mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Provider Number	Hospital Name	Address 1
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

City	State	ZIP Code
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Diagnosis Related Group
Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w MCC
Acute myocardial infarction, discharged alive w CC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Diabetes w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Medicare Average Payment	Number Of Cases
$4151.00 *	
$12040.00	12
$6704.00 *	
$9060.00	25
$4480.00	19
$6248.00	39
$4501.00	25
$6054.00	19
$8085.00	29
$8879.00	13
$8436.00 *	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Footnote
An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

Major shoulder or elbow joint procedures w CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major joint replacement or reattachment of lower extremity w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$3297.00		16
$6989.00	*	
$1024.00	*	
$10652.00	*	
$12458.00		63
$14794.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Laparoscopic cholecystectomy w/o c.d.e. w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8699.00 *

$27551.00 *

$15878.00 *

$10243.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$15367.00	*
$15425.00	*
$22151.00	*
$5987.00	*

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240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240020	CAMBRIDGE MEDICAL CENTER	701 SOUTH DELLWOOD
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
CAMBRIDGE	MN	55008
FARIBAULT	MN	55021

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$28190.00	*
$15838.00	*
$5235.00	*
$3925.00	*
$5498.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC
Acute myocardial infarction, discharged alive w CC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$9555.00 *	

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240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE

FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021

Chronic obstructive pulmonary disease w MCC

Simple pneumonia and pleurisy w MCC

Diabetes w MCC

Chest Pain

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major joint replacement or reattachment of lower extremity w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8239.00		13
$9059.00		20
$8597.00	*	
$3360.00	*	
$7122.00	*	
$12695.00		39
$18128.00	*	

patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE

FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021

Major small and large bowel procedures w CC

Major small and large bowel procedures w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11485.00	*
	$10258.00	*
	$22572.00	*
	$15659.00	*

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021
FARIBAULT	MN	55021

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w CC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Biopsies of musculoskeletal system and connective tissue w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$10437.00	*
	$19878.00	*
	$11119.00	*
	$5335.00	*

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240071	DISTRICT ONE HOSPITAL	200 STATE AVENUE
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD

FARIBAULT	MN	55021
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Female reproductive system reconstructive procedures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

$5161.00	*	
$5149.00	*	
$11490.00	*	
$7232.00		11
$8646.00		13
$4275.00		14
$5963.00		17
$4296.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD

HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Simple pneumonia and pleurisy w MCC

Diabetes w MCC

Chest Pain

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$5778.00		22
	$7716.00	*	
	$8484.00	*	
	$8051.00	*	
	$3147.00		15
	$6670.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Major small and large bowel procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11889.00		51
	$10165.00	*	
	$16801.00	*	
	$8604.00	*	
	$32389.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD

HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$15153.00	*
$8302.00	*
$9607.00	*
$9775.00	*

health information due to the small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD

HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033
HASTINGS	MN	55033

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$14665.00	*
	$11030.00	*
	$8151.00	*
	$4996.00	*
	$4833.00	*

patients (fewer than 11)
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240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240059	REGINA MEDICAL CENTER	1175 NININGER ROAD
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE

HASTINGS	MN	55033
HASTINGS	MN	55033
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6622.00	*	
$3745.00		12
$5272.00	*	
$5696.00	*	
$11764.00	*	

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An asterisk (*) appears in the table where data cannot be

240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE

NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Diabetes w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$8852.00		17
	$4377.00		32
	$7560.00	*	
	$7900.00	*	
	$5915.00		11
	$4398.00		20
	$6105.00		29
	$8243.00	*	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Bilateral or multiple major joint procs of lower extremity w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$3222.00		11
	$6831.00	*	
	$27537.00	*	
	$1024.00	*	
	$18570.00	*	

small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE

NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Major small and large bowel procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$1068.00 *

$10008.00 *

$8500.00 *

$17431.00 *

$31324.00 *

patients (fewer than 11)

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240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE

NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
NORTHFIELD	MN	55057

Major small and large bowel procedures w CC

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$15514.00	*	
$12172.00		49
$6756.00	*	
$1024.00	*	
$19947.00	*	

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240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240014	NORTHFIELD HOSPITAL	2000 NORTH AVENUE
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST

NORTHFIELD	MN	55057
NORTHFIELD	MN	55057
OWATONNA	MN	55060
OWATONNA	MN	55060

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MCC

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$3835.00	*
	$5115.00	*
	$4302.00	*
	$7855.00	*

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$12480.00 *	
	$4644.00	23
	$7588.00	17
	$8532.00	16
	$8380.00	14
	$5357.00 *	
	$4665.00 *	

health information due to the small number of Medicare patients (fewer than 11)

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240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET

OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Chest Pain

Diabetes w MCC

Revision of hip or knee replacement w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6476.00		20
$7244.00	*	
$12901.00	*	
$3418.00		12
$8744.00	*	
$20995.00	*	

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		NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Bilateral or multiple major joint procs of lower extremity w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$20219.00 *

$15928.00 *

$6205.00 *

$10487.00 *

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major joint replacement or reattachment of lower extremity w MCC

Major shoulder or elbow joint procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$16458.00	*
	$33396.00	*
	$21160.00	*
	$7167.00	*

health information due to the small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240069	OWATONNA HOSPITAL	2250 26TH STREET NORTHWEST
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
OWATONNA	MN	55060
RED WING	MN	55066

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major shoulder or elbow joint procedures w CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$11040.00	*	
$12912.00		94
$3137.00	*	
$5426.00	*	
$4953.00	*	

patients (fewer than 11)
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240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD,

RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$7622.00		12
	$6096.00	*	
	$4074.00	*	
	$8239.00		15
	$5682.00		20
	$4093.00	*	
	$5505.00	*	

patients (fewer than 11)

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		PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD,

RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w MCC

Simple pneumonia and pleurisy w MCC

Chest Pain

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7352.00	*	
$8084.00		12
$2998.00	*	
$18565.00	*	
$13824.00	*	

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		PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD,

RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Stomach, esophageal duodenal proc w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9706.00	*	
$11329.00		64
$5294.00	*	
$22276.00	*	
$8199.00	*	

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An asterisk (*) appears in the

		PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95

RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$14439.00	*
$29153.00	*
$9064.00	*
$7911.00	*

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Revision of hip or knee replacement w CC

Bilateral or multiple major joint procs of lower extremity w/o MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$9314.00	*
	$13974.00	*
	$17283.00	*
	$17739.00	*

health information due to the small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD, PO BOX 95
240018	FAIRVIEW RED WING HOSPITAL	701 FAIRVIEW BOULEVARD,

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066
RED WING	MN	55066

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11196.00	*
	$4761.00	*
	$4605.00	*
	$6310.00	*
	$12181.00	*

patients (fewer than 11)
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An asterisk (*) appears in the

		PO BOX 95
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL

STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5149.00	*	
$11490.00	*	
$6398.00	*	
$8646.00		14
$4275.00		17

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		STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET

STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Simple pneumonia and pleurisy w MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Diabetes w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5963.00		27
$4296.00		18
$5778.00	*	
$7716.00		12
$8484.00		12
$30047.00	*	
$8051.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL

STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Extracranial procedures w CC

Extracranial procedures w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$3147.00	*	
$9193.00	*	
$5925.00	*	
$6670.00	*	
$11889.00		411

patients (fewer than 11)

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		STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL

STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major shoulder or elbow joint procedures w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Back and neck proc exc spinal fusion w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10186.00		17
$6599.00	*	
$16942.00	*	
$14508.00		26
$11334.00		13
$15446.00	*	
$5556.00		58

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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		STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET

STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082

Spinal fusion except cervical w/o MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$21085.00		59
$30595.00	*	
$15153.00	*	
$8302.00	*	
$9607.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL

STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Kidney and ureter procedures for neoplasm w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$21140.00 *

$5713.00 *

$9775.00 *

$14665.00 *

$11030.00 *

patients (fewer than 11)

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		STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET

STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Revision of hip or knee replacement w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8151.00	*
$15977.00	*
$26903.00	*
$18617.00	*

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$18138.00 *

$4996.00 *

$4833.00 *

$7752.00 *

health information due to the small number of Medicare patients (fewer than 11)
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240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240066	LAKEVIEW MEMORIAL HOSPITAL	927 WEST CHURCHILL STREET
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH	5200 FAIRVIEW BOULEVARD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

STILLWATER	MN	55082
STILLWATER	MN	55082
STILLWATER	MN	55082
WYOMING	MN	55092
WYOMING	MN	55092

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Transurethral procedures w MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$8768.00	*
	$6622.00	*
	$3745.00	*
	$4627.00	*
	$7232.00	*

patients (fewer than 11)

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An asterisk (*) appears in the

	SERVICES	
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD

WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$9906.00 *	
	$4275.00	17
	$8646.00	35
	$8484.00	19
	$7716.00	20
	$5778.00	21
	$4296.00	14
	$5963.00	34

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240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Chest Pain

Diabetes w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6670.00	*	
$3147.00		31
$8051.00	*	
$18138.00	*	
$27882.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5713.00	*
$14721.00	*
$14665.00	*
$9775.00	*
$9351.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be

240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Spinal fusion except cervical w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$15153.00 *

$30595.00 *

$21085.00 *

$5556.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)
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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the

240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Stomach, esophageal duodenal proc w/o CC/MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Major shoulder or elbow joint procedures w CC/MCC

Major shoulder or elbow joint procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$8604.00	*

small number of Medicare patients (fewer than 11)

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240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD
240050	FAIRVIEW LAKES HEALTH SERVICES	5200 FAIRVIEW BOULEVARD

WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092
WYOMING	MN	55092

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major joint replacement or reattachment of lower extremity w/o MCC

Transurethral prostatectomy w/o CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10186.00	*	
$11889.00		83
$3745.00	*	
$4833.00	*	
$4996.00	*	

small number of Medicare patients (fewer than 11)

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240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
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240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET

SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
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SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w CC
Acute myocardial infarction, discharged alive w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
Permanent cardiac pacemaker implant w CC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Coronary bypass w/o cardiac cath w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7002.00		13
$9834.00		26
$15625.00		70
$5814.00		60
$11757.00		129
$11537.00		99
$10492.00		91
$7857.00		66
$5841.00		50
$8108.00		96
$9070.00		15
$64034.00	*	
$20845.00		28
$15402.00		102
$45667.00	*	

small number of Medicare patients (fewer than 11)

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240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET

SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chest Pain
Diabetes w MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
Extracranial procedures w CC
Coronary bypass w/o cardiac cath w/o MCC
Permanent cardiac pacemaker implant w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4279.00		233
$10896.00		22
$40859.00		22
$40231.00		22
$64684.00		18
$42516.00	*	
$12501.00		26
$28944.00	*	
$16152.00		27

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w/o CC/MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
Cardiac defibrillator implant w/o cardiac cath w MCC
Kidney and ureter procedures for non-neoplasm w MCC
Other musculoskelet sys and conn tiss O.R. proc w MCC
Kidney and ureter procedures for neoplasm w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8056.00		37
$47589.00	*	
$54045.00	*	
$26856.00	*	
$24696.00		13
$11084.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101
SAINT PAUL	MN	55101

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Bilateral or multiple major joint procs of lower extremity w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$26397.00	*
	$14998.00	*
	$75462.00	*
	$17092.00	*
	$25030.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240106	REGIONS HOSPITAL	640 JACKSON STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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SAINT PAUL	MN	55101

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11871.00 *	

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SAINT PAUL	MN	55101
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SAINT PAUL	MN	55101

Hernia procedures except inguinal and femoral w MCC

Major small and large bowel procedures w CC
Major small and large bowel procedures w MCC
Hernia procedures except inguinal and femoral w CC
Major small and large bowel procedures w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major shoulder or elbow joint procedures w CC/MCC

	$20017.00 *	
	$20605.00	26
	$41604.00	48
	$11290.00	11
	$13064.00	12
	$26493.00	29
	$19728.00 *	
	$16167.00	279
	$13852.00	26
	$13823.00 *	

patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240106	REGIONS HOSPITAL	640 JACKSON STREET
240106	REGIONS HOSPITAL	640 JACKSON STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55101
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SAINT PAUL	MN	55101

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major shoulder or elbow joint procedures w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8973.00 *

$15412.00 *

$11700.00 *

$43925.00 *

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55101
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w CC
Back and neck proc exc spinal fusion w/o CC/MCC
Spinal fusion except cervical w MCC
Spinal fusion except cervical w/o MCC
Transurethral procedures w MCC
Other kidney and urinary tract procedures w MCC
Other kidney and urinary tract procedures w CC
Transurethral prostatectomy w CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$21004.00		11
$7556.00		25
$47982.00	*	
$28672.00		54
$49446.00	*	
$22308.00		16
$1844.00	*	
$9005.00	*	

small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240038	UNITED HOSPITAL	333 NORTH SMITH
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240038	UNITED HOSPITAL	333 NORTH SMITH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55101
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SAINT PAUL	MN	55102

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w/o CC/MCC
Female reproductive system reconstructive procedures
Uterine and adnexa proc for non-malignancy w/o CC/MCC
Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w MCC
Acute myocardial infarction, discharged alive w CC
Acute myocardial infarction, discharged alive w MCC
Acute myocardial infarction, discharged alive w CC
Heart failure and shock w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5093.00		23
$6572.00	*	
$6794.00		13
$5613.00	*	
$5492.00		14
$12595.00		30
$7928.00		21
$12255.00		39
$7714.00		36
$9478.00		153

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
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240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240038	UNITED HOSPITAL	333 NORTH SMITH
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55102
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Cardiac defibrillator implant w/o cardiac cath w MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4634.00		66
$9222.00		84
$4560.00		39
$6536.00		150
$4709.00		59
$6318.00		73
$8458.00		57
$9300.00		74
$6359.00		86
$4391.00		30
$6162.00		35
$8230.00		43
$9049.00		45
$43566.00	*	
$38256.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240038	UNITED HOSPITAL	333 NORTH SMITH

SAINT PAUL	MN	55102
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SAINT PAUL	MN	55102

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w/o CC/MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
Coronary bypass w/o cardiac cath w/o MCC
Extracranial procedures w CC
Permanent cardiac pacemaker implant w/o CC/MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Diabetes w MCC
Chest Pain
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6421.00		27
$28476.00	*	
$23332.00		29
$10077.00		25
$13020.00		95
$34038.00		32
$50084.00		26
$32936.00		29
$32430.00		95
$8725.00		18
$3449.00		143
$51617.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55102
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Coronary bypass w/o cardiac cath w MCC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Permanent cardiac pacemaker implant w CC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Diabetes w MCC

Chest Pain
Extracranial procedures w/o CC/MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7312.00		39
$36812.00		11
$12415.00		217
$16803.00		45
$32307.00		19
$31810.00		46
$33347.00		21
$49177.00		22
$8141.00	*	
$3383.00		108
$6319.00		34
$672.00	*	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

w/o CC/MCC
Cardiac defibrillator implant w/o cardiac cath w MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
Extracranial procedures w CC
Coronary bypass w/o cardiac cath w/o MCC
Permanent cardiac pacemaker implant w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Coronary bypass w/o cardiac cath w MCC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Permanent cardiac pacemaker implant w CC
Major joint replacement or reattachment of lower extremity w/o

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$48845.00 *	
	$19086.00 *	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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Based on Hospital Medicare Payment And Volume Measures

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240038	UNITED HOSPITAL	333 NORTH SMITH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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SAINT PAUL	MN	55102

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MCC
Major shoulder or elbow joint procedures w/o CC/MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major joint replacement or reattachment of lower extremity w MCC
Revision of hip or knee replacement w/o CC/MCC
Stomach, esophageal duodenal proc w/o CC/MCC
Cervical spinal fusion w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7233.00	*	
$11166.00		90
$18571.00		27
$15903.00	*	
$4793.00	*	
$12424.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

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240038	UNITED HOSPITAL	333 NORTH SMITH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w CC
Cervical spinal fusion w MCC
Spinal fusion except cervical w/o MCC
Back and neck proc exc spinal fusion w/o CC/MCC
Major small and large bowel procedures w MCC
Major small and large bowel procedures w CC
Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$16931.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
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SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Laparoscopic cholecystectomy w/o c.d.e. w MCC
Cholecystectomy except by laparoscope w/o c.d.e. w MCC
Hernia procedures except inguinal and femoral w MCC
Hernia procedures except inguinal and femoral w/o CC/MCC
Revision of hip or knee replacement w CC
Revision of hip or knee replacement w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10506.00	*	
$10715.00		37
$15965.00		14
$23172.00	*	
$16136.00	*	
$6248.00		15
$19770.00		22
$29490.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240038	UNITED HOSPITAL	333 NORTH SMITH
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240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH

SAINT PAUL	MN	55102
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SAINT PAUL	MN	55102
SAINT PAUL	MN	55102

Bilateral or multiple major joint procs of lower extremity w/o MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Kidney and ureter procedures for non-neoplasm w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$336.00	*
$20740.00	*
$13778.00	*
$21403.00	*

health information due to the small number of Medicare patients (fewer than 11)	
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Major joint replacement or reattachment of lower extremity w/o

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$19682.00 *	
	$22420.00 *	
	$21038.00 *	
	$12076.00 *	
	$12783.00	198

patients (fewer than 11)
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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET

SAINT PAUL	MN	55102
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SAINT PAUL	MN	55102

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Major shoulder or elbow joint procedures w CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7212.00	*	
$10930.00	*	
$10865.00		27
$15474.00	*	
$18069.00		35
$9328.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55102
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SAINT PAUL	MN	55102

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w/o CC/MCC
Cervical spinal fusion w CC
Cervical spinal fusion w MCC
Spinal fusion except cervical w/o MCC
Spinal fusion except cervical w MCC
Back and neck proc exc spinal fusion w/o CC/MCC
Major small and large bowel procedures w MCC
Major small and large bowel procedures w CC
Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$12138.00		16
$16474.00		11
$28093.00	*	
$22671.00		41
$37634.00	*	
$5926.00		58
$32631.00		22
$16162.00		32
$8855.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET

SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10330.00 *

$6094.00 *

$15701.00 *

$11639.00 *

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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55102
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Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Revision of hip or knee replacement w CC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w CC

	$10426.00		18
	$15641.00	*	
	$19345.00		13
	$19856.00	*	
	$15636.00	*	
	$13406.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55102
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SAINT PAUL	MN	55102

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Kidney and ureter procedures for non-neoplasm w MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$10632.00	*
	$9311.00	*
	$21064.00	*
	$10694.00	*
	$11764.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH
240038	UNITED HOSPITAL	333 NORTH SMITH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55102
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SAINT PAUL	MN	55102
SAINT PAUL	MN	55102

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Other musculoskelet sys and conn tiss O.R. proc w MCC
Kidney and ureter procedures for neoplasm w/o CC/MCC
Uterine and adnexa proc for non-malignancy w/o CC/MCC
Female reproductive system reconstructive procedures
Transurethral prostatectomy w/o CC/MCC
Transurethral prostatectomy w CC/MCC
Other kidney and urinary tract procedures w CC
Other kidney and urinary tract procedures w MCC
Other kidney and urinary tract procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$17278.00 *	
$8694.00 *	
$5476.00	27
$5298.00	11
$4106.00	23
$7259.00	19
$14012.00	17
$17983.00	13
$8497.00 *	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240038	UNITED HOSPITAL	333 NORTH SMITH
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET

SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102

Transurethral procedures w MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$7304.00	*
	$5329.00	*
	$5219.00	*
	$13803.00	*

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET
240063	ST JOSEPH'S HOSPITAL	45 WEST 10TH STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102
SAINT PAUL	MN	55102

Other kidney and urinary tract procedures w MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$17497.00 *	
	$14255.00 *	
	$8268.00 *	
	$7120.00 *	
	$4027.00	11

patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
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240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
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MAPLEWOOD	MN	55109

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w CC
Acute myocardial infarction, discharged alive w MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Permanent cardiac pacemaker implant w CC
Diabetes w MCC
Chest Pain
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4188.00		24
$7437.00		35
$11816.00		37
$8891.00		89
$4397.00		50
$6132.00		108
$4417.00		51
$5942.00		67
$7935.00		50
$8724.00		60
$6859.00		21
$15764.00		29
$5571.00	*	
$3327.00		137
$30899.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
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240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MAPLEWOOD	MN	55109
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MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w CC
Permanent cardiac pacemaker implant w/o CC/MCC
Extracranial procedures w/o CC/MCC
Revision of hip or knee replacement w MCC
Revision of hip or knee replacement w CC
Biopsies of musculoskeletal system and connective tissue w CC
Other musculoskelet sys and conn tiss O.R. proc w MCC
Kidney and ureter procedures for neoplasm w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9719.00		16
$12215.00		26
$149.00		13
$14104.00	*	
$18652.00		12
$13288.00	*	
$18676.00	*	
$4294.00	*	

small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
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240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
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240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MAPLEWOOD	MN	55109
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MAPLEWOOD	MN	55109

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11342.00 *	
	$19963.00 *	
	$20309.00 *	
	$15081.00	21
	$10052.00	21
	$5875.00 *	

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7973.00	*	
$21739.00	*	
$31462.00		29
$15582.00		45
$8777.00	*	
$9880.00		11

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE

MAPLEWOOD	MN	55109
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MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Spinal fusion except cervical w MCC

Spinal fusion except cervical w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$36286.00	*	
$22290.00		48
$5714.00		28
$11655.00		14
$8848.00	*	
$16329.00	*	
$26868.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE

MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Major shoulder or elbow joint procedures w/o CC/MCC
Major shoulder or elbow joint procedures w CC/MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major joint replacement or reattachment of lower extremity w/o MCC
Transurethral prostatectomy w CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$14919.00	*	
$20035.00		17
$166.00	*	
$10746.00	*	
$10475.00		25
$12226.00		223
$6810.00		13

patients (fewer than 11)

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240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240210	HEALTHEAST ST JOHN'S HOSPITAL	1575 BEAM AVENUE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE

MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
MAPLEWOOD	MN	55109
WOODBURY	MN	55125

Transurethral prostatectomy w/o CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$3852.00		26
$13634.00	*	
$17343.00	*	
$13145.00	*	
$4970.00		27
$5138.00		20
$3966.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE

WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$9719.00 *	
	$7238.00	11
	$4279.00	28
	$8654.00	31
	$8491.00	13
	$7723.00	22
	$5783.00	31
	$4299.00	18
	$5968.00	44

health information due to the small number of Medicare patients (fewer than 11)

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240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w/o CC/MCC

Extracranial procedures w CC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Chest Pain

Diabetes w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5930.00	*	
$7.00	*	
$30094.00	*	
$3149.00		55
$8058.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE

WOODBURY	MN	55125
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WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major shoulder or elbow joint procedures w CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6676.00	*	
$11899.00		396
$10195.00		16
$15673.00	*	
$14135.00		18
$14531.00		16
$7.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE

WOODBURY	MN	55125
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WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11344.00	*	
	$5561.00		28
	$21103.00		34
	$27900.00	*	
	$15166.00	*	
	$30621.00		14
	$67971.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Kidney and ureter procedures for non-neoplasm w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5718.00 *

$9787.00 *

$14688.00 *

$29.00 *

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240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Biopsies of musculoskeletal system and connective tissue w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$11043.00 *

$8164.00 *

$14840.00 *

$12998.00 *

small number of Medicare patients (fewer than 11)
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240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE

WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w CC

$17411.00		22
$21996.00	*	
$18632.00	*	
$5002.00	*	
$4837.00		15
$12794.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE
240213	HEALTHEAST WOODWINDS HOSPITAL	1925 WOODWINDS DRIVE

WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125
WOODBURY	MN	55125

Other kidney and urinary tract procedures w MCC

Transurethral procedures w MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$16419.00 *

$13279.00 *

$3750.00 *

$6628.00 *

small number of Medicare patients (fewer than 11)

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240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST

BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w CC

$4084.00	*	
$5071.00	*	
$6550.00	*	
$8852.00		27
$4307.00	*	
$6105.00		27

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Diabetes w MCC
Chest Pain
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Revision of hip or knee replacement w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4398.00		11
$5915.00		15
$7900.00		21
$8686.00	*	
$8243.00	*	
$3222.00		39
$6829.00	*	
$12172.00		44
$22189.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$14577.00 *

$4204.00 *

$15514.00 *

$5849.00 *

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Revision of hip or knee replacement w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$14503.00	*
$15071.00	*
$10008.00	*
$8315.00	*

health information due to the small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240076	BUFFALO HOSPITAL	303 CATLIN ST
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BUFFALO	MN	55313
BUFFALO	MN	55313
BUFFALO	MN	55313
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$36375.00	*
	$5115.00	*
	$4948.00	*
	$5367.00	27
	$10324.00	19
	$7538.00	13
	$4456.00	35

patients (fewer than 11)

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		BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD

BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
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BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Chest Pain

Diabetes w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$9011.00	36
	$8842.00	41
	$8042.00	35
	$6022.00	33
	$4477.00	58
	$6214.00	50
	$3280.00	52
	$8391.00	11
	$6437.00 *	
	$6952.00	18

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD

BURNSVILLE	MN	55337
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BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major shoulder or elbow joint procedures w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

$12391.00		232
$10617.00	*	
$11568.00	*	
$20306.00		20
$15121.00		15
$8968.00	*	
$11813.00	*	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
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240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BURNSVILLE	MN	55337
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BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$5791.00	13
	$21976.00	30
	$37205.00 *	
	$10013.00	12
	$8653.00 *	
	$15793.00	26
	$31887.00	15

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Kidney and ureter procedures for non-neoplasm w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8205.00	*
$5992.00	*
$10188.00	*
$15479.00	*
$20583.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for neoplasm w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Revision of hip or knee replacement w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$11495.00 *

$18928.00 *

$1046.00 *

$18904.00 *

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
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240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$19403.00	*	
	$21539.00	*	
	$5207.00		13
	$5037.00	*	
	$17098.00	*	

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240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240207	FAIRVIEW RIDGES HOSPITAL	201 EAST NICOLLET BOULEVARD
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH

BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
BURNSVILLE	MN	55337
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$1068.00	*	
$3904.00		11
$6902.00	*	
$5149.00	*	
$7232.00	*	

small number of Medicare patients (fewer than 11)

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240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH

HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$11490.00	*	
$4275.00		13
$8646.00		19
$7856.00	*	
$7716.00	*	
$5778.00		11
$4296.00		11
$5963.00		19

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240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH

HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

Extracranial procedures w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6670.00	*
$15329.00	*
$5925.00	*
$11878.00	*
$9193.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Kidney and ureter procedures for neoplasm w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$3147.00 *

$3578.00 *

$30047.00 *

$11030.00 *

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for non-neoplasm w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10384.00 *

$11564.00 *

$5713.00 *

$14929.00 *

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240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH

HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$30595.00	*
$15153.00	*
$8302.00	*
$9607.00	*
$8604.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH
240187	HUTCHINSON AREA HEALTH CARE	1095 HIGHWAY 15 SOUTH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350
HUTCHINSON	MN	55350

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Other kidney and urinary tract procedures w MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$19483.00 *	
	$11889.00	50
	$16405.00 *	
	$4833.00 *	
	$4996.00 *	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR

PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4212.00		12
$5916.00	*	
$8427.00	*	
$4546.00		18
$9094.00		13
$8924.00		16
$8205.00		11

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Chest Pain

Diabetes w MCC

Revision of hip or knee replacement w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6144.00		13
$4568.00		26
$6186.00		23
$13028.00	*	
$3346.00	*	
$8561.00	*	
$17488.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$28608.00 *

$15594.00 *

$10394.00 *

$15654.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC

Major small and large bowel procedures w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$16113.00 *

$10216.00 *

$9149.00 *

$18015.00 *

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240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	911 NORTHLAND DR

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371
PRINCETON	MN	55371

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Female reproductive system reconstructive procedures

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$15427.00	*	
$12642.00		36
$8143.00	*	
$3983.00	*	
$5140.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE

PRINCETON	MN	55371
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w CC

$8694.00	*	
$2493.00	*	
$11490.00		13
$7232.00	*	
$8646.00		40
$4275.00		20
$5963.00		25

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Simple pneumonia and pleurisy w MCC

Diabetes w MCC

Chest Pain

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Spinal fusion except cervical w/o MCC

$4296.00		16
$5778.00		24
$7716.00		23
$8484.00		30
$7604.00	*	
$3147.00		19
$6670.00	*	
$21085.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$35285.00 *

$5556.00 *

$1024.00 *

$10186.00 *

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE

SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w/o MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11889.00		148
	$14508.00	*	
	$11294.00	*	
	$9607.00	*	
	$8302.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE

SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$28799.00		12
	$15153.00	*	
	$5867.00	*	
	$9775.00	*	
	$14665.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE

SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Bilateral or multiple major joint procs of lower extremity w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

	$18617.00		12
	$16413.00	*	
	$18138.00		11
	$26896.00	*	
	$19749.00	*	
	$4996.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE

SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379
SHAKOPEE	MN	55379

Female reproductive system reconstructive procedures

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4833.00 *

$3745.00 *

$6622.00 *

$16405.00 *

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	1455 ST FRANCIS AVE
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST

SHAKOPEE	MN	55379
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387

Transurethral procedures w MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$13258.00	*
	$5153.00	*
	$5948.00	*
	$7238.00	*
	$8653.00	28
	$4279.00	11

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Diabetes w MCC
Chest Pain
Permanent cardiac pacemaker implant w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Perc cardiovasc proc w drug-eluting stent w/o MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5967.00		36
$4299.00		13
$5782.00		11
$7722.00		22
$8491.00		22
$7162.00	*	
$3149.00		35
$11887.00	*	
$6675.00	*	
$11335.00		12

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w CC

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$15341.00	*	
$11898.00		216
$6604.00	*	
$10194.00	*	
$18227.00		12
$14519.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
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240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST

WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387

Stomach, esophageal duodenal proc w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8611.00	*	
$5561.00	*	
$30618.00	*	
$15165.00		17
$8309.00	*	

small number of Medicare patients (fewer than 11)

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240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST

WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387

Major small and large bowel procedures w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9615.00 *

$9782.00 *

$14676.00 *

$14732.00 *

$5718.00 *

patients (fewer than 11)

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240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST

WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Revision of hip or knee replacement w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$19427.00	*
$11038.00	*
$17140.00	*
$26923.00	*

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
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240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$18631.00 *

$18152.00 *

$5000.00 *

$4837.00 *

health information due to the small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240056	RIDGEVIEW MEDICAL CENTER	500 S MAPLE ST
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240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
240057	ABBOTT NORTHWESTERN	800 EAST 28TH STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WACONIA	MN	55387
WACONIA	MN	55387
WACONIA	MN	55387
MINNEAPOLIS	MN	55407
MINNEAPOLIS	MN	55407
MINNEAPOLIS	MN	55407
MINNEAPOLIS	MN	55407

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w/o CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w CC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$3748.00	*

patients (fewer than 11)
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	HOSPITAL INC	
240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Permanent cardiac pacemaker implant w CC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Coronary bypass w/o cardiac cath w MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9331.00		191
$9156.00		86
$8327.00		88
$6235.00		91
$4636.00		55
$6435.00		188
$16543.00		111
$12223.00		604
$30519.00		11
$7198.00		34
$50818.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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Permanent cardiac pacemaker implant w/o CC/MCC

Coronary bypass w/o cardiac cath w/o MCC

Extracranial procedures w CC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

Extracranial procedures w/o CC/MCC

Chest Pain

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$12819.00		114
$22971.00		27
$9921.00		38
$37708.00	*	
$42891.00		23
$851.00	*	
$6394.00		60
$3396.00		148

small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55407
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Diabetes w MCC
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
Revision of hip or knee replacement w CC
Bilateral or multiple major joint procs of lower extremity w/o MCC
Revision of hip or knee replacement w MCC
Biopsies of musculoskeletal system and connective tissue w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8688.00		15
$31927.00		103
$32426.00		98
$51334.00		40
$33741.00		41
$19570.00		36
$20090.00		12
$27463.00	*	
$13564.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for non-neoplasm w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9421.00	*	
$19599.00		25
$8796.00		14
$11903.00		21
$20949.00	*	
$21313.00	*	

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Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6166.00		12
$15886.00	*	
$22813.00	*	
$15826.00		36
$10549.00		26
$10368.00	*	
$8959.00		16

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC
Major small and large bowel procedures w MCC
Back and neck proc exc spinal fusion w/o CC/MCC
Spinal fusion except cervical w MCC
Spinal fusion except cervical w/o MCC
Stomach, esophageal duodenal proc w/o CC/MCC
Cervical spinal fusion w/o CC/MCC
Cervical spinal fusion w MCC
Cervical spinal fusion w CC
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major shoulder or elbow joint procedures w/o CC/MCC

	$16353.00	74
	$33017.00	58
	$5996.00	291
	$38079.00	39
	$22755.00	291
	$9285.00	23
	$12231.00	59
	$28196.00	14
	$16669.00	42
	$15657.00	12
	$18283.00	52
	$10993.00	215
	$7121.00 *	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the

	HOSPITAL INC	
240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
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240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55407
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MINNEAPOLIS	MN	55407

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major shoulder or elbow joint procedures w CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$10970.00 *	
	$12830.00	509
	$13795.00 *	
	$17704.00	11
	$14308.00	11
	$8366.00 *	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
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240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
240057	ABBOTT NORTHWESTERN HOSPITAL INC	800 EAST 28TH STREET
240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE
240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE
240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE
240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55407
MINNEAPOLIS	MN	55407
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MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$4042.00	39
	$7146.00	13
	$5216.00	37
	$5392.00	41
	$9043.00 *	
	$20177.00	19
	$4516.00	18
	$6147.00 *	

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE
240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE
240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE
240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE
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240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE
240004	HENNEPIN COUNTY MEDICAL CENTER	701 PARK AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Simple pneumonia and pleurisy w MCC

Permanent cardiac pacemaker implant w CC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$15183.00	114
	$10470.00	71
	$7543.00	29
	$10146.00	76
	$13444.00	68
	$14898.00	60
	$5339.00 *	
	$19889.00	21
	$58972.00 *	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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MINNEAPOLIS	MN	55415
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MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11713.00	*
	$82690.00	*
	$20858.00	*
	$16144.00	*

health information due to the small number of Medicare patients (fewer than 11)
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240004	HENNEPIN COUNTY MEDICAL	701 PARK AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415

Coronary bypass w/o cardiac cath w/o MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Major cardiovasc procedures w MCC or thoracic aortic

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$37377.00 *	
	$61358.00 *	
	$69792.00 *	
	$30926.00 *	
	$52763.00	11

patients (fewer than 11)
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MINNEAPOLIS	MN	55415
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MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415

aneurysm repair

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Chest Pain

Diabetes w MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$71074.00	*	
$54903.00	*	
$5526.00		48
$14138.00		16
$29750.00		13
$25476.00	*	
$17888.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415

device/neurostim

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$20877.00		73
	$9757.00		11
	$61962.00	*	
	$37026.00	*	
	$27124.00	*	

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MINNEAPOLIS	MN	55415

Cervical spinal fusion w MCC

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$45880.00	*	
$3947.00	*	
$15109.00	*	
$26609.00		21
$46170.00		18
$14579.00	*	

patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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MINNEAPOLIS	MN	55415

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$3191.00	*
	$1990.00	*
	$25649.00	*
	$22242.00	*

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$25752.00	*
	$17031.00	*
	$31767.00	*
	$14314.00	*
	$20425.00	*

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MINNEAPOLIS	MN	55415

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for non-neoplasm w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$19368.00	*
$34680.00	*
$31603.00	*
$47242.00	*

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$34087.00	*
	$21900.00	*
	$8487.00	*
	$8773.00	*

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415
MINNEAPOLIS	MN	55415

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$3941.00 *	
	$11629.00 *	
	$2700.00 *	
	$23281.00 *	
	$28808.00	11

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240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
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240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH

MINNEAPOLIS	MN	55415
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422

Other kidney and urinary tract procedures w CC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$22447.00	*
	$5575.00	37
	$12440.00	50
	$7830.00	50
	$4629.00	117
	$9360.00	169
	$6455.00	169
	$4650.00	98
	$6255.00	119
	$8353.00	101

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH

ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
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ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC

Permanent cardiac pacemaker implant w CC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Coronary bypass w/o cardiac cath w/o MCC

$9185.00		85
$16596.00		41
$12262.00		130
$36357.00	*	
$7221.00		27
$51686.00	*	
$12860.00		61
$9953.00		13
$23044.00		14

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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ROBBINSDALE	MN	55422
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w/o CC/MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac valve and oth maj cardiothoracic proc w/o card cath w

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6414.00		41
$14401.00	*	
$38090.00	*	
$43028.00	*	
$32029.00		35
$32529.00		25
$51498.00		18

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Chest Pain

Diabetes w MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major shoulder or elbow joint procedures w/o CC/MCC

Major shoulder or elbow joint procedures w CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$30286.00		21
$3407.00		180
$8716.00		18
$13766.00		30
$15707.00		23
$11028.00		41
$7155.00	*	
$5635.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w MCC

Cervical spinal fusion w CC

Cervical spinal fusion w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$12871.00		476
$6015.00		59
$35184.00	*	
$22827.00		58
$28286.00	*	
$16722.00	*	
$12270.00		15

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
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240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH

ROBBINSDALE	MN	55422
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ROBBINSDALE	MN	55422

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Stomach, esophageal duodenal proc w/o CC/MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9330.00	*	
$16405.00		68
$33122.00		59
$8988.00		11
$10401.00		14
$6185.00	*	
$15937.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
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240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH

ROBBINSDALE	MN	55422
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ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for non-neoplasm w MCC

Revision of hip or knee replacement w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$21235.00	*	
$15876.00		16
$10582.00		20
$19661.00		15
$213.00		11
$21016.00		11
$11941.00		13
$21381.00	*	
$16364.00		23

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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	CENTER	
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
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240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240001	NORTH MEMORIAL MEDICAL	3300 OAKDALE NORTH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422
ROBBINSDALE	MN	55422

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$20154.00	*
	$17711.00	*
	$13608.00	*
	$126.00	*
	$5409.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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	CENTER	
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ROBBINSDALE	MN	55422
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ROBBINSDALE	MN	55422

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4055.00		22
$7169.00		20
$4297.00	*	
$14353.00	*	
$17761.00	*	

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240001	NORTH MEMORIAL MEDICAL CENTER	3300 OAKDALE NORTH
240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD

ROBBINSDALE	MN	55422
SAINT LOUIS PARK	MN	55426
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Other kidney and urinary tract procedures w CC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$13839.00	*
	$5356.00	18
	$7523.00	21
	$11952.00	66
	$4447.00	72
	$8994.00	193
	$8825.00	173
	$8026.00	88
	$6010.00	61
	$4468.00	61

patients (fewer than 11)

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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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SAINT LOUIS PARK	MN	55426
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC

Permanent cardiac pacemaker implant w CC

Coronary bypass w/o cardiac cath w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Coronary bypass w/o cardiac cath w/o MCC

$6202.00		105
$15945.00		68
$37079.00	*	
$11781.00		148
$6938.00		18
$48998.00	*	
$12356.00		86
$9563.00		11
$22141.00		29

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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	HOSPITAL	
240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240053	PARK NICOLLET METHODIST	6500 EXCELSIOR BLVD

PARK		
SAINT LOUIS PARK	MN	55426
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w/o CC/MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Chest Pain

Diabetes w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6163.00		42
$27021.00	*	
$41341.00	*	
$38850.00	*	
$3273.00		101
$8375.00		16
$32522.00		32

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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	HOSPITAL	
240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD

PARK		
SAINT LOUIS PARK	MN	55426
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

CC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Revision of hip or knee replacement w CC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w MCC

$49479.00		12
$31254.00		25
$30774.00		50
$18867.00		38
$19364.00		26
$22689.00	*	
$9080.00	*	
$20192.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD

SAINT LOUIS PARK	MN	55426
SAINT LOUIS PARK	MN	55426
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SAINT LOUIS PARK	MN	55426

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w CC

Bilateral or multiple major joint procs of lower extremity w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$13074.00 *

$27976.00 *

$20547.00 *

$17217.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT LOUIS PARK	MN	55426
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SAINT LOUIS PARK	MN	55426

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8479.00 *

$11473.00 *

$20192.00 *

$5943.00 *

small number of Medicare patients (fewer than 11)
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD

SAINT LOUIS PARK	MN	55426
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SAINT LOUIS PARK	MN	55426

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$21989.00	*	
$15254.00		23
$10168.00		16
$9993.00		29
$8636.00	*	
$15762.00		49
$31824.00		31
$21932.00		29
$36703.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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	HOSPITAL	
240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

PARK		
SAINT LOUIS PARK	MN	55426
SAINT LOUIS PARK	MN	55426
SAINT LOUIS PARK	MN	55426
SAINT LOUIS PARK	MN	55426
SAINT LOUIS PARK	MN	55426

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$5780.00	47
	$11789.00 *	
	$8950.00	12
	$16067.00 *	
	$27177.00 *	

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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240053	PARK NICOLLET METHODIST HOSPITAL	6500 EXCELSIOR BLVD
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SAINT LOUIS PARK	MN	55426
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SAINT LOUIS PARK	MN	55426
SAINT LOUIS PARK	MN	55426

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major shoulder or elbow joint procedures w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$15091.00		18
$20266.00		49
$10596.00		19
$6864.00	*	
$12367.00		565
$17065.00	*	
$13297.00	*	

patients (fewer than 11)

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240132	UNITY HOSPITAL	550 OSBORNE ROAD

SAINT LOUIS PARK	MN	55426
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SAINT LOUIS PARK	MN	55426
SAINT LOUIS PARK	MN	55426
FRIDLEY	MN	55432

Transurethral procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$13791.00	*	
$8064.00	*	
$3896.00		23
$6888.00	*	
$5027.00		19
$5197.00		32
$4144.00	*	

patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC
Acute myocardial infarction, discharged alive w CC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Diabetes w MCC
Chest Pain
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Extracranial procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$12021.00		31
$3880.00		19
$9046.00		131
$1447.00		40
$3043.00		67
$4494.00		34
$6045.00		53
$8072.00		41
$8876.00		82
$8423.00		19
$5.00		45
$31435.00	*	
$15.00	*	

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Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

Major shoulder or elbow joint procedures w CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$12427.00	*	
$6198.00		13
$41580.00	*	
$6978.00	*	
$16037.00		16
$5326.00	*	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240132	UNITY HOSPITAL	550 OSBORNE ROAD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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FRIDLEY	MN	55432

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major joint replacement or reattachment of lower extremity w/o MCC
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Cervical spinal fusion w/o CC/MCC
Stomach, esophageal duodenal proc w/o CC/MCC
Cervical spinal fusion w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10657.00		13
$12438.00		251
$7601.00	*	
$14770.00		39
$11858.00		11
$4508.00	*	
$27355.00	*	

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Cervical spinal fusion w CC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

Spinal fusion except cervical w/o MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$26.00	*	
$5813.00		13
$29366.00	*	
$22059.00		38
$10051.00	*	
$8686.00	*	

health information due to the small number of Medicare patients (fewer than 11)	
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FRIDLEY	MN	55432
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8778.00		22
$15853.00		35
$2994.00	*	
$22116.00	*	
$15401.00	*	
$10226.00		12
$15342.00		15

health information due to the small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FRIDLEY	MN	55432
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Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w CC

Kidney and ureter procedures for non-neoplasm w MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$19476.00	*	
$28145.00	*	
$15813.00		13
$13183.00	*	
$20677.00	*	
$9515.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4271.00	*	
$20325.00	*	
$11539.00	*	
$8.00		14
$5057.00	*	

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Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$3918.00	*
$6928.00	*
$13876.00	*
$21.00	*

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

COON RAPIDS	MN	55433
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w MCC
Acute myocardial infarction, discharged alive w CC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Cardiac defibrillator implant w/o cardiac cath w MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$5348.00 *	

small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MCC
Extracranial procedures w/o CC/MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
Permanent cardiac pacemaker implant w/o CC/MCC
Coronary bypass w/o cardiac cath w/o MCC
Extracranial procedures w CC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Diabetes w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6152.00		61
$26977.00	*	
$12335.00		24
$21742.00		27
$9547.00		27
$31384.00		27
$49398.00		11
$30723.00		13
$31203.00		27
$8361.00	*	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chest Pain
Coronary bypass w/o cardiac cath w MCC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Permanent cardiac pacemaker implant w CC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Spinal fusion except cervical w/o MCC
Spinal fusion except cervical w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$3268.00		129
$34874.00	*	
$11762.00		273
$15919.00		29
$173.00	*	
$6927.00		22
$21896.00		46
$36642.00	*	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

COON RAPIDS	MN	55433
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COON RAPIDS	MN	55433

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Major shoulder or elbow joint procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5770.00		21
$16040.00	*	
$27132.00	*	
$30.00	*	
$11770.00		12
$6852.00	*	

patients (fewer than 11)

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mn payment and volume

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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COON RAPIDS	MN	55433

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major shoulder or elbow joint procedures w CC/MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major joint replacement or reattachment of lower extremity w/o MCC
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Major small and large bowel procedures w/o CC/MCC
Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$10556.00 *	
	$10578.00	28
	$12346.00	290
	$15066.00 *	
	$18913.00	34
	$9977.00	11
	$8621.00 *	

patients (fewer than 11)

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COON RAPIDS	MN	55433
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COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC
Major small and large bowel procedures w CC
Hernia procedures except inguinal and femoral w MCC
Cholecystectomy except by laparoscope w/o c.d.e. w MCC
Hernia procedures except inguinal and femoral w/o CC/MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Laparoscopic cholecystectomy w/o c.d.e. w MCC
Revision of hip or knee replacement w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$31772.00		37
$15736.00		36
$15287.00	*	
$21953.00	*	
$5933.00	*	
$10151.00		24
$15229.00		21
$21519.00	*	

patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$19332.00	*	
	$18836.00		17
	$31.00	*	
	$20158.00	*	
	$13053.00	*	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD

COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$11454.00	*
$20159.00	*
$8465.00	*
$17785.00	*

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
COON RAPIDS	MN	55433

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for non-neoplasm w MCC
Uterine and adnexa proc for non-malignancy w/o CC/MCC
Female reproductive system reconstructive procedures
Transurethral prostatectomy w/o CC/MCC
Transurethral prostatectomy w CC/MCC
Other kidney and urinary tract procedures w CC
Other kidney and urinary tract procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$20509.00	*	
$5188.00		13
$5019.00	*	
$3889.00		35
$6877.00		22
$13275.00	*	
$17052.00	*	

patients (fewer than 11)

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240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240115	MERCY HOSPITAL	4050 COON RAPIDS BLVD
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE

COON RAPIDS	MN	55433
COON RAPIDS	MN	55433
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435

Transurethral procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6674.00	*	
$8050.00	*	
$5156.00		25
$7241.00		52
$11505.00		64
$4281.00		36
$8657.00		118
$8495.00		64

health information due to the small number of Medicare patients (fewer than 11)
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240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
Permanent cardiac pacemaker implant w CC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Coronary bypass w/o cardiac cath w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$7726.00	64
	$5785.00	37
	$4301.00	25
	$5970.00	81
	$6679.00	16
	$65946.00 *	
	$15349.00	37
	$11341.00	92
	$33625.00 *	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH

EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Extracranial procedures w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$3151.00		71
$5374.00	*	
$30085.00		18
$29625.00		20
$47628.00		17
$31305.00		22
$5932.00		74
$34985.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cardiac defibrillator implant w/o cardiac cath w MCC

Extracranial procedures w CC

Coronary bypass w/o cardiac cath w/o MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Revision of hip or knee replacement w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$39794.00 *	

small number of Medicare patients (fewer than 11)

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240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH

EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

$15135.00		39
$1024.00	*	
$19439.00	*	
$10253.00	*	
$11043.00		12
$17148.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH

EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for non-neoplasm w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8161.00	*	
$19774.00	*	
$9787.00		14
$14683.00		13
$14740.00	*	
$21166.00	*	

small number of Medicare patients (fewer than 11)

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240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w/o CC/MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5720.00		17
$15172.00		57
$30633.00		40
$8313.00	*	
$9619.00		18
$14136.00		43
$14526.00		13
$11904.00		595
$10199.00		22

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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		SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH

EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435

device/neurostim

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$8615.00		14
	$11348.00	*	
	$15465.00	*	
	$27828.00	*	
	$21112.00		40
	$27895.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w/o CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w/o CC/MCC

Other kidney and urinary tract procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5563.00		67
$4839.00	*	
$5002.00		20
$13275.00	*	
$4393.00	*	
$12799.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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		SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240078	FAIRVIEW SOUTHDALE HOSPITAL	6401 FRANCE AVENUE SOUTH
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA	2450 RIVERSIDE AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

EDINA	MN	55435
EDINA	MN	55435
EDINA	MN	55435
MINNEAPOLIS	MN	55454
MINNEAPOLIS	MN	55454

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$16426.00 *	
	$6630.00 *	
	$3750.00	38
	$7137.00 *	
	$15925.00	16

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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	MEDICAL CENTER, FAIRVIEW	
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE

MINNEAPOLIS	MN	55454
MINNEAPOLIS	MN	55454
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MINNEAPOLIS	MN	55454

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w CC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Permanent cardiac pacemaker implant w/o CC/MCC
Coronary bypass w/o cardiac cath w/o MCC
Extracranial procedures w CC

	$10024.00	20
	$11983.00	69
	$5926.00	28
	$8264.00	65
	$3608.00	11
	$8008.00	30
	$9625.00	22
	$11759.00	41
	$16463.00	18
	$29501.00	13
	$18038.00 *	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE

MINNEAPOLIS	MN	55454
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MINNEAPOLIS	MN	55454

Cardiac defibrillator implant w/o cardiac cath w MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Extracranial procedures w/o CC/MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$55385.00 *

$7257.00 *

$8211.00 *

$36005.00 *

small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Diabetes w MCC
Chest Pain
Coronary bypass w/o cardiac cath w MCC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Permanent cardiac pacemaker implant w CC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$43334.00		21
$65928.00		12
$41004.00		20
$41645.00		16
$11159.00		16
$4361.00		48
$46545.00	*	
$15698.00		85
$21246.00		22
$9245.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240080	UNIVERSITY OF MINNESOTA	2450 RIVERSIDE AVENUE

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Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w MCC

Spinal fusion except cervical w/o MCC

Cervical spinal fusion w MCC

Cervical spinal fusion w CC

Cervical spinal fusion w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7701.00		26
$48905.00	*	
$29224.00		69
$36212.00	*	
$21408.00		15
$15709.00		25
$11925.00		11
$14118.00		46

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55454
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major joint replacement or reattachment of lower extremity w/o MCC
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Major small and large bowel procedures w/o CC/MCC
Hernia procedures except inguinal and femoral w CC
Major small and large bowel procedures w MCC
Major small and large bowel procedures w CC
Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$16478.00	263
	$20108.00 *	
	$27003.00	21
	$13316.00 *	
	$11507.00	18
	$42404.00	34
	$21002.00	60
	$7918.00	11

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55454
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MINNEAPOLIS	MN	55454
MINNEAPOLIS	MN	55454

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Kidney and ureter procedures for non-neoplasm w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$45814.00 *		
$20412.00 *		
$20325.00 *		
$13548.00		14
$27372.00		23
$11308.00 *		

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55454
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MINNEAPOLIS	MN	55454
MINNEAPOLIS	MN	55454

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$25171.00	*	
	$15287.00		13
	$26905.00	*	
	$21010.00	*	
	$12099.00	*	

health information due to the small number of Medicare patients (fewer than 11)
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240080	UNIVERSITY OF MINNESOTA	2450 RIVERSIDE AVENUE

MINNEAPOLIS	MN	55454
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MINNEAPOLIS	MN	55454
MINNEAPOLIS	MN	55454

Biopsies of musculoskeletal system and connective tissue w CC

Bilateral or multiple major joint procs of lower extremity w MCC

Revision of hip or knee replacement w CC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Transurethral prostatectomy w/o CC/MCC

$2610.00	*	
$37277.00	*	
$25139.00		44
$25802.00		14
$31241.00	*	
$778.00	*	

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	MEDICAL CENTER, FAIRVIEW	
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55454
MINNEAPOLIS	MN	55454
MINNEAPOLIS	MN	55454
MINNEAPOLIS	MN	55454

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9178.00 *

$22985.00 *

$17717.00 *

$10744.00 *

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	2450 RIVERSIDE AVENUE
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MINNEAPOLIS	MN	55454
MINNEAPOLIS	MN	55454
MINNEAPOLIS	MN	55454
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Transurethral procedures w MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$18375.00 *	

health information due to the small number of Medicare patients (fewer than 11)

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240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
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240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND	1601 GOLF COURSE ROAD

GRAND RAPIDS	MN	55744
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GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8705.00	*	
$8760.00	*	
$7967.00		13
$5892.00	*	
$4325.00		11
$6003.00		14

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	HOSPITAL	
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND	1601 GOLF COURSE ROAD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Chest Pain

Diabetes w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$15433.00	*
	$11958.00	*
	$9584.00	*
	$3168.00	*
	$8105.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744

Cardiac defibrillator implant w/o cardiac cath w/o MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$30549.00	*
	$12652.00	*
	$20236.00	*
	$14764.00	*

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240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w CC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10093.00 *

$6751.00 *

$14820.00 *

$8573.00 *

health information due to the small number of Medicare patients (fewer than 11)

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240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

GRAND RAPIDS	MN	55744
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GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC
Major small and large bowel procedures w MCC
Stomach, esophageal duodenal proc w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Transurethral prostatectomy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$15255.00		12
	$30802.00	*	
	$8662.00	*	
	$14213.00	*	
	$12276.00		63
	$3868.00	*	

patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240064	GRAND ITASCA CLINIC AND HOSPITAL	1601 GOLF COURSE ROAD
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-	750 EAST 34TH ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
GRAND RAPIDS	MN	55744
HIBBING	MN	55746
HIBBING	MN	55746

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w CC/MCC

Other kidney and urinary tract procedures w CC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6838.00		15
$12869.00	*	
$4929.00	*	
$5159.00	*	
$4117.00		20
$5833.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the

	MESABI/ MESABA CLINICS	
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-	750 EAST 34TH ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11944.00 *	
	$4444.00	48
	$8987.00	23
	$8819.00	18
	$8020.00	15
	$6006.00 *	
	$4465.00	18

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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	MESABI/ MESABA CLINICS	
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST

HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC

Permanent cardiac pacemaker implant w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Chest Pain

Diabetes w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6198.00		30
$15934.00	*	
$4001.00	*	
$3271.00	*	
$8369.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-	750 EAST 34TH ST

HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746

Biopsies of musculoskeletal system and connective tissue w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$18024.00 *

$5939.00 *

$1024.00 *

$10160.00 *

$9986.00 *

patients (fewer than 11)

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	MESABI/ MESABA CLINICS	
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	750 EAST 34TH ST
240040	UNIVERSITY MEDICAL CENTER-	750 EAST 34TH ST

HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746
HIBBING	MN	55746

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8705.00	*	
$17905.00	*	
$37493.00	*	
$12358.00		17
$5193.00	*	

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An asterisk (*) appears in the

	MESABI/ MESABA CLINICS	
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL	901 9TH STREET NORTH

VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4161.00	*	
$6721.00	*	
$10406.00	*	
$4492.00		29
$9083.00		17

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

	CENTER	
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL	901 9TH STREET NORTH

VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Chest Pain

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$8913.00 *	
	$8106.00 *	
	$6070.00	12
	$4513.00	38
	$6264.00	15
	$7007.00 *	
	$3306.00	22

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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	CENTER	
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL	901 9TH STREET NORTH

VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Diabetes w MCC

Extracranial procedures w/o CC/MCC

Revision of hip or knee replacement w CC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8458.00 *

$6224.00 *

$19039.00 *

$10269.00 *

$6002.00 *

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH

VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$15344.00	*
$32141.00	*
$8718.00	*
$10093.00	*

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792
VIRGINIA	MN	55792

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Female reproductive system reconstructive procedures

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$16309.00 *	
	$15228.00 *	
	$12490.00	39
	$9039.00 *	
	$5078.00 *	

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240084	VIRGINIA REGIONAL MEDICAL CENTER	901 9TH STREET NORTH
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET

VIRGINIA	MN	55792
VIRGINIA	MN	55792
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral procedures w MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5247.00	*	
$13928.00	*	
$5490.00		44
$5306.00		13
$7659.00		52
$12251.00		42
$14554.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET

240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S	407 E 3RD ST

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w MCC
Acute myocardial infarction, discharged alive w CC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$11840.00		25
$7452.00		14
$9217.00		62
$4528.00		66
$10984.00	*	
$8909.00		91
$4405.00		37
$9015.00		50
$8171.00		48
$6118.00		70
$4549.00		52
$6357.00		91

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$10803.00		14
	$9825.00	*	
	$7340.00	*	
	$5457.00	*	
	$7610.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Diabetes w MCC
Chest Pain
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Cardiac defibrillator implant w/o cardiac cath w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6144.00		74
$4426.00		24
$5953.00		40
$7950.00		50
$8742.00		56
$8526.00	*	
$3355.00		82
$33109.00		24
$50899.00		15
$32036.00		65
$31437.00		52
$42088.00	*	

patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

Extracranial procedures w/o CC/MCC

Coronary bypass w/o cardiac cath w/o MCC

Extracranial procedures w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$37236.00 *	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Coronary bypass w/o cardiac cath w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Permanent cardiac pacemaker implant w CC

Chest Pain

Diabetes w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7112.00		23
$35806.00	*	
$12076.00		250
$16344.00		61
$4016.00	*	
$10276.00	*	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
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DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Diabetes w MCC
Chest Pain
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$8296.00 *	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
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DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Coronary bypass w/o cardiac cath w/o MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

Extracranial procedures w/o CC/MCC

Cardiac defibrillator implant w/o cardiac cath w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$12239.00		30
$9473.00	*	
$21932.00		18
$24620.00	*	
$6105.00	*	
$40952.00	*	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Permanent cardiac pacemaker implant w CC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Coronary bypass w/o cardiac cath w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6873.00		30
$52835.00	*	
$15795.00		19
$11671.00		50
$34604.00	*	
$13311.00	*	
$4691.00	*	

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

Biopsies of musculoskeletal system and connective tissue w MCC

Revision of hip or knee replacement w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w CC

Kidney and ureter procedures for non-neoplasm w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$22371.00	*	
$26949.00	*	
$19714.00	*	
$19208.00		17
$10614.00	*	

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$11760.00	*
$20557.00	*
$8691.00	*
$291.00	*

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
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DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$10351.00	20
	$15530.00	14
	$22539.00 *	
	$19195.00 *	
	$6050.00	13
	$10243.00	23
	$8792.00 *	

small number of Medicare patients (fewer than 11)

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST

DULUTH	MN	55805
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DULUTH	MN	55805
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DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$32399.00		40
$16046.00		49
$9112.00		15
$12084.00		17
$16528.00	*	
$22481.00		52
$37757.00	*	
$5884.00		84

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	MEDICAL CENTER	
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w/o MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Kidney and ureter procedures for non-neoplasm w MCC
Laparoscopic cholecystectomy w/o c.d.e. w MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$12590.00	452
	$10787.00	26
	$15417.00	12
	$20632.00	34
	$25089.00 *	
	$18575.00 *	
	$12476.00 *	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST

DULUTH	MN	55805
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DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

Hernia procedures except inguinal and femoral w CC

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Major shoulder or elbow joint procedures w/o CC/MCC

Major shoulder or elbow joint procedures w CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10596.00	*	
$15174.00		20
$8383.00	*	
$12250.00		444
$10496.00		45
$3458.00	*	
$10474.00	*	

patients (fewer than 11)

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240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$17457.00		32
	$14949.00	*	
	$8866.00	*	
	$11679.00	*	
	$15915.00	*	

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240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST

DULUTH	MN	55805
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DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Back and neck proc exc spinal fusion w/o CC/MCC
Spinal fusion except cervical w/o MCC
Spinal fusion except cervical w MCC
Major small and large bowel procedures w MCC
Major small and large bowel procedures w CC
Hernia procedures except inguinal and femoral w CC
Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5725.00		30
$21726.00		16
$17054.00	*	
$31525.00		15
$15613.00		37
$8554.00	*	
$9899.00	*	

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240047	ST LUKES HOSPITAL	915 E 1ST ST
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240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
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DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10072.00		34
$15111.00		13
$15168.00	*	
$5887.00		15
$20002.00	*	
$11384.00	*	
$143.00	*	

small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for non-neoplasm w MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Biopsies of musculoskeletal system and connective tissue w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$18713.00 *		
$20418.00 *		
$22476.00 *		
$18689.00		26
$12951.00 *		

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Transurethral procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$8995.00	*
	$13537.00	*
	$23361.00	*
	$7125.00	*

health information due to the small number of Medicare patients (fewer than 11)
An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	407 E 3RD ST
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$8265.00 *	
	$7013.00	17
	$3966.00	56
	$5327.00 *	
	$5145.00 *	
	$20938.00 *	

patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240019	ESSENTIA HEALTH DULUTH	502 EAST SECOND STREET
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805
DULUTH	MN	55805

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Other kidney and urinary tract procedures w CC

Transurethral procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6169.00	*	
$6377.00		29
$5148.00		13
$4980.00	*	
$13172.00	*	
$13707.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240047	ST LUKES HOSPITAL	915 E 1ST ST
240047	ST LUKES HOSPITAL	915 E 1ST ST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DULUTH	MN	55805
DULUTH	MN	55805
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$3859.00 *	
	$6823.00	12
	$6255.00	48
	$13957.00	70
	$8784.00	58
	$10659.00 *	
	$5193.00	114
	$10502.00	188

health information due to the small number of Medicare patients (fewer than 11)

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	HOSPITAL	WEST
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$10514.00 *	
	$7242.00	273
	$5218.00	68
	$7018.00	75
	$9372.00	105
	$10305.00	120
	$10404.00	12
	$7085.00 *	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS	1216 SECOND STREET

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
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ROCHESTER	MN	55902
ROCHESTER	MN	55902

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

Coronary bypass w/o cardiac cath w MCC

Perc cardiovasc proc w drug-eluting stent w/o MCC

Permanent cardiac pacemaker implant w CC

Chest Pain

Diabetes w MCC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC

Major cardiovasc procedures w MCC or thoracic aortic

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$7312.00	*
	$8102.00	23
	$57196.00	12
	$40791.00	24
	$13757.00	457
	$18620.00	114
	$3822.00	167
	$9779.00	20
	$37976.00	193
	$57778.00	89
	$36496.00	128

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55902
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ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

aneurysm repair
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Cardiac defibrillator implant w/o cardiac cath w MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
Extracranial procedures w/o CC/MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
Coronary bypass w/o cardiac cath w/o MCC
Extracranial procedures w CC
Permanent cardiac pacemaker implant w/o CC/MCC
Diabetes w MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$35935.00		111
$48275.00		17
$42441.00		13
$7196.00		122
$31553.00		89
$25854.00		137
$11167.00		32
$14428.00		176
$97751.00	*	
$36846.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Major shoulder or elbow joint procedures w CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$23664.00	29
	$17622.00 *	
	$8015.00 *	
	$12347.00 *	
	$12373.00	113

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w/o MCC
Stomach, esophageal duodenal proc w/o CC/MCC
Cervical spinal fusion w/o CC/MCC
Cervical spinal fusion w MCC
Cervical spinal fusion w CC
Spinal fusion except cervical w/o MCC
Spinal fusion except cervical w MCC
Back and neck proc exc spinal fusion w/o CC/MCC
Major small and large bowel procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$14441.00		163
$10451.00		113
$13767.00		31
$31735.00	*	
$18761.00		21
$25611.00		78
$33845.00	*	
$6749.00		279
$18405.00		80

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
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ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w MCC
Major small and large bowel procedures w/o CC/MCC
Hernia procedures except inguinal and femoral w CC
Hernia procedures except inguinal and femoral w/o CC/MCC
Cholecystectomy except by laparoscope w/o c.d.e. w MCC
Hernia procedures except inguinal and femoral w MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Laparoscopic cholecystectomy w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$37161.00		60
$11669.00		12
$10084.00		24
$6939.00		38
$25677.00	*	
$17880.00	*	
$11873.00		20
$17813.00		19

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Kidney and ureter procedures for non-neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$22031.00		14
	$32677.00	*	
	$15267.00		12
	$23578.00	*	
	$10603.00	*	
	$23988.00		15
	$13397.00		59

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for non-neoplasm w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$23579.00		27
	$9901.00		64
	$18016.00		13
	$9996.00		39
	$20151.00	*	
	$13525.00		41
	$23805.00	*	
	$24218.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

Biopsies of musculoskeletal system and connective tissue w MCC

Biopsies of musculoskeletal system and connective tissue w CC

Bilateral or multiple major joint procs of lower extremity w MCC

Revision of hip or knee replacement w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4058.00 *

$15413.00 *

$32982.00 *

$24520.00 *

small number of Medicare patients (fewer than 11)

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240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
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ROCHESTER	MN	55902
ROCHESTER	MN	55902

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$22829.00		26
$22242.00		102
$17983.00	*	
$7015.00	*	
$22684.00	*	
$7006.00		23
$11781.00		133

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS	1216 SECOND STREET

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Other kidney and urinary tract procedures w CC

Other kidney and urinary tract procedures w MCC

Transurethral procedures w MCC

$10181.00		12
$18582.00		251
$37518.00		61
$10551.00	*	
$20775.00		41
$17791.00		217
$8092.00		19
$14579.00		1283
$15527.00		13
$19926.00		12
$16104.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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	HOSPITAL	WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	1216 SECOND STREET WEST
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$9416.00		19
	$8045.00	*	
	$4551.00	*	
	$4593.00		17
	$8121.00	*	

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240061	MAYO CLINIC - METHODIST	201 WEST CENTER STREET

ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902
ROCHESTER	MN	55902

Other kidney and urinary tract procedures w/o CC/MCC

Transurethral procedures w MCC

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Female reproductive system reconstructive procedures

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9506.00	*	
$16258.00	*	
$20118.00	*	
$15676.00	*	
$5927.00		28

patients (fewer than 11)

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	HOSPITAL	
240061	MAYO CLINIC - METHODIST HOSPITAL	201 WEST CENTER STREET
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55902
ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$6127.00		137
	$8026.00	*	
	$8575.00	*	
	$9595.00	*	
	$4745.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET

ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9415.00 *

$2247.00 *

$6412.00 *

$4767.00 *

$6456.00 *

patients (fewer than 11)

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		SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST

ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Diabetes w MCC

Chest Pain

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7446.00	*
$3492.00	*
$4235.00	*
$1024.00	*

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Major small and large bowel procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$20129.00 *

$10848.00 *

$6340.00 *

$23019.00 *

health information due to the small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904
ROCHESTER	MN	55904

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w/o MCC
Major shoulder or elbow joint procedures w/o CC/MCC
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Uterine and adnexa proc for non-malignancy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$13194.00		66
	$9527.00	*	
	$16101.00	*	
	$22867.00	*	
	$5545.00	*	

patients (fewer than 11)

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240006	OLMSTED MEDICAL CENTER	1650 FOURTH STREET SOUTHEAST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE

ROCHESTER	MN	55904
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912

Female reproductive system reconstructive procedures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5364.00	*	
$4912.00	*	
$5219.00	*	
$10961.00		13
$4079.00		22
$8248.00		58
$8093.00		35

patients (fewer than 11)

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		NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Chest Pain
Diabetes w MCC
Revision of hip or knee replacement w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7361.00		20
$5512.00		12
$4098.00		27
$5688.00		33
$6363.00	*	
$3002.00		14
$7680.00	*	
$14419.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Bilateral or multiple major joint procs of lower extremity w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$17913.00 *

$13990.00 *

$9325.00 *

$3259.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$14455.00 *

$24854.00 *

$9165.00 *

$18586.00 *

small number of Medicare patients (fewer than 11)
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240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912
AUSTIN	MN	55912

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Female reproductive system reconstructive procedures

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$13840.00	*	
$11341.00		79
$1068.00	*	
$6426.00	*	
$3573.00		18
$1024.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240117	AUSTIN MEDICAL CENTER	1000 FIRST DRIVE NORTHWEST
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE

AUSTIN	MN	55912
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$4766.00	*	
$4741.00	*	
$6659.00		17
$10580.00	*	
$3937.00		26
$7961.00		14
$7811.00		14
$7104.00	*	

small number of Medicare patients (fewer than 11)

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An asterisk (*) appears in the

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Permanent cardiac pacemaker implant w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5320.00		19
$3955.00		26
$5490.00		44
$12629.00	*	
$6141.00	*	
$10937.00	*	

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE

WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$2897.00		15
	$7413.00	*	
	$5260.00	*	
	$18996.00	*	
	$1024.00	*	
	$8846.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE

WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987
WINONA	MN	55987

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major joint replacement or reattachment of lower extremity w MCC

Major joint replacement or reattachment of lower extremity w/o MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7644.00	*	
$13952.00		13
$28170.00	*	
$17938.00	*	
$10946.00		37

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240044	WINONA HEALTH SERVICES	855 MANKATO AVENUE
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673

WINONA	MN	55987
WINONA	MN	55987
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002

Other kidney and urinary tract procedures w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$11770.00	*	
$4600.00	*	
$5428.00		11
$7624.00		16
$12113.00		21
$4507.00		34
$9114.00		51
$8943.00		31
$8134.00		29

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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	HEALTH SYSTEM	8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Permanent cardiac pacemaker implant w CC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Chest Pain
Diabetes w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6091.00		29
$4528.00		18
$6285.00		48
$7031.00		23
$16160.00		34
$11940.00		45
$32726.00	*	
$31187.00		13
$3317.00		44
$8487.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Extracranial procedures w CC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w/o CC/MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$9691.00 *	
	$12522.00	16
	$6245.00	12
	$8593.00 *	
	$19132.00 *	

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240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

Revision of hip or knee replacement w CC

Revision of hip or knee replacement w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Bilateral or multiple major joint procs of lower extremity w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$11627.00	*	
$20464.00	*	
$19120.00		20
$28360.00	*	
$19625.00		31
$28352.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673

MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002

Biopsies of musculoskeletal system and connective tissue w CC

Biopsies of musculoskeletal system and connective tissue w/o CC/MCC

Biopsies of musculoskeletal system and connective tissue w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Hernia procedures except inguinal and femoral w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$13250.00	*	
$9202.00	*	
$19371.00	*	
$15459.00		12
$10304.00		17
$15518.00	*	

small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$22285.00	*	
$6023.00	*	
$15974.00		33
$32252.00		22
$8752.00	*	

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240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major shoulder or elbow joint procedures w/o CC/MCC
Major shoulder or elbow joint procedures w CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10128.00	*	
$20538.00		22
$15294.00		20
$12533.00		279
$10738.00	*	
$6956.00	*	
$10716.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Stomach, esophageal duodenal proc w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9070.00 *

$11948.00 *

$16283.00 *

$27542.00 *

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002
MANKATO	MN	56002

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$22227.00	34
	$37196.00 *	
	$5857.00	20
	$5095.00	15
	$5267.00	21
	$3948.00	16
	$6981.00 *	
	$13976.00 *	

small number of Medicare patients (fewer than 11)

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	HEALTH SYSTEM	8673
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	1025 MARSH STREET BOX 8673
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MANKATO	MN	56002
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Other kidney and urinary tract procedures w CC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$14326.00 *	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Simple pneumonia and pleurisy w MCC

Chest Pain

Permanent cardiac pacemaker implant w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$5679.00		21
	$7584.00		25
	$8339.00		19
	$3093.00	*	
	$11676.00	*	
	$6556.00	*	
	$1024.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w/o MCC

Major joint replacement or reattachment of lower extremity w MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11686.00	88
	$19151.00 *	
	$4825.00 *	
	$19512.00 *	
	$14895.00	13

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major small and large bowel procedures w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Bilateral or multiple major joint procs of lower extremity w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$9444.00	*
	$9608.00	*
	$1068.00	*
	$5616.00	*
	$26961.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Bilateral or multiple major joint procs of lower extremity w/o MCC

Kidney and ureter procedures for neoplasm w MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$18299.00 *

$16848.00 *

$4911.00 *

$4751.00 *

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET
240043	NAEVE HOSPITAL	404 WEST FOUNTAIN STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007
ALBERT LEA	MN	56007

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Transurethral procedures w MCC

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$13032.00 *

$16126.00 *

$6509.00 *

$3682.00 *

small number of Medicare patients (fewer than 11)
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240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835
240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835
240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835
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240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835

FAIRMONT	MN	56031
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FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$3974.00 *	
	$8038.00 *	
	$5498.00 *	
	$8485.00	28
	$4195.00	22
	$5851.00	24
	$4215.00	11

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FAIRMONT	MN	56031
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FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Simple pneumonia and pleurisy w MCC

Diabetes w MCC

Chest Pain

Extracranial procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$5670.00	*	
	$7572.00		11
	$8325.00		17
	$7901.00	*	
	$3088.00	*	
	$5814.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835
240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6545.00	*	
$11667.00		81
$9996.00	*	
$14237.00	*	
$19118.00	*	

small number of Medicare patients (fewer than 11)

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240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835
240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031

Cervical spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$11853.00 *

$20730.00 *

$5452.00 *

$9428.00 *

small number of Medicare patients (fewer than 11)
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240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8147.00	*	
$14870.00		13
$34670.00	*	
$23955.00	*	
$5606.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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FAIRMONT	MN	56031
FAIRMONT	MN	56031
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FAIRMONT	MN	56031

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Revision of hip or knee replacement w MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9592.00	*
$14391.00	*
$26400.00	*
$18268.00	*
$17799.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031
FAIRMONT	MN	56031

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Biopsies of musculoskeletal system and connective tissue w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$12346.00 *

$4903.00 *

$4743.00 *

$3675.00 *

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240166	FAIRMONT MEDICAL CENTER	835 JOHNSON STREET, PO BOX 835
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FAIRMONT	MN	56031
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Transurethral procedures w MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$15024.00 *

$4346.00 *

$6043.00 *

$8677.00 *

small number of Medicare patients (fewer than 11)

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240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$4569.00		20
	$9243.00	*	
	$6963.00	*	
	$8251.00	*	
	$6177.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w/o CC/MCC

Heart failure and shock w CC

Permanent cardiac pacemaker implant w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Chest Pain

Diabetes w MCC

$4588.00		16
$6376.00	*	
$16393.00	*	
$6551.00	*	
$3361.00		15
$7907.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997

WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187

Permanent cardiac pacemaker implant w/o CC/MCC

Revision of hip or knee replacement w CC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$12184.00 *

$17813.00 *

$28360.00 *

$15677.00 *

small number of Medicare patients (fewer than 11)
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240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187
WORTHINGTON	MN	56187

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Major joint replacement or reattachment of lower extremity w MCC

Major joint replacement or reattachment of lower extremity w/o MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$10453.00 *	
	$12153.00 *	
	$32717.00 *	
	$20834.00 *	
	$12710.00	36

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240022	SANFORD WORTHINGTON MEDICAL CENTER	1018 SIXTH AVENUE PO BOX 997
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW

WORTHINGTON	MN	56187
WILLMAR	MN	56201
WILLMAR	MN	56201
WILLMAR	MN	56201
WILLMAR	MN	56201
WILLMAR	MN	56201
WILLMAR	MN	56201
WILLMAR	MN	56201
WILLMAR	MN	56201
WILLMAR	MN	56201

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5124.00	*	
$5084.00	*	
$12313.00	*	
$8929.00		11
$10665.00		15
$5131.00		23
$7205.00		33
$5303.00		25
$6587.00		12
$8268.00		13

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

WILLMAR	MN	56201
WILLMAR	MN	56201
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WILLMAR	MN	56201
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WILLMAR	MN	56201

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC
Extracranial procedures w/o CC/MCC
Extracranial procedures w CC
Diabetes w MCC
Chest Pain
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10474.00		22
$7314.00		20
$11350.00	*	
$9284.00	*	
$3885.00		16
$34647.00	*	
$8235.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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WILLMAR	MN	56201

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Stomach, esophageal duodenal proc w/o CC/MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$10618.00	*	
	$14678.00		49
	$15547.00	*	
	$21330.00	*	
	$11850.00	*	

patients (fewer than 11)
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240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW

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Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10241.00	*	
$37772.00		13
$18708.00		23
$7053.00	*	
$18174.00	*	
$12068.00	*	

patients (fewer than 11)	
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Kidney and ureter procedures for neoplasm w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Transurethral prostatectomy w CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$18105.00	*
	$23966.00	*
	$11819.00	*
	$10063.00	*
	$7632.00	*

patients (fewer than 11)

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240088	RICE MEMORIAL HOSPITAL	301 BECKER AVE SW
240036	ST CLOUD HOSPITAL	1406 6TH AVE NORTH
240036	ST CLOUD HOSPITAL	1406 6TH AVE NORTH
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240036	ST CLOUD HOSPITAL	1406 6TH AVE NORTH
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SAINT CLOUD	MN	56303

Transurethral prostatectomy w/o CC/MCC
Uterine and adnexa proc for non-malignancy w/o CC/MCC
Female reproductive system reconstructive procedures

Acute myocardial infarction, discharged alive w/o CC/MCC
Acute myocardial infarction, discharged alive w CC
Acute myocardial infarction, discharged alive w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Permanent cardiac pacemaker implant w CC

$4624.00		12
$6168.00		11
$5967.00	*	
$5679.00		44
$7975.00		40
$12671.00		66
$4715.00		126
$9535.00		165
$9356.00		101
$8509.00		95
$6371.00		134
$4737.00		102
$6575.00		217
$16919.00		86

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w CC
Perc cardiovasc proc w drug-eluting stent w/o MCC
Coronary bypass w/o cardiac cath w MCC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
Chest Pain
Diabetes w MCC
Cardiac defibrillator implant w/o cardiac cath w/o MCC
Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
Permanent cardiac pacemaker implant w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$12490.00		409
$37034.00	*	
$7356.00		34
$52015.00	*	
$3470.00		246
$8893.00		13
$32625.00		93
$33134.00		40
$52039.00		18
$34478.00		31
$13099.00		127

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Permanent cardiac pacemaker implant w/o CC/MCC
Extracranial procedures w CC
Coronary bypass w/o cardiac cath w/o MCC
Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
Extracranial procedures w/o CC/MCC
Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
Cardiac defibrillator implant w/o cardiac cath w MCC
Kidney and ureter procedures for neoplasm w CC
Kidney and ureter procedures for neoplasm w MCC
Kidney and ureter procedures for neoplasm w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10138.00		26
$23472.00		51
$28695.00	*	
$6544.00		80
$38768.00	*	
$44097.00		15
$12183.00		12
$21443.00	*	
$8989.00		17

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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SAINT CLOUD	MN	56303

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Other musculoskelet sys and conn tiss O.R. proc w MCC
Kidney and ureter procedures for non-neoplasm w MCC
Bilateral or multiple major joint procs of lower extremity w MCC
Biopsies of musculoskeletal system and connective tissue w CC
Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
Biopsies of musculoskeletal system and connective tissue w

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$20027.00		13
$322.00	*	
$29709.00	*	
$13861.00	*	
$9627.00	*	
$8544.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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MCC

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

Hernia procedures except inguinal and femoral w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$20564.00		25
$29692.00	*	
$20002.00		32
$6311.00		15
$16233.00	*	
$23351.00	*	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w MCC
Laparoscopic cholecystectomy w/o c.d.e. w CC
Major small and large bowel procedures w/o CC/MCC
Hernia procedures except inguinal and femoral w CC
Major small and large bowel procedures w CC
Major small and large bowel procedures w MCC
Back and neck proc exc spinal fusion w/o CC/MCC
Spinal fusion except cervical w MCC
Spinal fusion except cervical w/o MCC
Cervical spinal fusion w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$16172.00		20
$10779.00		37
$10612.00		24
$9211.00	*	
$16710.00		72
$33738.00		48
$6127.00		276
$38911.00	*	
$23291.00		66
$28989.00	*	

patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w CC
Cervical spinal fusion w/o CC/MCC
Stomach, esophageal duodenal proc w/o CC/MCC
Revision of hip or knee replacement w/o CC/MCC
Major joint replacement or reattachment of lower extremity w MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major shoulder or elbow joint procedures w/o CC/MCC
Major joint replacement or reattachment of lower extremity w/o MCC
Transurethral procedures w MCC
Other kidney and urinary tract procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$17062.00		15
$12499.00		60
$9488.00		17
$16026.00		26
$21485.00		44
$11233.00		108
$7289.00	*	
$13132.00		620
$14645.00	*	
$8582.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

SAINT CLOUD	MN	56303
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Other kidney and urinary tract procedures w MCC

Other kidney and urinary tract procedures w CC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$18091.00		11
$14097.00	*	
$7303.00	*	
$4130.00	*	
$5339.00		30
$5519.00		33

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240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST

ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
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ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5612.00	*	
$9039.00		13
$4440.00	*	
$8445.00		29
$4176.00	*	
$6498.00		18
$4681.00		11
$6297.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
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240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST

ALEXANDRIA	MN	56308
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ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w MCC

Simple pneumonia and pleurisy w MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Diabetes w MCC

Chest Pain

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7536.00		14
$9246.00		23
$11601.00	*	
$4899.00	*	
$3073.00	*	
$7269.00		11
$16706.00	*	

health information due to the small number of Medicare patients (fewer than 11)

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240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST

ALEXANDRIA	MN	56308
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ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w/o MCC
Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
Major joint replacement or reattachment of lower extremity w MCC
Revision of hip or knee replacement w/o CC/MCC
Stomach, esophageal duodenal proc w/o CC/MCC
Cervical spinal fusion w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$12957.00		249
$11101.00	*	
$15993.00		18
$15811.00		12
$1068.00	*	
$11711.00	*	

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cervical spinal fusion w CC

Cervical spinal fusion w MCC

Spinal fusion except cervical w/o MCC

Spinal fusion except cervical w MCC

Back and neck proc exc spinal fusion w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$15960.00	*	
	$28474.00	*	
	$22979.00		27
	$34462.00	*	
	$6055.00	*	

small number of Medicare patients (fewer than 11)

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240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST

ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$32409.00	*	
$16514.00		18
$9048.00	*	
$10470.00	*	
$10653.00	*	

patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Revision of hip or knee replacement w CC

Bilateral or multiple major joint procs of lower extremity w/o

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$18869.00	*	
$23038.00	*	
$14377.00	*	
$5903.00	*	
$19767.00		14
$18182.00		22

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST

ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

MCC

Biopsies of musculoskeletal system and connective tissue w CC

Bilateral or multiple major joint procs of lower extremity w MCC

Kidney and ureter procedures for neoplasm w/o CC/MCC

Kidney and ureter procedures for neoplasm w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$13698.00 *

$29311.00 *

$8883.00 *

$6544.00 *

$5445.00 *

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240030	DOUGLAS COUNTY HOSPITAL	111 17TH AVENUE EAST
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET

ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
ALEXANDRIA	MN	56308
BRAINERD	MN	56401

Female reproductive system reconstructive procedures

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral procedures w MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5267.00 *		
$4082.00		19
$7217.00 *		
$1024.00 *		
$4103.00		13

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240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S	523 NORTH 3RD STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w CC
Acute myocardial infarction, discharged alive w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w MCC
Simple pneumonia and pleurisy w MCC
Chronic obstructive pulmonary disease w MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Heart failure and shock w CC
Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
Permanent cardiac pacemaker implant w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7284.00		17
$6633.00		20
$4429.00		54
$8708.00		46
$8545.00		34
$7771.00		46
$5819.00		40
$4450.00		35
$6176.00		72
$6718.00	*	
$15439.00		11

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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	MEDICAL CENTER	
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chest Pain

Diabetes w MCC

Permanent cardiac pacemaker implant w/o CC/MCC

Extracranial procedures w CC

Extracranial procedures w/o CC/MCC

Revision of hip or knee replacement w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$3260.00		40
$8057.00		11
$11963.00	*	
$10249.00	*	
$6370.00	*	
$27096.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Revision of hip or knee replacement w CC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Kidney and ureter procedures for neoplasm w CC

Kidney and ureter procedures for neoplasm w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$20213.00	*
	$19530.00	*
	$11425.00	*
	$19552.00	*

health information due to the small number of Medicare patients (fewer than 11)
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S	523 NORTH 3RD STREET

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10125.00		11
$15191.00		14
$5836.00	*	
$9676.00	*	
$8600.00	*	
$15262.00		19
$31692.00		13

patients (fewer than 11)

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	MEDICAL CENTER	
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET

BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w CC/MCC

Major shoulder or elbow joint procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$19902.00	*	
$14612.00	*	
$11974.00		233
$11333.00	*	
$7356.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	523 NORTH 3RD STREET
240101	ST MARYS REGIONAL HEALTH	1027 WASHINGTON AVE

BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
BRAINERD	MN	56401
DETROIT LAKES	MN	56501

Stomach, esophageal duodenal proc w/o CC/MCC

Female reproductive system reconstructive procedures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Transurethral prostatectomy w/o CC/MCC

Transurethral prostatectomy w CC/MCC

Transurethral procedures w MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$1068.00	*	
$8638.00	*	
$5175.00		15
$3880.00		12
$6860.00		15
$14781.00	*	
$3845.00		11

patients (fewer than 11)

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	CENTER	
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Acute myocardial infarction, discharged alive w CC

Acute myocardial infarction, discharged alive w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w MCC

Simple pneumonia and pleurisy w MCC

Chronic obstructive pulmonary disease w MCC

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$7013.00		11
$8566.00		11
$4150.00	*	
$8393.00		11
$8236.00		31
$7482.00		19
$5609.00	*	
$4170.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w CC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Chest Pain

Diabetes w MCC

Other musculoskelet sys and conn tiss O.R. proc w MCC

Revision of hip or knee replacement w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$5788.00		13
$6475.00		11
$3055.00		29
$8917.00	*	
$22068.00	*	
$17607.00	*	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Bilateral or multiple major joint procs of lower extremity w/o MCC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$18522.00	*
	$14236.00	*
	$9489.00	*
	$20498.00	*

small number of Medicare patients (fewer than 11)
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240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Hernia procedures except inguinal and femoral w/o CC/MCC

Major small and large bowel procedures w CC

Major small and large bowel procedures w MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$5546.00	*
	$15399.00	*
	$27813.00	*
	$10088.00	*
	$9326.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Major shoulder or elbow joint procedures w CC/MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$13705.00	*	
	$14893.00	*	
	$11541.00		48
	$14311.00	*	
	$11129.00	*	

disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE

DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501
DETROIT LAKES	MN	56501

Stomach, esophageal duodenal proc w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

Female reproductive system reconstructive procedures

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8352.00 *

$5394.00 *

$31217.00 *

$5281.00 *

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240101	ST MARYS REGIONAL HEALTH CENTER	1027 WASHINGTON AVE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

DETROIT LAKES	MN	56501
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$6071.00 *	
	$3612.00	14
	$10158.00	12
	$6394.00 *	
	$7644.00	38
	$3780.00	22
	$5271.00	21
	$3798.00	23

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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	CORPORATION	
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Chronic obstructive pulmonary disease w CC

Chronic obstructive pulmonary disease w MCC

Simple pneumonia and pleurisy w MCC

Diabetes w MCC

Chest Pain

Extracranial procedures w/o CC/MCC

Extracranial procedures w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$5108.00		17
	$6821.00		15
	$7500.00		27
	$7118.00	*	
	$2782.00		19
	$5238.00	*	
	$8127.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE

FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537

Permanent cardiac pacemaker implant w/o CC/MCC

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Permanent cardiac pacemaker implant w CC

Major joint replacement or reattachment of lower extremity w/o MCC

Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$10501.00	*	
$5990.00	*	
$13978.00	*	
$10510.00		47
$9288.00	*	

patients (fewer than 11)

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240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE	712 SOUTH CASCADE

FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537

Major joint replacement or reattachment of lower extremity w MCC

Revision of hip or knee replacement w/o CC/MCC

Cervical spinal fusion w/o CC/MCC

Back and neck proc exc spinal fusion w/o CC/MCC

Spinal fusion except cervical w/o MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$17224.00 *

$13028.00 *

$10335.00 *

$4912.00 *

$18640.00 *

patients (fewer than 11)

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240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE

FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$27047.00	*
$13396.00	*
$7340.00	*
$8493.00	*

table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
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240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$8777.00	*
	$13372.00	*
	$13910.00	*
	$5051.00	*

health information due to the small number of Medicare patients (fewer than 11)

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240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE	712 SOUTH CASCADE

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w CC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

Transurethral prostatectomy w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$16975.00	*
	$16035.00	*
	$4417.00	*
	$4340.00	*
	$3415.00	*

patients (fewer than 11)

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	CORPORATION	
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240052	LAKE REGION HEALTHCARE CORPORATION	712 SOUTH CASCADE
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL	1300 ANNE ST NW

FERGUS FALLS	MN	56537
FERGUS FALLS	MN	56537
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601

Transurethral procedures w MCC

Other kidney and urinary tract procedures w MCC

Acute myocardial infarction, discharged alive w/o CC/MCC

Acute myocardial infarction, discharged alive w MCC

Acute myocardial infarction, discharged alive w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$15299.00	*	
$14503.00	*	
$5226.00		11
$4021.00	*	
$7339.00		13

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	HOSPITAL	
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w MCC
Heart failure and shock w/o CC/MCC
Heart failure and shock w CC
Chronic obstructive pulmonary disease w/o CC/MCC
Chronic obstructive pulmonary disease w CC
Chronic obstructive pulmonary disease w MCC
Simple pneumonia and pleurisy w MCC
Extracranial procedures w/o CC/MCC
Permanent cardiac pacemaker implant w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$8775.00		23
$4414.00		33
$6051.00		41
$4359.00		35
$5864.00		24
$7830.00		21
$8610.00		21
$6013.00	*	
$12328.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW

BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601

Extracranial procedures w CC

Diabetes w MCC

Chest Pain

Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

Permanent cardiac pacemaker implant w CC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$9492.00	*	
$8313.00	*	
$3221.00		32
$30493.00	*	
$8530.00	*	

small number of Medicare patients (fewer than 11)

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240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW

BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601

Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

Stomach, esophageal duodenal proc w/o CC/MCC

Major shoulder or elbow joint procedures w/o CC/MCC

Major joint replacement or reattachment of lower extremity w/o MCC

Revision of hip or knee replacement w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$6769.00	*	
$8732.00	*	
$6755.00	*	
$12065.00		164
$14723.00	*	

small number of Medicare patients (fewer than 11)

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240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
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240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW

BEMIDJI	MN	56601
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BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601

Major joint replacement or reattachment of lower extremity w MCC

Major small and large bowel procedures w/o CC/MCC

Hernia procedures except inguinal and femoral w CC

Major small and large bowel procedures w MCC

Major small and large bowel procedures w CC

Hernia procedures except inguinal and femoral w/o CC/MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$19772.00	*	
$9750.00	*	
$8425.00	*	
$31049.00		13
$15645.00		15
$5798.00	*	

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240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Cholecystectomy except by laparoscope w/o c.d.e. w MCC

Hernia procedures except inguinal and femoral w MCC

Laparoscopic cholecystectomy w/o c.d.e. w CC

Laparoscopic cholecystectomy w/o c.d.e. w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$21454.00 *

$14939.00 *

$10092.00 *

$14883.00 *

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW
240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Bilateral or multiple major joint procs of lower extremity w/o MCC

Revision of hip or knee replacement w MCC

Revision of hip or knee replacement w CC

Kidney and ureter procedures for neoplasm w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$19321.00	*
$27302.00	*
$16873.00	*
$20043.00	*

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240100	NORTH COUNTRY REGIONAL HOSPITAL	1300 ANNE ST NW

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601
BEMIDJI	MN	56601

Other kidney and urinary tract procedures w MCC

Transurethral prostatectomy w CC/MCC

Transurethral prostatectomy w/o CC/MCC

Uterine and adnexa proc for non-malignancy w/o CC/MCC

Female reproductive system reconstructive procedures

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

$16649.00	*	
$6814.00	*	
$3801.00	*	
$5070.00		20
$4905.00	*	

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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240206	RED LAKE HOSPITAL	PO BOX 497
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240206	RED LAKE HOSPITAL	PO BOX 497
240206	RED LAKE HOSPITAL	PO BOX 497

REDLAKE	MN	56671
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REDLAKE	MN	56671
REDLAKE	MN	56671

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Heart failure and shock w MCC

Heart failure and shock w/o CC/MCC

Heart failure and shock w CC

Chronic obstructive pulmonary disease w/o CC/MCC

Chronic obstructive pulmonary disease w MCC

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$9413.00	*
	$5813.00	*
	$8106.00	*
	$5840.00	*
	$10490.00	*

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

240206	RED LAKE HOSPITAL	PO BOX 497
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mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

REDLAKE	MN	56671
REDLAKE	MN	56671

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

Simple pneumonia and pleurisy w MCC

Chest Pain

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

	$11548.00 *	
	$4278.00	11

mn payment and volume

Based on Hospital Medicare Payment And Volume Measures

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