

# INGENIX<sup>®</sup> APS-DRGs<sup>®</sup>

ALL PAYER SEVERITY-ADJUSTED DRGs  
(APS-DRGs<sup>®</sup>) NORMALIZED CHARGE, LOS,  
AND MORTALITY WEIGHTS  
FOR PUBLIC USE  
VERSION 25

## **COPYRIGHT PAGE**

Copyright © 2009 Ingenix, Inc.  
APS-DRGs®  
June 2009 Version 25

All rights reserved. Printed in the United States of America. No part of this publication may be reproduced or transmitted in any form or by any means electronic or mechanical, including photocopy, recording, or storage in a database or retrieval system, without prior permission of Ingenix. This publication is made available with the understanding that the publisher is not engaged in rendering legal or other services that require a professional license.

**INGENIX®**

Ingenix, Inc.  
400 Capital Boulevard  
Rocky Hill, CT 06067  
[www.ingenix.com](http://www.ingenix.com)

# Table of Contents

---

Copyright page .....	2
<b>Chapter 1: Introduction</b> .....	<b>4</b>
APS-DRGs® Overview .....	5
About Ingenix .....	5
<b>Chapter 2: Methods</b> .....	<b>7</b>
Data .....	8
APS-DRGs® Weight Calculation .....	8
Results .....	10
Data Quality and APS-DRGs® Assignment .....	10
<b>Chapter 3: Final Weights</b> .....	<b>11</b>
Final Weights Overview .....	12
<b>Chapter 4: Distribution</b> .....	<b>17</b>
Distribution Overview .....	18
Format of APS-DRGs® Weight File .....	18
<b>Appendix A: Release Notes</b> .....	<b>19</b>

# 1 Introduction

---

Weights for the APS-DRGs® provide a powerful tool to assess severity across and within diagnostic groups. Based on a nationally representative all-payer sample of hospital discharges, the charge, length of stay, and mortality benchmarks can be used to measure performance and to estimate costs.

## **THIS CHAPTER EXPLAINS:**

---

- APS-DRGs® Overview
- About Ingenix

## APS-DRGs® OVERVIEW

Charge, length of stay (LOS), and mortality weights for Version 24.0 All-Payer Severity-adjusted DRGs (APS-DRGs®) provide statistically valid, normative standards to help users identify differences in expected resource use and outcomes based on patients' clinical characteristics. Such weights also can be used to assess the performance of individual providers against national benchmarks. Ingenix, Inc. has generated these weights from a large, nationally representative database containing more than 7.8 million discharges from nearly 1,000 hospitals in 35 states. The large size of the input database allows considerable precision in the estimation process.

The Ingenix estimation procedure closely parallels methods used by the federal Centers for Medicare & Medicaid Services (CMS) in developing weights for the Medicare Prospective Payment System (PPS). The process begins by adjusting charges reported on individual records for differences in labor costs across hospitals. It then systematically trims both charges and LOS, excluding observations with reported values outside predetermined levels. Means are recalculated and weights are derived by dividing these means by averages calculated across all inlier records. Results are inspected for logical consistency and reasonableness. When problems appear to exist because of small cell sizes, weights are imputed. Final weights are produced by normalizing weights so that their average across all records in the input database uniformly equals 1.000.

## ABOUT INGENIX

The APS-DRGs® Normalized Weights User's Guide is published by Ingenix, a leading healthcare information company that provides comprehensive financial and management solutions for payers, providers, and self-insured/self-administered employers. As one of the largest coding and reimbursement information firms, Ingenix establishes guidelines for coding, reviewing, and auditing medical episodes.

We provide tools to enhance each principal step in the patient encounter data flow for all major participants and in any reimbursement environment. Providers use Ingenix's products for appropriate coding and preparation of claims, while payers and self-insured/self-administered employers use our products in the claims review process.

## Ingenix and UnitedHealth Group

Ingenix is a subsidiary of UnitedHealth Group. We supply a wide variety of software, data, and consulting services to the various businesses of UnitedHealth Group along with the greater health care industry.

## Contacting Ingenix

Ingenix  
400 Capital Boulevard  
Rocky Hill, CT. 06067

Phone: (800) 999-DRGS (3747), (860) 221-0549

Fax: (973) 241-9713

Web Address (URL): [www.ingenix.com](http://www.ingenix.com)  
Email Client Services: [client.services@ingenix.com](mailto:client.services@ingenix.com)  
Email Coding: [coding@ingenix.com](mailto:coding@ingenix.com)

## Client Services

We welcome you as a valued client. Ingenix maintains an active Client Services department that provides expert guidance on coding and reimbursement issues affecting health claims payment. For general support issues, please contact Client Services using one of the methods detailed below.

When opening a call with Client Services, you will be issued a call ticket number. These ticket numbers correlate to individual issues. If you are experiencing multiple issues, it is recommended to obtain individual call ticket numbers.

When calling Client Services regarding a previously opened call ticket, have your call ticket number available. If you misplaced or did not receive a call ticket number, please ask the technician to provide it to you.

### CLIENT SERVICES PHONE: 800-999-DRGS (3747)

1. Places you into call queue. Call is taken in order received.
2. Calls are answered in the order that they are received. If there is a high call volume, calls are held in a queue until a technician becomes available.
3. Calls classified as an industry expert category (i.e., case and reimbursement, logic encoder, etc.) will be escalated to Ingenix experts.

### VOICEMAIL: 800-999-DRGS (3747)

Press #, then 6 for Voicemail

1. Leave name and number and brief description of product issue.
2. Response time to voicemail is generally within a few business hours.
3. Service Technician has ability to do prior research before calling back.

### EMAIL: [CLIENT.SERVICES@INGENIX.COM](mailto:CLIENT.SERVICES@INGENIX.COM)

1. Include name and number and detailed description of product issue.
2. Response time to email is generally within a few business hours.
3. Service Technician has ability to do prior research before calling back.

## 2 Methods

---

### THIS CHAPTER EXPLAINS:

---

- Data
- APS-DRGs® Weight Calculation
- Results
- Data Quality and APS-DRGs® Assignment

## DATA

Data from the 2002 National Inpatient Sample (NIS) of the Healthcare Cost and Utilization Project were used to develop the weights. This data source was developed by the Agency for Healthcare Research and Quality using a stratified probability sample of hospitals from 35 states to create a nationally representative 20 percent sample of all U.S. community hospitals. Strata are by hospital size, location, ownership, and teaching status. Within each stratum, sampling probabilities are directly proportional to the number of hospitals located in the 35 participating states and inversely proportional to the total number of U.S. community hospitals.

The 2002 NIS contains information on all inpatient stays from 995 hospitals, a total of 7,853,982 records. These data were linked to appropriate wage indexes published by CMS. (The NIS contains identifiers to enable such linkages for hospitals in every state except Georgia, Hawaii, Kansas, Michigan, Nebraska, Ohio, South Carolina, South Dakota, Tennessee, and Texas, where confidentiality restrictions prohibit hospital identification. For these ten states, we used the overall, state average wage index for all NIS hospitals in each state.)

## APS-DRGs® WEIGHT CALCULATION

The calculation of weights for the Version 24.0 APS-DRGs® is similar to the methodology used by CMS in developing the annual DRG relative weights. This involves several steps, as described below.

### ☞ STEP 1. ASSIGN VERSION 24.0 APS-DRGs® TO THE DATA

The 8 million discharges described above were assigned to appropriate Version 24.0 APS-DRGs® using Healthcare AdVantage™. As appropriate, the ICD-9-CM diagnosis and procedure codes found in the NIS were mapped into Version 24.0 codes. An output file was then created containing linking variables, APS-DRGs®, APS-MDCs, and return codes. Finally, a series of summary statistics were calculated from the output files to assess data quality and other analytic issues.

### ☞ STEP 2. CREATE HOSPITAL-LEVEL WAGE FILE AND MERGE TO PATIENT FILE

The CMS Wage Index History File was linked to the 2002 NIS hospital weight file to obtain the associated wage index for each sample hospital. For states that prohibit hospital identification, state average wage indexes were assigned. For hospitals represented in the NIS but not on the History file (primarily specialty hospitals), indexes were assigned using the geographic information available on the NIS.

The hospital-level file was then merged to the patient-level file. Charges on the input were adjusted by dividing a portion of each hospital-specific charge by the wage index for the area in which the hospital was located. The CMS wage index reflects total hospital salaries and hours excluding the salaries and hours associated with skilled nursing facilities and other non-hospital cost centers, home office salaries and hours, and the fringe benefits associated with hospital and home office salaries. The portion of the charges adjusted by the CMS wage index



was 71.10 percent (CMS’s October 2002 estimate of the portion of the “hospital market basket” for labor-related items).

### STEP 3. CALCULATE AND APPLY TRIMS

Initial outlier trim points were calculated at 3.0 standard deviations from the overall arithmetic mean of the log-transformed LOS and charges. Using these trimmed data, a second set of trim points was calculated, again using 3.0 standard deviations from the arithmetic mean of the log-transformed data.

Trim points for the APS-DRGs® were then merged onto the patient file and used to identify outliers to be excluded from the remainder of the calculations. Note that outliers were determined variable by variable; for example, records containing charge outliers were not necessarily excluded from the calculations of LOS and mortality weights. Summary weights were re-estimated by APS-DRGs®, APS-MDC, and CDRG.

### STEP 4. IDENTIFY AND ASSESS ATYPICAL PATTERNS THAT MIGHT AFFECT WEIGHTS

As an additional quality-control measure, certain APS-DRGs® were identified and examined, especially when they involved atypical patterns of weights. The purpose of this step was to identify potential problems in the preceding data processing steps and to ensure that apparently unusual empirical results were based upon adequate data resources. The focus of this step included the following types of APS-DRGs®:

- APS-DRGs® with no observations.
- APS-DRGs® containing less than 50 observations.
- Weights for APS-DRGs® that were five times greater than the weight for the Consolidated DRG (CDRG).
- Weights for APS-DRGs® that were non-monotonic; that is, less than weights of less severe APS-DRGs® within the same CDRG.

### STEP 5. PERFORM IMPUTATIONS

The weights for all APS-DRGs® containing less than 25 observations were imputed by calculating a weighted average. Estimated weights from the national data were supplemented with additional information obtained from similar APS-DRGs®. More weight was given to the average LOS, charge, and mortality statistics for individual APS-DRGs® as the number of cases increased and as the variance of those statistics declined.

### STEP 6. CALCULATE RELATIVE WEIGHTS

The final, post-imputation estimated average LOS, charge, and mortality for individual APS-DRGs® was then divided by the overall LOS, charge, and mortality average to determine the relative weights. The latter was calculated by dividing the total days, charges, or deaths in the input database by the number of inlier records for that particular variable.

Normalized weights for the APS-DRGs® were standardized to ensure that the average weight calculated across all discharge records in the input database was 1.000 after adjustment. This was done by comparing the overall average charge, LOS, and mortality weights before and after the weights were adjusted.

## RESULTS

The input data set contained a total of 7,853,982 records. Applying national sampling weights, these records represent almost 38 million discharges from community hospitals in the United States during 2002. After eliminating 2,354 records with a missing principal diagnosis, and 298 records with UB92 discharge status codes of 40 (Died at home), 41 (Died in a[nother] medical facility), or 42 (Died, place unknown), 7,851,330 records were available for developing weights.

## DATA QUALITY AND APS-DRGs® ASSIGNMENT

Frequencies for the Version 24.0 APS-DRGs® were examined for variation and compared to results from previous years. Less than 0.06 percent of the records (n=4,653) were ungroupable (APS-DRG 4700), with the majority failing to group due to invalid principal diagnoses. Few records (n=32) were assigned to APS-DRG 4690, *Principal Diagnosis Invalid as Discharge Diagnosis*.

Low-volume APS-DRGs® were similar to previous years' results. Table 3-1 on page 13 lists the five (5) APS-DRGs® with no observations in the study data.

Table 3-2 on page 13 lists the 35 APS-DRGs® with fewer than 50 weighted cases nationally in 2002, based upon their observed frequency in the NIS. Note that many of these low-volume APS-DRGs® are elective procedures done in an ambulatory setting (for example, eye procedures, circumcision, and sterilization). Even when performed as an inpatient, few patients have Major CCs associated with them.

# 3 Final Weights

---

## THIS CHAPTER EXPLAINS:

---

- Final Weights Overview

## LIST OF TABLES:

---

- Table 3-1: APS-DRGs® (N=4) With No Observations in Data Used to Estimate Weights
- Table 3-2: APS-DRGs® (N=30) With Fewer Than 50 Observations in 2004 NIS
- Table 3-3: APS-DRGs® (N=2) Where APS-DRGs®-Level Data Contribute at Least 90 Percent of Their Information for All Three Final Weights
- Table 3-4: APS-DRGs® (N=42) Where APS-DRGs®-Level Data Contribute Less Than 50 Percent of Their Information for At Least One Final Weight
- Table 3-5: APS-DRGs® (N=13) Where APS-DRGs®-Level Data Contribute 50 to 90 Percent of Their Final Weight

## FINAL WEIGHTS OVERVIEW

Approximately 0.67 percent of the records exceeded the individual APS-DRGs® charge outlier thresholds, while 0.51 percent of records were identified as LOS outliers. After excluding these records, the imputation procedure described above was performed for APS-DRGs® with relatively low volume, and final weights were calculated. The final weights were compared to previous years, taking into account changes in the APS-DRGs® made in moving from Version 23 to Version 24. These CMS-originated changes include reclassifying existing codes into different DRGs and making the additional changes for FY 2007 detailed in Ingenix Industry Insight No. 409, Version 24.0 Update to the APS-DRGS®, September 2006, which may be viewed on the Ingenix web site at [www.ingenix.com](http://www.ingenix.com).

In general,

- **Charge weights** ranged from 0.101 to 21.035 with a **mean charge** of \$20,237.39.
- **LOS weights** ranged from 0.220 to 18.666 with a **mean LOS** of 4.5427 days.
- **Mortality weights** ranged from 0 to 41.5360 with a **mean mortality** of 0.02131 deaths per discharge.

To calculate an **expected charge** (*expected LOS*, or *expected mortality*) for a given discharge record, simply multiply the **charge weight** (*LOS weight*, or *mortality weight*) obtained by applying APS-DRGs® to that record, by the **mean charge** (*mean LOS*, or *mean mortality*) noted above.

The imputation procedure described above “adjusted the original estimated weights” for 61 APS-DRGs®. Many of these adjustments were relatively minor. At least 90 percent of the information was derived from the APS-DRGs® in the original study data for all three final weights in the two (2) APS-DRGs® shown in Table 3-3, “APS-DRGs® (N=2) Where APS-DRGs®-Level Data Contribute at Least 90 Percent of Their Information for All Three Final Weights,” on page 14. At the other extreme, none of the final weight was derived from the APS-DRGs® in the original study data for the four (4) APS-DRGs® shown in Table 3-1, “APS-DRGs® (N=4) With No Observations in Data Used to Estimate Weights,” on page 13. The 42 APS-DRGs® shown in Table 3-4, “APS-DRGs® (N=42) Where APS-DRGs®-Level Data Contribute Less Than 50 Percent of Their Information for At Least One Final Weight,” on page 14 received less than half of their final weight from the APS-DRGs® original information for at least one weight. Table 3-5, “APS-DRGs® (N=13) Where APS-DRGs®-Level Data Contribute 50 to 90 Percent of Their Final Weight,” on page 15 contains a list of the remaining 13 APS-DRGs® with adjusted final weights where at least half of the information comes from its own data for all three sets of weights and at least one weight uses less than 90 percent of the information.

APS-DRGs® are represented in the tables as five-digit numbers, consisting of two parts: a four-digit Consolidated DRG and a one-digit severity class number. The Consolidated DRG or CDRG is derived from the patient’s CMS DRG and the severity class is obtained by evaluating the patient’s secondary diagnoses. The APS-DRG® group number may be represented by the syntax “XXXXY”, where “XXXX” is the CDRG and “Y” is the severity class.

**Table 3-1: APS-DRGs® (N=4) With No Observations in Data Used to Estimate Weights**

WEIGHT	DESCRIPTION
02912	THYROGLOSSAL PROCEDURES W MCC
03302	URETHRAL STRICTURE AGE 0-17 W MCC
03511	STERILIZATION MALE W CC
03822	FALSE LABOR W MCC

**Table 3-2: APS-DRGs® (N=30) With Fewer Than 50 Observations in 2004 NIS**

WEIGHT	DESCRIPTION
0062	CARPAL TUNNEL RELEASE W MCC
0381	PRIMARY IRIS PROCEDURES W CC
0382	PRIMARY IRIS PROCEDURES W MCC
0412	EXTRAOCULAR PROCS EXC ORBIT AGE 0-17 W MCC
0592	TONSLCT OR ADENOIDCT ONLY AGE >17 W MCC
0612	MYRINGOTOMY W TUBE INSERT AGE >17 W MCC
1030	HEART TRANSPL OR IMPL HEART ASST WO CC
2322	ARTHROSCOPY W MCC
2672	PERIANAL & PILONIDAL PROCEDURES W MCC
3142	URETHRAL PROCEDURES, AGE 0-17 W MCC
3272	KIDNY,URIN TRACT SIGN,SYMP 0-17 W MCC
3300	URETHRAL STRICTURE AGE 0-17 WO CC
3301	URETHRAL STRICTURE AGE 0-17 W CC
3402	TESTES PROCEDURES AGE 0-17 W MCC
3431	CIRCUMCISION AGE 0-17 W CC
3432	CIRCUMCISION AGE 0-17 W MCC
3512	STERILIZATION, MALE W MCC
3622	ENDOSCOPIC TUBAL INTERRUPTION W MCC
4121	HISTORY OF MALIGNANCY W CC
4122	HISTORY OF MALIGNANCY W MCC
4462	TRAUMATIC INJURY AGE 0-17 W MCC
5060	FULL BRN W GR OR INHAL W SIG TR WO CC
5080	FULL BRN WO GR OR INHAL W SIG TR WO CC
5081	FULL BRN WO GR OR INHAL W SIG TR W CC
5082	FULL BRN WO GR OR INHAL W SIG TR W MCC
5100	NON-EXT BURNS W SIG TRAUMA WO CC
5101	NON-EXT BURNS W SIG TRAUMA W CC

**Table 3-2: APS-DRGs® (N=30) With Fewer Than 50 Observations in 2004 NIS**

WEIGHT	DESCRIPTION
5102	NON-EXT BURNS W SIG TRAUMA W MCC
5250	OTHER HEART ASSIST SYSTEM IMPLANT WO CC
5750	SEPTICEMIA W MV 96+ HRS AGE>17 WO CC

**Table 3-3: APS-DRGs® (N=2) Where APS-DRGs®-Level Data Contribute at Least 90 Percent of Their Information for All Three Final Weights**

WEIGHT	DESCRIPTION
02612	BRST PR NON MAL,EX BIOP&LOC EXCIS W MCC
03612	LAPAROSCPY& INCIS TUBAL INTERRUPT W MCC

**Table 3-4: APS-DRGs® (N=42) Where APS-DRGs®-Level Data Contribute Less Than 50 Percent of Their Information for At Least One Final Weight**

WEIGHT	DESCRIPTION
00062	CARPAL TUNNEL RELEASE W MCC
00381	PRIMARY IRIS PROCEDURES W CC
00382	PRIMARY IRIS PROCEDURES W MCC
00392	LENS PROCS WITH OR WO VITRECTOMY W MCC
00412	EXTRAOCLR PROCS EXC ORBIT AGE 0-17 W MCC
00592	TONSLCT OR ADENOIDCT ONLY AGE >17 W MCC
00612	MYRINGOTOMY W TUBE INSERT AGE >17 W MCC
01030	HEART TRANSPL OR IMPL HEART ASST WO CC
02322	ARTHROSCOPY W MCC
02552	FX,SPR,STR,DSL UP EXT,LOW LEG 0-17 W MCC
02672	PERIANAL & PILONIDAL PROCEDURES W MCC
02822	TRAUMA SKN,SUBCUT TISS&BREAST 0-17 W MCC
03141	URETHRAL PROCEDURES, AGE 0-17 W CC
03142	URETHRAL PROCEDURES, AGE 0-17 W MCC
03272	KIDNY,URIN TRACT SIGN,SYMP 0-17 W MCC
03300	URETHRAL STRICTURE AGE 0-17 WO CC
03301	URETHRAL STRICTURE AGE 0-17 W CC
03402	TESTES PROCEDURES AGE 0-17 W MCC
03431	CIRCUMCISION AGE 0-17 W CC
03432	CIRCUMCISION AGE 0-17 W MCC
03512	STERILIZATION, MALE W MCC
03622	ENDOSCOPIC TUBAL INTERRUPTION W MCC

**Table 3-4: APS-DRGs® (N=42) Where APS-DRGs®-Level Data Contribute Less Than 50 Percent of Their Information for At Least One Final Weight**

WEIGHT	DESCRIPTION
03932	SPLENECTOMY AGE 0-17 W MCC
04120	HISTORY OF MALIGNANCY WO CC
04121	HISTORY OF MALIGNANCY W CC
04122	HISTORY OF MALIGNANCY W MCC
04312	CHILDHOOD MENTAL DISORDERS W MCC
04462	TRAUMATIC INJURY AGE 0-17 W MCC
04880	HIV W EXTENSIVE O.R. PROCEDURE WO CC
04950	LUNG TRANSPLANT WO CC
05060	FULL BRN W GR OR INHAL W SIG TR WO CC
05061	FULL BRN W GR OR INHAL W SIG TR W CC
05062	FULL BRN W GR OR INHAL W SIG TR W MCC
05080	FULL BRN WO GR OR INHAL W SIG TR WO CC
05081	FULL BRN WO GR OR INHAL W SIG TR W CC
05082	FULL BRN WO GR OR INHAL W SIG TR W MCC
05100	NON-EXT BURNS W SIG TRAUMA WO CC
05101	NON-EXT BURNS W SIG TRAUMA W CC
05102	NON-EXT BURNS W SIG TRAUMA W MCC
05132	PANCREAS TRANSPLANT W MCC
05250	OTHER HEART ASSIST SYSTEM IMPLANT WO CC
05750	SEPTICEMIA W MV 96+ HRS AGE>17 WO CC

**Table 3-5: APS-DRGs® (N=13) Where APS-DRGs®-Level Data Contribute 50 to 90 Percent of Their Final Weight**

WEIGHT	DESCRIPTION
00380	PRIMARY IRIS PROCEDURES WO CC
00402	EXTRAOCULAR PROCS EXC ORBIT AGE >17 W MCC
00512	SALIVARY GLAND PROCEDURES W MCC
02622	BRST BIOP& LOC EXCIS FOR NON-MAL W MCC
02911	THYROIDECTOMY PROCEDURES W CC
03282	URETHRAL STRICTURE AGE >17 W MCC
03422	CIRCUMCISION AGE >17 W MCC
03510	STERILIZATION, MALE WO CC
03621	ENDOSCOPIC TUBAL INTERRUPTION W CC
04322	OTHER MENTAL DISORDER DIAGNOSES W MCC

**Table 3-5: APS-DRGs® (N=13) Where APS-DRGs®-Level Data Contribute 50 to 90 Percent of Their Final Weight**

WEIGHT	DESCRIPTION
04482	ALLERGIC REACTIONS AGE 0-17 W MCC
05130	PANCREAS TRANSPLANT WO CC
05772	CAROTID ARTERY STENT PROC W MCC



# 4 Distribution

---

Weights and trims for the Version 25 APS-DRGs® are contained in a single ASCII disk file, as documented in this section.

## **THIS CHAPTER EXPLAINS:**

---

- Distribution Overview
- Format of APS-DRGs® Weight File

## DISTRIBUTION OVERVIEW

- Filename: HIPAAS25WTRIM.DAT
- Description: APS-DRGs® Weight and Trims
- Record Size: 110
- Record Count: 1,193

## FORMAT OF APS-DRGs® WEIGHT FILE

The format of this file is displayed in Table 4-1.

**Table 4-1: Description of Weight File**

FIELD	POSITION	FORMAT	DESCRIPTION
APS	1 - 5	NNNNN	APS-DRGs® Number
FILLER	6	C	
DESCRIPTION	7 - 46	C (40)	APS-DRGs® Description
FILLER	47	C	
LOSWT	48 - 56	NNN.NNNNN	Length of Stay Weight (with explicit decimal)
FILLER	57	C	
CHGWT	58 - 66	NNN.NNNNN	Charge Weight (with explicit decimal)
FILLER	67	C	
LLOSTRIM	68 - 71	NNNN	Low Length of Stay Trim
FILLER	72	C	
HLOSTRIM	73- 76	NNNN	High Length of Stay Trim
FILLER	77	C	
LCHGTRIM	78 - 88	N(8).NN	Low Charge Trim
FILLER	89	C	
HCHGTRIM	90 - 100	N(8).NN	High Charge Trim
FILLER	101	C	
MORTWT	102 - 110	NNN.NNNNN	Mortality Weight (with explicit decimal)

# **A Release Notes**

---

## **THIS APPENDIX INCLUDES:**

---

- June 2009 (Version 25)
- March 2008 (Version 24)
- August 2006 (Version 23)
- March 2005 (Version 22)

## Normalized Weights for Public Use

June 2009 (Version 25)

PUB 6.23.2009

---

**About this Release**

Charge, length of stay (LOS), and mortality weights and trims have been updated for the Version 25.0 All Payer Severity-adjusted DRGs (APS-DRGs®). These CMS-originated changes include reclassifying existing codes into different DRGs and making additional changes for FY 2008.

---

**Product Version Number**

Version numbers on the software and on the user's guide have changed to V25.

---

**Ingenix Client Services**

Ingenix is always striving to improve our products and services. If you require assistance or have any questions or suggestions, please contact our Client Services Department at 1-800-999-DRGS (3747) or e-mail [client.services@ingenix.com](mailto:client.services@ingenix.com).

### Normalized Weights for Public Use

March 2008 (Version 24)

PUB 6.23.2009

#### About this Release

Charge, length of stay (LOS), and mortality weights and trims have been updated for the Version 24 All Payer Severity-adjusted DRGs (APS-DRGs<sup>®</sup>). These CMS-originated changes include reclassifying existing codes into different DRGs and making the additional changes for FY 2007 detailed in *Ingenix Industry Insight No. 409*, Version 24.0 Update to the APS-DRGs<sup>®</sup>, September 2006, which may be viewed on the Ingenix web site at [www.ingenix.com](http://www.ingenix.com).

---

#### Product Version Number

Version numbers on the software and on the user guide have changed to V24.

---

#### Client Services

If you have questions regarding the All Payer Severity-adjusted DRGs (APS-DRGs<sup>®</sup>) updates described above, please contact our Client Services Department at 1-800-999-DRGS (3747) or e-mail [client.services@ingenix.com](mailto:client.services@ingenix.com).

### Normalized Weights for Public Use

August 2006 (Version 23)

PUB 6.23.2009

---

#### About this Release

Charge, length of stay (LOS), and mortality weights and trims have been updated for the Version 23.0 All Payer Severity-adjusted DRGs (APS-DRGs<sup>®</sup>). A synopsis of changes will be summarized in a Ingenix *Industry Insight*. Ingenix *Industry Insights* can be viewed on the Ingenix web site at [www.ingenix.com](http://www.ingenix.com).

---

#### Product Version Number

Version numbers on the software and on the user guide have changed to V23.

---

#### Client Services

If you have questions regarding the All Payer Severity-adjusted DRGs (APS-DRGs<sup>®</sup>) updates described above, please contact our Client Services Department at 1-800-999-DRGS (3747) or e-mail [client.services@ingenix.com](mailto:client.services@ingenix.com).

---

#### For More Information

For further information on this update refer to the Ingenix web site ([www.ingenix.com](http://www.ingenix.com)). **The Ingenix website** is updated on a regular basis with new and timely *Industry Insights*, as well as access to source documents and other relevant documentation.

### Normalized Weights for Public Use

March 2005 (Version 22)

PUB 6.23.2009

#### About this Release

Charge, length of stay (LOS), and mortality weights and trims have been updated for the Version 22.0 All-Payer Severity-adjusted DRGs (APS-DRGs<sup>®</sup>). A synopsis of changes can be found in Ingenix Industry Insight No. 310, Version 22.0 Update to the APS-DRGs<sup>®</sup>, which is included in this manual in Appendix B.

---

#### Product Version Number

Version numbers on the software and on the user guide have changed to V22.

---

#### Client Services

If you have questions regarding the All Payer Severity-adjusted DRGs (APS-DRGs<sup>®</sup>) updates described above, please contact our Client Services Department at 1-800-999-DRGS (3747) or e-mail [client.services@ingenix.com](mailto:client.services@ingenix.com).

---

#### For More Information

For further information on this update refer to the Ingenix web site ([www.ingenix.com](http://www.ingenix.com)). **The Ingenix website** is updated on a regular basis with new and timely *Industry Insights*, as well as access to source documents and other relevant documentation.