508	Medicaid	
347	ANAL & STOMAL PROCEDURES W MCC	2.5169	Medicare	
348	ANAL & STOMAL PROCEDURES W CC	1.1942	Medicaid	
349	ANAL & STOMAL PROCEDURES W/O CC/MCC	0.6815	Medicaid	
350	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	2.5082	Medicare	
351	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	1.3755	Medicare	
352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	0.9043	Medicare	
353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	2.8192	Medicare	
354	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	1.4446	Medicaid	
355	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	1.0647	Medicaid	
356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	3.9463	Medicare	
357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	1.8413	Medicaid	
358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.3629	Medicare	
368	MAJOR ESOPHAGEAL DISORDERS W MCC	1.8327	Medicare	
369	MAJOR ESOPHAGEAL DISORDERS W CC	0.9561	Medicaid	
370	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	0.7593	Medicare	
371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	1.7340	Medicaid	
372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	1.1280	Medicaid	
373	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	0.7642	Medicaid	
374	DIGESTIVE MALIGNANCY W MCC	2.1774	Medicaid	
375	DIGESTIVE MALIGNANCY W CC	1.2248	Medicaid	
376	DIGESTIVE MALIGNANCY W/O CC/MCC	0.8809	Medicare	
377	G.I. HEMORRHAGE W MCC	1.3670	Medicaid	
378	G.I. HEMORRHAGE W CC	0.7658	Medicaid	
379	G.I. HEMORRHAGE W/O CC/MCC	0.6258	Medicaid	
380	COMPLICATED PEPTIC ULCER W MCC	1.9311	Medicare	

DR G	DRG Description	V30 Weight	Weight Type	Comments
381	COMPLICATED PEPTIC ULCER W CC	1.1130	Medicare	
382	COMPLICATED PEPTIC ULCER W/O CC/MCC	0.7917	Medicare	
383	UNCOMPLICATED PEPTIC ULCER W MCC	1.3384	Medicare	
384	UNCOMPLICATED PEPTIC ULCER W/O MCC	0.7911	Medicaid	
385	INFLAMMATORY BOWEL DISEASE W MCC	1.9078	Medicare	
386	INFLAMMATORY BOWEL DISEASE W CC	0.9749	Medicaid	
387	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	0.7725	Medicaid	
388	G.I. OBSTRUCTION W MCC	1.4894	Medicaid	
389	G.I. OBSTRUCTION W CC	0.7817	Medicaid	
390	G.I. OBSTRUCTION W/O CC/MCC	0.6015	Medicaid	
391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	0.9436	Medicaid	
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	0.6112	Medicaid	
393	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	1.2385	Medicaid	
394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	0.8277	Medicaid	
395	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	0.6230	Medicaid	
405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	5.0803	Medicare	
406	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2.4959	Medicare	
407	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	1.8280	Medicare	
408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	3.8375	Medicare	
409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	2.2680	Medicare	
410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	1.6875	Medicare	
411	CHOLECYSTECTOMY W C.D.E. W MCC	3.8040	Medicare	
412	CHOLECYSTECTOMY W C.D.E. W CC	2.5989	Medicare	
413	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	1.8582	Medicare	
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	3.5643	Medicare	
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	1.7818	Medicaid	
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	1.3354	Medicare	
417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	1.5918	Medicaid	
418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	1.2189	Medicaid	
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	0.9058	Medicaid	
420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	3.8509	Medicare	
421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	1.7381	Medicare	
422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	1.3006	Medicare	
423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	4.3308	Medicare	
424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	2.4081	Medicare	
425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	1.5756	Medicare	
432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	1.8360	Medicaid	
433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	0.8192	Medicaid	
434	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	0.6343	Medicare	
435	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W MCC	1.5589	Medicaid	
436	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W CC	1.1023	Medicaid	
437	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS W/O CC/MCC	0.9537	Medicare	
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	1.6150	Medicaid	
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	0.9322	Medicaid	
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	0.6545	Medicaid	
441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W MCC	2.0879	Medicaid	
442	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W CC	0.9290	Medicaid	
443	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEP A W/O CC/MCC	0.7376	Medicaid	
444	DISORDERS OF THE BILIARY TRACT W MCC	1.3698	Medicaid	
445	DISORDERS OF THE BILIARY TRACT W CC	0.8778	Medicaid	
446	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	0.6321	Medicaid	
453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	10.5952	Medicare	
454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	4.1627	Medicaid	
455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	5.8705	Medicare	
456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC	9.5204	Medicare	
457	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC	5.0257	Medicaid	
458	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC	4.9491	Medicare	
459	SPINAL FUSION EXCEPT CERVICAL W MCC	6.5390	Medicare	
460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	2.6769	Medicaid	
461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	4.9062	Medicare	
462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	3.3745	Medicare	

DR G	DRG Description	V30 Weight	Weight Type	Comments
463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	5.4443	Medicare	
464	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	3.2087	Medicaid	
465	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	1.8802	Medicare	
466	REVISION OF HIP OR KNEE REPLACEMENT W MCC	5.0078	Medicare	
467	REVISION OF HIP OR KNEE REPLACEMENT W CC	2.1866	Medicaid	
468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	1.8569	Medicaid	
469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	2.1823	Medicaid	
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MC	1.5048	Medicaid	
471	CERVICAL SPINAL FUSION W MCC	4.7075	Medicare	
472	CERVICAL SPINAL FUSION W CC	2.0899	Medicaid	
473	CERVICAL SPINAL FUSION W/O CC/MCC	1.6313	Medicaid	
474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	3.5676	Medicare	
475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	2.0071	Medicare	
476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	1.0171	Medicare	
477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	3.2681	Medicare	
478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	2.2663	Medicare	
479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	1.6922	Medicare	
480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	2.0161	Medicaid	
481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	1.7327	Medicaid	
482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	1.3984	Medicaid	
483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC	2.5314	Medicare	
484	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W/O CC/MCC	1.2474	Medicaid	
485	KNEE PROCEDURES W PDX OF INFECTION W MCC	3.0583	Medicare	
486	KNEE PROCEDURES W PDX OF INFECTION W CC	2.0808	Medicare	
487	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	1.4863	Medicare	
488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	1.6865	Medicare	
489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	1.1395	Medicaid	
490	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC DEVICE/NEUROSTIM	1.8803	Medicaid	
491	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	0.8358	Medicaid	
492	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC	3.1039	Medicare	
493	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC	1.4276	Medicaid	
494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	0.9885	Medicaid	
495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	2.9977	Medicare	
496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	1.5346	Medicaid	
497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	1.1910	Medicaid	
498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	2.1304	Medicare	
499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	1.0106	Medicare	
500	SOFT TISSUE PROCEDURES W MCC	3.1368	Medicare	
501	SOFT TISSUE PROCEDURES W CC	1.0881	Medicare	
502	SOFT TISSUE PROCEDURES W/O CC/MCC	0.7283	Medicare	
503	FOOT PROCEDURES W MCC	2.3006	Medicare	
504	FOOT PROCEDURES W CC	1.5641	Medicare	
505	FOOT PROCEDURES W/O CC/MCC	1.1478	Medicare	
506	MAJOR THUMB OR JOINT PROCEDURES	1.3003	Medicare	
507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	1.8689	Medicare	
508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	1.2071	Medicare	
509	ARTHROSCOPY	1.3494	Medicare	
510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	2.2963	Medicare	
511	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	1.5222	Medicare	
512	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	0.7382	Medicaid	
513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	1.3409	Medicare	
514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	0.8655	Medicare	
515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	2.7199	Medicaid	
516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	1.9545	Medicaid	
517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	1.5415	Medicaid	
533	FRACTURES OF FEMUR W MCC	1.4725	Medicare	
534	FRACTURES OF FEMUR W/O MCC	0.6238	Medicaid	
535	FRACTURES OF HIP & PELVIS W MCC	1.2790	Medicare	
536	FRACTURES OF HIP & PELVIS W/O MCC	0.9507	Medicaid	
537	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	0.8638	Medicare	
538	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	0.6405	Medicare	

DRG	DRG Description	V30 Weight	Weight Type	Comments
539	OSTEOMYELITIS W MCC	1.9982	Medicare	
540	OSTEOMYELITIS W CC	1.4944	Medicaid	
541	OSTEOMYELITIS W/O CC/MCC	0.9770	Medicare	
542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	2.0293	Medicare	
543	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	1.4229	Medicaid	
544	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	0.8012	Medicare	
545	CONNECTIVE TISSUE DISORDERS W MCC	2.4785	Medicare	
546	CONNECTIVE TISSUE DISORDERS W CC	1.6174	Medicaid	
547	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	0.7053	Medicaid	
548	SEPTIC ARTHRITIS W MCC	1.7465	Medicare	
549	SEPTIC ARTHRITIS W CC	1.1683	Medicare	
550	SEPTIC ARTHRITIS W/O CC/MCC	0.7723	Medicare	
551	MEDICAL BACK PROBLEMS W MCC	1.6345	Medicare	
552	MEDICAL BACK PROBLEMS W/O MCC	0.6586	Medicaid	
553	BONE DISEASES & ARTHROPATHIES W MCC	1.2087	Medicare	
554	BONE DISEASES & ARTHROPATHIES W/O MCC	0.6643	Medicaid	
555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	1.2348	Medicare	
556	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	0.6366	Medicaid	
557	TENDONITIS, MYOSITIS & BURSITIS W MCC	1.5613	Medicare	
558	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	0.7056	Medicaid	
559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	1.8741	Medicare	
560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	1.0300	Medicare	
561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	0.6115	Medicare	
562	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	1.3989	Medicare	
563	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	0.6156	Medicaid	
564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	1.4459	Medicare	
565	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	0.9274	Medicaid	
566	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	0.6786	Medicare	
570	SKIN DEBRIDEMENT W MCC	2.4688	Medicare	New Code in Medicare Grouper V30
571	SKIN DEBRIDEMENT W CC	1.4417	Medicaid	New Code in Medicare Grouper V30
572	SKIN DEBRIDEMENT W/O CC/MCC	1.0036	Medicare	New Code in Medicare Grouper V30
573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	3.5637	Medicare	
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	2.4469	Medicare	
575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.3266	Medicare	
576	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	4.2457	Medicare	
577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	1.8963	Medicare	
578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.1312	Medicare	
579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	2.7186	Medicare	
580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1.2230	Medicaid	
581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	1.0177	Medicaid	
582	MASTECTOMY FOR MALIGNANCY W CC/MCC	1.1220	Medicaid	
583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	0.8992	Medicare	
584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	1.6550	Medicare	
585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	1.1381	Medicare	
592	SKIN ULCERS W MCC	1.4632	Medicare	
593	SKIN ULCERS W CC	1.0720	Medicare	
594	SKIN ULCERS W/O CC/MCC	0.6782	Medicare	
595	MAJOR SKIN DISORDERS W MCC	1.8803	Medicare	
596	MAJOR SKIN DISORDERS W/O MCC	0.8484	Medicaid	
597	MALIGNANT BREAST DISORDERS W MCC	1.6026	Medicare	
598	MALIGNANT BREAST DISORDERS W CC	1.2280	Medicare	
599	MALIGNANT BREAST DISORDERS W/O CC/MCC	0.6650	Medicare	
600	NON-MALIGNANT BREAST DISORDERS W CC/MCC	0.9968	Medicare	
601	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	0.6247	Medicare	
602	CELLULITIS W MCC	1.3010	Medicaid	
603	CELLULITIS W/O MCC	0.6425	Medicaid	
604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	1.3297	Medicare	
605	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	0.5621	Medicaid	
606	MINOR SKIN DISORDERS W MCC	1.3936	Medicare	
607	MINOR SKIN DISORDERS W/O MCC	0.5540	Medicaid	
614	ADRENAL & PITUITARY PROCEDURES W CC/MCC	2.3998	Medicare	

DR G	DRG Description	V30 Weight	Weight Type	Comments
615	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	1.4036	Medicare	
616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	4.3525	Medicare	
617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	1.5229	Medicaid	
618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	1.1287	Medicare	
619	O.R. PROCEDURES FOR OBESITY W MCC	3.4876	Medicare	
620	O.R. PROCEDURES FOR OBESITY W CC	1.5859	Medicaid	
621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	1.2253	Medicaid	
622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	3.5668	Medicare	
623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	1.8221	Medicare	
624	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	0.9662	Medicare	
625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	2.3606	Medicare	
626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	1.2163	Medicare	
627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	0.8487	Medicaid	
628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	3.2936	Medicare	
629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	2.1440	Medicare	
630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	1.2266	Medicare	
637	DIABETES W MCC	1.2067	Medicaid	
638	DIABETES W CC	0.6661	Medicaid	
639	DIABETES W/O CC/MCC	0.5451	Medicaid	
640	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	1.0441	Medicaid	
641	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC	0.6321	Medicaid	
642	INBORN AND OTHER DISORDERS OF METABOLISM	1.1918	Medicaid	
643	ENDOCRINE DISORDERS W MCC	1.4566	Medicaid	
644	ENDOCRINE DISORDERS W CC	0.7677	Medicaid	
645	ENDOCRINE DISORDERS W/O CC/MCC	0.5980	Medicaid	
652	KIDNEY TRANSPLANT	3.0825	Medicare	
653	MAJOR BLADDER PROCEDURES W MCC	6.1649	Medicare	
654	MAJOR BLADDER PROCEDURES W CC	3.1279	Medicare	
655	MAJOR BLADDER PROCEDURES W/O CC/MCC	2.0913	Medicare	
656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	3.5136	Medicare	
657	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	1.9566	Medicaid	
658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	1.4836	Medicare	
659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	2.9276	Medicaid	
660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	1.7219	Medicaid	
661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	1.1686	Medicaid	
662	MINOR BLADDER PROCEDURES W MCC	2.9941	Medicare	
663	MINOR BLADDER PROCEDURES W CC	1.5295	Medicare	
664	MINOR BLADDER PROCEDURES W/O CC/MCC	1.1260	Medicare	
665	PROSTATECTOMY W MCC	3.0737	Medicare	
666	PROSTATECTOMY W CC	1.6602	Medicare	
667	PROSTATECTOMY W/O CC/MCC	0.8760	Medicare	
668	TRANSURETHRAL PROCEDURES W MCC	2.4731	Medicare	
669	TRANSURETHRAL PROCEDURES W CC	0.8651	Medicaid	
670	TRANSURETHRAL PROCEDURES W/O CC/MCC	0.8326	Medicare	
671	URETHRAL PROCEDURES W CC/MCC	1.4513	Medicare	
672	URETHRAL PROCEDURES W/O CC/MCC	0.8383	Medicare	
673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	3.0591	Medicare	
674	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	1.9553	Medicare	
675	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	1.3558	Medicare	
682	RENAL FAILURE W MCC	1.3361	Medicaid	
683	RENAL FAILURE W CC	1.0088	Medicaid	
684	RENAL FAILURE W/O CC/MCC	0.6033	Medicaid	
685	ADMIT FOR RENAL DIALYSIS	0.8899	Medicare	
686	KIDNEY & URINARY TRACT NEOPLASMS W MCC	1.6823	Medicare	
687	KIDNEY & URINARY TRACT NEOPLASMS W CC	1.0499	Medicare	
688	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	0.6805	Medicare	
689	KIDNEY & URINARY TRACT INFECTIONS W MCC	0.8007	Medicaid	
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	0.6197	Medicaid	
691	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	1.5632	Medicare	
692	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	1.0563	Medicare	
693	URINARY STONES W/O ESW LITHOTRIPSY W MCC	1.4169	Medicare	

DRG	DRG Description	V30 Weight	Weight Type	Comments
694	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	0.5849	Medicaid	
695	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	1.2944	Medicare	
696	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	0.6639	Medicare	
697	URETHRAL STRICTURE	0.8246	Medicare	
698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	1.3893	Medicaid	
699	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	1.0740	Medicaid	
700	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	0.5815	Medicaid	
707	MAJOR MALE PELVIC PROCEDURES W CC/MCC	1.8134	Medicare	
708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	1.2936	Medicare	
709	PENIS PROCEDURES W CC/MCC	2.0087	Medicare	
710	PENIS PROCEDURES W/O CC/MCC	1.2991	Medicare	
711	TESTES PROCEDURES W CC/MCC	1.9631	Medicare	
712	TESTES PROCEDURES W/O CC/MCC	0.8418	Medicare	
713	TRANSURETHRAL PROSTATECTOMY W CC/MCC	1.3234	Medicare	
714	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	0.6983	Medicare	
715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	1.9149	Medicare	
716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	0.9656	Medicare	
717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	1.7261	Medicare	
718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	0.8657	Medicare	
722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	1.6690	Medicare	
723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	1.1066	Medicare	
724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.6509	Medicare	
725	BENIGN PROSTATIC HYPERTROPHY W MCC	1.2976	Medicare	
726	BENIGN PROSTATIC HYPERTROPHY W/O MCC	0.7085	Medicare	
727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	1.4014	Medicare	
728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	0.7552	Medicaid	
729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	1.0357	Medicare	
730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	0.6113	Medicare	
734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	2.6652	Medicare	
735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	1.1682	Medicare	
736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	4.4140	Medicare	
737	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	2.0049	Medicare	
738	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	1.2853	Medicare	
739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	3.3219	Medicare	
740	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.5688	Medicare	
741	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	1.1499	Medicare	
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	1.0717	Medicaid	
743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	0.7001	Medicaid	
744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	1.5573	Medicare	
745	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	0.8109	Medicare	
746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	1.3850	Medicare	
747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	0.8818	Medicare	
748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	0.6790	Medicaid	
749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	2.5755	Medicare	
750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.0675	Medicare	
754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	1.9833	Medicare	
755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	1.0990	Medicare	
756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.5777	Medicare	
757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	1.6945	Medicare	
758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	1.0790	Medicare	
759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.4741	Medicaid	
760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	0.5888	Medicaid	
761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	0.4597	Medicaid	
765	CESAREAN SECTION W CC/MCC	0.8274	Medicaid	
766	CESAREAN SECTION W/O CC/MCC	0.6343	Medicaid	
767	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.6038	Medicaid	
768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	1.8304	Medicare	
769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	1.1088	Medicaid	
770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.4623	Medicaid	
774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.4839	Medicaid	
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.3532	Medicaid	

DRG	DRG Description	V30 Weight	Weight Type	Comments
776	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.4355	Medicaid	
777	ECTOPIC PREGNANCY	0.7122	Medicaid	
778	THREATENED ABORTION	0.4563	Medicaid	
779	ABORTION W/O D&C	0.3295	Medicaid	
780	FALSE LABOR	0.2546	Medicaid	
781	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	0.4953	Medicaid	
782	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	0.4403	Medicaid	
789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	-	Reassigned	Reclassified to 9601 to 9680
790	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	-	Reassigned	Reclassified to 9601 to 9680
791	PREMATURITY W MAJOR PROBLEMS	-	Reassigned	Reclassified to 9601 to 9680
792	PREMATURITY W/O MAJOR PROBLEMS	-	Reassigned	Reclassified to 9601 to 9680
793	FULL TERM NEONATE W MAJOR PROBLEMS	-	Reassigned	Reclassified to 9601 to 9680
794	NEONATE W OTHER SIGNIFICANT PROBLEMS	-	Reassigned	Reclassified to 9601 to 9680
795	NORMAL NEWBORN	-	Reassigned	Reclassified to 9601 to 9680
799	SPLENECTOMY W MCC	5.1496	Medicare	
800	SPLENECTOMY W CC	2.6372	Medicare	
801	SPLENECTOMY W/O CC/MCC	1.5736	Medicare	
802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	3.6452	Medicare	
803	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	1.7576	Medicare	
804	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	1.1211	Medicare	
808	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	2.0590	Medicaid	
809	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	1.5063	Medicaid	
810	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	0.9500	Medicaid	
811	RED BLOOD CELL DISORDERS W MCC	0.9979	Medicaid	
812	RED BLOOD CELL DISORDERS W/O MCC	0.5964	Medicaid	
813	COAGULATION DISORDERS	1.0961	Medicaid	
814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	1.6794	Medicare	
815	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	1.0102	Medicare	
816	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	0.6004	Medicaid	
820	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	5.7228	Medicare	
821	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	2.3066	Medicare	
822	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	1.1935	Medicare	
823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	4.5397	Medicare	
824	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	2.2603	Medicare	
825	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	1.2712	Medicare	
826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	4.8680	Medicare	
827	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	2.1765	Medicare	
828	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	1.3409	Medicare	
829	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC	3.0335	Medicare	
830	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC	1.1804	Medicare	
834	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	6.1238	Medicaid	
835	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	3.4503	Medicaid	
836	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	1.8633	Medicaid	
837	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	4.1240	Medicaid	
838	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	2.4527	Medicaid	
839	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	1.1558	Medicaid	
840	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	3.0103	Medicare	
841	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	1.8736	Medicaid	
842	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	1.0450	Medicare	
843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	1.8719	Medicare	
844	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	1.2216	Medicare	
845	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	0.8612	Medicare	
846	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	1.6351	Medicaid	
847	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	1.1331	Medicaid	
848	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	0.8299	Medicaid	
849	RADIOTHERAPY	1.3396	Medicare	
853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	4.9758	Medicaid	
854	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	1.9352	Medicaid	
855	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	1.5331	Medicare	
856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	3.5672	Medicaid	
857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	2.2681	Medicaid	

DRG	DRG Description	V30 Weight	Weight Type	Comments
858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	1.2534	Medicare	
862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	1.5421	Medicaid	
863	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	0.8630	Medicaid	
864	FEVER	0.6775	Medicaid	
865	VIRAL ILLNESS W MCC	1.1110	Medicaid	
866	VIRAL ILLNESS W/O MCC	0.5701	Medicaid	
867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	2.0670	Medicaid	
868	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	1.0762	Medicare	
869	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	0.7415	Medicare	
870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	5.4284	Medicaid	
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	1.7736	Medicaid	
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	1.0511	Medicaid	
876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	-	Reassigned	Reclassified to 9861 to 9878
880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	-	Reassigned	Reclassified to 9861 to 9878
881	DEPRESSIVE NEUROSES	-	Reassigned	Reclassified to 9861 to 9878
882	NEUROSES EXCEPT DEPRESSIVE	-	Reassigned	Reclassified to 9861 to 9878
883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	-	Reassigned	Reclassified to 9861 to 9878
884	ORGANIC DISTURBANCES & MENTAL RETARDATION	-	Reassigned	Reclassified to 9861 to 9878
885	PSYCHOSES	-	Reassigned	Reclassified to 9861 to 9878
886	BEHAVIORAL & DEVELOPMENTAL DISORDERS	-	Reassigned	Reclassified to 9861 to 9878
887	OTHER MENTAL DISORDER DIAGNOSES	-	Reassigned	Reclassified to 9861 to 9878
894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0.3550	Medicaid	
895	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	0.7846	Medicaid	
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	1.4580	Medicaid	
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	0.5362	Medicaid	
901	WOUND DEBRIDEMENTS FOR INJURIES W MCC	4.3477	Medicare	
902	WOUND DEBRIDEMENTS FOR INJURIES W CC	1.7079	Medicare	
903	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	0.9890	Medicare	
904	SKIN GRAFTS FOR INJURIES W CC/MCC	2.9145	Medicare	
905	SKIN GRAFTS FOR INJURIES W/O CC/MCC	1.2630	Medicare	
906	HAND PROCEDURES FOR INJURIES	1.1596	Medicare	
907	OTHER O.R. PROCEDURES FOR INJURIES W MCC	2.6506	Medicaid	
908	OTHER O.R. PROCEDURES FOR INJURIES W CC	1.5613	Medicaid	
909	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	1.0982	Medicaid	
913	TRAUMATIC INJURY W MCC	1.2273	Medicare	
914	TRAUMATIC INJURY W/O MCC	0.6998	Medicare	
915	ALLERGIC REACTIONS W MCC	1.5168	Medicare	
916	ALLERGIC REACTIONS W/O MCC	0.4015	Medicaid	
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	1.3398	Medicaid	
918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	0.5563	Medicaid	
919	COMPLICATIONS OF TREATMENT W MCC	1.7715	Medicaid	
920	COMPLICATIONS OF TREATMENT W CC	0.9386	Medicaid	
921	COMPLICATIONS OF TREATMENT W/O CC/MCC	0.6728	Medicaid	
922	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	1.4305	Medicare	
923	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	0.7612	Medicaid	
927	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	16.4026	Medicare	
928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	4.7919	Medicare	
929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	2.2420	Medicare	
933	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	2.3740	Medicare	
934	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	1.5123	Medicare	
935	NON-EXTENSIVE BURNS	1.0395	Medicaid	
939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	2.7769	Medicare	
940	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	1.4704	Medicare	
941	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	1.1776	Medicare	
945	REHABILITATION W CC/MCC	1.8342	Medicaid	
946	REHABILITATION W/O CC/MCC	1.0279	Medicaid	
947	SIGNS & SYMPTOMS W MCC	0.9657	Medicaid	
948	SIGNS & SYMPTOMS W/O MCC	0.6595	Medicaid	
949	AFTERCARE W CC/MCC	1.0024	Medicaid	
950	AFTERCARE W/O CC/MCC	0.5693	Medicare	
951	OTHER FACTORS INFLUENCING HEALTH STATUS	0.5996	Medicaid	

DRG	DRG Description	V30 Weight	Weight Type	Comments
955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	5.4170	Medicare	
956	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	3.6372	Medicare	
957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	6.4182	Medicare	
958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	3.9004	Medicare	
959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	2.5646	Medicare	
963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	2.8483	Medicare	
964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	1.4975	Medicare	
965	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	0.9600	Medicare	
969	HIV W EXTENSIVE O.R. PROCEDURE W MCC	5.4815	Medicare	
970	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	2.6631	Medicare	
974	HIV W MAJOR RELATED CONDITION W MCC	2.1323	Medicaid	
975	HIV W MAJOR RELATED CONDITION W CC	1.0539	Medicaid	
976	HIV W MAJOR RELATED CONDITION W/O CC/MCC	0.8304	Medicaid	
977	HIV W OR W/O OTHER RELATED CONDITION	0.8719	Medicaid	
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	4.0916	Medicaid	
982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.6525	Medicaid	
983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.2280	Medicaid	
984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.6217	Medicare	
985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.0895	Medicare	
986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.0710	Medicare	
987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	4.2847	Medicaid	
988	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	1.5539	Medicaid	
989	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	0.8160	Medicaid	
9601	NEONATE DIED WITHIN ONE DAY, SAME HOSPITAL	0.1640	Medicaid	
9602	NEONATE DIED WITHIN ONE DAY - RECEIVING HOSPITAL	0.8221	Medicaid	
9604	NEONATE TRANSFERRED WITHIN FOUR DAYS	0.1812	Medicaid	
9610	NEONATE <750 GRAMS DISCHARGED DEAD	3.2907	Medicaid	
9614	NEONATE <750 GRAMS DISCHARGED ALIVE	14.2325	Medicaid	
9620	NEONATE <1000 GRAM DISCHARGED DEAD	4.6927	Medicaid	
9624	NEONATE <1000 GRAM DISCHARGED ALIVE	11.5317	Medicaid	
9637	NEONATE <1500 GRAM DISCHARGED DEAD	4.2239	Medicaid	
9638	NEONATE <1500 GRAM O.R. PERFORMED	11.9476	Medicaid	
9639	NEONATE <1500 GRAM NO O.R. PERFORMED	7.5345	Medicaid	
9648	NEONATE <2000 - O.R. PERFORMED EXCLUDING CIRCUMCISION	15.5718	Medicaid	
9649	NEONATE <2000 GRAM NO O.R. PERFORMED	3.2056	Medicaid	
9650	NEONATE <2500 - O.R. PERFORMED EXCLUDING CIRCUMCISION	5.8907	Medicaid	
9656	NEONATE <2500 GRAM NO O.R.-MAJOR DX PROBLEM	2.2356	Medicaid	
9657	NEONATE <2500 GRAM NO O.R.-MINOR DX PROBLEM	0.9130	Medicaid	
9670	NEONATE <2500 GRAM NO O.R. NO DX PROBLEM	0.2103	Medicaid	
9676	NEONATE 2500+ GRAM NO O.R.-MAJOR DX PROBLEM	1.3087	Medicaid	
9677	NEONATE 2500+ GRAM NO O.R.-MINOR DX PROBLEM	0.2504	Medicaid	
9678	NEONATE 2500+ GRAM NO O.R. NO DX PROBLEM	0.1647	Medicaid	
9680	NEONATE 2500+ GRAM O.R. PERFORMED EXCLUDING CIRCUMCISION	5.0566	Medicaid	
9861	=<17 O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	2.2412	Medicaid	
9862	>17 O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	2.1577	Medicaid	
9863	=<17 ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	0.8556	Medicaid	
9864	>17 ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	0.6118	Medicaid	
9865	=<17 DEPRESSIVE NEUROSES	0.6371	Medicaid	
9866	>17 DEPRESSIVE NEUROSES	0.4746	Medicaid	
9867	=<17 NEUROSES EXCEPT DEPRESSIVE	0.5839	Medicaid	
9868	>17 NEUROSES EXCEPT DEPRESSIVE	0.4125	Medicaid	
9869	=<17 DISORDERS OF PERSONALITY & IMPULSE CONTROL	1.2059	Medicaid	
9870	>17 DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.6400	Medicaid	
9871	=<17 ORGANIC DISTURBANCES & MENTAL RETARDATION	0.6933	Medicaid	
9872	>17 ORGANIC DISTURBANCES & MENTAL RETARDATION	0.8203	Medicaid	
9873	=<17 PSYCHOSES	0.9510	Medicaid	
9874	>17 PSYCHOSES	0.6971	Medicaid	
9875	=<17 CHILDHOOD MENTAL DISORDERS	0.9370	Medicaid	
9876	>17 CHILDHOOD MENTAL DISORDERS	0.7458	Medicaid	
9877	=<17 OTHER MENTAL DISORDER DIAGNOSES	0.3766	Medicaid	
9878	>17 OTHER MENTAL DISORDER DIAGNOSES	0.6649	Medicaid	