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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – INPATIENT  
HOSPITAL SERVICES (CONTINUED)

I. Special Payment Provisions

A. Rehabilitation DRG

In-state hospitals with a claim that groups into the Rehabilitation DRGs (DRGs 945 and 946 in MS-DRG Grouper Version 26.0) will be paid an additional \$300 per diem for the entire length of the patient's stay for the single episode of care. Border Teaching Hospitals will be paid an additional \$200 per diem. This payment is in addition to the Non-Outlier and Outlier DRG Payments per Case.

B. Neonate DRGs

In-state hospitals that do not serve a disproportionate number of neonate cases that have a claim that groups into a Neonate DRG will be paid an additional \$300 per diem for the entire length of the patient's stay for the single episode of care. Border Teaching Hospitals will be paid an additional \$200 per diem. This payment is in addition to the Non-Outlier and Outlier DRG Payments per Case.

In-state hospitals that do serve a disproportionate number of neonate cases that have a claim that groups into a Neonate DRG will be paid an additional \$400 per diem for the entire length of the patient's stay for the single episode of care. This payment is in addition to the Non-Outlier and Outlier DRG Payments per Case. A hospital with a disproportionate share of neonate cases is a hospital that had more than 50% of all of the neonate DRG cases in the rate setting claims period.

The Neonate DRGs paid under this methodology are those Neonate DRGs as assigned by the Grouper being utilized by OVHA. Effective October 3, 2008, this included the following DRGs:

- DRG 789: Neonates, Died or Transferred to another Acute Care Facility
- DRG 790: Extreme Immaturity or Respiratory Distress Syndrome, Neonate
- DRG 791: Prematurity with Major Problems
- DRG 792: Prematurity without Major Problems
- DRG 793: Full Term Neonate with Major Problems
- DRG 794: Neonate with Other Significant Problems

(Continued)

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