



T E N N E S S E E   D E P A R T M E N T   O F   H E A L T H

## TENNESSEE HOSPITAL CHARGE REPORTS 2012

### Introduction

Hospitalizations are a major component in the cost of health care. Information on hospitalizations is important to researchers, analysts and to the public for making informed decisions about health care.

The Tennessee Department of Health, Office of Health Statistics has created this series of charge reports which examine the fifty (50) most costly diagnostic categories and compares them among hospitals. These reports are based on approximately 873,000 inpatient records.

The five most expensive APR-DRGs in terms of total charge to Tennesseans are in order: Septicemia and Disseminated Infections (DRG 720); Knee Joint Replacement (DRG 302); Dorsal and Lumbar Fusion Proc Except for Curvature of Back (DRG 304); Hip Joint Replacement (DRG 301); and Other Pneumonia (DRG 139). The high total charge for these procedures reflects both the cost of an individual procedure and the number of procedures performed.

### Description of the Charge Report

The reports give data for patients discharged in 2012. The charge listed in the report is the base charge for a hospitalization. It is not necessarily the actual charge made to the patient or his insurer. Nevertheless, the hospital's base charge is useful for comparison and is the only generally available figure for making case by case comparisons.

The inpatient discharge records are analyzed based on primary diagnosis, other diagnoses and on procedures used in patient treatment. The records are then assigned to diagnostic categories by use of All Patient Refined-Diagnosis Related Groups or APR-DRG\*.

Next, the records are assigned to one of four severity of illness groups for which similar types and amounts of treatment are needed. This allows for better comparisons of similar cases in terms of cost. In addition, because hospitals differ by the proportion of difficult and complex cases they see, the severity level grouping compensates for differences in the amount of needed treatment and resources, which affect the cost of treating the patient.

The data are presented for Tennessee hospitals having six or more cases falling into a particular DRG severity group. In certain reports some hospitals will not be listed because there was no DRG severity group with six or more cases reported from that facility. Also, certain DRGs that contained ungroupable records or were of a residual or "catch-all" definition were omitted from these reports.

For the purpose of comparability certain discharges were removed from the reports. This included those patients with no charge or with a zero or negative charge. Patients that were transferred from an acute care or critical care hospital; patients discharged to a general or critical care hospital; and those that left against medical advice or that discontinued care were also removed.

Discharge records to the Department of Health are limited in the number of diagnoses and procedures that can be reported. An occasional severe case may exceed these limits and certain diagnoses and/or procedures might not be reported. This could result in under-estimation of the severity of that discharge.

**Instructions for Use**

To see the hospital data for one of the fifty (50) DRGs in this report, go to pages 3 and 4 and click anywhere on the line containing the selected DRG. The hospitals reporting that particular DRG are listed in county order and sorted by hospital ID number within each county. Each hospital's data is on one row of the report. The last line in each report is the state total giving information based on all the discharges in Tennessee for that APR-DRG.

**Using the Charge Report**

To illustrate the use of these data refer to the sample report below for "Pulmonary Edema & Respiratory Failure (DRG 133)". (In this example only one hospital is shown.) The first row provides information for Anderson County's Methodist Medical Center of

Oak Ridge. In 2012, 51 cases of pulmonary edema were reported at this facility in the moderate severity group. These 51 cases had a median charge of \$11,259 (rounded to the nearest dollar amount). A total of 87 cases were reported in the major severity level, having a median charge of \$18,583 and 90 cases fell into the severe group, having a median charge of \$34,814. Fewer than six cases fell into the minor severity group and as a result, this information was not included (data is only presented for six or more cases).

**Conclusion**

The purpose of these reports is to show comparative charges among Tennessee hospitals for performing comparable treatments at similar levels of difficulty and complexity. This information, while not an exact representation of the actual cost per patient, provides useful information to public health researchers, business analysts, and the general public.

For more information, contact the Tennessee Department of Health, Office of Health Statistics at 615-741-4939 or at [HealthStatistics.Health@state.tn.us](mailto:HealthStatistics.Health@state.tn.us).

**2012 TENNESSEE HOSPITAL DISCHARGE DATA  
Number of Cases and Median Charges (\$) Based on APR-DRGs\*  
By Hospital Name and County Location**

**PULMONARY EDEMA & RESPIRATORY FAILURE (DRG 133)**

County	Hospital Name	Minor Number	Charge	Moderate Number	Charge	Major Number	Charge	Severe Number	Charge
Anderson	0120 Methodist Medical Ctr. Oak Ridge	.	.	51	11,259	87	18,583	90	34,814
State	All Hospitals	28	17,073	1,749	16,668	3,419	22,792	3,040	41,597

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Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Hospital Discharge Data System.

*The mission of the Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee.*