

Table 1 High-volume orthopaedic/spine MS-DRG 2009 base payment changes

MS-DRG	MS-DRG Description	2009 base payment rate (\$)	2008-2009 payment rate change (percent)	Percentage of orthopaedic Medicare revenue
470	Major joint replacement or reattachment of lower extremity w/o MCC	11,144	3.53	33.6
460	Spinal fusion except cervical w/o MCC	19,764	4.64	7.6
481	Hip & femur procedures except major joint w CC	10,088	0.75	5.4
469	Major joint replacement or reattachment of lower extremity w MCC	18,262	26.44	4.1
480	Hip & femur procedures except major joint w MCC	16,096	23.67	3.2
482	Hip & femur procedures except major joint w/o CC/MCC	8,298	(2.08)	3.0
552	Medical back problems w/o MCC	4,250	0.10	2.7
468	Revision of hip or knee replacement w/o CC/MCC	13,599	2.29	2.1
491	Back & neck procedures except spinal fusion w/o CC/MCC	5,208	(4.47)	2.0
473	Cervical spinal fusion w/o CC/MCC	10,624	0.86	1.8
467	Revision of hip or knee replacement w CC	17,002	14.04	1.8
462	Bilateral or multiple major joint procedures of lower extremity w/o MCC	17,450	3.95	1.7
490	Back & neck procedures except spinal fusion w CC/MCC or disk device/neurostim	9,548	18.21	1.6
494	Lower extremity & humerus procedures except hip, foot, femur w/o CC/MCC	6,857	(0.74)	1.5
484	Major joint & limb reattachment procedures of upper extremity w/o CC/MCC	9,682	2.87	1.3

w = with, w/o= without, CC=complications and comorbidities, MCC=major complications and comorbidities

Source: Table 7B IPPS FY09 Final Rule; FY2007 MedPAR update; Sg2 Analysis 2009;