

TABLE 11.—FY 2004 LTC-DRGs, RELATIVE WEIGHTS, GEOMETRIC AVERAGE LENGTH OF STAY, AND 5/6TH OF THE AVERAGE LENGTH OF STAY—Continued

LTC-DRG	Description	Relative weight	Geometric average length of stay	5/6th of the average length of stay
506	<sup>7</sup> FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAU-MA.	0.7372	23.5	19.5
507	<sup>7</sup> FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA.	0.7372	23.5	19.5
508	<sup>2</sup> FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA.	0.7372	23.5	19.5
509	<sup>2</sup> FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAU-MA.	0.7372	23.5	19.5
510	<sup>2</sup> NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA .....	0.7372	23.5	19.5
511	<sup>1</sup> NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA .....	0.4964	18.5	15.4
512	<sup>6</sup> SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT .....	0.0000	0.0	0.0
513	<sup>6</sup> PANCREAS TRANSPLANT .....	0.0000	0.0	0.0
515	<sup>5</sup> CARDIAC DEFIBRILATOR IMPLANT W/O CARDIAC CATH .....	2.0841	40.0	33.3
516	<sup>8</sup> PERCUTANEOUS CARDIOVASCULAR PROCEDURE W AMI .....	0.9562	26.1	21.7
517	<sup>4</sup> PERCUTANEOUS CARDIOVASCULAR PROC W NON-DRUG ELUTING STENT W/O AMI.	1.3569	32.5	27.0
518	<sup>3</sup> PERCUTANEOUS CARDIOVASCULAR PROC W/O CORONARY ARTERY STENT OR AMI.	0.9562	26.1	21.7
519	<sup>4</sup> CERVICAL SPINAL FUSION W CC .....	1.3569	32.5	27.0
520	<sup>8</sup> CERVICAL SPINAL FUSION W/O CC .....	0.9562	26.1	21.7
521	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC .....	0.4753	20.5	17.0
522	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY W/O CC.	0.4061	20.4	17.0
523	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O CC.	0.4214	19.8	16.5
524	TRANSIENT ISCHEMIA .....	0.5885	22.9	19.0
525	<sup>8</sup> HEART ASSIST SYSTEM IMPLANT .....	2.0841	40.0	33.3
526	<sup>8</sup> PERCUTANEOUS CARVIOVASCULAR PROC W DRUG-ELUTING STENT W AMI.	1.3569	32.5	27.0
527	<sup>8</sup> PERCUTANEOUS CARVIOVASCULAR PROC W DRUG-ELUTING STENT W/O AMI.	1.3569	32.5	27.0
528	<sup>8</sup> INTRACRANIAL VASCLUAR PROCEDURES WITH PDX HEMORRHAGE .....	2.0841	40.0	33.3
529	<sup>2</sup> VENTRICULAR SHUNT PROCEDURES WITH CC .....	0.7372	23.5	19.5
530	<sup>8</sup> VENTRICULAR SHUNT PROCEDURES WITHOUT CC .....	0.7372	23.5	19.5
531	<sup>4</sup> SPINAL PROCEDURES WITH CC .....	1.3569	32.5	27.0
532	<sup>3</sup> SPINAL PROCEDURES WITHOUT CC .....	0.9562	26.1	21.7
533	<sup>5</sup> EXTRACRANIAL VASCULAR PROCEDURES WITH CC .....	2.0841	40.0	33.3
534	<sup>8</sup> EXTRACRANIAL VASCULAR PROCEDURES WITHOUT CC .....	1.3569	32.5	27.0
535	<sup>8</sup> CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITH AMI/HF/SHOCK .....	2.0841	40.0	33.3
536	<sup>5</sup> CARDIAC DEFIB IMPLANT WITH CARDIAC CATH WITHOUT AMI/HF/SHOCK ...	2.0841	40.0	33.3
537	<sup>4</sup> LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC.	1.3569	32.5	27.0
538	<sup>1</sup> LOCAL EXCISION AND REMOVAL OF INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC.	0.4964	18.5	15.4
539	<sup>8</sup> LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC .....	2.0841	40.0	33.3
540	<sup>1</sup> LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC	0.4964	18.5	15.4

<sup>1</sup> Relative weights for these LTC-DRGs were determined by assigning these cases to low volume quintile 1.

<sup>2</sup> Relative weights for these LTC-DRGs were determined by assigning these cases to low volume quintile 2.

<sup>3</sup> Relative weights for these LTC-DRGs were determined by assigning these cases to low volume quintile 3.

<sup>4</sup> Relative weights for these LTC-DRGs were determined by assigning these cases to low volume quintile 4.

<sup>5</sup> Relative weights for these LTC-DRGs were determined by assigning these cases to low volume quintile 5.

<sup>6</sup> Relative weights for these LTC-DRGs were assigned a value of 0.0000.

<sup>7</sup> Relative weights for these LTC-DRGs were determined after adjusting to account for nonmonotonicity (see step 5 above).

<sup>8</sup> Relative weights for these LTC-DRGs were determined by assigning these cases to the appropriate low volume quintile because they had no LTCH cases in the FY 2002 MedPAR.

## Appendix A—Regulatory Analysis of Impacts

### I. Background and Summary

We have examined the impacts of this final rule as required by Executive Order 12866 (September 1993, Regulatory Planning and Review) and the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96–354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), and Executive Order 13132.

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year).

We have determined that this final rule is a major rule as defined in 5 U.S.C. 804(2). Based on the overall percentage change in payments per case estimated using our payment simulation model (a 1.8 percent increase), we estimate that the total impact of these proposed changes for FY 2004 payments compared to FY 2003 payments to be approximately a \$1.8 billion increase. This amount does not reflect changes in hospital admissions or case-mix intensity, which would also affect overall payment changes.