

**STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY**

Last portal update of inpatient DRG weights = 9/30/2015

Inpatient DRG Version #33 Weights effective October 1, 2015 (and continuing into calendar year 2016)

DRG	DRG Description	V#33 Weight	Weight Type	Comments
001	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	18.2629	Medicaid	
002	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	15.2738	Medicare	
003	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	12.9914	Medicaid	
004	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	7.9748	Medicaid	
005	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	17.0695	Medicaid	
006	LIVER TRANSPLANT W/O MCC	4.7639	Medicare	
007	LUNG TRANSPLANT	9.1929	Medicare	
008	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	5.1527	Medicare	
010	PANCREAS TRANSPLANT	4.1554	Medicare	
011	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC	4.7246	Medicare	
012	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC	2.8581	Medicaid	
013	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC	2.1647	Medicare	
014	ALLOGENEIC BONE MARROW TRANSPLANT	13.6525	Medicaid	
016	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	5.1690	Medicaid	
017	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	4.2906	Medicare	
020	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	9.3897	Medicare	
021	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	6.4458	Medicare	
022	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	4.7113	Medicare	
023	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	6.0177	Medicaid	
024	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	3.7121	Medicare	
025	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	4.5147	Medicaid	
026	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	3.0325	Medicaid	
027	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	2.2962	Medicaid	
028	SPINAL PROCEDURES W MCC	3.2501	Medicaid	
029	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	2.3985	Medicaid	
030	SPINAL PROCEDURES W/O CC/MCC	2.0532	Medicaid	
031	VENTRICULAR SHUNT PROCEDURES W MCC	2.2427	Medicaid	
032	VENTRICULAR SHUNT PROCEDURES W CC	1.1841	Medicaid	
033	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	1.0513	Medicaid	
034	CAROTID ARTERY STENT PROCEDURE W MCC	3.4145	Medicare	
035	CAROTID ARTERY STENT PROCEDURE W CC	2.1781	Medicare	
036	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	1.7224	Medicare	
037	EXTRACRANIAL PROCEDURES W MCC	3.0641	Medicare	
038	EXTRACRANIAL PROCEDURES W CC	1.5958	Medicare	
039	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.0113	Medicaid	
040	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	2.2069	Medicaid	
041	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	1.9351	Medicaid	
042	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	1.9083	Medicaid	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
052	SPINAL DISORDERS & INJURIES W CC/MCC	1.4102	Medicare	
053	SPINAL DISORDERS & INJURIES W/O CC/MCC	0.8746	Medicare	
054	NERVOUS SYSTEM NEOPLASMS W MCC	1.4544	Medicaid	
055	NERVOUS SYSTEM NEOPLASMS W/O MCC	1.0489	Medicaid	
056	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	1.7427	Medicaid	
057	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	0.9628	Medicaid	
058	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	1.6027	Medicare	
059	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	1.0810	Medicaid	
060	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	0.8417	Medicaid	
061	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	2.7316	Medicare	
062	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	1.8561	Medicare	
063	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	1.4685	Medicare	
064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	2.3567	Medicaid	
065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	1.6091	Medicaid	
066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	0.8555	Medicaid	
067	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	1.4172	Medicare	
068	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	0.8582	Medicare	
069	TRANSIENT ISCHEMIA	0.6400	Medicaid	
070	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	1.7753	Medicaid	
071	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	0.9479	Medicaid	
072	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	0.6919	Medicare	
073	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	0.7294	Medicaid	
074	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	0.5711	Medicaid	
075	VIRAL MENINGITIS W CC/MCC	1.5918	Medicare	
076	VIRAL MENINGITIS W/O CC/MCC	0.5045	Medicaid	
077	HYPERTENSIVE ENCEPHALOPATHY W MCC	1.6290	Medicare	
078	HYPERTENSIVE ENCEPHALOPATHY W CC	0.9467	Medicare	
079	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	0.7118	Medicare	
080	NONTRAUMATIC STUPOR & COMA W MCC	1.2252	Medicare	
081	NONTRAUMATIC STUPOR & COMA W/O MCC	0.5709	Medicaid	
082	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	1.9463	Medicare	
083	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	1.2643	Medicare	
084	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	0.8136	Medicaid	
085	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	2.1257	Medicaid	
086	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	1.2525	Medicaid	
087	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	0.5444	Medicaid	
088	CONCUSSION W MCC	1.5029	Medicare	
089	CONCUSSION W CC	0.9406	Medicare	

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090	CONCUSSION W/O CC/MCC	0.7140	Medicare	
091	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	1.3804	Medicaid	
092	OTHER DISORDERS OF NERVOUS SYSTEM W CC	0.6872	Medicaid	
093	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	0.5838	Medicaid	
094	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	3.4974	Medicare	
095	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	2.2787	Medicare	
096	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	1.9694	Medicare	
097	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	3.1963	Medicare	
098	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	1.7657	Medicare	
099	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	1.1835	Medicare	
100	SEIZURES W MCC	0.8721	Medicaid	
101	SEIZURES W/O MCC	0.5462	Medicaid	
102	HEADACHES W MCC	1.0430	Medicare	
103	HEADACHES W/O MCC	0.5703	Medicaid	
113	ORBITAL PROCEDURES W CC/MCC	1.8998	Medicare	
114	ORBITAL PROCEDURES W/O CC/MCC	1.0216	Medicare	
115	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	1.2543	Medicare	
116	INTRAOCULAR PROCEDURES W CC/MCC	1.4806	Medicare	
117	INTRAOCULAR PROCEDURES W/O CC/MCC	0.8211	Medicare	
121	ACUTE MAJOR EYE INFECTIONS W CC/MCC	1.0215	Medicare	
122	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	0.6147	Medicare	
123	NEUROLOGICAL EYE DISORDERS	0.6963	Medicare	
124	OTHER DISORDERS OF THE EYE W MCC	1.1990	Medicare	
125	OTHER DISORDERS OF THE EYE W/O MCC	0.5125	Medicaid	
129	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	2.1925	Medicare	
130	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	1.2687	Medicare	
131	CRANIAL/FACIAL PROCEDURES W CC/MCC	2.2038	Medicare	
132	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	0.9190	Medicaid	
133	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	1.5204	Medicaid	
134	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	0.6668	Medicaid	
135	SINUS & MASTOID PROCEDURES W CC/MCC	2.0110	Medicare	
136	SINUS & MASTOID PROCEDURES W/O CC/MCC	0.9709	Medicare	
137	MOUTH PROCEDURES W CC/MCC	1.3477	Medicare	
138	MOUTH PROCEDURES W/O CC/MCC	0.8304	Medicare	
139	SALIVARY GLAND PROCEDURES	0.9169	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
146	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	2.0402	Medicare	
147	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	1.2317	Medicare	
148	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	0.7688	Medicare	

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149	DYSEQUILIBRIUM	0.4887	Medicaid	
150	EPISTAXIS W MCC	1.3298	Medicare	
151	EPISTAXIS W/O MCC	0.6557	Medicare	
152	OTITIS MEDIA & URI W MCC	0.9098	Medicaid	
153	OTITIS MEDIA & URI W/O MCC	0.4464	Medicaid	
154	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	1.3785	Medicare	
155	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	0.7671	Medicaid	
156	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	0.4866	Medicaid	
157	DENTAL & ORAL DISEASES W MCC	1.5380	Medicare	
158	DENTAL & ORAL DISEASES W CC	0.7427	Medicaid	
159	DENTAL & ORAL DISEASES W/O CC/MCC	0.6383	Medicaid	
163	MAJOR CHEST PROCEDURES W MCC	3.7237	Medicaid	
164	MAJOR CHEST PROCEDURES W CC	2.0731	Medicaid	
165	MAJOR CHEST PROCEDURES W/O CC/MCC	1.4516	Medicaid	
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	2.4061	Medicaid	
167	OTHER RESP SYSTEM O.R. PROCEDURES W CC	1.6969	Medicaid	
168	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	1.3101	Medicare	
175	PULMONARY EMBOLISM W MCC	1.2499	Medicaid	
176	PULMONARY EMBOLISM W/O MCC	0.7465	Medicaid	
177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	1.5323	Medicaid	
178	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	1.4590	Medicaid	
179	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	1.4373	Medicaid	
180	RESPIRATORY NEOPLASMS W MCC	1.4246	Medicaid	
181	RESPIRATORY NEOPLASMS W CC	1.1191	Medicaid	
182	RESPIRATORY NEOPLASMS W/O CC/MCC	0.7905	Medicare	
183	MAJOR CHEST TRAUMA W MCC	1.4649	Medicare	
184	MAJOR CHEST TRAUMA W CC	0.9832	Medicare	
185	MAJOR CHEST TRAUMA W/O CC/MCC	0.6907	Medicare	
186	PLEURAL EFFUSION W MCC	1.4378	Medicaid	
187	PLEURAL EFFUSION W CC	0.8374	Medicaid	
188	PLEURAL EFFUSION W/O CC/MCC	0.7468	Medicare	
189	PULMONARY EDEMA & RESPIRATORY FAILURE	1.0125	Medicaid	
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	0.8204	Medicaid	
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.6117	Medicaid	
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.4938	Medicaid	
193	SIMPLE PNEUMONIA & PLEURISY W MCC	1.0840	Medicaid	
194	SIMPLE PNEUMONIA & PLEURISY W CC	0.6693	Medicaid	
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	0.4473	Medicaid	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
196	INTERSTITIAL LUNG DISEASE W MCC	1.6686	Medicare	
197	INTERSTITIAL LUNG DISEASE W CC	0.9685	Medicaid	
198	INTERSTITIAL LUNG DISEASE W/O CC/MCC	0.7958	Medicare	
199	PNEUMOTHORAX W MCC	1.8127	Medicare	
200	PNEUMOTHORAX W CC	0.6254	Medicaid	
201	PNEUMOTHORAX W/O CC/MCC	0.6101	Medicaid	
202	BRONCHITIS & ASTHMA W CC/MCC	0.6848	Medicaid	
203	BRONCHITIS & ASTHMA W/O CC/MCC	0.3759	Medicaid	
204	RESPIRATORY SIGNS & SYMPTOMS	0.6574	Medicaid	
205	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	1.1514	Medicaid	
206	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	0.6216	Medicaid	
207	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	3.7683	Medicaid	
208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	1.8046	Medicaid	
215	OTHER HEART ASSIST SYSTEM IMPLANT	14.7790	Medicare	
216	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	5.8363	Medicaid	
217	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	6.2835	Medicare	
218	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	5.4262	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
219	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	5.4257	Medicaid	
220	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	3.6068	Medicaid	
221	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	4.6424	Medicare	
222	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	8.8167	Medicare	
223	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	6.4257	Medicare	
224	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	7.7224	Medicare	
225	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	5.9206	Medicare	
226	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	7.0099	Medicare	
227	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	2.7860	Medicaid	
228	OTHER CARDIOTHORACIC PROCEDURES W MCC	6.6372	Medicaid	
229	OTHER CARDIOTHORACIC PROCEDURES W CC	4.2580	Medicaid	
230	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	3.6669	Medicare	
231	CORONARY BYPASS W PTCA W MCC	7.8158	Medicare	
232	CORONARY BYPASS W PTCA W/O MCC	5.6145	Medicare	
233	CORONARY BYPASS W CARDIAC CATH W MCC	4.3871	Medicaid	
234	CORONARY BYPASS W CARDIAC CATH W/O MCC	3.4861	Medicaid	
235	CORONARY BYPASS W/O CARDIAC CATH W MCC	5.8478	Medicare	
236	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	3.0887	Medicaid	
239	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	3.7546	Medicaid	
240	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	2.2271	Medicaid	
241	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	1.4226	Medicare	

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242	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	3.7491	Medicare	
243	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	2.6716	Medicare	
244	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	2.1608	Medicare	
245	AICD GENERATOR PROCEDURES	4.7022	Medicare	
246	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	2.4013	Medicaid	
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	1.7206	Medicaid	
248	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	2.2212	Medicaid	
249	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	1.6560	Medicaid	
250	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	2.1103	Medicaid	
251	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	1.8804	Medicaid	
252	OTHER VASCULAR PROCEDURES W MCC	2.1991	Medicaid	
253	OTHER VASCULAR PROCEDURES W CC	2.0150	Medicaid	
254	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.4030	Medicaid	
255	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	2.6404	Medicare	
256	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	1.5973	Medicare	
257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	0.9017	Medicare	
258	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	2.7229	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
259	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	1.9462	Medicare	
260	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	3.7238	Medicare	
261	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	1.7284	Medicare	
262	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	1.3866	Medicare	
263	VEIN LIGATION & STRIPPING	1.8888	Medicare	
264	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	2.2272	Medicaid	
265	AICD LEAD PROCEDURES	2.6890	Medicare	
266	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W MCC	5.6310	Medicare	New weight based on weighted average of v31 DRGs 216 and 219
267	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W/O MCC	4.5165	Medicare	New weight based on weighted average of v31 DRGs 217, 218, 220, and 221
268	AORTICA AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	3.9956	Medicare	New weight based on weighted average of v31 DRGs 237 and 238
269	AORTICA AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	2.4720	Medicare	New weight based on weighted average of v31 DRGs 237 and 238
270	OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	3.9956	Medicare	New weight based on weighted average of v31 DRGs 237 and 238
271	OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	2.4720	Medicare	New weight based on weighted average of v31 DRGs 237 and 238
272	OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	2.4720	Medicare	New weight based on weighted average of v31 DRGs 237 and 238
273	PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	2.1390	Medicare	New weight based on weighted average of v31 DRGs 246, 248, and 250
274	PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	1.8804	Medicare	New weight based on weighted average of v31 DRGs 247, 249, and 251
280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	1.6464	Medicaid	
281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	0.9522	Medicaid	
282	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	0.8362	Medicaid	
283	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	1.6885	Medicare	
284	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	0.7614	Medicare	

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285	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	0.5227	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
286	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	1.8160	Medicaid	
287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	0.9940	Medicaid	
288	ACUTE & SUBACUTE ENDOCARDITIS W MCC	2.7956	Medicare	
289	ACUTE & SUBACUTE ENDOCARDITIS W CC	1.7891	Medicare	
290	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	1.2359	Medicare	
291	HEART FAILURE & SHOCK W MCC	1.0573	Medicaid	
292	HEART FAILURE & SHOCK W CC	0.7568	Medicaid	
293	HEART FAILURE & SHOCK W/O CC/MCC	0.5203	Medicaid	
294	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	0.9439	Medicare	
295	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	0.6287	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
296	CARDIAC ARREST, UNEXPLAINED W MCC	1.3013	Medicare	
297	CARDIAC ARREST, UNEXPLAINED W CC	0.6063	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
298	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	0.4260	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
299	PERIPHERAL VASCULAR DISORDERS W MCC	0.9792	Medicaid	
300	PERIPHERAL VASCULAR DISORDERS W CC	0.7428	Medicaid	
301	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	0.4818	Medicaid	
302	ATHEROSCLEROSIS W MCC	1.0287	Medicare	
303	ATHEROSCLEROSIS W/O MCC	0.4937	Medicaid	
304	HYPERTENSION W MCC	1.0268	Medicare	
305	HYPERTENSION W/O MCC	0.5190	Medicaid	
306	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	1.3659	Medicare	
307	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	1.0046	Medicaid	
308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	0.9956	Medicaid	
309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.6770	Medicaid	
310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	0.4681	Medicaid	
311	ANGINA PECTORIS	0.5649	Medicare	
312	SYNCOPE & COLLAPSE	0.5686	Medicaid	
313	CHEST PAIN	0.5175	Medicaid	
314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	1.6724	Medicaid	
315	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.1727	Medicaid	
316	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	0.5405	Medicaid	
326	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	3.3471	Medicaid	
327	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	1.9844	Medicaid	
328	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	0.9147	Medicaid	
329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	3.4725	Medicaid	
330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2.0571	Medicaid	
331	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.3893	Medicaid	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
332	RECTAL RESECTION W MCC	4.7072	Medicare	
333	RECTAL RESECTION W CC	2.4466	Medicare	
334	RECTAL RESECTION W/O CC/MCC	1.5849	Medicare	
335	PERITONEAL ADHESIOLYSIS W MCC	2.9543	Medicaid	
336	PERITONEAL ADHESIOLYSIS W CC	2.2629	Medicaid	
337	PERITONEAL ADHESIOLYSIS W/O CC/MCC	1.3201	Medicaid	
338	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	3.1217	Medicare	
339	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1.4685	Medicaid	
340	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	0.9818	Medicaid	
341	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	2.1821	Medicare	
342	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	0.9475	Medicaid	
343	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	0.6503	Medicaid	
344	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	3.5966	Medicare	
345	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1.0914	Medicaid	
346	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.0032	Medicaid	
347	ANAL & STOMAL PROCEDURES W MCC	2.5182	Medicare	
348	ANAL & STOMAL PROCEDURES W CC	0.9656	Medicaid	
349	ANAL & STOMAL PROCEDURES W/O CC/MCC	0.8834	Medicare	
350	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	2.4598	Medicare	
351	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	1.3761	Medicare	
352	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	0.9239	Medicare	
353	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	2.7885	Medicare	
354	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	1.4409	Medicaid	
355	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	0.9699	Medicaid	
356	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	2.7950	Medicaid	
357	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	1.8975	Medicaid	
358	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.3942	Medicare	
368	MAJOR ESOPHAGEAL DISORDERS W MCC	1.3730	Medicaid	
369	MAJOR ESOPHAGEAL DISORDERS W CC	0.8904	Medicaid	
370	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	0.7486	Medicare	
371	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	1.4531	Medicaid	
372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	0.8703	Medicaid	
373	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	0.5940	Medicaid	
374	DIGESTIVE MALIGNANCY W MCC	1.7568	Medicaid	
375	DIGESTIVE MALIGNANCY W CC	1.1998	Medicaid	
376	DIGESTIVE MALIGNANCY W/O CC/MCC	0.8738	Medicare	
377	G.I. HEMORRHAGE W MCC	1.2164	Medicaid	
378	G.I. HEMORRHAGE W CC	0.7628	Medicaid	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
379	G.I. HEMORRHAGE W/O CC/MCC	0.4914	Medicaid	
380	COMPLICATED PEPTIC ULCER W MCC	1.9223	Medicare	
381	COMPLICATED PEPTIC ULCER W CC	1.1199	Medicare	
382	COMPLICATED PEPTIC ULCER W/O CC/MCC	0.7784	Medicare	
383	UNCOMPLICATED PEPTIC ULCER W MCC	1.3850	Medicare	
384	UNCOMPLICATED PEPTIC ULCER W/O MCC	0.6298	Medicaid	
385	INFLAMMATORY BOWEL DISEASE W MCC	1.7973	Medicare	
386	INFLAMMATORY BOWEL DISEASE W CC	0.8718	Medicaid	
387	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	0.6205	Medicaid	
388	G.I. OBSTRUCTION W MCC	1.2404	Medicaid	
389	G.I. OBSTRUCTION W CC	0.6617	Medicaid	
390	G.I. OBSTRUCTION W/O CC/MCC	0.4930	Medicaid	
391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	0.8748	Medicaid	
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	0.5710	Medicaid	
393	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	1.1157	Medicaid	
394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	0.8674	Medicaid	
395	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	0.5983	Medicaid	
405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	3.4141	Medicaid	
406	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2.4754	Medicaid	
407	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	1.9139	Medicare	
408	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	4.1182	Medicare	
409	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	2.4337	Medicare	
410	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	1.5123	Medicare	
411	CHOLECYSTECTOMY W C.D.E. W MCC	3.5968	Medicare	
412	CHOLECYSTECTOMY W C.D.E. W CC	2.3659	Medicare	
413	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	1.7220	Medicare	
414	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	3.6208	Medicare	
415	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	2.0173	Medicare	
416	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	1.3268	Medicare	
417	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	1.4688	Medicaid	
418	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	1.1244	Medicaid	
419	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	0.8183	Medicaid	
420	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	3.6786	Medicare	
421	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	1.7714	Medicare	
422	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	1.2175	Medicare	
423	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	4.2183	Medicare	
424	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	2.3149	Medicare	
425	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	1.6396	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
432	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	1.6707	Medicare	
433	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	0.9010	Medicare	
434	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	0.6156	Medicare	
435	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	1.4278	Medicaid	
436	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	1.0190	Medicaid	
437	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	0.9282	Medicare	
438	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	1.3578	Medicaid	
439	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	0.7387	Medicaid	
440	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	0.5487	Medicaid	
441	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	1.7482	Medicare	
442	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	0.8753	Medicare	
443	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	0.6054	Medicare	
444	DISORDERS OF THE BILIARY TRACT W MCC	1.0386	Medicaid	
445	DISORDERS OF THE BILIARY TRACT W CC	0.7713	Medicaid	
446	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	0.5784	Medicaid	
453	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	11.7453	Medicare	
454	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	8.0200	Medicare	
455	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	6.2882	Medicare	
456	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W MCC	4.7110	Medicaid	
457	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W CC	4.1173	Medicaid	
458	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+ FUS W/O CC/MCC	5.1378	Medicare	
459	SPINAL FUSION EXCEPT CERVICAL W MCC	6.8163	Medicare	
460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	2.2869	Medicaid	
461	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	5.0254	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
462	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	3.5190	Medicare	
463	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	3.9565	Medicaid	
464	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	2.6177	Medicaid	
465	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	1.9199	Medicare	
466	REVISION OF HIP OR KNEE REPLACEMENT W MCC	5.2748	Medicare	
467	REVISION OF HIP OR KNEE REPLACEMENT W CC	2.0684	Medicaid	
468	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	1.6657	Medicaid	
469	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	2.0948	Medicaid	
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	1.3428	Medicaid	
471	CERVICAL SPINAL FUSION W MCC	4.9444	Medicare	
472	CERVICAL SPINAL FUSION W CC	1.8964	Medicaid	
473	CERVICAL SPINAL FUSION W/O CC/MCC	1.3081	Medicaid	
474	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	3.6884	Medicare	
475	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	1.7477	Medicaid	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
476	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	1.0717	Medicare	
477	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	3.2827	Medicare	
478	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	1.9042	Medicaid	
479	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	1.7340	Medicare	
480	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	2.2011	Medicaid	
481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	1.7034	Medicaid	
482	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	1.2481	Medicaid	
483	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTREMITY W CC/MCC	1.4529	Medicaid	New weight based on wieghted average of v31 DRGs 483 and 484
485	KNEE PROCEDURES W PDX OF INFECTION W MCC	3.2719	Medicare	
486	KNEE PROCEDURES W PDX OF INFECTION W CC	2.0199	Medicare	
487	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	1.5215	Medicare	
488	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	1.7379	Medicare	
489	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	1.2799	Medicare	
492	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC	2.2348	Medicaid	
493	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC	1.5519	Medicaid	
494	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	0.9395	Medicaid	
495	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	2.9110	Medicare	
496	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	1.3698	Medicaid	
497	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	0.9541	Medicaid	
498	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	2.1924	Medicare	
499	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	0.9577	Medicare	
500	SOFT TISSUE PROCEDURES W MCC	1.8421	Medicaid	
501	SOFT TISSUE PROCEDURES W CC	1.2855	Medicaid	
502	SOFT TISSUE PROCEDURES W/O CC/MCC	0.9413	Medicaid	
503	FOOT PROCEDURES W MCC	2.2584	Medicare	
504	FOOT PROCEDURES W CC	1.6133	Medicare	
505	FOOT PROCEDURES W/O CC/MCC	1.2072	Medicare	
506	MAJOR THUMB OR JOINT PROCEDURES	1.2041	Medicare	
507	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	1.9667	Medicare	
508	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	1.3190	Medicare	
509	ARTHROSCOPY	1.3245	Medicare	
510	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	2.2717	Medicare	
511	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	1.5894	Medicare	
512	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	1.2266	Medicare	
513	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	1.4122	Medicare	
514	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	0.8781	Medicare	
515	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	3.3340	Medicare	
516	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	1.7833	Medicaid	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
517	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	1.6161	Medicaid	
518	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	1.7288	Medicare	New weight based on weighted average of v31 DRGs 490 and 491
519	BACK & NECK PROC EXC SPINAL FUSION W CC	1.7288	Medicare	New weight based on weighted average of v31 DRGs 490 and 491
520	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	0.8327	Medicare	New weight based on weighted average of v31 DRGs 490 and 491
533	FRACTURES OF FEMUR W MCC	1.3759	Medicare	
534	FRACTURES OF FEMUR W/O MCC	0.7364	Medicare	
535	FRACTURES OF HIP & PELVIS W MCC	1.3085	Medicare	
536	FRACTURES OF HIP & PELVIS W/O MCC	0.7091	Medicare	
537	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	0.8604	Medicare	
538	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	0.6870	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
539	OSTEOMYELITIS W MCC	2.2166	Medicaid	
540	OSTEOMYELITIS W CC	1.5037	Medicaid	
541	OSTEOMYELITIS W/O CC/MCC	0.9743	Medicare	
542	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	1.9261	Medicaid	
543	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	1.1838	Medicaid	
544	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	0.7736	Medicare	
545	CONNECTIVE TISSUE DISORDERS W MCC	1.3413	Medicaid	
546	CONNECTIVE TISSUE DISORDERS W CC	0.9681	Medicaid	
547	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	0.6187	Medicaid	
548	SEPTIC ARTHRITIS W MCC	1.7811	Medicare	
549	SEPTIC ARTHRITIS W CC	1.1101	Medicare	
550	SEPTIC ARTHRITIS W/O CC/MCC	0.8149	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
551	MEDICAL BACK PROBLEMS W MCC	1.3063	Medicaid	
552	MEDICAL BACK PROBLEMS W/O MCC	0.6882	Medicaid	
553	BONE DISEASES & ARTHROPATHIES W MCC	1.2370	Medicare	
554	BONE DISEASES & ARTHROPATHIES W/O MCC	0.6268	Medicaid	
555	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	1.1974	Medicare	
556	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	0.6061	Medicaid	
557	TENDONITIS, MYOSITIS & BURSITIS W MCC	1.4756	Medicare	
558	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	0.5304	Medicaid	
559	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	1.8639	Medicare	
560	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	1.0260	Medicare	
561	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	0.6408	Medicare	
562	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	1.3528	Medicare	
563	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	0.5803	Medicaid	
564	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	1.6645	Medicaid	
565	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	0.7223	Medicaid	
566	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	0.6642	Medicare	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
570	SKIN DEBRIDEMENT W MCC	1.9054	Medicaid	
571	SKIN DEBRIDEMENT W CC	1.0742	Medicaid	
572	SKIN DEBRIDEMENT W/O CC/MCC	1.0077	Medicare	
573	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	2.7082	Medicaid	
574	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	2.6883	Medicare	
575	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.4376	Medicare	
576	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	4.2927	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
577	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	2.0212	Medicare	
578	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.2617	Medicare	
579	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	1.8448	Medicaid	
580	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1.2163	Medicaid	
581	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	0.9134	Medicaid	
582	MASTECTOMY FOR MALIGNANCY W CC/MCC	1.4166	Medicaid	
583	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	0.9711	Medicare	
584	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	1.6998	Medicare	
585	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	1.3162	Medicare	
592	SKIN ULCERS W MCC	1.3671	Medicaid	
593	SKIN ULCERS W CC	0.7316	Medicaid	
594	SKIN ULCERS W/O CC/MCC	0.6814	Medicare	
595	MAJOR SKIN DISORDERS W MCC	1.9464	Medicare	
596	MAJOR SKIN DISORDERS W/O MCC	0.9284	Medicare	
597	MALIGNANT BREAST DISORDERS W MCC	1.7064	Medicare	
598	MALIGNANT BREAST DISORDERS W CC	1.0817	Medicare	
599	MALIGNANT BREAST DISORDERS W/O CC/MCC	0.6547	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
600	NON-MALIGNANT BREAST DISORDERS W CC/MCC	0.9963	Medicare	
601	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	0.6445	Medicare	
602	CELLULITIS W MCC	1.0466	Medicaid	
603	CELLULITIS W/O MCC	0.5641	Medicaid	
604	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	1.3223	Medicare	
605	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	0.6711	Medicaid	
606	MINOR SKIN DISORDERS W MCC	1.3594	Medicare	
607	MINOR SKIN DISORDERS W/O MCC	0.4900	Medicaid	
614	ADRENAL & PITUITARY PROCEDURES W CC/MCC	2.5455	Medicare	
615	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	1.4579	Medicare	
616	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	4.0773	Medicare	
617	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	1.8943	Medicaid	
618	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	1.2489	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
619	O.R. PROCEDURES FOR OBESITY W MCC	3.6200	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
620	O.R. PROCEDURES FOR OBESITY W CC	1.2878	Medicaid	
621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	1.2029	Medicaid	
622	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	3.3505	Medicare	
623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	1.8239	Medicare	
624	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	0.9635	Medicare	
625	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	2.4009	Medicare	
626	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	1.2459	Medicare	
627	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	0.7120	Medicaid	
628	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	3.3114	Medicare	
629	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	2.1037	Medicare	
630	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	1.3444	Medicare	
637	DIABETES W MCC	1.2213	Medicaid	
638	DIABETES W CC	0.6407	Medicaid	
639	DIABETES W/O CC/MCC	0.4819	Medicaid	
640	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	0.9114	Medicaid	
641	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC	0.5980	Medicaid	
642	INBORN AND OTHER DISORDERS OF METABOLISM	0.9481	Medicaid	
643	ENDOCRINE DISORDERS W MCC	1.2868	Medicaid	
644	ENDOCRINE DISORDERS W CC	0.8417	Medicaid	
645	ENDOCRINE DISORDERS W/O CC/MCC	0.4657	Medicaid	
652	KIDNEY TRANSPLANT	3.1530	Medicare	
653	MAJOR BLADDER PROCEDURES W MCC	5.9558	Medicare	
654	MAJOR BLADDER PROCEDURES W CC	2.5971	Medicaid	
655	MAJOR BLADDER PROCEDURES W/O CC/MCC	2.1671	Medicare	
656	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	3.5221	Medicare	
657	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	1.7159	Medicaid	
658	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	1.2912	Medicaid	
659	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	2.3829	Medicaid	
660	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	1.5071	Medicaid	
661	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	1.0330	Medicaid	
662	MINOR BLADDER PROCEDURES W MCC	2.9801	Medicare	
663	MINOR BLADDER PROCEDURES W CC	1.5666	Medicare	
664	MINOR BLADDER PROCEDURES W/O CC/MCC	1.2208	Medicare	
665	PROSTATECTOMY W MCC	3.1414	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
666	PROSTATECTOMY W CC	1.7042	Medicare	
667	PROSTATECTOMY W/O CC/MCC	0.8949	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
668	TRANSURETHRAL PROCEDURES W MCC	2.5573	Medicare	
669	TRANSURETHRAL PROCEDURES W CC	0.8200	Medicaid	

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670	TRANSURETHRAL PROCEDURES W/O CC/MCC	0.8354	Medicare	
671	URETHRAL PROCEDURES W CC/MCC	1.5887	Medicare	
672	URETHRAL PROCEDURES W/O CC/MCC	0.8835	Medicare	
673	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	2.5476	Medicaid	
674	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	1.5754	Medicaid	
675	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	1.3807	Medicare	
682	RENAL FAILURE W MCC	1.2134	Medicaid	
683	RENAL FAILURE W CC	0.7502	Medicaid	
684	RENAL FAILURE W/O CC/MCC	0.5207	Medicaid	
685	ADMIT FOR RENAL DIALYSIS	0.9282	Medicare	
686	KIDNEY & URINARY TRACT NEOPLASMS W MCC	1.7237	Medicare	
687	KIDNEY & URINARY TRACT NEOPLASMS W CC	1.0441	Medicare	
688	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	0.6867	Medicare	
689	KIDNEY & URINARY TRACT INFECTIONS W MCC	0.7990	Medicaid	
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	0.5495	Medicaid	
691	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	1.5454	Medicare	
692	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	1.0690	Medicare	
693	URINARY STONES W/O ESW LITHOTRIPSY W MCC	1.4186	Medicare	
694	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	0.5072	Medicaid	
695	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	1.2773	Medicare	
696	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	0.6615	Medicare	
697	URETHRAL STRICTURE	0.8225	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
698	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	1.2114	Medicaid	
699	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	0.7691	Medicaid	
700	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	0.6471	Medicaid	
707	MAJOR MALE PELVIC PROCEDURES W CC/MCC	1.8265	Medicare	
708	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	1.1673	Medicaid	
709	PENIS PROCEDURES W CC/MCC	2.1038	Medicare	
710	PENIS PROCEDURES W/O CC/MCC	1.3429	Medicare	
711	TESTES PROCEDURES W CC/MCC	2.0316	Medicare	
712	TESTES PROCEDURES W/O CC/MCC	0.9580	Medicare	
713	TRANSURETHRAL PROSTATECTOMY W CC/MCC	1.3814	Medicare	
714	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	0.7402	Medicare	
715	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	2.2268	Medicare	
716	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	0.9629	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
717	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	1.7495	Medicare	
718	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	0.8786	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
722	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	1.6031	Medicare	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
723	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	1.0532	Medicare	
724	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.5501	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
725	BENIGN PROSTATIC HYPERTROPHY W MCC	1.2644	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
726	BENIGN PROSTATIC HYPERTROPHY W/O MCC	0.7159	Medicare	
727	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	1.4106	Medicare	
728	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	0.7821	Medicare	
729	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	1.1196	Medicare	
730	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	0.6266	Medicare	
734	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	2.5547	Medicare	
735	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	1.1910	Medicare	
736	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	4.2211	Medicare	
737	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	2.0310	Medicare	
738	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	1.2602	Medicare	
739	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	3.1647	Medicare	
740	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.3198	Medicaid	
741	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	1.1470	Medicare	
742	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	1.1008	Medicaid	
743	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	0.7084	Medicaid	
744	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	1.5084	Medicare	
745	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	0.8514	Medicare	
746	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	1.3694	Medicare	
747	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	0.8814	Medicare	
748	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1.0096	Medicare	
749	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	2.6239	Medicare	
750	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.0854	Medicare	
754	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	1.9784	Medicare	
755	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	1.0880	Medicare	
756	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.6334	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
757	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	1.5292	Medicare	
758	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	0.6518	Medicaid	
759	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.5533	Medicaid	
760	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	0.4909	Medicaid	
761	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	0.4521	Medicaid	
765	CESAREAN SECTION W CC/MCC	0.7997	Medicaid	
766	CESAREAN SECTION W/O CC/MCC	0.6069	Medicaid	
767	VAGINAL DELIVERY W STERILIZATION &/OR D&C	0.6162	Medicaid	
768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	1.0976	Medicare	
769	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	0.9494	Medicaid	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
770	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.4630	Medicaid	
774	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.4600	Medicaid	
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.3440	Medicaid	
776	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.4317	Medicaid	
777	ECTOPIC PREGNANCY	0.6899	Medicaid	
778	THREATENED ABORTION	0.5225	Medicaid	
779	ABORTION W/O D&C	0.3340	Medicaid	
780	FALSE LABOR	0.2515	Medicare	
781	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	0.5272	Medicaid	
782	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	0.4309	Medicaid	
789	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	-	Medicare	Reclassified to Enhanced DRG
790	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	-	Medicare	Reclassified to Enhanced DRG
791	PREMATURITY W MAJOR PROBLEMS	-	Medicare	Reclassified to Enhanced DRG
792	PREMATURITY W/O MAJOR PROBLEMS	-	Medicare	Reclassified to Enhanced DRG
793	FULL TERM NEONATE W MAJOR PROBLEMS	-	Medicare	Reclassified to Enhanced DRG
794	NEONATE W OTHER SIGNIFICANT PROBLEMS	-	Medicare	Reclassified to Enhanced DRG
795	NORMAL NEWBORN	-	Medicare	Reclassified to Enhanced DRG
799	SPLENECTOMY W MCC	5.0639	Medicare	
800	SPLENECTOMY W CC	2.5234	Medicare	
801	SPLENECTOMY W/O CC/MCC	1.5980	Medicare	
802	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	3.1642	Medicare	
803	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	1.8831	Medicare	
804	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	1.1558	Medicare	
808	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	1.8509	Medicaid	
809	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	1.1017	Medicaid	
810	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	0.9502	Medicaid	
811	RED BLOOD CELL DISORDERS W MCC	0.8273	Medicaid	
812	RED BLOOD CELL DISORDERS W/O MCC	0.5655	Medicaid	
813	COAGULATION DISORDERS	1.1655	Medicaid	
814	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	1.6910	Medicare	
815	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	0.9844	Medicare	
816	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	0.6655	Medicare	
820	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	5.8779	Medicare	
821	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	2.4025	Medicare	
822	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	1.2336	Medicare	
823	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	4.4850	Medicare	
824	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	2.1684	Medicare	
825	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	1.2935	Medicare	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
826	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	4.9280	Medicare	
827	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	2.2746	Medicare	
828	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	1.3642	Medicare	
829	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC	3.1769	Medicare	
830	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC	1.2781	Medicare	
834	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	4.0048	Medicaid	
835	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	3.0816	Medicaid	
836	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	1.2240	Medicare	
837	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	3.0491	Medicaid	
838	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	1.7976	Medicaid	
839	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	0.9635	Medicaid	
840	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	2.3251	Medicaid	
841	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	1.4223	Medicaid	
842	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	1.0830	Medicare	
843	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	1.7768	Medicare	
844	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	1.2120	Medicaid	
845	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	0.7830	Medicare	
846	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	1.4072	Medicaid	
847	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	0.9382	Medicaid	
848	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	0.6321	Medicaid	
849	RADIOTHERAPY	1.4239	Medicare	
853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	3.7391	Medicaid	
854	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	1.7128	Medicaid	
855	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	1.5849	Medicare	
856	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	3.0819	Medicaid	
857	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	1.5793	Medicaid	
858	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	1.3115	Medicare	
862	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	1.6048	Medicaid	
863	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	0.7163	Medicaid	
864	FEVER	0.6609	Medicaid	
865	VIRAL ILLNESS W MCC	1.0058	Medicaid	
866	VIRAL ILLNESS W/O MCC	0.5037	Medicaid	
867	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	2.0755	Medicaid	
868	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	1.0775	Medicare	
869	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	0.7406	Medicare	
870	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	4.4610	Medicaid	
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	1.5330	Medicaid	
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	0.7832	Medicaid	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
876	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	-	Medicare	Reclassified to Enhanced DRG
880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	-	Medicare	Reclassified to Enhanced DRG
881	DEPRESSIVE NEUROSES	-	Medicare	Reclassified to Enhanced DRG
882	NEUROSES EXCEPT DEPRESSIVE	-	Medicare	Reclassified to Enhanced DRG
883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	-	Medicare	Reclassified to Enhanced DRG
884	ORGANIC DISTURBANCES & MENTAL RETARDATION	-	Medicare	Reclassified to Enhanced DRG
885	PSYCHOSES	-	Medicare	Reclassified to Enhanced DRG
886	BEHAVIORAL & DEVELOPMENTAL DISORDERS	-	Medicare	Reclassified to Enhanced DRG
887	OTHER MENTAL DISORDER DIAGNOSES	-	Medicare	Reclassified to Enhanced DRG
894	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0.3658	Medicaid	
895	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	0.8184	Medicaid	
896	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	1.4120	Medicaid	
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	0.5129	Medicaid	
901	WOUND DEBRIDEMENTS FOR INJURIES W MCC	4.0316	Medicare	
902	WOUND DEBRIDEMENTS FOR INJURIES W CC	1.7077	Medicare	
903	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	1.0527	Medicare	
904	SKIN GRAFTS FOR INJURIES W CC/MCC	3.1738	Medicare	
905	SKIN GRAFTS FOR INJURIES W/O CC/MCC	1.2475	Medicare	
906	HAND PROCEDURES FOR INJURIES	1.2228	Medicare	
907	OTHER O.R. PROCEDURES FOR INJURIES W MCC	2.3387	Medicaid	
908	OTHER O.R. PROCEDURES FOR INJURIES W CC	1.4674	Medicaid	
909	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	1.1617	Medicaid	
913	TRAUMATIC INJURY W MCC	1.1683	Medicare	
914	TRAUMATIC INJURY W/O MCC	0.7110	Medicare	
915	ALLERGIC REACTIONS W MCC	1.4721	Medicare	
916	ALLERGIC REACTIONS W/O MCC	0.4024	Medicaid	
917	POISONING & TOXIC EFFECTS OF DRUGS W MCC	1.1411	Medicaid	
918	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	0.5259	Medicaid	
919	COMPLICATIONS OF TREATMENT W MCC	1.6380	Medicaid	
920	COMPLICATIONS OF TREATMENT W CC	0.9111	Medicaid	
921	COMPLICATIONS OF TREATMENT W/O CC/MCC	0.4371	Medicaid	
922	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	1.9161	Medicaid	
923	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	0.8448	Medicaid	
927	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W SKIN GRAFT	16.4534	Medicare	
928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	5.7744	Medicare	
929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	2.2090	Medicare	
933	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HRS W/O SKIN GRAFT	3.2785	Medicare	
934	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	1.6045	Medicare	

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Inpatient DRG Version #33 Weights effective October 1, 2015 (and continuing into calendar year 2016)

DRG	DRG Description	V#33 Weight	Weight Type	Comments
935	NON-EXTENSIVE BURNS	0.8276	Medicaid	
939	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	3.1182	Medicare	
940	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	1.8651	Medicaid	
941	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	1.0681	Medicaid	
945	REHABILITATION W CC/MCC	2.4958	Medicaid	
946	REHABILITATION W/O CC/MCC	1.6261	Medicaid	
947	SIGNS & SYMPTOMS W MCC	0.9666	Medicaid	
948	SIGNS & SYMPTOMS W/O MCC	0.6676	Medicaid	
949	AFTERCARE W CC/MCC	1.4208	Medicaid	
950	AFTERCARE W/O CC/MCC	0.6005	Medicare	
951	OTHER FACTORS INFLUENCING HEALTH STATUS	0.4284	Medicaid	
955	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	5.4056	Medicare	
956	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	4.1694	Medicaid	
957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	5.2183	Medicaid	
958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	3.5196	Medicaid	
959	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	2.5391	Medicare	
963	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	3.1176	Medicaid	
964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	1.9408	Medicaid	
965	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	0.9824	Medicare	
969	HIV W EXTENSIVE O.R. PROCEDURE W MCC	5.4896	Medicare	
970	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	2.2785	Medicare	
974	HIV W MAJOR RELATED CONDITION W MCC	2.5691	Medicaid	
975	HIV W MAJOR RELATED CONDITION W CC	1.1724	Medicaid	
976	HIV W MAJOR RELATED CONDITION W/O CC/MCC	0.8627	Medicare	
977	HIV W OR W/O OTHER RELATED CONDITION	0.8096	Medicaid	
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.7924	Medicaid	
982	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	1.9833	Medicaid	
983	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.1475	Medicaid	
984	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.4143	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
985	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	1.8859	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
986	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.0389	Medicare	No Medicare Utilization in RY 15 - Default to Medicare Weight
987	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.4613	Medicaid	
988	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	1.4598	Medicaid	
989	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.0365	Medicaid	
998	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	-	Medicare	Ungroupable
999	UNGROUPABLE	-	Medicare	Ungroupable
9601	NEONATE DIED WITHIN ONE DAY, SAME HOSPITAL	0.1530	Medicaid	
9602	NEONATE DIED WITHIN ONE DAY - RECEIVING HOSPITAL	0.7537	Medicaid	

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DRG	DRG Description	V#33 Weight	Weight Type	Comments
9604	NEONATE TRANSFERRED WITHIN FOUR DAYS	0.1632	Medicaid	
9610	NEONATE <750 GRAMS DISCHARGED DEAD	4.7997	Medicaid	
9614	NEONATE <750 GRAMS DISCHARGED ALIVE	11.7900	Medicaid	
9620	NEONATE <1000 GRAM DISCHARGED DEAD	4.4378	Medicaid	
9624	NEONATE <1000 GRAM DISCHARGED ALIVE	10.8665	Medicaid	
9637	NEONATE <1500 GRAM DISCHARGED DEAD	5.6606	Medicaid	
9638	NEONATE <1500 GRAM O.R. PERFORMED	12.0428	Medicaid	
9639	NEONATE <1500 GRAM NO O.R. PERFORMED	7.5831	Medicaid	
9648	NEONATE <2000 - O.R. PERFORMED EXCLUDING CIRCUMCISION	12.3969	Medicaid	
9649	NEONATE <2000 GRAM NO O.R. PERFORMED	3.3730	Medicaid	
9650	NEONATE <2500 - O.R. PERFORMED EXCLUDING CIRCUMCISION	5.4983	Medicaid	
9656	NEONATE <2500 GRAM NO O.R.-MAJOR DX PROBLEM	2.2710	Medicaid	
9657	NEONATE <2500 GRAM NO O.R.-MINOR DX PROBLEM	0.9130	Medicaid	
9670	NEONATE <2500 GRAM NO O.R. NO DX PROBLEM	0.2069	Medicaid	
9676	NEONATE 2500+ GRAM NO O.R.-MAJOR DX PROBLEM	1.4314	Medicaid	
9677	NEONATE 2500+ GRAM NO O.R.-MINOR DX PROBLEM	0.2581	Medicaid	
9678	NEONATE 2500+ GRAM NO O.R. NO DX PROBLEM	0.1693	Medicaid	
9680	NEONATE 2500+ GRAM O.R. PERFORMED EXCLUDING CIRCUMCISION	4.2689	Medicaid	
9861	=<17 O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	5.0490	Medicaid	
9862	>17 O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	1.0416	Medicaid	
9863	=<17 ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	0.7238	Medicaid	
9864	>17 ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	0.5948	Medicaid	
9865	=<17 DEPRESSIVE NEUROSES	0.5730	Medicaid	
9866	>17 DEPRESSIVE NEUROSES	0.4615	Medicaid	
9867	=<17 NEUROSES EXCEPT DEPRESSIVE	0.6230	Medicaid	
9868	>17 NEUROSES EXCEPT DEPRESSIVE	0.4539	Medicaid	
9869	=<17 DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.7707	Medicaid	
9870	>17 DISORDERS OF PERSONALITY & IMPULSE CONTROL	0.6062	Medicaid	
9871	=<17 ORGANIC DISTURBANCES & MENTAL RETARDATION	0.4734	Medicaid	
9872	>17 ORGANIC DISTURBANCES & MENTAL RETARDATION	0.8707	Medicaid	
9873	=<17 PSYCHOSES	0.8910	Medicaid	
9874	>17 PSYCHOSES	0.6117	Medicaid	
9875	=<17 CHILDHOOD MENTAL DISORDERS	0.6955	Medicaid	
9876	>17 CHILDHOOD MENTAL DISORDERS	0.8388	Medicaid	
9877	=<17 OTHER MENTAL DISORDER DIAGNOSES	0.3633	Medicaid	
9878	>17 OTHER MENTAL DISORDER DIAGNOSES	0.3806	Medicaid	