Report Description:

Statewide Benchmark Top 25 DRGs

These tables meet the requirements established by AB 1045 <http://www.oshpd.ca.gov/HID/hospital/chrgmster/index.htm> and were developed using the patient discharge data file aggregated at the hospital level. Using the statewide Top 25 Diagnosis Related Groups (DRGs) for all hospitals as benchmarks, the tables display the total number of discharges and the average charge per stay for the selected hospital, the average charge per stay statewide, and the percentage of difference between the statewide and selected hospital charges. Note that any particular hospital may not have discharges in all 25 of the Diagnosis Related Groups (e.g., specialty hospitals such as maternity hospitals will not have DRGs for cardiac surgery).

CALIFORNIA STATEWIDE

Statewide Rank	DRG Code	DRG Description	Number of Discharges	Average Charge Per Stay (this Hospital)	Average Charge Per Stay Statewide	Percent Highter/ Lower than Statewide Change
1	391	NORMAL NEWBORN	418,486	$ 991,801,785	$ 2,667	
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	321,033	$ 2,894,542,639	$ 10,150	
3	430	PSYCHOSES	167,675	$ 2,719,274,169	$ 16,409	
4	371	CESAREAN SECTION W/O CC	125,425	$ 2,285,382,437	$ 19,904	
5	127	HEART FAILURE & SHOCK	86,817	$ 2,562,016,396	$ 33,299	
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	71,759	$ 2,123,645,817	$ 33,768	
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	71,597	$ 3,758,385,782	$ 62,075	
8	143	CHEST PAIN	71,153	$ 935,719,864	$ 14,603	
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	66,997	$ 406,115,876	$ 6,872	
10	462	REHABILITATION	55,080	$ 2,499,209,629	$ 46,308	
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	46,533	$ 1,163,681,259	$ 28,159	
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	44,059	$ 956,459,282	$ 25,044	
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	43,889	$ 941,912,194	$ 24,911	
14	416	SEPTICEMIA AGE >17	42,596	$ 2,195,646,593	$ 60,405	
15	174	GASTROINTESTINAL HEMORRHAGE W CC	41,716	$ 1,097,138,746	$ 30,386	
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	41,135	$ 1,474,587,063	$ 42,251	
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	37,170	$ 433,724,937	$ 14,242	
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	33,054	$ 745,978,183	$ 25,332	
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	32,869	$ 766,074,064	$ 26,364	
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	31,699	$ 2,005,950,264	$ 64,473	
21	370	CESAREAN SECTION W CC	29,918	$ 695,902,246	$ 27,150	
22	098	BRONCHITIS & ASTHMA AGE 0-17	28,534	$ 351,563,199	$ 13,346	
23	316	RENAL FAILURE	27,559	$ 971,644,337	$ 40,745	
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	25,598	$ 569,756,191	$ 26,013	
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	25,384	$ 494,875,004	$ 22,780	