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).

MAD RIVER COMMUNITY HOSPITAL

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	359	$ 1,334	$ 2,667	-99.93
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	274	$ 4,437	$ 10,150	-128.76
3	430	PSYCHOSES	6	$ 3,765	$ 16,409	-335.83
4	371	CESAREAN SECTION W/O CC	74	$ 12,847	$ 19,904	-54.93
5	127	HEART FAILURE & SHOCK	91	$ 14,603	$ 33,299	-128.03
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	103	$ 16,175	$ 33,768	-108.77
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	9	$ 39,274	$ 62,075	-58.06
8	143	CHEST PAIN	80	$ 5,094	$ 14,603	-186.67
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	71	$ 2,690	$ 6,872	-155.46
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	28	$ 13,124	$ 28,159	-114.56
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	53	$ 9,372	$ 25,044	-167.22
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	61	$ 14,693	$ 24,911	-69.54
14	416	SEPTICEMIA AGE >17	18	$ 28,550	$ 60,405	-111.58
15	174	GASTROINTESTINAL HEMORRHAGE W CC	50	$ 13,173	$ 30,386	-130.67
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	32	$ 14,478	$ 42,251	-191.83
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	61	$ 6,356	$ 14,242	-124.07
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	48	$ 10,910	$ 25,332	-132.19
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	19	$ 27,963	$ 26,364	5.72
21	370	CESAREAN SECTION W CC	26	$ 12,851	$ 27,150	-111.27
22	098	BRONCHITIS & ASTHMA AGE 0-17	10	$ 4,767	$ 13,346	-179.97
23	316	RENAL FAILURE	6	$ 13,885	$ 40,745	-193.45
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	21	$ 6,351	$ 26,013	-309.59
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	27	$ 7,434	$ 22,780	-206.43

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).

MADERA COMMUNITY HOSPITAL

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	1,428	$ 1,481	$ 2,667	-80.08
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,152	$ 3,054	$ 10,150	-232.35
3	430	PSYCHOSES	7	$ 4,178	$ 16,409	-292.75
4	371	CESAREAN SECTION W/O CC	361	$ 8,216	$ 19,904	-142.26
5	127	HEART FAILURE & SHOCK	152	$ 19,065	$ 33,299	-74.66
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	125	$ 20,988	$ 33,768	-60.89
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	36	$ 35,889	$ 62,075	-72.96
8	143	CHEST PAIN	121	$ 5,741	$ 14,603	-154.36
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	94	$ 1,858	$ 6,872	-269.86
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	118	$ 18,573	$ 28,159	-51.61
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	80	$ 12,025	$ 25,044	-108.27
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	110	$ 11,362	$ 24,911	-119.25
14	416	SEPTICEMIA AGE >17	67	$ 30,723	$ 60,405	-96.61
15	174	GASTROINTESTINAL HEMORRHAGE W CC	79	$ 17,375	$ 30,386	-74.88
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	21	$ 19,981	$ 42,251	-111.46
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	30	$ 4,633	$ 14,242	-207.40
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	80	$ 13,607	$ 25,332	-86.17
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	103	$ 13,351	$ 26,364	-97.47
21	370	CESAREAN SECTION W CC	43	$ 10,426	$ 27,150	-160.41
23	316	RENAL FAILURE	24	$ 23,205	$ 40,745	-75.59
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	67	$ 15,169	$ 26,013	-71.49
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	32	$ 11,155	$ 22,780	-104.21

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).

MAMMOTH HOSPITAL

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	146	$ 2,353	$ 2,667	-13.34
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	113	$ 8,318	$ 10,150	-22.02
3	430	PSYCHOSES	1	$ 3,239	$ 16,409	-406.61
4	371	CESAREAN SECTION W/O CC	39	$ 19,226	$ 19,904	-3.53
5	127	HEART FAILURE & SHOCK	5	$ 8,622	$ 33,299	-286.21
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	3	$ 8,553	$ 33,768	-294.81
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	20	$ 56,841	$ 62,075	-9.21
8	143	CHEST PAIN	7	$ 10,803	$ 14,603	-35.18
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	8	$ 4,018	$ 6,872	-71.03
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	2	$ 15,457	$ 28,159	-82.18
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	5	$ 9,676	$ 25,044	-158.83
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	8	$ 26,983	$ 24,911	7.68
14	416	SEPTICEMIA AGE >17	1	$ 35,238	$ 60,405	-71.42
15	174	GASTROINTESTINAL HEMORRHAGE W CC	2	$ 21,240	$ 30,386	-43.06
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	3	$ 14,949	$ 14,242	4.73
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	1	$ 48,747	$ 25,332	48.03
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	4	$ 9,482	$ 26,364	-178.04
21	370	CESAREAN SECTION W CC	3	$ 33,139	$ 27,150	18.07
22	098	BRONCHITIS & ASTHMA AGE 0-17	13	$ 9,248	$ 13,346	-44.31
23	316	RENAL FAILURE	1	$ 31,433	$ 40,745	-29.62
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	1	$ 9,342	$ 26,013	-178.45
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	17	$ 21,621	$ 22,780	-5.36

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).

MARIAN MEDICAL CENTER

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	2,482	$ 1,824	$ 2,667	-46.22
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,732	$ 8,272	$ 10,150	-22.70
3	430	PSYCHOSES	4	$ 12,009	$ 16,409	-36.64
4	371	CESAREAN SECTION W/O CC	718	$ 16,922	$ 19,904	-17.62
5	127	HEART FAILURE & SHOCK	331	$ 33,427	$ 33,299	0.38
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	351	$ 20,625	$ 33,768	-63.72
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	228	$ 70,000	$ 62,075	11.32
8	143	CHEST PAIN	145	$ 11,548	$ 14,603	-26.45
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	185	$ 3,710	$ 6,872	-85.23
10	462	REHABILITATION	174	$ 22,651	$ 46,308	-104.44
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	144	$ 18,526	$ 28,159	-52.00
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	172	$ 21,790	$ 25,044	-14.93
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	166	$ 22,859	$ 24,911	-8.98
14	416	SEPTICEMIA AGE >17	126	$ 38,792	$ 60,405	-55.72
15	174	GASTROINTESTINAL HEMORRHAGE W CC	183	$ 23,776	$ 30,386	-27.80
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	163	$ 49,982	$ 42,251	15.47
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	158	$ 10,610	$ 14,242	-34.23
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	157	$ 17,327	$ 25,332	-46.20
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	159	$ 16,822	$ 26,364	-56.72
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	49	$ 41,346	$ 64,473	-55.94
21	370	CESAREAN SECTION W CC	215	$ 19,286	$ 27,150	-40.78
22	098	BRONCHITIS & ASTHMA AGE 0-17	61	$ 6,054	$ 13,346	-120.45
23	316	RENAL FAILURE	86	$ 28,423	$ 40,745	-43.35
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	106	$ 17,357	$ 26,013	-49.87
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	94	$ 19,099	$ 22,780	-19.27

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).

MARIE GREEN PSYCHIATRIC CENTER - P H F

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
3	430	PSYCHOSES	516	$ 4,651	$ 16,409	-252.81

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).

MARIN GENERAL HOSPITAL

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	1,327	$ 3,976	$ 2,667	32.92
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,001	$ 14,376	$ 10,150	29.40
3	430	PSYCHOSES	588	$ 31,506	$ 16,409	47.92
4	371	CESAREAN SECTION W/O CC	366	$ 25,844	$ 19,904	22.98
5	127	HEART FAILURE & SHOCK	223	$ 38,331	$ 33,299	13.13
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	215	$ 35,866	$ 33,768	5.85
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	242	$ 61,687	$ 62,075	-0.63
8	143	CHEST PAIN	176	$ 20,302	$ 14,603	28.07
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	309	$ 6,255	$ 6,872	-9.86
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	69	$ 28,358	$ 28,159	0.70
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	159	$ 31,292	$ 25,044	19.97
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	117	$ 29,621	$ 24,911	15.90
14	416	SEPTICEMIA AGE >17	99	$ 72,079	$ 60,405	16.20
15	174	GASTROINTESTINAL HEMORRHAGE W CC	125	$ 31,322	$ 30,386	2.99
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	133	$ 43,865	$ 42,251	3.68
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	259	$ 16,777	$ 14,242	15.11
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	100	$ 31,800	$ 25,332	20.34
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	103	$ 27,272	$ 26,364	3.33
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	134	$ 64,127	$ 64,473	-0.54
21	370	CESAREAN SECTION W CC	85	$ 31,830	$ 27,150	14.70
22	098	BRONCHITIS & ASTHMA AGE 0-17	106	$ 17,481	$ 13,346	23.65
23	316	RENAL FAILURE	79	$ 44,518	$ 40,745	8.48
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	78	$ 29,961	$ 26,013	13.18
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	118	$ 29,647	$ 22,780	23.16

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).

MARK TWAIN ST. JOSEPH'S HOSPITAL

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	101	$ 2,387	$ 2,667	-11.73
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	92	$ 4,849	$ 10,150	-109.32
3	430	PSYCHOSES	1	$ 3,581	$ 16,409	-358.22
4	371	CESAREAN SECTION W/O CC	15	$ 14,351	$ 19,904	-38.69
5	127	HEART FAILURE & SHOCK	96	$ 16,680	$ 33,299	-99.63
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	99	$ 15,351	$ 33,768	-119.97
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	78	$ 52,090	$ 62,075	-19.17
8	143	CHEST PAIN	31	$ 10,815	$ 14,603	-35.03
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	35	$ 2,732	$ 6,872	-151.54
10	462	REHABILITATION	1	$ 8,917	$ 46,308	-419.32
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	54	$ 14,472	$ 28,159	-94.58
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	44	$ 10,731	$ 25,044	-133.38
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	27	$ 29,184	$ 24,911	14.64
14	416	SEPTICEMIA AGE >17	24	$ 17,722	$ 60,405	-240.85
15	174	GASTROINTESTINAL HEMORRHAGE W CC	45	$ 14,572	$ 30,386	-108.52
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	39	$ 18,195	$ 42,251	-132.21
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	10	$ 6,179	$ 14,242	-130.49
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	35	$ 12,064	$ 25,332	-109.98
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	21	$ 12,615	$ 26,364	-108.99
21	370	CESAREAN SECTION W CC	27	$ 16,454	$ 27,150	-65.01
22	098	BRONCHITIS & ASTHMA AGE 0-17	4	$ 6,219	$ 13,346	-114.60
23	316	RENAL FAILURE	8	$ 21,205	$ 40,745	-92.15
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	22	$ 11,931	$ 26,013	-118.03
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	7	$ 18,394	$ 22,780	-23.84

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).

MARSHALL MEDICAL CENTER

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	501	$ 2,701	$ 2,667	1.26
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	380	$ 7,467	$ 10,150	-35.93
3	430	PSYCHOSES	4	$ 23,842	$ 16,409	31.18
4	371	CESAREAN SECTION W/O CC	129	$ 15,197	$ 19,904	-30.97
5	127	HEART FAILURE & SHOCK	165	$ 23,696	$ 33,299	-40.53
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	150	$ 24,270	$ 33,768	-39.13
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	135	$ 64,445	$ 62,075	3.68
8	143	CHEST PAIN	184	$ 13,903	$ 14,603	-5.03
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	47	$ 3,960	$ 6,872	-73.54
10	462	REHABILITATION	350	$ 23,886	$ 46,308	-93.87
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	101	$ 23,436	$ 28,159	-20.15
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	186	$ 21,240	$ 25,044	-17.91
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	122	$ 23,353	$ 24,911	-6.67
14	416	SEPTICEMIA AGE >17	108	$ 39,862	$ 60,405	-51.54
15	174	GASTROINTESTINAL HEMORRHAGE W CC	110	$ 26,648	$ 30,386	-14.03
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	86	$ 26,246	$ 42,251	-60.98
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	27	$ 9,351	$ 14,242	-52.30
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	47	$ 22,234	$ 25,332	-13.93
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	81	$ 19,700	$ 26,364	-33.83
21	370	CESAREAN SECTION W CC	24	$ 16,885	$ 27,150	-60.79
22	098	BRONCHITIS & ASTHMA AGE 0-17	2	$ 11,588	$ 13,346	-15.17
23	316	RENAL FAILURE	37	$ 23,933	$ 40,745	-70.25
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	113	$ 17,448	$ 26,013	-49.09
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	37	$ 22,141	$ 22,780	-2.89

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).

MAYERS MEMORIAL HOSPITAL

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	73	$ 975	$ 2,667	-173.54
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	47	$ 6,279	$ 10,150	-61.65
4	371	CESAREAN SECTION W/O CC	20	$ 10,290	$ 19,904	-93.43
5	127	HEART FAILURE & SHOCK	22	$ 5,719	$ 33,299	-482.25
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	24	$ 7,034	$ 33,768	-380.07
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	20	$ 35,027	$ 62,075	-77.22
8	143	CHEST PAIN	3	$ 2,365	$ 14,603	-517.46
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	6	$ 2,115	$ 6,872	-224.92
10	462	REHABILITATION	11	$ 17,801	$ 46,308	-160.14
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	26	$ 18,387	$ 28,159	-53.15
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	6	$ 21,873	$ 25,044	-14.50
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	4	$ 17,659	$ 24,911	-41.07
14	416	SEPTICEMIA AGE >17	2	$ 3,624	$ 60,405	-1,566.80
15	174	GASTROINTESTINAL HEMORRHAGE W CC	7	$ 9,997	$ 30,386	-203.95
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	7	$ 4,469	$ 42,251	-845.42
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	5	$ 7,586	$ 14,242	-87.74
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	13	$ 5,107	$ 25,332	-396.03
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	6	$ 7,379	$ 26,364	-257.28
21	370	CESAREAN SECTION W CC	5	$ 10,989	$ 27,150	-147.07
22	098	BRONCHITIS & ASTHMA AGE 0-17	1	$ 4,187	$ 13,346	-218.75
23	316	RENAL FAILURE	2	$ 5,290	$ 40,745	-670.23
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	3	$ 5,339	$ 26,013	-387.23
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	2	$ 13,977	$ 22,780	-62.98

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).

MEMORIAL HOSPITAL LOS BANOS

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	590	$ 2,803	$ 2,667	4.85
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	425	$ 7,658	$ 10,150	-32.54
3	430	PSYCHOSES	2	$ 29,119	$ 16,409	43.65
4	371	CESAREAN SECTION W/O CC	173	$ 16,333	$ 19,904	-21.86
5	127	HEART FAILURE & SHOCK	64	$ 39,579	$ 33,299	15.87
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	95	$ 49,369	$ 33,768	31.60
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	13	$ 64,811	$ 62,075	4.22
8	143	CHEST PAIN	31	$ 13,155	$ 14,603	-11.01
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	117	$ 3,179	$ 6,872	-116.17
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	38	$ 31,495	$ 28,159	10.59
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	22	$ 24,803	$ 25,044	-0.97
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	25	$ 26,541	$ 24,911	6.14
14	416	SEPTICEMIA AGE >17	43	$ 65,594	$ 60,405	7.91
15	174	GASTROINTESTINAL HEMORRHAGE W CC	43	$ 32,985	$ 30,386	7.88
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	16	$ 55,493	$ 42,251	23.86
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	25	$ 11,616	$ 14,242	-22.61
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	36	$ 28,549	$ 25,332	11.27
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	34	$ 27,674	$ 26,364	4.73
21	370	CESAREAN SECTION W CC	57	$ 17,287	$ 27,150	-57.05
22	098	BRONCHITIS & ASTHMA AGE 0-17	22	$ 10,519	$ 13,346	-26.88
23	316	RENAL FAILURE	33	$ 51,733	$ 40,745	21.24
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	15	$ 23,966	$ 26,013	-8.54
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	30	$ 20,913	$ 22,780	-8.93

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).

MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO

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	1,531	$ 3,501	$ 2,667	23.82
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1,050	$ 11,219	$ 10,150	9.53
3	430	PSYCHOSES	7	$ 36,957	$ 16,409	55.60
4	371	CESAREAN SECTION W/O CC	478	$ 21,790	$ 19,904	8.66
5	127	HEART FAILURE & SHOCK	471	$ 54,764	$ 33,299	39.20
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	570	$ 54,129	$ 33,768	37.62
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	547	$ 80,824	$ 62,075	23.20
8	143	CHEST PAIN	461	$ 19,641	$ 14,603	25.65
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	163	$ 8,282	$ 6,872	17.02
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	290	$ 42,835	$ 28,159	34.26
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	222	$ 40,447	$ 25,044	38.08
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	420	$ 27,399	$ 24,911	9.08
14	416	SEPTICEMIA AGE >17	233	$ 103,446	$ 60,405	41.61
15	174	GASTROINTESTINAL HEMORRHAGE W CC	265	$ 46,624	$ 30,386	34.83
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	247	$ 66,003	$ 42,251	35.99
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	117	$ 16,161	$ 14,242	11.87
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	199	$ 43,300	$ 25,332	41.50
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	191	$ 40,675	$ 26,364	35.18
20	527	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG ELUTING STENT W/O AMI	355	$ 102,238	$ 64,473	36.94
21	370	CESAREAN SECTION W CC	91	$ 27,949	$ 27,150	2.86
22	098	BRONCHITIS & ASTHMA AGE 0-17	162	$ 18,348	$ 13,346	27.26
23	316	RENAL FAILURE	155	$ 59,957	$ 40,745	32.04
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	147	$ 46,697	$ 26,013	44.29
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	137	$ 31,288	$ 22,780	27.19

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).

MEMORIAL HOSPITAL OF GARDENA

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	723	$ 1,295	$ 2,667	-105.95
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	486	$ 6,299	$ 10,150	-61.14
3	430	PSYCHOSES	1	$ 3,793	$ 16,409	-332.61
4	371	CESAREAN SECTION W/O CC	269	$ 13,715	$ 19,904	-45.13
5	127	HEART FAILURE & SHOCK	205	$ 20,296	$ 33,299	-64.07
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	212	$ 23,906	$ 33,768	-41.25
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	17	$ 50,643	$ 62,075	-22.57
8	143	CHEST PAIN	95	$ 8,208	$ 14,603	-77.91
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	63	$ 1,934	$ 6,872	-255.33
10	462	REHABILITATION	5	$ 1,607,173	$ 46,308	97.12
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	114	$ 15,883	$ 28,159	-77.29
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	37	$ 12,606	$ 25,044	-98.67
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	21	$ 18,018	$ 24,911	-38.26
14	416	SEPTICEMIA AGE >17	75	$ 33,535	$ 60,405	-80.13
15	174	GASTROINTESTINAL HEMORRHAGE W CC	106	$ 21,276	$ 30,386	-42.82
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	84	$ 34,158	$ 42,251	-23.69
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	10	$ 8,000	$ 14,242	-78.03
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	56	$ 16,244	$ 25,332	-55.95
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	111	$ 21,400	$ 26,364	-23.20
21	370	CESAREAN SECTION W CC	31	$ 28,597	$ 27,150	5.06
22	098	BRONCHITIS & ASTHMA AGE 0-17	5	$ 12,896	$ 13,346	-3.49
23	316	RENAL FAILURE	53	$ 30,530	$ 40,745	-33.46
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	25	$ 16,117	$ 26,013	-61.40
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	35	$ 22,724	$ 22,780	-0.25

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).

MENDOCINO COAST DISTRICT HOSPITAL

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	138	$ 1,210	$ 2,667	-120.41
2	373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	125	$ 6,762	$ 10,150	-50.10
3	430	PSYCHOSES	1	$ 18,257	$ 16,409	10.12
4	371	CESAREAN SECTION W/O CC	26	$ 13,135	$ 19,904	-51.53
5	127	HEART FAILURE & SHOCK	48	$ 9,373	$ 33,299	-255.27
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	68	$ 11,846	$ 33,768	-185.06
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	68	$ 42,252	$ 62,075	-46.92
8	143	CHEST PAIN	27	$ 5,172	$ 14,603	-182.35
9	390	NEONATE W OTHER SIGNIFICANT PROBLEMS	20	$ 1,777	$ 6,872	-286.72
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	29	$ 11,434	$ 28,159	-146.27
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	45	$ 11,973	$ 25,044	-109.17
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	22	$ 13,073	$ 24,911	-90.55
14	416	SEPTICEMIA AGE >17	58	$ 19,638	$ 60,405	-207.59
15	174	GASTROINTESTINAL HEMORRHAGE W CC	50	$ 9,416	$ 30,386	-222.71
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	42	$ 14,467	$ 42,251	-192.05
17	372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	9	$ 7,605	$ 14,242	-87.27
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	33	$ 11,379	$ 25,332	-122.62
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	20	$ 12,054	$ 26,364	-118.72
21	370	CESAREAN SECTION W CC	6	$ 18,117	$ 27,150	-49.86
22	098	BRONCHITIS & ASTHMA AGE 0-17	4	$ 5,409	$ 13,346	-146.74
23	316	RENAL FAILURE	16	$ 12,067	$ 40,745	-237.66
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	32	$ 9,093	$ 26,013	-186.08
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	12	$ 9,485	$ 22,780	-140.17

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).

MENIFEE VALLEY MEDICAL CENTER

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
3	430	PSYCHOSES	8	$ 15,357	$ 16,409	-6.85
5	127	HEART FAILURE & SHOCK	275	$ 22,358	$ 33,299	-48.94
6	089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	215	$ 25,518	$ 33,768	-32.33
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	105	$ 58,738	$ 62,075	-5.68
8	143	CHEST PAIN	347	$ 11,469	$ 14,603	-27.33
11	088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	289	$ 21,710	$ 28,159	-29.71
12	182	ESOPHAGITIS, GASTROENTERITIS & MISC DIGEST DISORDERS AGE >17 W CC	120	$ 16,591	$ 25,044	-50.95
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1	$ 19,298	$ 24,911	-29.09
14	416	SEPTICEMIA AGE >17	110	$ 37,651	$ 60,405	-60.43
15	174	GASTROINTESTINAL HEMORRHAGE W CC	159	$ 21,698	$ 30,386	-40.04
16	014	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	67	$ 24,159	$ 42,251	-74.89
18	296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	116	$ 19,058	$ 25,332	-32.92
19	320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	115	$ 16,892	$ 26,364	-56.07
22	098	BRONCHITIS & ASTHMA AGE 0-17	4	$ 6,690	$ 13,346	-99.49
23	316	RENAL FAILURE	71	$ 27,578	$ 40,745	-47.74
24	138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	101	$ 17,596	$ 26,013	-47.83
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	14	$ 17,466	$ 22,780	-30.42

MENLO PARK SURGICAL HOSPITAL

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
7	209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	4	$ 29,250	$ 62,075	-112.22
13	359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	15	$ 17,455	$ 24,911	-42.72
25	167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAGNOSES W/O CC	2	$ 5,650	$ 22,780	-303.19