

Appendix B: Admission Types Included in Analyses

Name	Billing codes
Angioplasty	PP 36.01, 36.02, 36.05 in DRG 112, 116, 516, 517, 518, 526, 527
Coronary artery bypass grafting	DRG 106, 107, 109
Cardiac catheterization	DRG 124, 125
Myocardial infarction	DRG 121, 122, 123
Congestive heart failure	DRG 127
Heart valve replacement	DRG 104, 105 x PP 3794
Irregular heartbeat	DRG 138, 139
Total abdominal hysterectomy	PP 68.4 in DRG 358, 359
Colon surgery	PP 45.73, 45.74, 45.75, 45.76 in DRG 148, 149
Gall bladder removal	PP 51.22 in DRG 195, 196, 197, 198
Prostatectomy, radical	PP 60.5 in DRG 306, 307, 334, 335
Prostatectomy, transurethral	PP 60.2x in DRG 306, 307, 336, 337
Urinary tract infection	PD 599.0 in DRG 320, 321
Total mastectomy	DRG 257, 258
Craniotomy	DRG 001, 002
Stroke	DRG 014
Chronic obstructive pulmonary disease	DRG 088
Pneumonia	DRG 089, 090
Disc surgery	PP 80.51 in DRG 499, 500
Hip replacement, total	PP81.51 in DRG 209

Knee replacement, total	PP 81.54 in DRG 209
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Spinal fusion	DRG 497, 498, 519, 520
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PP=Principal Procedure; DRG=Diagnosis Related Group (as defined by the Centers for Medicare and Medicaid Services); PD=Principal Diagnosis

Procedure and diagnosis codes are International Classification of Disease, 9th edition