MN1

Based on Hospital Medicare Payment And Volume Measures

Provider Number	Hospital Name	State
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN

MN1

Based on Hospital Medicare Payment And Volume Measures

ZIP Code	Diagnosis Related Group
55422	Acute myocardial infarction, discharged alive w/o CC/MCC
55805	Acute myocardial infarction, discharged alive w/o CC/MCC
55415	Acute myocardial infarction, discharged alive w/o CC/MCC
55902	Acute myocardial infarction, discharged alive w/o CC/MCC
55057	Acute myocardial infarction, discharged alive w/o CC/MCC
55066	Acute myocardial infarction, discharged alive w/o CC/MCC

MN1

Based on Hospital Medicare Payment And Volume Measures

Medicare Average Payment	Number Of Cases
$5575.00	37
$5490.00	44
$9043.00 *	
$6255.00	48
$5272.00 *	
$4953.00 *	

MN1

Based on Hospital Medicare Payment And Volume Measures

Footnote
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240020	CAMBRIDGE MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240040	UNIVERSITY MEDICAL CENTER-	MN

55008	Acute myocardial infarction, discharged alive w/o CC/MCC
56187	Acute myocardial infarction, discharged alive w/o CC/MCC
56308	Acute myocardial infarction, discharged alive w/o CC/MCC
56303	Acute myocardial infarction, discharged alive w/o CC/MCC
55102	Acute myocardial infarction, discharged alive w/o CC/MCC
55746	Acute myocardial infarction, discharged alive w/o CC/MCC

	$4151.00 *	
	$4346.00 *	
	$5612.00 *	
	$5679.00	44
	$5613.00 *	
	$4117.00	20

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	MESABI/ MESABA CLINICS	
240043	NAEVE HOSPITAL	MN
240044	WINONA HEALTH SERVICES	MN
240047	ST LUKES HOSPITAL	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240056	RIDGEVIEW MEDICAL CENTER	MN

56007	Acute myocardial infarction, discharged alive w/o CC/MCC
55987	Acute myocardial infarction, discharged alive w/o CC/MCC
55805	Acute myocardial infarction, discharged alive w/o CC/MCC
55092	Acute myocardial infarction, discharged alive w/o CC/MCC
56537	Acute myocardial infarction, discharged alive w/o CC/MCC
55426	Acute myocardial infarction, discharged alive w/o CC/MCC
55387	Acute myocardial infarction, discharged alive w/o CC/MCC

	$3971.00	13
	$4741.00 *	
	$5306.00	13
	$4627.00 *	
	$3612.00	14
	$5356.00	18
	$5153.00 *	

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Based on Hospital Medicare Payment And Volume Measures

240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240059	REGINA MEDICAL CENTER	MN
240063	ST JOSEPH'S HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN

55407	Acute myocardial infarction, discharged alive w/o CC/MCC
55033	Acute myocardial infarction, discharged alive w/o CC/MCC
55102	Acute myocardial infarction, discharged alive w/o CC/MCC
55744	Acute myocardial infarction, discharged alive w/o CC/MCC
55082	Acute myocardial infarction, discharged alive w/o CC/MCC
55060	Acute myocardial infarction, discharged alive w/o CC/MCC
55021	Acute myocardial infarction, discharged alive w/o CC/MCC

	$5557.00	19
	$5149.00 *	
	$5492.00	14
	$4090.00	12
	$5149.00 *	
	$4302.00 *	
	$5498.00 *	

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240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240076	BUFFALO HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240088	RICE MEMORIAL HOSPITAL	MN

56401	Acute myocardial infarction, discharged alive w/o CC/MCC
55313	Acute myocardial infarction, discharged alive w/o CC/MCC
55435	Acute myocardial infarction, discharged alive w/o CC/MCC
55454	Acute myocardial infarction, discharged alive w/o CC/MCC
55792	Acute myocardial infarction, discharged alive w/o CC/MCC
56201	Acute myocardial infarction, discharged alive w/o CC/MCC

	$4103.00	13
	$4084.00 *	
	$5156.00	25
	$7137.00 *	
	$4161.00 *	
	$5084.00 *	

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Based on Hospital Medicare Payment And Volume Measures

240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240106	REGIONS HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240117	AUSTIN MEDICAL CENTER	MN

56002	Acute myocardial infarction, discharged alive w/o CC/MCC
56601	Acute myocardial infarction, discharged alive w/o CC/MCC
56501	Acute myocardial infarction, discharged alive w/o CC/MCC
55379	Acute myocardial infarction, discharged alive w/o CC/MCC
55101	Acute myocardial infarction, discharged alive w/o CC/MCC
55433	Acute myocardial infarction, discharged alive w/o CC/MCC
55912	Acute myocardial infarction, discharged alive w/o CC/MCC

	$5428.00	11
	$5226.00	11
	$3845.00	11
	$2493.00 *	
	$7002.00	13
	$5348.00 *	
	$4912.00 *	

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

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240132	UNITY HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240166	FAIRMONT MEDICAL CENTER	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240213	HEALTHEAST WOODWINDS	MN

55432	Acute myocardial infarction, discharged alive w/o CC/MCC
55371	Acute myocardial infarction, discharged alive w/o CC/MCC
56031	Acute myocardial infarction, discharged alive w/o CC/MCC
55350	Acute myocardial infarction, discharged alive w/o CC/MCC
55337	Acute myocardial infarction, discharged alive w/o CC/MCC
55109	Acute myocardial infarction, discharged alive w/o CC/MCC
55125	Acute myocardial infarction, discharged alive w/o CC/MCC

$4144.00	*	
$4212.00		12
$3974.00	*	
$5149.00	*	
$5367.00		27
$4188.00		24
$3966.00	*	

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240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN

55125	Acute myocardial infarction, discharged alive w/o CC/MCC
55422	Acute myocardial infarction, discharged alive w MCC
55422	Acute myocardial infarction, discharged alive w CC
55805	Acute myocardial infarction, discharged alive w CC
55805	Acute myocardial infarction, discharged alive w MCC
55415	Acute myocardial infarction, discharged alive w MCC
55415	Acute myocardial infarction, discharged alive w CC
55904	Acute myocardial infarction, discharged alive w CC
55904	Acute myocardial infarction, discharged alive w MCC

$12440.00		50
$7830.00		50
$7659.00		52
$12251.00		42
$20177.00		19
$4516.00		18
$8026.00	*	
$8575.00	*	

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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN

55902	Acute myocardial infarction, discharged alive w MCC
55902	Acute myocardial infarction, discharged alive w CC
55057	Acute myocardial infarction, discharged alive w CC
55057	Acute myocardial infarction, discharged alive w MCC
55066	Acute myocardial infarction, discharged alive w MCC
55066	Acute myocardial infarction, discharged alive w CC

$13957.00		70
$8784.00		58
$5696.00	*	
$11764.00	*	
$7622.00		12
$6096.00	*	

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240019	ESSENTIA HEALTH DULUTH	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN

55805	Acute myocardial infarction, discharged alive w MCC
55008	Acute myocardial infarction, discharged alive w MCC
55008	Acute myocardial infarction, discharged alive w CC
56187	Acute myocardial infarction, discharged alive w CC
56187	Acute myocardial infarction, discharged alive w MCC

$14554.00	*	
$12040.00		12
$6704.00	*	
$6043.00	*	
$8677.00	*	

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240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240043	NAEVE HOSPITAL	MN

56308	Acute myocardial infarction, discharged alive w MCC
56308	Acute myocardial infarction, discharged alive w CC
56303	Acute myocardial infarction, discharged alive w CC
56303	Acute myocardial infarction, discharged alive w MCC
55102	Acute myocardial infarction, discharged alive w MCC
55102	Acute myocardial infarction, discharged alive w CC
55746	Acute myocardial infarction, discharged alive w CC
55746	Acute myocardial infarction, discharged alive w MCC
56007	Acute myocardial infarction, discharged alive w MCC

$9039.00		13
$4440.00	*	
$7975.00		40
$12671.00		66
$12595.00		30
$7928.00		21
$5833.00	*	
$11944.00	*	
$9836.00		14

patients (fewer than 11)

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240043	NAEVE HOSPITAL	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE	MN

56007	Acute myocardial infarction, discharged alive w CC
55987	Acute myocardial infarction, discharged alive w CC
55987	Acute myocardial infarction, discharged alive w MCC
55805	Acute myocardial infarction, discharged alive w MCC
55805	Acute myocardial infarction, discharged alive w CC
55092	Acute myocardial infarction, discharged alive w CC
55092	Acute myocardial infarction, discharged alive w MCC
56537	Acute myocardial infarction, discharged alive w MCC
56537	Acute myocardial infarction, discharged alive w CC

$7109.00		14
$6659.00		17
$10580.00	*	
$11840.00		25
$7452.00		14
$7232.00	*	
$9906.00	*	
$10158.00		12
$6394.00	*	

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	CORPORATION	
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240059	REGINA MEDICAL CENTER	MN

55426	Acute myocardial infarction, discharged alive w CC
55426	Acute myocardial infarction, discharged alive w MCC
55387	Acute myocardial infarction, discharged alive w MCC
55387	Acute myocardial infarction, discharged alive w CC
55407	Acute myocardial infarction, discharged alive w CC
55407	Acute myocardial infarction, discharged alive w MCC
55033	Acute myocardial infarction, discharged alive w MCC

$7523.00		21
$11952.00		66
$5948.00	*	
$7238.00	*	
$7805.00		46
$12400.00		78
$11490.00	*	

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240059	REGINA MEDICAL CENTER	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN

55033	Acute myocardial infarction, discharged alive w CC
55902	Acute myocardial infarction, discharged alive w MCC
55102	Acute myocardial infarction, discharged alive w MCC
55102	Acute myocardial infarction, discharged alive w CC
55744	Acute myocardial infarction, discharged alive w CC
55744	Acute myocardial infarction, discharged alive w MCC
55082	Acute myocardial infarction, discharged alive w MCC
55082	Acute myocardial infarction, discharged alive w CC

$7232.00		11
$10659.00	*	
$12255.00		39
$7714.00		36
$3866.00		11
$8261.00		15
$11490.00	*	
$6398.00	*	

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240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN

55060	Acute myocardial infarction, discharged alive w CC
55060	Acute myocardial infarction, discharged alive w MCC
55021	Acute myocardial infarction, discharged alive w MCC
55021	Acute myocardial infarction, discharged alive w CC

$7855.00 *

$12480.00 *

$9555.00 *

$7722.00 *

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240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN

56401	Acute myocardial infarction, discharged alive w CC
56401	Acute myocardial infarction, discharged alive w MCC
55313	Acute myocardial infarction, discharged alive w MCC
55313	Acute myocardial infarction, discharged alive w CC
55435	Acute myocardial infarction, discharged alive w CC
55435	Acute myocardial infarction, discharged alive w MCC
55454	Acute myocardial infarction, discharged alive w MCC
55454	Acute myocardial infarction, discharged alive w CC

$7284.00		17
$6633.00		20
$5071.00	*	
$6550.00	*	
$7241.00		52
$11505.00		64
$15925.00		16
$10024.00		20

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240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN

55792	Acute myocardial infarction, discharged alive w CC
55792	Acute myocardial infarction, discharged alive w MCC
56201	Acute myocardial infarction, discharged alive w MCC
56201	Acute myocardial infarction, discharged alive w CC
56002	Acute myocardial infarction, discharged alive w CC
56002	Acute myocardial infarction, discharged alive w MCC
56601	Acute myocardial infarction, discharged alive w MCC

$6721.00	*	
$10406.00	*	
$12313.00	*	
$8929.00		11
$7624.00		16
$12113.00		21
$4021.00	*	

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240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240117	AUSTIN MEDICAL CENTER	MN

56601	Acute myocardial infarction, discharged alive w CC
56501	Acute myocardial infarction, discharged alive w CC
56501	Acute myocardial infarction, discharged alive w MCC
55379	Acute myocardial infarction, discharged alive w MCC
55379	Acute myocardial infarction, discharged alive w CC
55101	Acute myocardial infarction, discharged alive w CC
55101	Acute myocardial infarction, discharged alive w MCC
55433	Acute myocardial infarction, discharged alive w MCC
55433	Acute myocardial infarction, discharged alive w CC
55912	Acute myocardial infarction, discharged alive w CC

$7339.00		13
$7013.00		11
$8566.00		11
$11490.00		13
$7232.00	*	
$9834.00		26
$15625.00		70
$11932.00		22
$7510.00		12
$5219.00	*	

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Based on Hospital Medicare Payment And Volume Measures

240117	AUSTIN MEDICAL CENTER	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN

55912	Acute myocardial infarction, discharged alive w MCC
55432	Acute myocardial infarction, discharged alive w MCC
55432	Acute myocardial infarction, discharged alive w CC
55371	Acute myocardial infarction, discharged alive w CC
55371	Acute myocardial infarction, discharged alive w MCC
56031	Acute myocardial infarction, discharged alive w MCC
56031	Acute myocardial infarction, discharged alive w CC

$10961.00		13
$12021.00		31
$3880.00		19
$5916.00	*	
$8427.00	*	
$8038.00	*	
$5498.00	*	

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240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN

55350	Acute myocardial infarction, discharged alive w CC
55350	Acute myocardial infarction, discharged alive w MCC
55337	Acute myocardial infarction, discharged alive w MCC
55337	Acute myocardial infarction, discharged alive w CC
55109	Acute myocardial infarction, discharged alive w CC
55109	Acute myocardial infarction, discharged alive w MCC
55125	Acute myocardial infarction, discharged alive w MCC

$7232.00	*	
$11490.00	*	
$10324.00		19
$7538.00		13
$7437.00		35
$11816.00		37
$9719.00	*	

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240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN

55125	Acute myocardial infarction, discharged alive w CC
55422	Heart failure and shock w/o CC/MCC
55422	Heart failure and shock w MCC
55805	Heart failure and shock w MCC
55805	Heart failure and shock w/o CC/MCC
55415	Heart failure and shock w/o CC/MCC
55415	Heart failure and shock w MCC
55904	Heart failure and shock w MCC

$7238.00		11
$4629.00		117
$9360.00		169
$9217.00		62
$4528.00		66
$6147.00	*	
$15183.00		114
$9595.00	*	

patients (fewer than 11)

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240006	OLMSTED MEDICAL CENTER	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240019	ESSENTIA HEALTH DULUTH	MN

55904	Heart failure and shock w/o CC/MCC
55902	Heart failure and shock w/o CC/MCC
55902	Heart failure and shock w MCC
55057	Heart failure and shock w MCC
55057	Heart failure and shock w/o CC/MCC
55066	Heart failure and shock w/o CC/MCC
55066	Heart failure and shock w MCC
55805	Heart failure and shock w MCC

$4745.00	*	
$5193.00		114
$10502.00		188
$8852.00		17
$4377.00		32
$4074.00	*	
$8239.00		15
$10984.00	*	

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240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN

55008	Heart failure and shock w MCC
55008	Heart failure and shock w/o CC/MCC
56187	Heart failure and shock w/o CC/MCC
56187	Heart failure and shock w MCC
56308	Heart failure and shock w MCC
56308	Heart failure and shock w/o CC/MCC
56303	Heart failure and shock w/o CC/MCC
56303	Heart failure and shock w MCC
55102	Heart failure and shock w MCC
55102	Heart failure and shock w/o CC/MCC
55746	Heart failure and shock w/o CC/MCC
55746	Heart failure and shock w MCC

$9060.00		25
$4480.00		19
$4569.00		20
$9243.00	*	
$8445.00		29
$4176.00	*	
$4715.00		126
$9535.00		165
$9478.00		153
$4634.00		66
$4444.00		48
$8987.00		23

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	MESABI/ MESABA CLINICS	
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN

56007	Heart failure and shock w MCC
56007	Heart failure and shock w/o CC/MCC
55987	Heart failure and shock w/o CC/MCC
55987	Heart failure and shock w MCC
55805	Heart failure and shock w MCC
55805	Heart failure and shock w/o CC/MCC
55092	Heart failure and shock w/o CC/MCC
55092	Heart failure and shock w MCC
56537	Heart failure and shock w MCC
56537	Heart failure and shock w/o CC/MCC
55426	Heart failure and shock w/o CC/MCC
55426	Heart failure and shock w MCC
55387	Heart failure and shock w MCC
55387	Heart failure and shock w/o CC/MCC
55407	Heart failure and shock w/o CC/MCC

	$8499.00	48
	$4203.00	16
	$3937.00	26
	$7961.00	14
	$8909.00	91
	$4405.00	37
	$4275.00	17
	$8646.00	35
	$7644.00	38
	$3780.00	22
	$4447.00	72
	$8994.00	193
	$8653.00	28
	$4279.00	11
	$4614.00	76

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Based on Hospital Medicare Payment And Volume Measures

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240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN

55407	Heart failure and shock w MCC
55033	Heart failure and shock w MCC
55033	Heart failure and shock w/o CC/MCC
55902	Heart failure and shock w MCC
55102	Heart failure and shock w MCC
55102	Heart failure and shock w/o CC/MCC
55744	Heart failure and shock w/o CC/MCC
55744	Heart failure and shock w MCC
55082	Heart failure and shock w MCC

$9331.00		191
$8646.00		13
$4275.00		14
$10514.00	*	
$9222.00		84
$4560.00		39
$4415.00	*	
$8705.00	*	
$8646.00		14

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240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN

55082	Heart failure and shock w/o CC/MCC
55060	Heart failure and shock w/o CC/MCC
55060	Heart failure and shock w MCC
55021	Heart failure and shock w MCC
55021	Heart failure and shock w/o CC/MCC
56401	Heart failure and shock w/o CC/MCC
56401	Heart failure and shock w MCC
55313	Heart failure and shock w MCC
55313	Heart failure and shock w/o CC/MCC
55435	Heart failure and shock w/o CC/MCC
55435	Heart failure and shock w MCC
55454	Heart failure and shock w MCC
55454	Heart failure and shock w/o CC/MCC
55792	Heart failure and shock w/o CC/MCC

$4275.00		17
$4644.00		23
$7588.00		17
$9232.00		13
$4565.00		16
$4429.00		54
$8708.00		46
$8852.00		27
$4307.00	*	
$4281.00		36
$8657.00		118
$11983.00		69
$5926.00		28
$4492.00		29

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240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240106	REGIONS HOSPITAL	MN

55792	Heart failure and shock w MCC
56201	Heart failure and shock w MCC
56201	Heart failure and shock w/o CC/MCC
56002	Heart failure and shock w/o CC/MCC
56002	Heart failure and shock w MCC
56601	Heart failure and shock w MCC
56601	Heart failure and shock w/o CC/MCC
56501	Heart failure and shock w/o CC/MCC
56501	Heart failure and shock w MCC
55379	Heart failure and shock w MCC
55379	Heart failure and shock w/o CC/MCC
55101	Heart failure and shock w/o CC/MCC

$9083.00		17
$10665.00		15
$5131.00		23
$4507.00		34
$9114.00		51
$8775.00		23
$4414.00		33
$4150.00	*	
$8393.00		11
$8646.00		40
$4275.00		20
$5814.00		60

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240106	REGIONS HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240206	RED LAKE HOSPITAL	MN
240206	RED LAKE HOSPITAL	MN

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Based on Hospital Medicare Payment And Volume Measures

55101	Heart failure and shock w MCC
55433	Heart failure and shock w MCC
55433	Heart failure and shock w/o CC/MCC
55912	Heart failure and shock w/o CC/MCC
55912	Heart failure and shock w MCC
55432	Heart failure and shock w MCC
55432	Heart failure and shock w/o CC/MCC
55371	Heart failure and shock w/o CC/MCC
55371	Heart failure and shock w MCC
56031	Heart failure and shock w MCC
56031	Heart failure and shock w/o CC/MCC
55350	Heart failure and shock w/o CC/MCC
55350	Heart failure and shock w MCC
56671	Heart failure and shock w MCC
56671	Heart failure and shock w/o CC/MCC

$11757.00		129
$8979.00		188
$4440.00		60
$4079.00		22
$8248.00		58
$9046.00		131
$1447.00		40
$4546.00		18
$9094.00		13
$8485.00		28
$4195.00		22
$4275.00		13
$8646.00		19
$9413.00	*	
$5813.00	*	

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240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN

55337	Heart failure and shock w/o CC/MCC
55337	Heart failure and shock w MCC
55109	Heart failure and shock w MCC
55109	Heart failure and shock w/o CC/MCC
55125	Heart failure and shock w/o CC/MCC
55125	Heart failure and shock w MCC
55422	Heart failure and shock w CC
55422	Chronic obstructive pulmonary disease w/o CC/MCC
55422	Chronic obstructive pulmonary disease w CC
55422	Chronic obstructive pulmonary disease w MCC
55422	Simple pneumonia and pleurisy w MCC
55805	Simple pneumonia and pleurisy w MCC
55805	Chronic obstructive pulmonary disease w MCC

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Based on Hospital Medicare Payment And Volume Measures

	$4456.00	35
	$9011.00	36
	$8891.00	89
	$4397.00	50
	$4279.00	28
	$8654.00	31
	$6455.00	169
	$4650.00	98
	$6255.00	119
	$8353.00	101
	$9185.00	85
	$9015.00	50
	$8171.00	48

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

	MEDICAL CENTER	
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN

55805	Chronic obstructive pulmonary disease w CC
55805	Chronic obstructive pulmonary disease w/o CC/MCC
55805	Heart failure and shock w CC
55415	Heart failure and shock w CC
55415	Chronic obstructive pulmonary disease w/o CC/MCC
55415	Chronic obstructive pulmonary disease w CC
55415	Chronic obstructive pulmonary disease w MCC
55415	Simple pneumonia and pleurisy w MCC
55904	Simple pneumonia and pleurisy w MCC
55904	Chronic obstructive pulmonary disease w MCC

$6118.00		70
$4549.00		52
$6357.00		91
$10470.00		71
$7543.00		29
$10146.00		76
$13444.00		68
$14898.00		60
$9415.00	*	
$2247.00	*	

MN1

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240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN

55904	Chronic obstructive pulmonary disease w CC
55904	Chronic obstructive pulmonary disease w/o CC/MCC
55904	Heart failure and shock w CC
55902	Heart failure and shock w CC
55902	Chronic obstructive pulmonary disease w/o CC/MCC

	$6412.00 *	
	$4767.00 *	
	$6456.00 *	
	$7242.00	273
	$5218.00	68

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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN

55902	Chronic obstructive pulmonary disease w CC
55902	Chronic obstructive pulmonary disease w MCC
55902	Simple pneumonia and pleurisy w MCC
55057	Simple pneumonia and pleurisy w MCC
55057	Chronic obstructive pulmonary disease w MCC
55057	Chronic obstructive pulmonary disease w CC
55057	Chronic obstructive pulmonary disease w/o CC/MCC
55057	Heart failure and shock w CC
55066	Heart failure and shock w CC
55066	Chronic obstructive pulmonary disease w/o CC/MCC

$7018.00		75
$9372.00		105
$10305.00		120
$7560.00	*	
$7900.00	*	
$5915.00		11
$4398.00		20
$6105.00		29
$5682.00		20
$4093.00	*	

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240019	ESSENTIA HEALTH DULUTH	MN
240019	ESSENTIA HEALTH DULUTH	MN
240019	ESSENTIA HEALTH DULUTH	MN

55066	Chronic obstructive pulmonary disease w CC
55066	Chronic obstructive pulmonary disease w MCC
55066	Simple pneumonia and pleurisy w MCC
55805	Simple pneumonia and pleurisy w MCC
55805	Chronic obstructive pulmonary disease w MCC
55805	Chronic obstructive pulmonary disease w CC

$5505.00	*	
$7352.00	*	
$8084.00		12
$10803.00		14
$9825.00	*	
$7340.00	*	

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

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240019	ESSENTIA HEALTH DULUTH	MN
240019	ESSENTIA HEALTH DULUTH	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN

55805	Chronic obstructive pulmonary disease w/o CC/MCC
55805	Heart failure and shock w CC
55008	Heart failure and shock w CC
55008	Chronic obstructive pulmonary disease w/o CC/MCC
55008	Chronic obstructive pulmonary disease w CC
55008	Chronic obstructive pulmonary disease w MCC
55008	Simple pneumonia and pleurisy w MCC
56187	Simple pneumonia and pleurisy w MCC

	$5457.00 *	

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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

240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN

56187	Chronic obstructive pulmonary disease w MCC
56187	Chronic obstructive pulmonary disease w CC
56187	Chronic obstructive pulmonary disease w/o CC/MCC
56187	Heart failure and shock w CC
56308	Heart failure and shock w CC
56308	Chronic obstructive pulmonary disease w/o CC/MCC
56308	Chronic obstructive pulmonary disease w CC

	$8251.00 *	
	$6177.00 *	
	$4588.00	16
	$6376.00 *	
	$6498.00	18
	$4681.00	11
	$6297.00 *	

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 patients (fewer than 11)

An asterisk (*) appears in the table where data cannot be disclosed to protect personal

240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN

56308	Chronic obstructive pulmonary disease w MCC
56308	Simple pneumonia and pleurisy w MCC
56303	Simple pneumonia and pleurisy w MCC
56303	Chronic obstructive pulmonary disease w MCC
56303	Chronic obstructive pulmonary disease w CC
56303	Chronic obstructive pulmonary disease w/o CC/MCC
56303	Heart failure and shock w CC
55102	Heart failure and shock w CC
55102	Chronic obstructive pulmonary disease w/o CC/MCC
55102	Chronic obstructive pulmonary disease w CC
55102	Chronic obstructive pulmonary disease w MCC
55102	Simple pneumonia and pleurisy w MCC
55746	Simple pneumonia and pleurisy w MCC
55746	Chronic obstructive pulmonary disease w MCC
55746	Chronic obstructive pulmonary disease w CC

	$7536.00	14
	$9246.00	23
	$9356.00	101
	$8509.00	95
	$6371.00	134
	$4737.00	102
	$6575.00	217
	$6536.00	150
	$4709.00	59
	$6318.00	73
	$8458.00	57
	$9300.00	74
	$8819.00	18
	$8020.00	15
	$6006.00 *	

disclosed to protect personal 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

240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN

55746	Chronic obstructive pulmonary disease w/o CC/MCC
55746	Heart failure and shock w CC
56007	Heart failure and shock w CC
56007	Chronic obstructive pulmonary disease w/o CC/MCC
56007	Chronic obstructive pulmonary disease w CC
56007	Chronic obstructive pulmonary disease w MCC
56007	Simple pneumonia and pleurisy w MCC
55987	Simple pneumonia and pleurisy w MCC
55987	Chronic obstructive pulmonary disease w MCC
55987	Chronic obstructive pulmonary disease w CC
55987	Chronic obstructive pulmonary disease w/o CC/MCC
55987	Heart failure and shock w CC
55805	Heart failure and shock w CC
55805	Chronic obstructive pulmonary disease w/o CC/MCC

$4465.00		18
$6198.00		30
$5861.00		42
$4222.00		13
$5679.00		21
$7584.00		25
$8339.00		19
$7811.00		14
$7104.00	*	
$5320.00		19
$3955.00		26
$5490.00		44
$6144.00		74
$4426.00		24

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

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240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN

55805	Chronic obstructive pulmonary disease w CC
55805	Chronic obstructive pulmonary disease w MCC
55805	Simple pneumonia and pleurisy w MCC
55092	Simple pneumonia and pleurisy w MCC
55092	Chronic obstructive pulmonary disease w MCC
55092	Chronic obstructive pulmonary disease w CC
55092	Chronic obstructive pulmonary disease w/o CC/MCC
55092	Heart failure and shock w CC
56537	Heart failure and shock w CC
56537	Chronic obstructive pulmonary disease w/o CC/MCC
56537	Chronic obstructive pulmonary disease w CC
56537	Chronic obstructive pulmonary disease w MCC
56537	Simple pneumonia and pleurisy w MCC
55426	Simple pneumonia and pleurisy w MCC

	$5953.00	40
	$7950.00	50
	$8742.00	56
	$8484.00	19
	$7716.00	20
	$5778.00	21
	$4296.00	14
	$5963.00	34
	$5271.00	21
	$3798.00	23
	$5108.00	17
	$6821.00	15
	$7500.00	27
	$8825.00	173

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Based on Hospital Medicare Payment And Volume Measures

	HOSPITAL	
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN

55426	Chronic obstructive pulmonary disease w MCC
55426	Chronic obstructive pulmonary disease w CC
55426	Chronic obstructive pulmonary disease w/o CC/MCC
55426	Heart failure and shock w CC
55387	Heart failure and shock w CC
55387	Chronic obstructive pulmonary disease w/o CC/MCC
55387	Chronic obstructive pulmonary disease w CC
55387	Chronic obstructive pulmonary disease w MCC
55387	Simple pneumonia and pleurisy w MCC
55407	Simple pneumonia and pleurisy w MCC
55407	Chronic obstructive pulmonary disease w MCC
55407	Chronic obstructive pulmonary disease w CC
55407	Chronic obstructive pulmonary disease w/o CC/MCC
55407	Heart failure and shock w CC

	$8026.00	88
	$6010.00	61
	$4468.00	61
	$6202.00	105
	$5967.00	36
	$4299.00	13
	$5782.00	11
	$7722.00	22
	$8491.00	22
	$9156.00	86
	$8327.00	88
	$6235.00	91
	$4636.00	55
	$6435.00	188

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Based on Hospital Medicare Payment And Volume Measures

240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN

55033	Heart failure and shock w CC
55033	Chronic obstructive pulmonary disease w/o CC/MCC
55033	Chronic obstructive pulmonary disease w CC
55033	Chronic obstructive pulmonary disease w MCC
55033	Simple pneumonia and pleurisy w MCC
55902	Simple pneumonia and pleurisy w MCC
55902	Chronic obstructive pulmonary disease w CC

$5963.00		17
$4296.00	*	
$5778.00		22
$7716.00	*	
$8484.00	*	
$10404.00		12
$7085.00	*	

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240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN

55902	Heart failure and shock w CC
55102	Heart failure and shock w CC
55102	Chronic obstructive pulmonary disease w/o CC/MCC
55102	Chronic obstructive pulmonary disease w CC
55102	Chronic obstructive pulmonary disease w MCC
55102	Simple pneumonia and pleurisy w MCC
55744	Simple pneumonia and pleurisy w MCC
55744	Chronic obstructive pulmonary disease w MCC
55744	Chronic obstructive pulmonary disease w CC

	$7312.00 *	

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240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN

55744	Chronic obstructive pulmonary disease w/o CC/MCC
55744	Heart failure and shock w CC
55082	Heart failure and shock w CC
55082	Chronic obstructive pulmonary disease w/o CC/MCC
55082	Chronic obstructive pulmonary disease w CC
55082	Chronic obstructive pulmonary disease w MCC
55082	Simple pneumonia and pleurisy w MCC
55060	Simple pneumonia and pleurisy w MCC
55060	Chronic obstructive pulmonary disease w MCC
55060	Chronic obstructive pulmonary disease w CC
55060	Chronic obstructive pulmonary disease w/o CC/MCC

$4325.00		11
$6003.00		14
$5963.00		27
$4296.00		18
$5778.00	*	
$7716.00		12
$8484.00		12
$8532.00		16
$8380.00		14
$5357.00	*	
$4665.00	*	

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240069	OWATONNA HOSPITAL	MN

240069	OWATONNA HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN

55060	Chronic obstructive pulmonary disease w/o CC/MCC
55060	Heart failure and shock w CC
55021	Heart failure and shock w CC
55021	Chronic obstructive pulmonary disease w/o CC/MCC
55021	Chronic obstructive pulmonary disease w CC
55021	Chronic obstructive pulmonary disease w MCC
55021	Simple pneumonia and pleurisy w MCC
56401	Simple pneumonia and pleurisy w MCC
56401	Chronic obstructive pulmonary disease w MCC
56401	Chronic obstructive pulmonary disease w CC
56401	Chronic obstructive pulmonary disease w/o CC/MCC

$6476.00		20
$6367.00		32
$4587.00		13
$6169.00	*	
$8239.00		13
$9059.00		20
$8545.00		34
$7771.00		46
$5819.00		40
$4450.00		35

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240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA	MN

56401	Heart failure and shock w CC
55313	Heart failure and shock w CC
55313	Chronic obstructive pulmonary disease w/o CC/MCC
55313	Chronic obstructive pulmonary disease w CC
55313	Chronic obstructive pulmonary disease w MCC
55313	Simple pneumonia and pleurisy w MCC
55435	Simple pneumonia and pleurisy w MCC
55435	Chronic obstructive pulmonary disease w MCC
55435	Chronic obstructive pulmonary disease w CC
55435	Chronic obstructive pulmonary disease w/o CC/MCC
55435	Heart failure and shock w CC
55454	Heart failure and shock w CC
55454	Chronic obstructive pulmonary disease w/o CC/MCC
55454	Chronic obstructive pulmonary disease w CC
55454	Chronic obstructive pulmonary disease w MCC

	$6176.00	72
	$6105.00	27
	$4398.00	11
	$5915.00	15
	$7900.00	21
	$8686.00 *	
	$8495.00	64
	$7726.00	64
	$5785.00	37
	$4301.00	25
	$5970.00	81
	$8264.00	65
	$3608.00	11
	$8008.00	30
	$9625.00	22

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Based on Hospital Medicare Payment And Volume Measures

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	MEDICAL CENTER, FAIRVIEW	
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN

55454	Simple pneumonia and pleurisy w MCC
55792	Simple pneumonia and pleurisy w MCC
55792	Chronic obstructive pulmonary disease w MCC
55792	Chronic obstructive pulmonary disease w CC
55792	Chronic obstructive pulmonary disease w/o CC/MCC
55792	Heart failure and shock w CC
56201	Heart failure and shock w CC
56201	Chronic obstructive pulmonary disease w/o CC/MCC
56201	Chronic obstructive pulmonary disease w CC
56201	Chronic obstructive pulmonary disease w MCC

$11759.00		41
$8913.00	*	
$8106.00	*	
$6070.00		12
$4513.00		38
$6264.00		15
$7205.00		33
$5303.00		25
$6587.00		12
$8268.00		13

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240088	RICE MEMORIAL HOSPITAL	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN

56201	Simple pneumonia and pleurisy w MCC
56002	Simple pneumonia and pleurisy w MCC
56002	Chronic obstructive pulmonary disease w MCC
56002	Chronic obstructive pulmonary disease w CC
56002	Chronic obstructive pulmonary disease w/o CC/MCC
56002	Heart failure and shock w CC
56601	Heart failure and shock w CC
56601	Chronic obstructive pulmonary disease w/o CC/MCC
56601	Chronic obstructive pulmonary disease w CC
56601	Chronic obstructive pulmonary disease w MCC
56601	Simple pneumonia and pleurisy w MCC
56501	Simple pneumonia and pleurisy w MCC
56501	Chronic obstructive pulmonary disease w MCC

	$10474.00	22
	$8943.00	31
	$8134.00	29
	$6091.00	29
	$4528.00	18
	$6285.00	48
	$6051.00	41
	$4359.00	35
	$5864.00	24
	$7830.00	21
	$8610.00	21
	$8236.00	31
	$7482.00	19

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Based on Hospital Medicare Payment And Volume Measures

240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240106	REGIONS HOSPITAL	MN

56501	Chronic obstructive pulmonary disease w CC
56501	Chronic obstructive pulmonary disease w/o CC/MCC
56501	Heart failure and shock w CC
55379	Heart failure and shock w CC
55379	Chronic obstructive pulmonary disease w/o CC/MCC
55379	Chronic obstructive pulmonary disease w CC
55379	Chronic obstructive pulmonary disease w MCC
55379	Simple pneumonia and pleurisy w MCC
55101	Simple pneumonia and pleurisy w MCC

	$5609.00	*
	$4170.00	*
	$5788.00	13
	$5963.00	25
	$4296.00	16
	$5778.00	24
	$7716.00	23
	$8484.00	30
	$11537.00	99

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240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL	MN

55101	Chronic obstructive pulmonary disease w MCC
55101	Chronic obstructive pulmonary disease w CC
55101	Chronic obstructive pulmonary disease w/o CC/MCC
55101	Heart failure and shock w CC
55433	Heart failure and shock w CC
55433	Chronic obstructive pulmonary disease w/o CC/MCC
55433	Chronic obstructive pulmonary disease w CC
55433	Chronic obstructive pulmonary disease w MCC
55433	Simple pneumonia and pleurisy w MCC
55912	Simple pneumonia and pleurisy w MCC
55912	Chronic obstructive pulmonary disease w MCC
55912	Chronic obstructive pulmonary disease w CC
55912	Chronic obstructive pulmonary disease w/o CC/MCC
55912	Heart failure and shock w CC
55432	Heart failure and shock w CC
55432	Chronic obstructive pulmonary disease w/o CC/MCC
55432	Chronic obstructive pulmonary disease w CC
55432	Chronic obstructive pulmonary disease w MCC
55432	Simple pneumonia and pleurisy w MCC
55371	Simple pneumonia and pleurisy w MCC
55371	Chronic obstructive pulmonary disease w MCC

	$10492.00	91
	$7857.00	66
	$5841.00	50
	$8108.00	96
	$6192.00	106
	$4461.00	58
	$6000.00	54
	$8013.00	80
	$8810.00	108
	$8093.00	35
	$7361.00	20
	$5512.00	12
	$4098.00	27
	$5688.00	33
	$3043.00	67
	$4494.00	34
	$6045.00	53
	$8072.00	41
	$8876.00	82
	$8924.00	16
	$8205.00	11

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Based on Hospital Medicare Payment And Volume Measures

	HOSPITAL	
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN

55371	Chronic obstructive pulmonary disease w CC
55371	Chronic obstructive pulmonary disease w/o CC/MCC
55371	Heart failure and shock w CC
56031	Heart failure and shock w CC
56031	Chronic obstructive pulmonary disease w/o CC/MCC
56031	Chronic obstructive pulmonary disease w CC
56031	Chronic obstructive pulmonary disease w MCC
56031	Simple pneumonia and pleurisy w MCC
55350	Simple pneumonia and pleurisy w MCC
55350	Chronic obstructive pulmonary disease w MCC

$6144.00		13
$4568.00		26
$6186.00		23
$5851.00		24
$4215.00		11
$5670.00	*	
$7572.00		11
$8325.00		17
$7856.00	*	
$7716.00	*	

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

240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240206	RED LAKE HOSPITAL	MN
240206	RED LAKE HOSPITAL	MN
240206	RED LAKE HOSPITAL	MN

55350	Chronic obstructive pulmonary disease w CC
55350	Chronic obstructive pulmonary disease w/o CC/MCC
55350	Heart failure and shock w CC
56671	Heart failure and shock w CC
56671	Chronic obstructive pulmonary disease w/o CC/MCC
56671	Chronic obstructive pulmonary disease w MCC

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Based on Hospital Medicare Payment And Volume Measures

$5778.00		11
$4296.00		11
$5963.00		19
$8106.00	*	
$5840.00	*	
$10490.00	*	

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240206	RED LAKE HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN

56671	Simple pneumonia and pleurisy w MCC
55337	Simple pneumonia and pleurisy w MCC
55337	Chronic obstructive pulmonary disease w MCC
55337	Chronic obstructive pulmonary disease w CC
55337	Chronic obstructive pulmonary disease w/o CC/MCC
55337	Heart failure and shock w CC
55109	Heart failure and shock w CC
55109	Chronic obstructive pulmonary disease w/o CC/MCC
55109	Chronic obstructive pulmonary disease w CC
55109	Chronic obstructive pulmonary disease w MCC
55109	Simple pneumonia and pleurisy w MCC
55125	Simple pneumonia and pleurisy w MCC
55125	Chronic obstructive pulmonary disease w MCC
55125	Chronic obstructive pulmonary disease w CC
55125	Chronic obstructive pulmonary disease w/o CC/MCC

	$11548.00	*
	$8842.00	41
	$8042.00	35
	$6022.00	33
	$4477.00	58
	$6214.00	50
	$6132.00	108
	$4417.00	51
	$5942.00	67
	$7935.00	50
	$8724.00	60
	$8491.00	13
	$7723.00	22
	$5783.00	31
	$4299.00	18

MN1

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240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN

55125	Heart failure and shock w CC
55422	Permanent cardiac pacemaker implant w CC
55422	Perc cardiovasc proc w drug-eluting stent w/o MCC
55422	Coronary bypass w/o cardiac cath w MCC
55422	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55422	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
55422	Permanent cardiac pacemaker implant w/o CC/MCC
55422	Extracranial procedures w CC
55422	Coronary bypass w/o cardiac cath w/o MCC

$5968.00		44
$16596.00		41
$12262.00		130
$36357.00	*	
$7221.00		27
$51686.00	*	
$12860.00		61
$9953.00		13
$23044.00		14

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	CENTER	
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL	MN

55422	Extracranial procedures w/o CC/MCC
55422	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
55422	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55422	Cardiac defibrillator implant w/o cardiac cath w MCC
55422	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55422	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55422	Cardiac valve and oth maj cardiothoracic proc w/o card cath w

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

MN1

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	CENTER	
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN

	MCC
55422	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55422	Chest Pain
55422	Diabetes w MCC
55805	Diabetes w MCC
55805	Chest Pain
55805	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55805	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55805	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55805	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55805	Cardiac defibrillator implant w/o cardiac cath w MCC

$30286.00		21
$3407.00		180
$8716.00		18
$8526.00	*	
$3355.00		82
$33109.00		24
$50899.00		15
$32036.00		65
$31437.00		52
$42088.00	*	

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN

55805	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55805	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
55805	Extracranial procedures w/o CC/MCC
55805	Coronary bypass w/o cardiac cath w/o MCC
55805	Extracranial procedures w CC
55805	Permanent cardiac pacemaker implant w/o CC/MCC
55805	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

$37236.00	*	
$27697.00	*	
$6317.00		49
$22695.00		28
$9802.00		19
$12579.00		75
$49866.00	*	

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN

55805	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55805	Coronary bypass w/o cardiac cath w MCC
55805	Perc cardiovasc proc w drug-eluting stent w/o MCC
55805	Permanent cardiac pacemaker implant w CC
55415	Permanent cardiac pacemaker implant w CC
55415	Perc cardiovasc proc w drug-eluting stent w/o MCC
55415	Coronary bypass w/o cardiac cath w MCC

$7112.00		23
$35806.00	*	
$12076.00		250
$16344.00		61
$5339.00	*	
$19889.00		21
$58972.00	*	

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240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN

55415	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55415	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
55415	Permanent cardiac pacemaker implant w/o CC/MCC
55415	Extracranial procedures w CC

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

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240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN

55415	Coronary bypass w/o cardiac cath w/o MCC
55415	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55415	Cardiac defibrillator implant w/o cardiac cath w MCC
55415	Cardiac defibrillator implant w/o cardiac cath w/o MCC

$37377.00 *

$61358.00 *

$69792.00 *

$30926.00 *

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240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN

55415	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55415	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55415	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55415	Chest Pain
55415	Diabetes w MCC
55904	Diabetes w MCC
55904	Chest Pain

	$52763.00		11
	$71074.00	*	
	$54903.00	*	
	$5526.00		48
	$14138.00		16
	$7446.00	*	
	$3492.00	*	

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240006	OLMSTED MEDICAL CENTER	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN

55904	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55902	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55902	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
55902	Coronary bypass w/o cardiac cath w MCC
55902	Perc cardiovasc proc w drug-eluting stent w/o MCC
55902	Permanent cardiac pacemaker implant w CC
55902	Chest Pain
55902	Diabetes w MCC
55902	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC

	$4235.00 *	

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	HOSPITAL	
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN

	CC
55902	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55902	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55902	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55902	Cardiac defibrillator implant w/o cardiac cath w MCC
55902	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55902	Extracranial procedures w/o CC/MCC
55902	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
55902	Coronary bypass w/o cardiac cath w/o MCC
55902	Extracranial procedures w CC
55902	Permanent cardiac pacemaker implant w/o CC/MCC
55057	Diabetes w MCC

	$57778.00	89
	$36496.00	128
	$35935.00	111
	$48275.00	17
	$42441.00	13
	$7196.00	122
	$31553.00	89
	$25854.00	137
	$11167.00	32
	$14428.00	176
	$8243.00 *	

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240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240019	ESSENTIA HEALTH DULUTH	MN
240019	ESSENTIA HEALTH DULUTH	MN

55057	Chest Pain
55057	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55066	Chest Pain
55805	Chest Pain
55805	Diabetes w MCC

	$3222.00		11
	$6831.00	*	
	$2998.00	*	
	$4016.00	*	
	$10276.00	*	

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240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN

55008	Diabetes w MCC
55008	Chest Pain
55008	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55008	Permanent cardiac pacemaker implant w CC
56187	Permanent cardiac pacemaker implant w CC

$8436.00	*	
$3297.00		16
$6989.00	*	
$1024.00	*	
$16393.00	*	

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240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240030	DOUGLAS COUNTY HOSPITAL	MN

56187	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
56187	Chest Pain
56187	Diabetes w MCC
56187	Permanent cardiac pacemaker implant w/o CC/MCC
56308	Permanent cardiac pacemaker implant w/o CC/MCC

$6551.00	*	
$3361.00		15
$7907.00	*	
$12184.00	*	
$11601.00	*	

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240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN

56308	Diabetes w MCC
56308	Chest Pain
56308	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
56308	Permanent cardiac pacemaker implant w CC
56303	Permanent cardiac pacemaker implant w CC
56303	Perc cardiovasc proc w drug-eluting stent w/o MCC
56303	Coronary bypass w/o cardiac cath w MCC

$4899.00	*	
$3073.00	*	
$7269.00		11
$16706.00	*	
$16919.00		86
$12490.00		409
$37034.00	*	

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240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN

56303	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
56303	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
56303	Chest Pain
56303	Diabetes w MCC
56303	Cardiac defibrillator implant w/o cardiac cath w/o MCC
56303	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
56303	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
56303	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
56303	Permanent cardiac pacemaker implant w/o CC/MCC
56303	Extracranial procedures w CC
56303	Coronary bypass w/o cardiac cath w/o MCC
56303	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

$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
$10138.00		26
$23472.00		51
$28695.00	*	

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240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN

56303	Extracranial procedures w/o CC/MCC
56303	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
56303	Cardiac defibrillator implant w/o cardiac cath w MCC
55102	Cardiac defibrillator implant w/o cardiac cath w MCC
55102	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55102	Extracranial procedures w/o CC/MCC
55102	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

$6544.00		80
$38768.00	*	
$44097.00		15
$43566.00	*	
$38256.00	*	
$6421.00		27
$28476.00	*	

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240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN

55102	Coronary bypass w/o cardiac cath w/o MCC
55102	Extracranial procedures w CC
55102	Permanent cardiac pacemaker implant w/o CC/MCC
55102	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55102	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55102	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55102	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55102	Diabetes w MCC
55102	Chest Pain
55102	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
55102	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55102	Coronary bypass w/o cardiac cath w MCC

$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	*	
$7312.00		39
$36812.00		11

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

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240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN

55102	Perc cardiovasc proc w drug-eluting stent w/o MCC
55102	Permanent cardiac pacemaker implant w CC
55746	Permanent cardiac pacemaker implant w CC
55746	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55746	Chest Pain
55746	Diabetes w MCC

$12415.00		217
$16803.00		45
$15934.00	*	
$4001.00	*	
$3271.00	*	
$8369.00	*	

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240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240044	WINONA HEALTH SERVICES	MN

56007	Chest Pain
56007	Permanent cardiac pacemaker implant w/o CC/MCC
56007	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
56007	Permanent cardiac pacemaker implant w CC
55987	Permanent cardiac pacemaker implant w CC

$3093.00	*
$11676.00	*
$6556.00	*
$1024.00	*
$12629.00	*

MN1

Based on Hospital Medicare Payment And Volume Measures

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240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240047	ST LUKES HOSPITAL	MN

55987	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55987	Permanent cardiac pacemaker implant w/o CC/MCC
55987	Chest Pain
55987	Diabetes w MCC
55805	Diabetes w MCC

	$6141.00 *	
	$10937.00 *	
	$2897.00	15
	$7413.00 *	
	$8296.00 *	

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240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN

55805	Chest Pain
55805	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55805	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55805	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55805	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55805	Permanent cardiac pacemaker implant w/o CC/MCC
55805	Extracranial procedures w CC

$3242.00		64
$30484.00		24
$30960.00	*	
$49014.00	*	
$32216.00	*	
$12239.00		30
$9473.00	*	

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240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN

55805	Coronary bypass w/o cardiac cath w/o MCC
55805	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
55805	Extracranial procedures w/o CC/MCC
55805	Cardiac defibrillator implant w/o cardiac cath w MCC
55805	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55805	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w

$21932.00		18
$24620.00	*	
$6105.00	*	
$40952.00	*	
$6873.00		30
$52835.00	*	

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240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN

	MCC
55805	Permanent cardiac pacemaker implant w CC
55805	Perc cardiovasc proc w drug-eluting stent w/o MCC
55805	Coronary bypass w/o cardiac cath w MCC
55092	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55092	Chest Pain
55092	Diabetes w MCC

$15795.00		19
$11671.00		50
$34604.00	*	
$6670.00	*	
$3147.00		31
$8051.00	*	

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240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN

56537	Diabetes w MCC
56537	Chest Pain
56537	Extracranial procedures w/o CC/MCC
56537	Extracranial procedures w CC
56537	Permanent cardiac pacemaker implant w/o CC/MCC

	$7118.00	*	
	$2782.00		19
	$5238.00	*	
	$8127.00	*	
	$10501.00	*	

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240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST	MN

56537	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
56537	Permanent cardiac pacemaker implant w CC
55426	Permanent cardiac pacemaker implant w CC
55426	Coronary bypass w/o cardiac cath w MCC
55426	Perc cardiovasc proc w drug-eluting stent w/o MCC
55426	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55426	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w

$5990.00	*	
$13978.00	*	
$15945.00		68
$37079.00	*	
$11781.00		148
$6938.00		18
$48998.00	*	

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	HOSPITAL	
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST	MN

	MCC
55426	Permanent cardiac pacemaker implant w/o CC/MCC
55426	Extracranial procedures w CC
55426	Coronary bypass w/o cardiac cath w/o MCC
55426	Extracranial procedures w/o CC/MCC
55426	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
55426	Cardiac defibrillator implant w/o cardiac cath w MCC
55426	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o

$12356.00		86
$9563.00		11
$22141.00		29
$6163.00		42
$27021.00	*	
$41341.00	*	
$38850.00	*	

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	HOSPITAL	
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN

	MCC
55426	Chest Pain
55426	Diabetes w MCC
55426	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55426	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55426	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55426	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55387	Diabetes w MCC
55387	Chest Pain
55387	Permanent cardiac pacemaker implant w/o CC/MCC

$3273.00		101
$8375.00		16
$32522.00		32
$49479.00		12
$31254.00		25
$30774.00		50
$7162.00	*	
$3149.00		35
$11887.00	*	

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240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN

55387	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55387	Perc cardiovasc proc w drug-eluting stent w/o MCC
55387	Permanent cardiac pacemaker implant w CC
55407	Permanent cardiac pacemaker implant w CC
55407	Perc cardiovasc proc w drug-eluting stent w/o MCC
55407	Coronary bypass w/o cardiac cath w MCC
55407	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

$6675.00 *	
$11335.00	12
$15341.00 *	
$16543.00	111
$12223.00	604
$30519.00	11
$7198.00	34

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240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN

55407	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
55407	Permanent cardiac pacemaker implant w/o CC/MCC
55407	Coronary bypass w/o cardiac cath w/o MCC
55407	Extracranial procedures w CC
55407	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55407	Cardiac defibrillator implant w/o cardiac cath w MCC
55407	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

$50818.00	*	
$12819.00		114
$22971.00		27
$9921.00		38
$37708.00	*	
$42891.00		23
$851.00	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN

55407	Extracranial procedures w/o CC/MCC
55407	Chest Pain
55407	Diabetes w MCC
55407	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55407	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55407	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55407	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55033	Diabetes w MCC
55033	Chest Pain
55033	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

$6394.00		60
$3396.00		148
$8688.00		15
$31927.00		103
$32426.00		98
$51334.00		40
$33741.00		41
$8051.00	*	
$3147.00		15
$6670.00	*	

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240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN

55902	Diabetes w MCC
55902	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55102	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55102	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55102	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55102	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55102	Diabetes w MCC

$97751.00	*	
$36846.00	*	
$32307.00		19
$31810.00		46
$33347.00		21
$49177.00		22
$8141.00	*	

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240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN

55102	Chest Pain
55102	Extracranial procedures w/o CC/MCC
55102	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
55102	Cardiac defibrillator implant w/o cardiac cath w MCC
55102	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55102	Extracranial procedures w CC
55102	Coronary bypass w/o cardiac cath w/o MCC
55102	Permanent cardiac pacemaker implant w/o CC/MCC
55102	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

$3383.00		108
$6319.00		34
$672.00	*	
$48845.00	*	
$19086.00	*	
$9845.00		12
$22702.00		20
$12669.00		56
$7172.00		16

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240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN

55102	Coronary bypass w/o cardiac cath w MCC
55102	Perc cardiovasc proc w drug-eluting stent w/o MCC
55102	Permanent cardiac pacemaker implant w CC
55744	Permanent cardiac pacemaker implant w CC
55744	Permanent cardiac pacemaker implant w/o CC/MCC
55744	Extracranial procedures w CC
55744	Chest Pain

$35818.00		18
$12080.00		131
$16482.00		36
$15433.00	*	
$11958.00	*	
$9584.00	*	
$3168.00	*	

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240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN

55744	Diabetes w MCC
55744	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55082	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55082	Diabetes w MCC
55082	Chest Pain

$8105.00 *

$30549.00 *

$30047.00 *

$8051.00 *

$3147.00 *

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240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN

55082	Extracranial procedures w CC
55082	Extracranial procedures w/o CC/MCC
55082	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55060	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

$9193.00	*
$5925.00	*
$6670.00	*
$7244.00	*

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240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN

55060	Permanent cardiac pacemaker implant w/o CC/MCC
55060	Chest Pain
55060	Diabetes w MCC
55021	Diabetes w MCC
55021	Chest Pain

$12901.00	*	
$3418.00		12
$8744.00	*	
$8597.00	*	
$3360.00	*	

health information due to the small number of Medicare patients (fewer than 11)
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240071	DISTRICT ONE HOSPITAL	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN

55021	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
56401	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
56401	Permanent cardiac pacemaker implant w CC
56401	Chest Pain
56401	Diabetes w MCC
56401	Permanent cardiac pacemaker implant w/o CC/MCC

$7122.00	*	
$6718.00	*	
$15439.00		11
$3260.00		40
$8057.00		11
$11963.00	*	

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240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN

56401	Extracranial procedures w CC
56401	Extracranial procedures w/o CC/MCC
55313	Diabetes w MCC
55313	Chest Pain
55313	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55435	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

$10249.00	*	
$6370.00	*	
$8243.00	*	
$3222.00		39
$6829.00	*	
$6679.00		16

MN1

Based on Hospital Medicare Payment And Volume Measures

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240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN

55435	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
55435	Permanent cardiac pacemaker implant w CC
55435	Perc cardiovasc proc w drug-eluting stent w/o MCC
55435	Coronary bypass w/o cardiac cath w MCC
55435	Chest Pain
55435	Diabetes w MCC
55435	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55435	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55435	Cardiac valve and oth maj cardiothoracic proc w/o card cath w

$65946.00	*	
$15349.00		37
$11341.00		92
$33625.00	*	
$3151.00		71
$5374.00	*	
$30085.00		18
$29625.00		20
$47628.00		17

MN1

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240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN

	MCC
55435	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55435	Extracranial procedures w/o CC/MCC
55435	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55435	Cardiac defibrillator implant w/o cardiac cath w MCC
55435	Extracranial procedures w CC
55435	Coronary bypass w/o cardiac cath w/o MCC
55435	Permanent cardiac pacemaker implant w/o CC/MCC
55454	Permanent cardiac pacemaker implant w/o CC/MCC
55454	Coronary bypass w/o cardiac cath w/o MCC
55454	Extracranial procedures w CC

$31305.00		22
$5932.00		74
$34985.00	*	
$39794.00	*	
$9205.00		20
$21312.00		27
$11893.00		49
$16463.00		18
$29501.00		13
$18038.00	*	

MN1

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN

55454	Cardiac defibrillator implant w/o cardiac cath w MCC
55454	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55454	Extracranial procedures w/o CC/MCC
55454	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC

$55385.00 *

$7257.00 *

$8211.00 *

$36005.00 *

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA	MN

55454	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55454	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55454	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55454	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55454	Diabetes w MCC
55454	Chest Pain
55454	Coronary bypass w/o cardiac cath w MCC
55454	Perc cardiovasc proc w drug-eluting stent w/o MCC
55454	Permanent cardiac pacemaker implant w CC
55454	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

	$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 *	

small number of Medicare patients (fewer than 11)

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	MEDICAL CENTER, FAIRVIEW	
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240088	RICE MEMORIAL HOSPITAL	MN

55792	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55792	Chest Pain
55792	Diabetes w MCC
55792	Extracranial procedures w/o CC/MCC
56201	Extracranial procedures w/o CC/MCC

	$7007.00 *	
	$3306.00	22
	$8458.00 *	
	$6224.00 *	
	$7314.00	20

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240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240093	IMMANUEL-ST JOSEPHS-MAYO	MN

56201	Extracranial procedures w CC
56201	Diabetes w MCC
56201	Chest Pain
56201	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
56201	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
56002	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

$11350.00	*	
$9284.00	*	
$3885.00		16
$34647.00	*	
$8235.00	*	
$7031.00		23

MN1

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	HEALTH SYSTEM	
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN

56002	Permanent cardiac pacemaker implant w CC
56002	Perc cardiovasc proc w drug-eluting stent w/o MCC
56002	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
56002	Cardiac defibrillator implant w/o cardiac cath w/o MCC
56002	Chest Pain
56002	Diabetes w MCC
56002	Extracranial procedures w CC

$16160.00		34
$11940.00		45
$32726.00	*	
$31187.00		13
$3317.00		44
$8487.00	*	
$9691.00	*	

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240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN

56002	Permanent cardiac pacemaker implant w/o CC/MCC
56002	Extracranial procedures w/o CC/MCC
56601	Extracranial procedures w/o CC/MCC
56601	Permanent cardiac pacemaker implant w/o CC/MCC
56601	Extracranial procedures w CC
56601	Diabetes w MCC

$12522.00		16
$6245.00		12
$6013.00	*	
$12328.00	*	
$9492.00	*	
$8313.00	*	

patients (fewer than 11)

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240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH	MN

56601	Chest Pain
56601	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
56601	Permanent cardiac pacemaker implant w CC
56601	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
56501	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
56501	Chest Pain

	$3221.00	32
	$30493.00 *	
	$8530.00 *	
	$6769.00 *	
	$6475.00	11
	$3055.00	29

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	CENTER	
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN

56501	Diabetes w MCC
55379	Diabetes w MCC
55379	Chest Pain
55379	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55101	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55101	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC

$8917.00 *		
$7604.00 *		
$3147.00		19
$6670.00 *		
$9070.00		15
$64034.00 *		

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240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN

55101	Permanent cardiac pacemaker implant w CC
55101	Perc cardiovasc proc w drug-eluting stent w/o MCC
55101	Coronary bypass w/o cardiac cath w MCC
55101	Chest Pain
55101	Diabetes w MCC
55101	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55101	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55101	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55101	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55101	Extracranial procedures w CC
55101	Coronary bypass w/o cardiac cath w/o MCC

	$20845.00	28
	$15402.00	102
	$45667.00 *	
	$4279.00	233
	$10896.00	22
	$40859.00	22
	$40231.00	22
	$64684.00	18
	$42516.00 *	

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240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240115	MERCY HOSPITAL	MN

55101	Coronary bypass w/o cardiac cath w/o MCC
55101	Permanent cardiac pacemaker implant w/o CC/MCC
55101	Extracranial procedures w/o CC/MCC
55101	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55101	Cardiac defibrillator implant w/o cardiac cath w MCC
55433	Cardiac defibrillator implant w/o cardiac cath w MCC

$16152.00		27
$8056.00		37
$47589.00	*	
$54045.00	*	
$41273.00	*	

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240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN

55433	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
55433	Extracranial procedures w/o CC/MCC
55433	Cardiac valve and oth maj cardiothoracic proc w/o card cath w/o CC/MCC
55433	Permanent cardiac pacemaker implant w/o CC/MCC
55433	Coronary bypass w/o cardiac cath w/o MCC
55433	Extracranial procedures w CC
55433	Cardiac valve and oth maj cardiothoracic proc w/o card cath w CC
55433	Cardiac valve and oth maj cardiothoracic proc w/o card cath w MCC
55433	Cardiac defibrillator implant w/o cardiac cath w/o MCC
55433	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55433	Diabetes w MCC

$129.00	*	
$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	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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MN1

Based on Hospital Medicare Payment And Volume Measures

240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240117	AUSTIN MEDICAL CENTER	MN

55433	Chest Pain
55433	Coronary bypass w/o cardiac cath w MCC
55433	Perc cardiovasc proc w drug-eluting stent w/o MCC
55433	Permanent cardiac pacemaker implant w CC
55433	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
55433	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55912	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC

MN1

Based on Hospital Medicare Payment And Volume Measures

$3268.00		129
$34874.00	*	
$11762.00		273
$15919.00		29
$173.00	*	
$6927.00		22
$6363.00	*	

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MN1

Based on Hospital Medicare Payment And Volume Measures

240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN

55912	Chest Pain
55912	Diabetes w MCC
55432	Diabetes w MCC
55432	Chest Pain
55432	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55432	Extracranial procedures w CC
55432	Permanent cardiac pacemaker implant w/o CC/MCC

$3002.00		14
$7680.00	*	
$8423.00		19
$5.00		45
$31435.00	*	
$15.00	*	
$12427.00	*	

patients (fewer than 11)

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240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN

55432	Extracranial procedures w/o CC/MCC
55432	Cardiac defibrillator implant w/o cardiac cath w MCC
55432	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55432	Permanent cardiac pacemaker implant w CC
55371	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55371	Chest Pain

$6198.00		13
$41580.00	*	
$6978.00	*	
$16037.00		16
$13028.00	*	
$3346.00	*	

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

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240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN

55371	Diabetes w MCC
56031	Diabetes w MCC
56031	Chest Pain
56031	Extracranial procedures w/o CC/MCC

$8561.00 *

$7901.00 *

$3088.00 *

$5814.00 *

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240166	FAIRMONT MEDICAL CENTER	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN

56031	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55350	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55350	Permanent cardiac pacemaker implant w CC
55350	Extracranial procedures w/o CC/MCC
55350	Permanent cardiac pacemaker implant w/o CC/MCC

	$6545.00	*
	$6670.00	*
	$15329.00	*
	$5925.00	*
	$11878.00	*

patients (fewer than 11)

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240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN

55350	Extracranial procedures w CC
55350	Chest Pain
55350	Diabetes w MCC
55350	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

$9193.00 *

$3147.00 *

$3578.00 *

$30047.00 *

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240206	RED LAKE HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN

56671	Chest Pain
55337	Chest Pain
55337	Diabetes w MCC
55337	Perc cardiovasc proc w drug-eluting stent w/o MCC
55337	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55109	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55109	Permanent cardiac pacemaker implant w CC
55109	Diabetes w MCC
55109	Chest Pain
55109	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair

$4278.00		11
$3280.00		52
$8391.00		11
$6437.00	*	
$6952.00		18
$6859.00		21
$15764.00		29
$5571.00	*	
$3327.00		137
$30899.00	*	

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240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN

55109	Extracranial procedures w CC
55109	Permanent cardiac pacemaker implant w/o CC/MCC
55109	Extracranial procedures w/o CC/MCC
55125	Extracranial procedures w/o CC/MCC
55125	Extracranial procedures w CC
55125	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
55125	Chest Pain

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Based on Hospital Medicare Payment And Volume Measures

$9719.00		16
$12215.00		26
$149.00		13
$5930.00	*	
$7.00	*	
$30094.00	*	
$3149.00		55

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	HOSPITAL	
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL	MN

55125	Diabetes w MCC
55125	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
55422	Major joint replacement or reattachment of lower extremity w MCC
55422	Revision of hip or knee replacement w/o CC/MCC
55422	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55422	Major shoulder or elbow joint procedures w/o CC/MCC
55422	Major shoulder or elbow joint procedures w CC/MCC

$8058.00	*	
$6676.00	*	
$13766.00		30
$15707.00		23
$11028.00		41
$7155.00	*	
$5635.00	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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	CENTER	
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN

55422	Major joint replacement or reattachment of lower extremity w/o MCC
55422	Back and neck proc exc spinal fusion w/o CC/MCC
55422	Spinal fusion except cervical w MCC
55422	Spinal fusion except cervical w/o MCC
55422	Cervical spinal fusion w MCC
55422	Cervical spinal fusion w CC

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

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240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL	MN

55422	Cervical spinal fusion w/o CC/MCC
55422	Stomach, esophageal duodenal proc w/o CC/MCC
55422	Major small and large bowel procedures w CC
55422	Major small and large bowel procedures w MCC
55422	Hernia procedures except inguinal and femoral w CC
55422	Major small and large bowel procedures w/o CC/MCC
55422	Hernia procedures except inguinal and femoral w/o CC/MCC
55422	Hernia procedures except inguinal and femoral w MCC

MN1

Based on Hospital Medicare Payment And Volume Measures

$12270.00		15
$9330.00	*	
$16405.00		68
$33122.00		59
$8988.00		11
$10401.00		14
$6185.00	*	
$15937.00	*	

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240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN

55422	Hernia procedures except inguinal and femoral w MCC
55422	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55422	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55422	Laparoscopic cholecystectomy w/o c.d.e. w CC
55422	Other musculoskelet sys and conn tiss O.R. proc w MCC
55422	Kidney and ureter procedures for neoplasm w/o CC/MCC
55422	Kidney and ureter procedures for neoplasm w MCC
55422	Kidney and ureter procedures for neoplasm w CC
55422	Kidney and ureter procedures for non-neoplasm w MCC

	$21235.00 *	

MN1

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240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S	MN

55422	Revision of hip or knee replacement w CC
55422	Bilateral or multiple major joint procs of lower extremity w/o MCC
55422	Revision of hip or knee replacement w MCC
55422	Biopsies of musculoskeletal system and connective tissue w CC
55805	Biopsies of musculoskeletal system and connective tissue w

	$16364.00		23
	$20154.00	*	
	$17711.00	*	
	$13608.00	*	
	$13311.00	*	

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	MEDICAL CENTER	
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN

	CC
55805	Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
55805	Biopsies of musculoskeletal system and connective tissue w MCC
55805	Revision of hip or knee replacement w MCC
55805	Bilateral or multiple major joint procs of lower extremity w/o MCC

$4691.00	*
$22371.00	*
$26949.00	*
$19714.00	*

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN

55805	Revision of hip or knee replacement w CC
55805	Kidney and ureter procedures for non-neoplasm w MCC
55805	Kidney and ureter procedures for neoplasm w CC
55805	Kidney and ureter procedures for neoplasm w MCC
55805	Kidney and ureter procedures for neoplasm w/o CC/MCC

	$19208.00	17
	$10614.00 *	
	$11760.00 *	
	$20557.00 *	
	$8691.00 *	

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S	MN

55805	Other musculoskelet sys and conn tiss O.R. proc w MCC
55805	Laparoscopic cholecystectomy w/o c.d.e. w CC
55805	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55805	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55805	Hernia procedures except inguinal and femoral w MCC
55805	Hernia procedures except inguinal and femoral w/o CC/MCC

$291.00	*	
$10351.00		20
$15530.00		14
$22539.00	*	
$19195.00	*	
$6050.00		13

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN

55805	Major small and large bowel procedures w/o CC/MCC
55805	Hernia procedures except inguinal and femoral w CC
55805	Major small and large bowel procedures w MCC
55805	Major small and large bowel procedures w CC
55805	Stomach, esophageal duodenal proc w/o CC/MCC
55805	Cervical spinal fusion w/o CC/MCC
55805	Cervical spinal fusion w CC
55805	Spinal fusion except cervical w/o MCC

$10243.00		23
$8792.00	*	
$32399.00		40
$16046.00		49
$9112.00		15
$12084.00		17
$16528.00	*	
$22481.00		52

MN1

Based on Hospital Medicare Payment And Volume Measures

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN

55805	Spinal fusion except cervical w MCC
55805	Back and neck proc exc spinal fusion w/o CC/MCC
55805	Major joint replacement or reattachment of lower extremity w/o MCC
55805	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55805	Revision of hip or knee replacement w/o CC/MCC
55805	Major joint replacement or reattachment of lower extremity w MCC
55415	Major joint replacement or reattachment of lower extremity w MCC
55415	Revision of hip or knee replacement w/o CC/MCC
55415	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

$37757.00	*	
$5884.00		84
$12590.00		452
$10787.00		26
$15417.00		12
$20632.00		34
$29750.00		13
$25476.00	*	
$17888.00	*	

MN1

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240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN

	device/neurostim
55415	Major joint replacement or reattachment of lower extremity w/o MCC
55415	Back and neck proc exc spinal fusion w/o CC/MCC
55415	Spinal fusion except cervical w MCC
55415	Spinal fusion except cervical w/o MCC
55415	Cervical spinal fusion w CC

MN1

Based on Hospital Medicare Payment And Volume Measures

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

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240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN

55415	Cervical spinal fusion w MCC
55415	Cervical spinal fusion w/o CC/MCC
55415	Stomach, esophageal duodenal proc w/o CC/MCC
55415	Major small and large bowel procedures w CC
55415	Major small and large bowel procedures w MCC
55415	Hernia procedures except inguinal and femoral w CC

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

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240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN

55415	Major small and large bowel procedures w/o CC/MCC
55415	Hernia procedures except inguinal and femoral w/o CC/MCC
55415	Hernia procedures except inguinal and femoral w MCC
55415	Cholecystectomy except by laparoscope w/o c.d.e. w MCC

$3191.00 *

$1990.00 *

$25649.00 *

$22242.00 *

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240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL	MN

55415	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55415	Laparoscopic cholecystectomy w/o c.d.e. w CC
55415	Other musculoskelet sys and conn tiss O.R. proc w MCC
55415	Kidney and ureter procedures for neoplasm w/o CC/MCC
55415	Kidney and ureter procedures for neoplasm w MCC

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

patients (fewer than 11)

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	CENTER	
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN

55415	Kidney and ureter procedures for neoplasm w CC
55415	Kidney and ureter procedures for non-neoplasm w MCC
55415	Revision of hip or knee replacement w CC
55415	Revision of hip or knee replacement w MCC

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

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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240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN

55415	Biopsies of musculoskeletal system and connective tissue w MCC
55415	Biopsies of musculoskeletal system and connective tissue w CC
55904	Bilateral or multiple major joint procs of lower extremity w/o MCC
55904	Revision of hip or knee replacement w CC

$34087.00 *

$21900.00 *

$1024.00 *

$20129.00 *

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240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN

55904	Laparoscopic cholecystectomy w/o c.d.e. w CC
55904	Hernia procedures except inguinal and femoral w/o CC/MCC
55904	Major small and large bowel procedures w CC
55904	Major joint replacement or reattachment of lower extremity w/o MCC
55904	Major shoulder or elbow joint procedures w/o CC/MCC

	$10848.00 *	
	$6340.00 *	
	$23019.00 *	
	$13194.00	66
	$9527.00 *	

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240006	OLMSTED MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN

55904	Revision of hip or knee replacement w/o CC/MCC
55904	Major joint replacement or reattachment of lower extremity w MCC
55902	Major joint replacement or reattachment of lower extremity w MCC
55902	Revision of hip or knee replacement w/o CC/MCC
55902	Major shoulder or elbow joint procedures w/o CC/MCC

$16101.00	*	
$22867.00	*	
$23664.00		29
$17622.00	*	
$8015.00	*	

patients (fewer than 11)

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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN

55902	Major shoulder or elbow joint procedures w CC/MCC
55902	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55902	Major joint replacement or reattachment of lower extremity w/o MCC
55902	Stomach, esophageal duodenal proc w/o CC/MCC
55902	Cervical spinal fusion w/o CC/MCC
55902	Cervical spinal fusion w MCC
55902	Cervical spinal fusion w CC
55902	Spinal fusion except cervical w/o MCC

$12347.00	*	
$12373.00		113
$14441.00		163
$10451.00		113
$13767.00		31
$31735.00	*	
$18761.00		21
$25611.00		78

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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN

55902	Spinal fusion except cervical w MCC
55902	Back and neck proc exc spinal fusion w/o CC/MCC
55902	Major small and large bowel procedures w CC
55902	Major small and large bowel procedures w MCC
55902	Major small and large bowel procedures w/o CC/MCC
55902	Hernia procedures except inguinal and femoral w CC
55902	Hernia procedures except inguinal and femoral w/o CC/MCC
55902	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55902	Hernia procedures except inguinal and femoral w MCC

$33845.00	*	
$6749.00		279
$18405.00		80
$37161.00		60
$11669.00		12
$10084.00		24
$6939.00		38
$25677.00	*	
$17880.00	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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	HOSPITAL	
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS	MN

55902	Laparoscopic cholecystectomy w/o c.d.e. w CC
55902	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55902	Revision of hip or knee replacement w CC
55902	Revision of hip or knee replacement w MCC
55902	Biopsies of musculoskeletal system and connective tissue w CC
55902	Biopsies of musculoskeletal system and connective tissue w MCC
55902	Biopsies of musculoskeletal system and connective tissue w/o

	$11873.00	20
	$17813.00	19
	$22031.00	14
	$32677.00 *	
	$15267.00	12
	$23578.00 *	
	$10603.00 *	

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	HOSPITAL	
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN

	CC/MCC
55902	Kidney and ureter procedures for non-neoplasm w MCC
55902	Kidney and ureter procedures for neoplasm w CC
55902	Kidney and ureter procedures for neoplasm w MCC
55902	Kidney and ureter procedures for neoplasm w/o CC/MCC
55902	Other musculoskelet sys and conn tiss O.R. proc w MCC
55057	Bilateral or multiple major joint procs of lower extremity w MCC
55057	Bilateral or multiple major joint procs of lower extremity w/o MCC

$23988.00		15
$13397.00		59
$23579.00		27
$9901.00		64
$18016.00		13
$27537.00	*	
$1024.00	*	

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240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN

55057	Revision of hip or knee replacement w CC
55057	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55057	Laparoscopic cholecystectomy w/o c.d.e. w CC
55057	Hernia procedures except inguinal and femoral w CC
55057	Major small and large bowel procedures w/o CC/MCC

$18570.00 *

$1068.00 *

$10008.00 *

$8500.00 *

$17431.00 *

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240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN

55057	Major small and large bowel procedures w MCC
55057	Major small and large bowel procedures w CC
55057	Major joint replacement or reattachment of lower extremity w/o MCC
55057	Major shoulder or elbow joint procedures w/o CC/MCC
55057	Revision of hip or knee replacement w/o CC/MCC

$31324.00	*	
$15514.00	*	
$12172.00		49
$6756.00	*	
$1024.00	*	

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240014	NORTHFIELD HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN

55057	Major joint replacement or reattachment of lower extremity w MCC
55066	Major joint replacement or reattachment of lower extremity w MCC
55066	Revision of hip or knee replacement w/o CC/MCC
55066	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

$19947.00	*
$18565.00	*
$13824.00	*
$9706.00	*

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240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN

55066	Major joint replacement or reattachment of lower extremity w/o MCC
55066	Back and neck proc exc spinal fusion w/o CC/MCC
55066	Spinal fusion except cervical w/o MCC
55066	Stomach, esophageal duodenal proc w/o CC/MCC
55066	Major small and large bowel procedures w CC

	$11329.00	64
	$5294.00 *	
	$22276.00 *	
	$8199.00 *	
	$14439.00 *	

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240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN

55066	Major small and large bowel procedures w MCC
55066	Major small and large bowel procedures w/o CC/MCC
55066	Hernia procedures except inguinal and femoral w CC
55066	Laparoscopic cholecystectomy w/o c.d.e. w CC

$29153.00 *

$9064.00 *

$7911.00 *

$9314.00 *

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240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240019	ESSENTIA HEALTH DULUTH	MN

55066	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55066	Revision of hip or knee replacement w CC
55066	Bilateral or multiple major joint procs of lower extremity w/o MCC
55066	Biopsies of musculoskeletal system and connective tissue w CC
55805	Kidney and ureter procedures for non-neoplasm w MCC

$13974.00 *

$17283.00 *

$17739.00 *

$11196.00 *

$25089.00 *

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240019	ESSENTIA HEALTH DULUTH	MN
240019	ESSENTIA HEALTH DULUTH	MN
240019	ESSENTIA HEALTH DULUTH	MN
240019	ESSENTIA HEALTH DULUTH	MN
240019	ESSENTIA HEALTH DULUTH	MN

55805	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55805	Laparoscopic cholecystectomy w/o c.d.e. w CC
55805	Hernia procedures except inguinal and femoral w CC
55805	Major joint replacement or reattachment of lower extremity w/o MCC
55805	Major shoulder or elbow joint procedures w/o CC/MCC

$18575.00	*	
$12476.00	*	
$10596.00	*	
$15174.00		20
$8383.00	*	

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240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN

55008	Major shoulder or elbow joint procedures w CC/MCC
55008	Major joint replacement or reattachment of lower extremity w/o MCC
55008	Major joint replacement or reattachment of lower extremity w MCC
55008	Hernia procedures except inguinal and femoral w CC
55008	Major small and large bowel procedures w MCC

$10652.00	*	
$12458.00		63
$14794.00	*	
$8699.00	*	
$27551.00	*	

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240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN

55008	Major small and large bowel procedures w CC
55008	Laparoscopic cholecystectomy w/o c.d.e. w CC
55008	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55008	Hernia procedures except inguinal and femoral w MCC

$15878.00	*
$10243.00	*
$15367.00	*
$15425.00	*

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240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN

55008	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55008	Hernia procedures except inguinal and femoral w/o CC/MCC
55008	Revision of hip or knee replacement w MCC
55008	Revision of hip or knee replacement w CC

$22151.00 *

$5987.00 *

$28190.00 *

$15838.00 *

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240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL	MN

56187	Revision of hip or knee replacement w CC
56187	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
56187	Laparoscopic cholecystectomy w/o c.d.e. w MCC
56187	Laparoscopic cholecystectomy w/o c.d.e. w CC
56187	Major small and large bowel procedures w CC

	$17813.00	*
	$28360.00	*
	$15677.00	*
	$10453.00	*
	$12153.00	*

patients (fewer than 11)

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	CENTER	
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN

56187	Major small and large bowel procedures w MCC
56187	Major joint replacement or reattachment of lower extremity w MCC
56187	Major joint replacement or reattachment of lower extremity w/o MCC
56308	Major joint replacement or reattachment of lower extremity w/o MCC
56308	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

$32717.00	*	
$20834.00	*	
$12710.00		36
$12957.00		249
$11101.00	*	

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240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN

56308	Major joint replacement or reattachment of lower extremity w MCC
56308	Revision of hip or knee replacement w/o CC/MCC
56308	Stomach, esophageal duodenal proc w/o CC/MCC
56308	Cervical spinal fusion w/o CC/MCC
56308	Cervical spinal fusion w CC
56308	Cervical spinal fusion w MCC

$15993.00		18
$15811.00		12
$1068.00	*	
$11711.00	*	
$15960.00	*	
$28474.00	*	

patients (fewer than 11)

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240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN

56308	Spinal fusion except cervical w/o MCC
56308	Spinal fusion except cervical w MCC
56308	Back and neck proc exc spinal fusion w/o CC/MCC
56308	Major small and large bowel procedures w MCC
56308	Major small and large bowel procedures w CC
56308	Hernia procedures except inguinal and femoral w CC

$22979.00		27
$34462.00	*	
$6055.00	*	
$32409.00	*	
$16514.00		18
$9048.00	*	

small number of Medicare patients (fewer than 11)

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240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN

56308	Major small and large bowel procedures w/o CC/MCC
56308	Laparoscopic cholecystectomy w/o c.d.e. w CC
56308	Laparoscopic cholecystectomy w/o c.d.e. w MCC
56308	Cholecystectomy except by laparoscope w/o c.d.e. w MCC

$10470.00 *

$10653.00 *

$18869.00 *

$23038.00 *

small number of Medicare patients (fewer than 11)
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240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN

56308	Hernia procedures except inguinal and femoral w MCC
56308	Hernia procedures except inguinal and femoral w/o CC/MCC
56308	Revision of hip or knee replacement w CC
56308	Bilateral or multiple major joint procs of lower extremity w/o MCC
56308	Biopsies of musculoskeletal system and connective tissue w CC
56308	Bilateral or multiple major joint procs of lower extremity w MCC

$14377.00	*	
$5903.00	*	
$19767.00		14
$18182.00		22
$13698.00	*	
$29311.00	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN

56308	Kidney and ureter procedures for neoplasm w/o CC/MCC
56308	Kidney and ureter procedures for neoplasm w CC
56303	Kidney and ureter procedures for neoplasm w CC
56303	Kidney and ureter procedures for neoplasm w MCC
56303	Kidney and ureter procedures for neoplasm w/o CC/MCC
56303	Other musculoskelet sys and conn tiss O.R. proc w MCC
56303	Kidney and ureter procedures for non-neoplasm w MCC

$8883.00	*	
$6544.00	*	
$12183.00		12
$21443.00	*	
$8989.00		17
$20027.00		13
$322.00	*	

patients (fewer than 11)

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240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN

56303	Bilateral or multiple major joint procs of lower extremity w MCC
56303	Biopsies of musculoskeletal system and connective tissue w CC
56303	Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
56303	Biopsies of musculoskeletal system and connective tissue w MCC

$29709.00 *

$13861.00 *

$9627.00 *

$8544.00 *

health information due to the small number of Medicare patients (fewer than 11)
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240036	ST CLOUD HOSPITAL	MN
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240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN

56303	Bilateral or multiple major joint procs of lower extremity w/o MCC
56303	Revision of hip or knee replacement w MCC
56303	Revision of hip or knee replacement w CC
56303	Hernia procedures except inguinal and femoral w/o CC/MCC
56303	Hernia procedures except inguinal and femoral w MCC
56303	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
56303	Laparoscopic cholecystectomy w/o c.d.e. w MCC
56303	Laparoscopic cholecystectomy w/o c.d.e. w CC

$20564.00		25
$29692.00	*	
$20002.00		32
$6311.00		15
$16233.00	*	
$23351.00	*	
$16172.00		20
$10779.00		37

patients (fewer than 11)

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240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN

56303	Major small and large bowel procedures w/o CC/MCC
56303	Hernia procedures except inguinal and femoral w CC
56303	Major small and large bowel procedures w CC
56303	Major small and large bowel procedures w MCC
56303	Back and neck proc exc spinal fusion w/o CC/MCC
56303	Spinal fusion except cervical w MCC
56303	Spinal fusion except cervical w/o MCC
56303	Cervical spinal fusion w MCC
56303	Cervical spinal fusion w CC
56303	Cervical spinal fusion w/o CC/MCC

$10612.00		24
$9211.00	*	
$16710.00		72
$33738.00		48
$6127.00		276
$38911.00	*	
$23291.00		66
$28989.00	*	
$17062.00		15
$12499.00		60

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MN1

Based on Hospital Medicare Payment And Volume Measures

240036	ST CLOUD HOSPITAL	MN
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240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN

56303	Stomach, esophageal duodenal proc w/o CC/MCC
56303	Revision of hip or knee replacement w/o CC/MCC
56303	Major joint replacement or reattachment of lower extremity w MCC
56303	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
56303	Major shoulder or elbow joint procedures w/o CC/MCC
56303	Major joint replacement or reattachment of lower extremity w/o MCC
55102	Major joint replacement or reattachment of lower extremity w/o MCC
55102	Major shoulder or elbow joint procedures w/o CC/MCC
55102	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55102	Major joint replacement or reattachment of lower extremity w

$9488.00		17
$16026.00		26
$21485.00		44
$11233.00		108
$7289.00	*	
$13132.00		620
$13032.00		277
$7233.00	*	
$11166.00		90
$18571.00		27

MN1

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240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN

	MCC
55102	Revision of hip or knee replacement w/o CC/MCC
55102	Stomach, esophageal duodenal proc w/o CC/MCC
55102	Cervical spinal fusion w/o CC/MCC
55102	Cervical spinal fusion w CC
55102	Cervical spinal fusion w MCC

$15903.00 *

$4793.00 *

$12424.00 *

$16931.00 *

$471.00 *

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240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN

55102	Spinal fusion except cervical w/o MCC
55102	Back and neck proc exc spinal fusion w/o CC/MCC
55102	Major small and large bowel procedures w MCC
55102	Major small and large bowel procedures w CC
55102	Hernia procedures except inguinal and femoral w CC
55102	Major small and large bowel procedures w/o CC/MCC
55102	Laparoscopic cholecystectomy w/o c.d.e. w CC
55102	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55102	Cholecystectomy except by laparoscope w/o c.d.e. w MCC

$23113.00		24
$6091.00		103
$33157.00		40
$16571.00		45
$8998.00	*	
$10506.00	*	
$10715.00		37
$15965.00		14
$23172.00	*	

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240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN

55102	Hernia procedures except inguinal and femoral w MCC
55102	Hernia procedures except inguinal and femoral w/o CC/MCC
55102	Revision of hip or knee replacement w CC
55102	Revision of hip or knee replacement w MCC
55102	Bilateral or multiple major joint procs of lower extremity w/o MCC
55102	Biopsies of musculoskeletal system and connective tissue w MCC

$16136.00	*	
$6248.00		15
$19770.00		22
$29490.00	*	
$336.00	*	
$20740.00	*	

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240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN

55102	Biopsies of musculoskeletal system and connective tissue w CC
55102	Kidney and ureter procedures for non-neoplasm w MCC
55102	Other musculoskelet sys and conn tiss O.R. proc w MCC
55102	Kidney and ureter procedures for neoplasm w/o CC/MCC

$13778.00 *

$21403.00 *

$19682.00 *

$22420.00 *

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240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN

55102	Kidney and ureter procedures for neoplasm w MCC
55102	Kidney and ureter procedures for neoplasm w CC
55746	Biopsies of musculoskeletal system and connective tissue w MCC
55746	Hernia procedures except inguinal and femoral w/o CC/MCC

$21038.00 *

$12076.00 *

$18024.00 *

$5939.00 *

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240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN

55746	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55746	Laparoscopic cholecystectomy w/o c.d.e. w CC
55746	Major small and large bowel procedures w/o CC/MCC
55746	Hernia procedures except inguinal and femoral w CC
55746	Major small and large bowel procedures w CC

$1024.00	*
$10160.00	*
$9986.00	*
$8705.00	*
$17905.00	*

MN1

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240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN

55746	Major small and large bowel procedures w MCC
55746	Major joint replacement or reattachment of lower extremity w/o MCC
56007	Major joint replacement or reattachment of lower extremity w/o MCC
56007	Major joint replacement or reattachment of lower extremity w MCC
56007	Stomach, esophageal duodenal proc w/o CC/MCC

	$37493.00 *	
	$12358.00	17
	$11686.00	88
	$19151.00 *	
	$4825.00 *	

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240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN

56007	Major small and large bowel procedures w MCC
56007	Major small and large bowel procedures w CC
56007	Major small and large bowel procedures w/o CC/MCC
56007	Laparoscopic cholecystectomy w/o c.d.e. w CC
56007	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
56007	Hernia procedures except inguinal and femoral w/o CC/MCC

	$19512.00	*	
	$14895.00		13
	$9444.00	*	
	$9608.00	*	
	$1068.00	*	
	$5616.00	*	

MN1

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240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240044	WINONA HEALTH SERVICES	MN

56007	Bilateral or multiple major joint procs of lower extremity w MCC
56007	Bilateral or multiple major joint procs of lower extremity w/o MCC
56007	Kidney and ureter procedures for neoplasm w MCC
55987	Hernia procedures except inguinal and femoral w/o CC/MCC

$26961.00	*
$18299.00	*
$16848.00	*
$5260.00	*

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240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN

55987	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55987	Laparoscopic cholecystectomy w/o c.d.e. w CC
55987	Major small and large bowel procedures w/o CC/MCC
55987	Hernia procedures except inguinal and femoral w CC

$18996.00 *

$1024.00 *

$8846.00 *

$7644.00 *

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240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN

55987	Major small and large bowel procedures w CC
55987	Major small and large bowel procedures w MCC
55987	Major joint replacement or reattachment of lower extremity w MCC
55987	Major joint replacement or reattachment of lower extremity w/o MCC
55805	Major joint replacement or reattachment of lower extremity w/o MCC
55805	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55805	Major shoulder or elbow joint procedures w/o CC/MCC

$13952.00		13
$28170.00	*	
$17938.00	*	
$10946.00		37
$12250.00		444
$10496.00		45
$3458.00	*	

patients (fewer than 11)

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240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN

55805	Major shoulder or elbow joint procedures w CC/MCC
55805	Major joint replacement or reattachment of lower extremity w MCC
55805	Revision of hip or knee replacement w/o CC/MCC
55805	Stomach, esophageal duodenal proc w/o CC/MCC
55805	Cervical spinal fusion w/o CC/MCC

$10474.00	*	
$17457.00		32
$14949.00	*	
$8866.00	*	
$11679.00	*	

patients (fewer than 11)

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240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN

55805	Cervical spinal fusion w CC
55805	Back and neck proc exc spinal fusion w/o CC/MCC
55805	Spinal fusion except cervical w/o MCC
55805	Spinal fusion except cervical w MCC
55805	Major small and large bowel procedures w MCC
55805	Major small and large bowel procedures w CC
55805	Hernia procedures except inguinal and femoral w CC
55805	Major small and large bowel procedures w/o CC/MCC

$15915.00	*	
$5725.00		30
$21726.00		16
$17054.00	*	
$31525.00		15
$15613.00		37
$8554.00	*	
$9899.00	*	

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MN1

Based on Hospital Medicare Payment And Volume Measures

240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN

55805	Laparoscopic cholecystectomy w/o c.d.e. w CC
55805	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55805	Hernia procedures except inguinal and femoral w MCC
55805	Hernia procedures except inguinal and femoral w/o CC/MCC
55805	Kidney and ureter procedures for neoplasm w MCC
55805	Kidney and ureter procedures for neoplasm w CC

MN1

Based on Hospital Medicare Payment And Volume Measures

$10072.00		34
$15111.00		13
$15168.00	*	
$5887.00		15
$20002.00	*	
$11384.00	*	

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240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN

55805	Kidney and ureter procedures for neoplasm w/o CC/MCC
55805	Other musculoskelet sys and conn tiss O.R. proc w MCC
55805	Kidney and ureter procedures for non-neoplasm w MCC
55805	Revision of hip or knee replacement w MCC
55805	Revision of hip or knee replacement w CC
55805	Biopsies of musculoskeletal system and connective tissue w

$143.00	*	
$18713.00	*	
$20418.00	*	
$22476.00	*	
$18689.00		26
$12951.00	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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240047	ST LUKES HOSPITAL	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN

	CC
55805	Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
55092	Revision of hip or knee replacement w CC
55092	Revision of hip or knee replacement w MCC
55092	Hernia procedures except inguinal and femoral w/o CC/MCC

$8995.00	*
$18138.00	*
$27882.00	*
$5713.00	*

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240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN

55092	Hernia procedures except inguinal and femoral w MCC
55092	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55092	Laparoscopic cholecystectomy w/o c.d.e. w CC
55092	Hernia procedures except inguinal and femoral w CC

$14721.00 *

$14665.00 *

$9775.00 *

$9351.00 *

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240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH	MN

55092	Major small and large bowel procedures w CC
55092	Major small and large bowel procedures w MCC
55092	Spinal fusion except cervical w/o MCC
55092	Back and neck proc exc spinal fusion w/o CC/MCC
55092	Stomach, esophageal duodenal proc w/o CC/MCC

	$15153.00	*
	$30595.00	*
	$21085.00	*
	$5556.00	*
	$8604.00	*

patients (fewer than 11)

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	SERVICES	
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH	MN

55092	Revision of hip or knee replacement w/o CC/MCC
55092	Major joint replacement or reattachment of lower extremity w MCC
55092	Major shoulder or elbow joint procedures w CC/MCC
55092	Major shoulder or elbow joint procedures w/o CC/MCC
55092	Back and neck proc exc spinal fusion w CC/MCC or disc

$14508.00 *		
$19483.00		12
$10165.00 *		
$6599.00 *		
$10186.00 *		

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	SERVICES	
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN

	device/neurostim
55092	Major joint replacement or reattachment of lower extremity w/o MCC
56537	Major joint replacement or reattachment of lower extremity w/o MCC
56537	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
56537	Major joint replacement or reattachment of lower extremity w MCC
56537	Revision of hip or knee replacement w/o CC/MCC

$11889.00		83
$10510.00		47
$9288.00	*	
$17224.00	*	
$13028.00	*	

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240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE	MN

56537	Cervical spinal fusion w/o CC/MCC
56537	Back and neck proc exc spinal fusion w/o CC/MCC
56537	Spinal fusion except cervical w/o MCC
56537	Major small and large bowel procedures w MCC
56537	Major small and large bowel procedures w CC

$10335.00 *

$4912.00 *

$18640.00 *

$27047.00 *

$13396.00 *

patients (fewer than 11)

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	CORPORATION	
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN

56537	Hernia procedures except inguinal and femoral w CC
56537	Major small and large bowel procedures w/o CC/MCC
56537	Laparoscopic cholecystectomy w/o c.d.e. w CC
56537	Laparoscopic cholecystectomy w/o c.d.e. w MCC

$7340.00 *

$8493.00 *

$8777.00 *

$13372.00 *

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240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN

56537	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
56537	Hernia procedures except inguinal and femoral w/o CC/MCC
56537	Bilateral or multiple major joint procs of lower extremity w/o MCC
56537	Revision of hip or knee replacement w CC

$13910.00 *

$5051.00 *

$16975.00 *

$16035.00 *

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240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
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240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN

55426	Revision of hip or knee replacement w CC
55426	Bilateral or multiple major joint procs of lower extremity w/o MCC
55426	Revision of hip or knee replacement w MCC
55426	Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
55426	Biopsies of musculoskeletal system and connective tissue w MCC
55426	Biopsies of musculoskeletal system and connective tissue w CC

$18867.00		38
$19364.00		26
$22689.00	*	
$9080.00	*	
$20192.00	*	
$13074.00	*	

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240053	PARK NICOLLET METHODIST HOSPITAL	MN

55426	Bilateral or multiple major joint procs of lower extremity w MCC
55426	Kidney and ureter procedures for non-neoplasm w MCC
55426	Other musculoskelet sys and conn tiss O.R. proc w MCC
55426	Kidney and ureter procedures for neoplasm w/o CC/MCC

$27976.00 *

$20547.00 *

$17217.00 *

$8479.00 *

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240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST	MN

55426	Kidney and ureter procedures for neoplasm w CC
55426	Kidney and ureter procedures for neoplasm w MCC
55426	Hernia procedures except inguinal and femoral w/o CC/MCC
55426	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55426	Laparoscopic cholecystectomy w/o c.d.e. w MCC

	$11473.00 *	
	$20192.00 *	
	$5943.00 *	
	$21989.00 *	
	$15254.00	23

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	HOSPITAL	
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN

55426	Laparoscopic cholecystectomy w/o c.d.e. w CC
55426	Major small and large bowel procedures w/o CC/MCC
55426	Hernia procedures except inguinal and femoral w CC
55426	Major small and large bowel procedures w CC
55426	Major small and large bowel procedures w MCC
55426	Spinal fusion except cervical w/o MCC
55426	Spinal fusion except cervical w MCC
55426	Back and neck proc exc spinal fusion w/o CC/MCC

$10168.00		16
$9993.00		29
$8636.00	*	
$15762.00		49
$31824.00		31
$21932.00		29
$36703.00	*	
$5780.00		47

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240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN

55426	Cervical spinal fusion w/o CC/MCC
55426	Stomach, esophageal duodenal proc w/o CC/MCC
55426	Cervical spinal fusion w CC
55426	Cervical spinal fusion w MCC
55426	Revision of hip or knee replacement w/o CC/MCC
55426	Major joint replacement or reattachment of lower extremity w MCC
55426	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

$11789.00	*	
$8950.00		12
$16067.00	*	
$27177.00	*	
$15091.00		18
$20266.00		49
$10596.00		19

MN1

Based on Hospital Medicare Payment And Volume Measures

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240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN

55426	Major shoulder or elbow joint procedures w/o CC/MCC
55426	Major joint replacement or reattachment of lower extremity w/o MCC
55387	Major joint replacement or reattachment of lower extremity w/o MCC
55387	Major shoulder or elbow joint procedures w/o CC/MCC
55387	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55387	Major joint replacement or reattachment of lower extremity w MCC
55387	Revision of hip or knee replacement w/o CC/MCC

$6864.00	*	
$12367.00		565
$11898.00		216
$6604.00	*	
$10194.00	*	
$18227.00		12
$14519.00	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN

55387	Stomach, esophageal duodenal proc w/o CC/MCC
55387	Back and neck proc exc spinal fusion w/o CC/MCC
55387	Major small and large bowel procedures w MCC
55387	Major small and large bowel procedures w CC
55387	Hernia procedures except inguinal and femoral w CC

MN1

Based on Hospital Medicare Payment And Volume Measures

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

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240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN

55387	Major small and large bowel procedures w/o CC/MCC
55387	Laparoscopic cholecystectomy w/o c.d.e. w CC
55387	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55387	Hernia procedures except inguinal and femoral w MCC

$9615.00 *

$9782.00 *

$14676.00 *

$14732.00 *

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240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN

55387	Hernia procedures except inguinal and femoral w/o CC/MCC
55387	Kidney and ureter procedures for neoplasm w MCC
55387	Kidney and ureter procedures for neoplasm w CC
55387	Other musculoskelet sys and conn tiss O.R. proc w MCC
55387	Revision of hip or knee replacement w MCC

	$5718.00	*
	$19427.00	*
	$11038.00	*
	$17140.00	*
	$26923.00	*

patients (fewer than 11)

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240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN

55387	Bilateral or multiple major joint procs of lower extremity w/o MCC
55387	Revision of hip or knee replacement w CC
55407	Revision of hip or knee replacement w CC
55407	Bilateral or multiple major joint procs of lower extremity w/o MCC
55407	Revision of hip or knee replacement w MCC

$18631.00	*	
$18152.00	*	
$19570.00		36
$20090.00		12
$27463.00	*	

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240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN	MN

55407	Biopsies of musculoskeletal system and connective tissue w CC
55407	Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
55407	Other musculoskelet sys and conn tiss O.R. proc w MCC
55407	Kidney and ureter procedures for neoplasm w/o CC/MCC
55407	Kidney and ureter procedures for neoplasm w CC
55407	Kidney and ureter procedures for neoplasm w MCC
55407	Kidney and ureter procedures for non-neoplasm w MCC

$13564.00	*	
$9421.00	*	
$19599.00		25
$8796.00		14
$11903.00		21
$20949.00	*	
$21313.00	*	

patients (fewer than 11)

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	HOSPITAL INC	
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN

55407	Hernia procedures except inguinal and femoral w/o CC/MCC
55407	Hernia procedures except inguinal and femoral w MCC
55407	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55407	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55407	Laparoscopic cholecystectomy w/o c.d.e. w CC
55407	Major small and large bowel procedures w/o CC/MCC

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

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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240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN

55407	Hernia procedures except inguinal and femoral w CC
55407	Major small and large bowel procedures w CC
55407	Major small and large bowel procedures w MCC
55407	Back and neck proc exc spinal fusion w/o CC/MCC
55407	Spinal fusion except cervical w MCC
55407	Spinal fusion except cervical w/o MCC
55407	Stomach, esophageal duodenal proc w/o CC/MCC
55407	Cervical spinal fusion w/o CC/MCC
55407	Cervical spinal fusion w MCC
55407	Cervical spinal fusion w CC
55407	Revision of hip or knee replacement w/o CC/MCC

$8959.00	16
$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

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

MN1

Based on Hospital Medicare Payment And Volume Measures

240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN

55407	Major joint replacement or reattachment of lower extremity w MCC
55407	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55407	Major shoulder or elbow joint procedures w/o CC/MCC
55407	Major shoulder or elbow joint procedures w CC/MCC
55407	Major joint replacement or reattachment of lower extremity w/o MCC
55033	Major joint replacement or reattachment of lower extremity w/o MCC
55033	Major shoulder or elbow joint procedures w CC/MCC

$18283.00		52
$10993.00		215
$7121.00	*	
$10970.00	*	
$12830.00		509
$11889.00		51
$10165.00	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN

55033	Major joint replacement or reattachment of lower extremity w MCC
55033	Stomach, esophageal duodenal proc w/o CC/MCC
55033	Major small and large bowel procedures w MCC
55033	Major small and large bowel procedures w CC
55033	Hernia procedures except inguinal and femoral w CC

	$16801.00	*
	$8604.00	*
	$32389.00	*
	$15153.00	*
	$8302.00	*

MN1

Based on Hospital Medicare Payment And Volume Measures

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240059	REGINA MEDICAL CENTER	MN
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240059	REGINA MEDICAL CENTER	MN

55033	Major small and large bowel procedures w/o CC/MCC
55033	Laparoscopic cholecystectomy w/o c.d.e. w CC
55033	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55033	Kidney and ureter procedures for neoplasm w CC

$9607.00 *

$9775.00 *

$14665.00 *

$11030.00 *

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240059	REGINA MEDICAL CENTER	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN

55033	Kidney and ureter procedures for neoplasm w/o CC/MCC
55902	Kidney and ureter procedures for neoplasm w/o CC/MCC
55902	Other musculoskelet sys and conn tiss O.R. proc w MCC
55902	Kidney and ureter procedures for neoplasm w CC
55902	Kidney and ureter procedures for neoplasm w MCC
55902	Kidney and ureter procedures for non-neoplasm w MCC

	$8151.00 *	
	$9996.00	39
	$20151.00 *	
	$13525.00	41
	$23805.00 *	
	$24218.00 *	

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240061	MAYO CLINIC - METHODIST HOSPITAL	MN
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240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN

55902	Biopsies of musculoskeletal system and connective tissue w MCC
55902	Biopsies of musculoskeletal system and connective tissue w CC
55902	Bilateral or multiple major joint procs of lower extremity w MCC
55902	Revision of hip or knee replacement w MCC

$4058.00 *

$15413.00 *

$32982.00 *

$24520.00 *

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240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN

55902	Bilateral or multiple major joint procs of lower extremity w/o MCC
55902	Revision of hip or knee replacement w CC
55902	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55902	Laparoscopic cholecystectomy w/o c.d.e. w CC
55902	Hernia procedures except inguinal and femoral w MCC
55902	Hernia procedures except inguinal and femoral w/o CC/MCC

	$22829.00	26
	$22242.00	102
	$17983.00 *	
	$7015.00 *	
	$22684.00 *	
	$7006.00	23

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240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN

55902	Major small and large bowel procedures w/o CC/MCC
55902	Hernia procedures except inguinal and femoral w CC
55902	Major small and large bowel procedures w CC
55902	Major small and large bowel procedures w MCC
55902	Stomach, esophageal duodenal proc w/o CC/MCC
55902	Major joint replacement or reattachment of lower extremity w MCC
55902	Revision of hip or knee replacement w/o CC/MCC
55902	Major shoulder or elbow joint procedures w/o CC/MCC
55902	Major joint replacement or reattachment of lower extremity w/o MCC
55102	Major joint replacement or reattachment of lower extremity w/o MCC
55102	Major shoulder or elbow joint procedures w/o CC/MCC

$11781.00		133
$10181.00		12
$18582.00		251
$37518.00		61
$10551.00	*	
$20775.00		41
$17791.00		217
$8092.00		19
$14579.00		1283
$12783.00		198
$7212.00	*	

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MN1

Based on Hospital Medicare Payment And Volume Measures

240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN

55102	Major shoulder or elbow joint procedures w CC/MCC
55102	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55102	Revision of hip or knee replacement w/o CC/MCC
55102	Major joint replacement or reattachment of lower extremity w MCC
55102	Stomach, esophageal duodenal proc w/o CC/MCC

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

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240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN

55102	Cervical spinal fusion w/o CC/MCC
55102	Cervical spinal fusion w CC
55102	Cervical spinal fusion w MCC
55102	Spinal fusion except cervical w/o MCC
55102	Spinal fusion except cervical w MCC
55102	Back and neck proc exc spinal fusion w/o CC/MCC
55102	Major small and large bowel procedures w MCC
55102	Major small and large bowel procedures w CC
55102	Hernia procedures except inguinal and femoral w CC

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

patients (fewer than 11)

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240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN

55102	Major small and large bowel procedures w/o CC/MCC
55102	Hernia procedures except inguinal and femoral w/o CC/MCC
55102	Hernia procedures except inguinal and femoral w MCC
55102	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55102	Laparoscopic cholecystectomy w/o c.d.e. w CC
55102	Laparoscopic cholecystectomy w/o c.d.e. w MCC

$10330.00 *		
$6094.00 *		
$15701.00 *		
$11639.00 *		
$10426.00		18
$15641.00 *		

MN1

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240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN

55102	Revision of hip or knee replacement w CC
55102	Bilateral or multiple major joint procs of lower extremity w/o MCC
55102	Revision of hip or knee replacement w MCC
55102	Biopsies of musculoskeletal system and connective tissue w CC
55102	Biopsies of musculoskeletal system and connective tissue w MCC

	$19345.00		13
	$19856.00	*	
	$15636.00	*	
	$13406.00	*	
	$10632.00	*	

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240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN

55102	Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
55102	Kidney and ureter procedures for non-neoplasm w MCC
55102	Kidney and ureter procedures for neoplasm w MCC
55102	Kidney and ureter procedures for neoplasm w CC

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

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240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN

55102	Other musculoskelet sys and conn tiss O.R. proc w MCC
55102	Kidney and ureter procedures for neoplasm w/o CC/MCC
55744	Kidney and ureter procedures for neoplasm w CC
55744	Kidney and ureter procedures for neoplasm w MCC

$17278.00 *

$8694.00 *

$12652.00 *

$20236.00 *

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240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN

55744	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55744	Laparoscopic cholecystectomy w/o c.d.e. w CC
55744	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55744	Hernia procedures except inguinal and femoral w MCC
55744	Hernia procedures except inguinal and femoral w CC

$14764.00	*
$10093.00	*
$6751.00	*
$14820.00	*
$8573.00	*

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240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN

55744	Major small and large bowel procedures w CC
55744	Major small and large bowel procedures w MCC
55744	Stomach, esophageal duodenal proc w/o CC/MCC
55744	Major joint replacement or reattachment of lower extremity w MCC
55744	Major joint replacement or reattachment of lower extremity w/o MCC

	$15255.00	12
	$30802.00 *	
	$8662.00 *	
	$14213.00 *	
	$12276.00	63

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240066	LAKEVIEW MEMORIAL HOSPITAL	MN
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240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN

55082	Major joint replacement or reattachment of lower extremity w/o MCC
55082	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55082	Major shoulder or elbow joint procedures w/o CC/MCC
55082	Major joint replacement or reattachment of lower extremity w MCC
55082	Revision of hip or knee replacement w/o CC/MCC
55082	Cervical spinal fusion w/o CC/MCC
55082	Cervical spinal fusion w CC
55082	Back and neck proc exc spinal fusion w/o CC/MCC

$11889.00		411
$10186.00		17
$6599.00	*	
$16942.00	*	
$14508.00		26
$11334.00		13
$15446.00	*	
$5556.00		58

MN1

Based on Hospital Medicare Payment And Volume Measures

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240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN

55082	Spinal fusion except cervical w/o MCC
55082	Major small and large bowel procedures w MCC
55082	Major small and large bowel procedures w CC
55082	Hernia procedures except inguinal and femoral w CC
55082	Major small and large bowel procedures w/o CC/MCC
55082	Cholecystectomy except by laparoscope w/o c.d.e. w MCC

$21085.00		59
$30595.00	*	
$15153.00	*	
$8302.00	*	
$9607.00	*	
$21140.00	*	

MN1

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240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN

55082	Hernia procedures except inguinal and femoral w/o CC/MCC
55082	Laparoscopic cholecystectomy w/o c.d.e. w CC
55082	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55082	Kidney and ureter procedures for neoplasm w CC

$5713.00	*
$9775.00	*
$14665.00	*
$11030.00	*

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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240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN

55082	Kidney and ureter procedures for neoplasm w/o CC/MCC
55082	Other musculoskelet sys and conn tiss O.R. proc w MCC
55082	Revision of hip or knee replacement w MCC
55082	Bilateral or multiple major joint procs of lower extremity w/o MCC

$8151.00 *

$15977.00 *

$26903.00 *

$18617.00 *

health information due to the small number of Medicare patients (fewer than 11)
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240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN

55082	Revision of hip or knee replacement w CC
55060	Revision of hip or knee replacement w CC
55060	Bilateral or multiple major joint procs of lower extremity w/o MCC
55060	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55060	Hernia procedures except inguinal and femoral w/o CC/MCC

	$18138.00	*
	$20995.00	*
	$20219.00	*
	$15928.00	*
	$6205.00	*

patients (fewer than 11)

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240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN

55060	Major small and large bowel procedures w/o CC/MCC
55060	Major small and large bowel procedures w CC
55060	Major small and large bowel procedures w MCC
55060	Major joint replacement or reattachment of lower extremity w MCC

$10487.00 *

$16458.00 *

$33396.00 *

$21160.00 *

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240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN

55060	Major shoulder or elbow joint procedures w/o CC/MCC
55060	Major shoulder or elbow joint procedures w CC/MCC
55060	Major joint replacement or reattachment of lower extremity w/o MCC
55021	Major joint replacement or reattachment of lower extremity w/o MCC
55021	Major joint replacement or reattachment of lower extremity w MCC
55021	Major small and large bowel procedures w CC

$7167.00	*	
$11040.00	*	
$12912.00		94
$12695.00		39
$18128.00	*	
$11485.00	*	

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240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN

55021	Major small and large bowel procedures w/o CC/MCC
55021	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55021	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55021	Laparoscopic cholecystectomy w/o c.d.e. w CC

$10258.00 *

$22572.00 *

$15659.00 *

$10437.00 *

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240071	DISTRICT ONE HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN

55021	Bilateral or multiple major joint procs of lower extremity w/o MCC
55021	Biopsies of musculoskeletal system and connective tissue w CC
56401	Revision of hip or knee replacement w MCC
56401	Revision of hip or knee replacement w CC

$19878.00 *

$11119.00 *

$27096.00 *

$20213.00 *

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240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN

56401	Other musculoskelet sys and conn tiss O.R. proc w MCC
56401	Kidney and ureter procedures for neoplasm w CC
56401	Kidney and ureter procedures for neoplasm w MCC
56401	Laparoscopic cholecystectomy w/o c.d.e. w CC
56401	Laparoscopic cholecystectomy w/o c.d.e. w MCC
56401	Hernia procedures except inguinal and femoral w/o CC/MCC

	$19530.00 *	
	$11425.00 *	
	$19552.00 *	
	$10125.00	11
	$15191.00	14
	$5836.00 *	

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240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S	MN

56401	Major small and large bowel procedures w/o CC/MCC
56401	Hernia procedures except inguinal and femoral w CC
56401	Major small and large bowel procedures w CC
56401	Major small and large bowel procedures w MCC
56401	Major joint replacement or reattachment of lower extremity w MCC
56401	Revision of hip or knee replacement w/o CC/MCC

$9676.00 *		
$8600.00 *		
$15262.00		19
$31692.00		13
$19902.00 *		
$14612.00 *		

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	MEDICAL CENTER	
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240076	BUFFALO HOSPITAL	MN

56401	Major joint replacement or reattachment of lower extremity w/o MCC
56401	Major shoulder or elbow joint procedures w CC/MCC
56401	Major shoulder or elbow joint procedures w/o CC/MCC
56401	Stomach, esophageal duodenal proc w/o CC/MCC
55313	Major joint replacement or reattachment of lower extremity w/o

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Based on Hospital Medicare Payment And Volume Measures

		$11974.00	233
		$11333.00 *	
		$7356.00 *	
		$1068.00 *	
		$12172.00	44

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240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN

	MCC
55313	Revision of hip or knee replacement w/o CC/MCC
55313	Major joint replacement or reattachment of lower extremity w MCC
55313	Major small and large bowel procedures w MCC
55313	Major small and large bowel procedures w CC
55313	Hernia procedures except inguinal and femoral w/o CC/MCC

$22189.00 *

$14577.00 *

$4204.00 *

$15514.00 *

$5849.00 *

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240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN
240076	BUFFALO HOSPITAL	MN

55313	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55313	Hernia procedures except inguinal and femoral w MCC
55313	Laparoscopic cholecystectomy w/o c.d.e. w CC
55313	Revision of hip or knee replacement w CC

$14503.00 *

$15071.00 *

$10008.00 *

$8315.00 *

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240076	BUFFALO HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN

55313	Revision of hip or knee replacement w MCC
55435	Revision of hip or knee replacement w MCC
55435	Bilateral or multiple major joint procs of lower extremity w/o MCC
55435	Revision of hip or knee replacement w CC
55435	Biopsies of musculoskeletal system and connective tissue w CC

	$36375.00 *	
	$21840.00 *	
	$18640.00 *	
	$15135.00	39
	$1024.00 *	

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240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN

55435	Biopsies of musculoskeletal system and connective tissue w MCC
55435	Kidney and ureter procedures for neoplasm w MCC
55435	Kidney and ureter procedures for neoplasm w CC
55435	Other musculoskelet sys and conn tiss O.R. proc w MCC
55435	Kidney and ureter procedures for neoplasm w/o CC/MCC

$19439.00	*	
$10253.00	*	
$11043.00		12
$17148.00	*	
$8161.00	*	

small number of Medicare patients (fewer than 11)

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240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN

55435	Kidney and ureter procedures for non-neoplasm w MCC
55435	Laparoscopic cholecystectomy w/o c.d.e. w CC
55435	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55435	Hernia procedures except inguinal and femoral w MCC
55435	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55435	Hernia procedures except inguinal and femoral w/o CC/MCC
55435	Major small and large bowel procedures w CC
55435	Major small and large bowel procedures w MCC
55435	Hernia procedures except inguinal and femoral w CC

$19774.00	*	
$9787.00		14
$14683.00		13
$14740.00	*	
$21166.00	*	
$5720.00		17
$15172.00		57
$30633.00		40
$8313.00	*	

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240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN

55435	Major small and large bowel procedures w/o CC/MCC
55435	Major joint replacement or reattachment of lower extremity w MCC
55435	Revision of hip or knee replacement w/o CC/MCC
55435	Major joint replacement or reattachment of lower extremity w/o MCC
55435	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55435	Stomach, esophageal duodenal proc w/o CC/MCC
55435	Cervical spinal fusion w/o CC/MCC
55435	Cervical spinal fusion w CC

$9619.00		18
$14136.00		43
$14526.00		13
$11904.00		595
$10199.00		22
$8615.00		14
$11348.00	*	
$15465.00	*	

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240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN

55435	Cervical spinal fusion w MCC
55435	Spinal fusion except cervical w/o MCC
55435	Spinal fusion except cervical w MCC
55435	Back and neck proc exc spinal fusion w/o CC/MCC
55454	Back and neck proc exc spinal fusion w/o CC/MCC
55454	Spinal fusion except cervical w MCC
55454	Spinal fusion except cervical w/o MCC

	$27828.00 *	
	$21112.00	40
	$27895.00 *	
	$5563.00	67
	$7701.00	26
	$48905.00 *	
	$29224.00	69

patients (fewer than 11)

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN

55454	Cervical spinal fusion w MCC
55454	Cervical spinal fusion w CC
55454	Cervical spinal fusion w/o CC/MCC
55454	Stomach, esophageal duodenal proc w/o CC/MCC
55454	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55454	Major joint replacement or reattachment of lower extremity w/o MCC
55454	Revision of hip or knee replacement w/o CC/MCC
55454	Major joint replacement or reattachment of lower extremity w MCC
55454	Major small and large bowel procedures w/o CC/MCC

$36212.00	*	
$21408.00		15
$15709.00		25
$11925.00		11
$14118.00		46
$16478.00		263
$20108.00	*	
$27003.00		21
$13316.00	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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	MEDICAL CENTER, FAIRVIEW	
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA	MN

55454	Hernia procedures except inguinal and femoral w CC
55454	Major small and large bowel procedures w MCC
55454	Major small and large bowel procedures w CC
55454	Hernia procedures except inguinal and femoral w/o CC/MCC
55454	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55454	Hernia procedures except inguinal and femoral w MCC
55454	Laparoscopic cholecystectomy w/o c.d.e. w MCC

	$11507.00	18
	$42404.00	34
	$21002.00	60
	$7918.00	11
	$45814.00 *	
	$20412.00 *	
	$20325.00 *	

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN

55454	Laparoscopic cholecystectomy w/o c.d.e. w CC
55454	Kidney and ureter procedures for non-neoplasm w MCC
55454	Kidney and ureter procedures for neoplasm w/o CC/MCC
55454	Other musculoskelet sys and conn tiss O.R. proc w MCC
55454	Kidney and ureter procedures for neoplasm w CC
55454	Kidney and ureter procedures for neoplasm w MCC

	$13548.00		14
	$27372.00		23
	$11308.00	*	
	$25171.00	*	
	$15287.00		13
	$26905.00	*	

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN

55454	Biopsies of musculoskeletal system and connective tissue w MCC
55454	Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
55454	Biopsies of musculoskeletal system and connective tissue w CC
55454	Bilateral or multiple major joint procs of lower extremity w MCC

$21010.00 *

$12099.00 *

$2610.00 *

$37277.00 *

health information due to the small number of Medicare patients (fewer than 11)
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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN

55454	Revision of hip or knee replacement w CC
55454	Bilateral or multiple major joint procs of lower extremity w/o MCC
55454	Revision of hip or knee replacement w MCC
55792	Revision of hip or knee replacement w CC
55792	Laparoscopic cholecystectomy w/o c.d.e. w CC
55792	Hernia procedures except inguinal and femoral w/o CC/MCC

$25139.00		44
$25802.00		14
$31241.00	*	
$19039.00	*	
$10269.00	*	
$6002.00	*	

patients (fewer than 11)
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240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN

55792	Major small and large bowel procedures w CC
55792	Major small and large bowel procedures w MCC
55792	Hernia procedures except inguinal and femoral w CC
55792	Major small and large bowel procedures w/o CC/MCC

MN1

Based on Hospital Medicare Payment And Volume Measures

$15344.00 *

$32141.00 *

$8718.00 *

$10093.00 *

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240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240088	RICE MEMORIAL HOSPITAL	MN

55792	Major joint replacement or reattachment of lower extremity w MCC
55792	Revision of hip or knee replacement w/o CC/MCC
55792	Major joint replacement or reattachment of lower extremity w/o MCC
55792	Stomach, esophageal duodenal proc w/o CC/MCC
56201	Stomach, esophageal duodenal proc w/o CC/MCC

	$16309.00 *	
	$15228.00 *	
	$12490.00	39
	$9039.00 *	
	$10618.00 *	

patients (fewer than 11)

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240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN

56201	Major joint replacement or reattachment of lower extremity w/o MCC
56201	Revision of hip or knee replacement w/o CC/MCC
56201	Major joint replacement or reattachment of lower extremity w MCC
56201	Major small and large bowel procedures w/o CC/MCC
56201	Hernia procedures except inguinal and femoral w CC

$14678.00		49
$15547.00	*	
$21330.00	*	
$11850.00	*	
$10241.00	*	

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240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN

56201	Major small and large bowel procedures w MCC
56201	Major small and large bowel procedures w CC
56201	Hernia procedures except inguinal and femoral w/o CC/MCC
56201	Hernia procedures except inguinal and femoral w MCC
56201	Laparoscopic cholecystectomy w/o c.d.e. w CC
56201	Laparoscopic cholecystectomy w/o c.d.e. w MCC

$37772.00		13
$18708.00		23
$7053.00	*	
$18174.00	*	
$12068.00	*	
$18105.00	*	

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240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO	MN

56201	Kidney and ureter procedures for neoplasm w MCC
56201	Kidney and ureter procedures for neoplasm w CC
56201	Kidney and ureter procedures for neoplasm w/o CC/MCC
56002	Kidney and ureter procedures for neoplasm w/o CC/MCC
56002	Other musculoskelet sys and conn tiss O.R. proc w MCC

	$23966.00	*
	$11819.00	*
	$10063.00	*
	$8593.00	*
	$19132.00	*

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	HEALTH SYSTEM	
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO	MN

56002	Kidney and ureter procedures for neoplasm w CC
56002	Kidney and ureter procedures for neoplasm w MCC
56002	Revision of hip or knee replacement w CC
56002	Revision of hip or knee replacement w MCC
56002	Bilateral or multiple major joint procs of lower extremity w/o

	$11627.00 *	
	$20464.00 *	
	$19120.00	20
	$28360.00 *	
	$19625.00	31

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	HEALTH SYSTEM	
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO	MN

	MCC
56002	Bilateral or multiple major joint procs of lower extremity w MCC
56002	Biopsies of musculoskeletal system and connective tissue w CC
56002	Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
56002	Biopsies of musculoskeletal system and connective tissue w MCC
56002	Laparoscopic cholecystectomy w/o c.d.e. w MCC

$28352.00	*	
$13250.00	*	
$9202.00	*	
$19371.00	*	
$15459.00		12

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	HEALTH SYSTEM	
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO	MN

56002	Laparoscopic cholecystectomy w/o c.d.e. w CC
56002	Hernia procedures except inguinal and femoral w MCC
56002	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
56002	Hernia procedures except inguinal and femoral w/o CC/MCC
56002	Major small and large bowel procedures w CC
56002	Major small and large bowel procedures w MCC
56002	Hernia procedures except inguinal and femoral w CC

$10304.00		17
$15518.00	*	
$22285.00	*	
$6023.00	*	
$15974.00		33
$32252.00		22
$8752.00	*	

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	HEALTH SYSTEM	
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN

56002	Major small and large bowel procedures w/o CC/MCC
56002	Major joint replacement or reattachment of lower extremity w MCC
56002	Revision of hip or knee replacement w/o CC/MCC
56002	Major joint replacement or reattachment of lower extremity w/o MCC
56002	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
56002	Major shoulder or elbow joint procedures w/o CC/MCC

$10128.00	*	
$20538.00		22
$15294.00		20
$12533.00		279
$10738.00	*	
$6956.00	*	

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240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN

56002	Major shoulder or elbow joint procedures w CC/MCC
56002	Stomach, esophageal duodenal proc w/o CC/MCC
56002	Cervical spinal fusion w/o CC/MCC
56002	Cervical spinal fusion w CC

$10716.00 *

$9070.00 *

$11948.00 *

$16283.00 *

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240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN

56002	Cervical spinal fusion w MCC
56002	Spinal fusion except cervical w/o MCC
56002	Spinal fusion except cervical w MCC
56002	Back and neck proc exc spinal fusion w/o CC/MCC
56601	Stomach, esophageal duodenal proc w/o CC/MCC
56601	Major shoulder or elbow joint procedures w/o CC/MCC

	$27542.00 *	
	$22227.00	34
	$37196.00 *	
	$5857.00	20
	$8732.00 *	
	$6755.00 *	

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240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN

56601	Major joint replacement or reattachment of lower extremity w/o MCC
56601	Revision of hip or knee replacement w/o CC/MCC
56601	Major joint replacement or reattachment of lower extremity w MCC
56601	Major small and large bowel procedures w/o CC/MCC
56601	Hernia procedures except inguinal and femoral w CC

MN1

Based on Hospital Medicare Payment And Volume Measures

	$12065.00		164
	$14723.00	*	
	$19772.00	*	
	$9750.00	*	
	$8425.00	*	

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240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL	MN

56601	Major small and large bowel procedures w MCC
56601	Major small and large bowel procedures w CC
56601	Hernia procedures except inguinal and femoral w/o CC/MCC
56601	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
56601	Hernia procedures except inguinal and femoral w MCC
56601	Laparoscopic cholecystectomy w/o c.d.e. w CC

$31049.00		13
$15645.00		15
$5798.00	*	
$21454.00	*	
$14939.00	*	
$10092.00	*	

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	HOSPITAL	
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN

56601	Laparoscopic cholecystectomy w/o c.d.e. w MCC
56601	Bilateral or multiple major joint procs of lower extremity w/o MCC
56601	Revision of hip or knee replacement w MCC
56601	Revision of hip or knee replacement w CC

$14883.00 *

$19321.00 *

$27302.00 *

$16873.00 *

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240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN

56601	Kidney and ureter procedures for neoplasm w MCC
56501	Other musculoskelet sys and conn tiss O.R. proc w MCC
56501	Revision of hip or knee replacement w CC
56501	Bilateral or multiple major joint procs of lower extremity w/o MCC

$20043.00 *

$22068.00 *

$17607.00 *

$18522.00 *

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240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH	MN

56501	Laparoscopic cholecystectomy w/o c.d.e. w MCC
56501	Laparoscopic cholecystectomy w/o c.d.e. w CC
56501	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
56501	Hernia procedures except inguinal and femoral w/o CC/MCC
56501	Major small and large bowel procedures w CC

	$14236.00	*
	$9489.00	*
	$20498.00	*
	$5546.00	*
	$15399.00	*

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An asterisk (*) appears in the

	CENTER	
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN

56501	Major small and large bowel procedures w MCC
56501	Hernia procedures except inguinal and femoral w CC
56501	Major small and large bowel procedures w/o CC/MCC
56501	Major joint replacement or reattachment of lower extremity w MCC

$27813.00 *

$10088.00 *

$9326.00 *

$13705.00 *

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240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN

56501	Revision of hip or knee replacement w/o CC/MCC
56501	Major joint replacement or reattachment of lower extremity w/o MCC
56501	Major shoulder or elbow joint procedures w CC/MCC
56501	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
56501	Stomach, esophageal duodenal proc w/o CC/MCC

	$14893.00 *	
	$11541.00	48
	$14311.00 *	
	$11129.00 *	
	$8352.00 *	

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An asterisk (*) appears in the table where data cannot be disclosed to protect personal

240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN

56501	Back and neck proc exc spinal fusion w/o CC/MCC
56501	Spinal fusion except cervical w/o MCC
55379	Spinal fusion except cervical w/o MCC
55379	Spinal fusion except cervical w MCC

$5394.00 *

$31217.00 *

$21085.00 *

$35285.00 *

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN

55379	Back and neck proc exc spinal fusion w/o CC/MCC
55379	Cervical spinal fusion w/o CC/MCC
55379	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55379	Major joint replacement or reattachment of lower extremity w/o MCC
55379	Revision of hip or knee replacement w/o CC/MCC

	$5556.00 *	
	$1024.00 *	
	$10186.00 *	
	$11889.00	148
	$14508.00 *	

patients (fewer than 11)
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240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN

55379	Major joint replacement or reattachment of lower extremity w MCC
55379	Major small and large bowel procedures w/o CC/MCC
55379	Hernia procedures except inguinal and femoral w CC
55379	Major small and large bowel procedures w MCC
55379	Major small and large bowel procedures w CC

$11294.00	*	
$9607.00	*	
$8302.00	*	
$28799.00		12
$15153.00	*	

patients (fewer than 11)

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN

55379	Hernia procedures except inguinal and femoral w/o CC/MCC
55379	Laparoscopic cholecystectomy w/o c.d.e. w CC
55379	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55379	Bilateral or multiple major joint procs of lower extremity w/o MCC
55379	Revision of hip or knee replacement w MCC

$5867.00	*	
$9775.00	*	
$14665.00	*	
$18617.00		12
$16413.00	*	

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN

55379	Revision of hip or knee replacement w CC
55379	Bilateral or multiple major joint procs of lower extremity w MCC
55379	Kidney and ureter procedures for non-neoplasm w MCC
55101	Kidney and ureter procedures for non-neoplasm w MCC
55101	Other musculoskelet sys and conn tiss O.R. proc w MCC
55101	Kidney and ureter procedures for neoplasm w/o CC/MCC

	$18138.00		11
	$26896.00	*	
	$19749.00	*	
	$26856.00	*	
	$24696.00		13
	$11084.00	*	

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240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN

55101	Kidney and ureter procedures for neoplasm w MCC
55101	Kidney and ureter procedures for neoplasm w CC
55101	Bilateral or multiple major joint procs of lower extremity w MCC
55101	Biopsies of musculoskeletal system and connective tissue w CC

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Based on Hospital Medicare Payment And Volume Measures

$26397.00 *

$14998.00 *

$75462.00 *

$17092.00 *

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240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN

55101	Biopsies of musculoskeletal system and connective tissue w MCC
55101	Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
55101	Revision of hip or knee replacement w CC
55101	Revision of hip or knee replacement w MCC
55101	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55101	Laparoscopic cholecystectomy w/o c.d.e. w CC
55101	Hernia procedures except inguinal and femoral w/o CC/MCC
55101	Cholecystectomy except by laparoscope w/o c.d.e. w MCC

$25030.00	*	
$11871.00	*	
$24665.00		24
$24718.00	*	
$19942.00		26
$13292.00		15
$7769.00		17
$14903.00	*	

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240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN

55101	Hernia procedures except inguinal and femoral w MCC

55101	Major small and large bowel procedures w CC
55101	Major small and large bowel procedures w MCC
55101	Hernia procedures except inguinal and femoral w CC
55101	Major small and large bowel procedures w/o CC/MCC
55101	Major joint replacement or reattachment of lower extremity w MCC
55101	Revision of hip or knee replacement w/o CC/MCC

55101	Major joint replacement or reattachment of lower extremity w/o MCC
55101	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim

	$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

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240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN

55101	Major shoulder or elbow joint procedures w CC/MCC
55101	Major shoulder or elbow joint procedures w/o CC/MCC
55101	Cervical spinal fusion w/o CC/MCC
55101	Stomach, esophageal duodenal proc w/o CC/MCC
55101	Cervical spinal fusion w MCC

	$13823.00	*
	$8973.00	*
	$15412.00	*
	$11700.00	*
	$43925.00	*

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Based on Hospital Medicare Payment And Volume Measures

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240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN

55101	Cervical spinal fusion w CC
55101	Back and neck proc exc spinal fusion w/o CC/MCC
55101	Spinal fusion except cervical w MCC
55101	Spinal fusion except cervical w/o MCC
55433	Spinal fusion except cervical w/o MCC
55433	Spinal fusion except cervical w MCC
55433	Back and neck proc exc spinal fusion w/o CC/MCC
55433	Cervical spinal fusion w CC

$21004.00		11
$7556.00		25
$47982.00	*	
$28672.00		54
$21896.00		46
$36642.00	*	
$5770.00		21
$16040.00	*	

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240115	MERCY HOSPITAL	MN
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240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN

55433	Cervical spinal fusion w MCC
55433	Stomach, esophageal duodenal proc w/o CC/MCC
55433	Cervical spinal fusion w/o CC/MCC
55433	Major shoulder or elbow joint procedures w/o CC/MCC
55433	Major shoulder or elbow joint procedures w CC/MCC

	$27132.00 *	
	$30.00 *	
	$11770.00	12
	$6852.00 *	
	$10556.00 *	

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240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN

55433	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55433	Major joint replacement or reattachment of lower extremity w/o MCC
55433	Revision of hip or knee replacement w/o CC/MCC
55433	Major joint replacement or reattachment of lower extremity w MCC
55433	Major small and large bowel procedures w/o CC/MCC
55433	Hernia procedures except inguinal and femoral w CC
55433	Major small and large bowel procedures w MCC
55433	Major small and large bowel procedures w CC
55433	Hernia procedures except inguinal and femoral w MCC

$10578.00		28
$12346.00		290
$15066.00	*	
$18913.00		34
$9977.00		11
$8621.00	*	
$31772.00		37
$15736.00		36
$15287.00	*	

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240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN

55433	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55433	Hernia procedures except inguinal and femoral w/o CC/MCC
55433	Laparoscopic cholecystectomy w/o c.d.e. w CC
55433	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55433	Revision of hip or knee replacement w MCC
55433	Bilateral or multiple major joint procs of lower extremity w/o MCC

$21953.00	*	
$5933.00	*	
$10151.00		24
$15229.00		21
$21519.00	*	
$19332.00	*	

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240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN

55433	Revision of hip or knee replacement w CC
55433	Biopsies of musculoskeletal system and connective tissue w/o CC/MCC
55433	Biopsies of musculoskeletal system and connective tissue w MCC
55433	Biopsies of musculoskeletal system and connective tissue w CC
55433	Kidney and ureter procedures for neoplasm w CC

MN1

Based on Hospital Medicare Payment And Volume Measures

	$18836.00		17
	$31.00	*	
	$20158.00	*	
	$13053.00	*	
	$11454.00	*	

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240115	MERCY HOSPITAL	MN
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240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN

55433	Kidney and ureter procedures for neoplasm w MCC
55433	Kidney and ureter procedures for neoplasm w/o CC/MCC
55433	Other musculoskelet sys and conn tiss O.R. proc w MCC
55433	Kidney and ureter procedures for non-neoplasm w MCC

$20159.00 *

$8465.00 *

$17785.00 *

$20509.00 *

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240117	AUSTIN MEDICAL CENTER	MN
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240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN

55912	Revision of hip or knee replacement w CC
55912	Bilateral or multiple major joint procs of lower extremity w/o MCC
55912	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55912	Laparoscopic cholecystectomy w/o c.d.e. w CC
55912	Hernia procedures except inguinal and femoral w/o CC/MCC

	$14419.00	*
	$17913.00	*
	$13990.00	*
	$9325.00	*
	$3259.00	*

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240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN

55912	Major small and large bowel procedures w CC
55912	Major small and large bowel procedures w MCC
55912	Major small and large bowel procedures w/o CC/MCC
55912	Major joint replacement or reattachment of lower extremity w MCC

$14455.00 *

$24854.00 *

$9165.00 *

$18586.00 *

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240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN

55912	Revision of hip or knee replacement w/o CC/MCC
55912	Major joint replacement or reattachment of lower extremity w/o MCC
55912	Major shoulder or elbow joint procedures w/o CC/MCC
55432	Major shoulder or elbow joint procedures w CC/MCC
55432	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55432	Major joint replacement or reattachment of lower extremity w/o MCC

$13840.00	*	
$11341.00		79
$1068.00	*	
$5326.00	*	
$10657.00		13
$12438.00		251

small number of Medicare patients (fewer than 11)

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240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN

55432	Revision of hip or knee replacement w/o CC/MCC
55432	Major joint replacement or reattachment of lower extremity w MCC
55432	Cervical spinal fusion w/o CC/MCC
55432	Stomach, esophageal duodenal proc w/o CC/MCC
55432	Cervical spinal fusion w MCC
55432	Cervical spinal fusion w CC

$7601.00	*	
$14770.00		39
$11858.00		11
$4508.00	*	
$27355.00	*	
$26.00	*	

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240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN

55432	Back and neck proc exc spinal fusion w/o CC/MCC
55432	Spinal fusion except cervical w MCC
55432	Spinal fusion except cervical w/o MCC
55432	Major small and large bowel procedures w/o CC/MCC
55432	Hernia procedures except inguinal and femoral w CC
55432	Major small and large bowel procedures w MCC
55432	Major small and large bowel procedures w CC
55432	Hernia procedures except inguinal and femoral w/o CC/MCC

$5813.00		13
$29366.00	*	
$22059.00		38
$10051.00	*	
$8686.00	*	
$8778.00		22
$15853.00		35
$2994.00	*	

patients (fewer than 11)

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240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN

55432	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55432	Hernia procedures except inguinal and femoral w MCC
55432	Laparoscopic cholecystectomy w/o c.d.e. w CC
55432	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55432	Bilateral or multiple major joint procs of lower extremity w/o MCC
55432	Revision of hip or knee replacement w MCC

	$22116.00 *	
	$15401.00 *	
	$10226.00	12
	$15342.00	15
	$19476.00 *	
	$28145.00 *	

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240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN

55432	Revision of hip or knee replacement w CC
55432	Biopsies of musculoskeletal system and connective tissue w CC
55432	Kidney and ureter procedures for non-neoplasm w MCC
55432	Other musculoskelet sys and conn tiss O.R. proc w MCC
55432	Kidney and ureter procedures for neoplasm w/o CC/MCC

MN1

Based on Hospital Medicare Payment And Volume Measures

	$15813.00		13
	$13183.00	*	
	$20677.00	*	
	$9515.00	*	
	$4271.00	*	

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

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240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN

55432	Kidney and ureter procedures for neoplasm w MCC
55432	Kidney and ureter procedures for neoplasm w CC
55371	Revision of hip or knee replacement w CC
55371	Revision of hip or knee replacement w MCC

$20325.00 *

$11539.00 *

$17488.00 *

$28608.00 *

health information due to the small number of Medicare patients (fewer than 11)	
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240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL	MN

55371	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55371	Laparoscopic cholecystectomy w/o c.d.e. w CC
55371	Hernia procedures except inguinal and femoral w MCC
55371	Major small and large bowel procedures w CC
55371	Major small and large bowel procedures w/o CC/MCC

	$15594.00	*
	$10394.00	*
	$15654.00	*
	$16113.00	*
	$10216.00	*

patients (fewer than 11)

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	HOSPITAL	
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240166	FAIRMONT MEDICAL CENTER	MN

55371	Stomach, esophageal duodenal proc w/o CC/MCC
55371	Major joint replacement or reattachment of lower extremity w MCC
55371	Revision of hip or knee replacement w/o CC/MCC
55371	Major joint replacement or reattachment of lower extremity w/o MCC
56031	Major joint replacement or reattachment of lower extremity w/o

$9149.00	*	
$18015.00	*	
$15427.00	*	
$12642.00		36
$11667.00		81

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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240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN

	MCC
56031	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
56031	Revision of hip or knee replacement w/o CC/MCC
56031	Major joint replacement or reattachment of lower extremity w MCC
56031	Cervical spinal fusion w/o CC/MCC
56031	Spinal fusion except cervical w/o MCC

$9996.00 *

$14237.00 *

$19118.00 *

$11853.00 *

$20730.00 *

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240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN

56031	Back and neck proc exc spinal fusion w/o CC/MCC
56031	Major small and large bowel procedures w/o CC/MCC
56031	Hernia procedures except inguinal and femoral w CC
56031	Major small and large bowel procedures w CC
56031	Major small and large bowel procedures w MCC

$5452.00	*	
$9428.00	*	
$8147.00	*	
$14870.00		13
$34670.00	*	

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240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN

56031	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
56031	Hernia procedures except inguinal and femoral w/o CC/MCC
56031	Laparoscopic cholecystectomy w/o c.d.e. w CC
56031	Laparoscopic cholecystectomy w/o c.d.e. w MCC

$23955.00	*	
$5606.00	*	
$9592.00	*	
$14391.00	*	

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240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN

56031	Revision of hip or knee replacement w MCC
56031	Bilateral or multiple major joint procs of lower extremity w/o MCC
56031	Revision of hip or knee replacement w CC
56031	Biopsies of musculoskeletal system and connective tissue w CC

MN1

Based on Hospital Medicare Payment And Volume Measures

$26400.00 *

$18268.00 *

$17799.00 *

$12346.00 *

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240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN

55350	Kidney and ureter procedures for neoplasm w CC
55350	Kidney and ureter procedures for non-neoplasm w MCC
55350	Laparoscopic cholecystectomy w/o c.d.e. w CC
55350	Hernia procedures except inguinal and femoral w/o CC/MCC
55350	Cholecystectomy except by laparoscope w/o c.d.e. w MCC

	$11030.00	*
	$10384.00	*
	$11564.00	*
	$5713.00	*
	$14929.00	*

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240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN

55350	Major small and large bowel procedures w MCC
55350	Major small and large bowel procedures w CC
55350	Hernia procedures except inguinal and femoral w CC
55350	Major small and large bowel procedures w/o CC/MCC

$30595.00 *

$15153.00 *

$8302.00 *

$9607.00 *

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240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN

55350	Stomach, esophageal duodenal proc w/o CC/MCC
55350	Major joint replacement or reattachment of lower extremity w MCC
55350	Major joint replacement or reattachment of lower extremity w/o MCC
55337	Major joint replacement or reattachment of lower extremity w/o MCC
55337	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55337	Major shoulder or elbow joint procedures w/o CC/MCC

MN1

Based on Hospital Medicare Payment And Volume Measures

$8604.00	*	
$19483.00	*	
$11889.00		50
$12391.00		232
$10617.00	*	
$11568.00	*	

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240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN

55337	Major joint replacement or reattachment of lower extremity w MCC
55337	Revision of hip or knee replacement w/o CC/MCC
55337	Stomach, esophageal duodenal proc w/o CC/MCC
55337	Cervical spinal fusion w/o CC/MCC
55337	Back and neck proc exc spinal fusion w/o CC/MCC
55337	Spinal fusion except cervical w/o MCC
55337	Spinal fusion except cervical w MCC

$20306.00		20
$15121.00		15
$8968.00	*	
$11813.00	*	
$5791.00		13
$21976.00		30
$37205.00	*	

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240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN

55337	Major small and large bowel procedures w/o CC/MCC
55337	Hernia procedures except inguinal and femoral w CC
55337	Major small and large bowel procedures w CC
55337	Major small and large bowel procedures w MCC
55337	Hernia procedures except inguinal and femoral w MCC
55337	Hernia procedures except inguinal and femoral w/o CC/MCC
55337	Laparoscopic cholecystectomy w/o c.d.e. w CC

$10013.00		12
$8653.00	*	
$15793.00		26
$31887.00		15
$8205.00	*	
$5992.00	*	
$10188.00	*	

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240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN

55337	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55337	Kidney and ureter procedures for non-neoplasm w MCC
55337	Kidney and ureter procedures for neoplasm w CC
55337	Other musculoskelet sys and conn tiss O.R. proc w MCC

	$15479.00	*
	$20583.00	*
	$11495.00	*
	$18928.00	*

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240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN

55337	Biopsies of musculoskeletal system and connective tissue w CC
55337	Revision of hip or knee replacement w CC
55337	Bilateral or multiple major joint procs of lower extremity w/o MCC
55337	Revision of hip or knee replacement w MCC

$1046.00 *

$18904.00 *

$19403.00 *

$21539.00 *

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240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN

55109	Revision of hip or knee replacement w MCC
55109	Revision of hip or knee replacement w CC
55109	Biopsies of musculoskeletal system and connective tissue w CC
55109	Other musculoskelet sys and conn tiss O.R. proc w MCC
55109	Kidney and ureter procedures for neoplasm w/o CC/MCC
55109	Kidney and ureter procedures for neoplasm w CC

	$14104.00	*	
	$18652.00		12
	$13288.00	*	
	$18676.00	*	
	$4294.00	*	
	$11342.00	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN

55109	Kidney and ureter procedures for neoplasm w MCC
55109	Kidney and ureter procedures for non-neoplasm w MCC
55109	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55109	Laparoscopic cholecystectomy w/o c.d.e. w CC
55109	Hernia procedures except inguinal and femoral w/o CC/MCC
55109	Hernia procedures except inguinal and femoral w MCC

$19963.00	*	
$20309.00	*	
$15081.00		21
$10052.00		21
$5875.00	*	
$7973.00	*	

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240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN

55109	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
55109	Major small and large bowel procedures w MCC
55109	Major small and large bowel procedures w CC
55109	Hernia procedures except inguinal and femoral w CC
55109	Major small and large bowel procedures w/o CC/MCC
55109	Spinal fusion except cervical w MCC

MN1

Based on Hospital Medicare Payment And Volume Measures

$21739.00	*	
$31462.00		29
$15582.00		45
$8777.00	*	
$9880.00		11
$36286.00	*	

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240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN

55109	Spinal fusion except cervical w/o MCC
55109	Back and neck proc exc spinal fusion w/o CC/MCC
55109	Cervical spinal fusion w/o CC/MCC
55109	Stomach, esophageal duodenal proc w/o CC/MCC
55109	Cervical spinal fusion w CC
55109	Cervical spinal fusion w MCC
55109	Revision of hip or knee replacement w/o CC/MCC

$22290.00		48
$5714.00		28
$11655.00		14
$8848.00	*	
$16329.00	*	
$26868.00	*	
$14919.00	*	

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240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN

55109	Major joint replacement or reattachment of lower extremity w MCC
55109	Major shoulder or elbow joint procedures w/o CC/MCC
55109	Major shoulder or elbow joint procedures w CC/MCC
55109	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55109	Major joint replacement or reattachment of lower extremity w/o MCC
55125	Major joint replacement or reattachment of lower extremity w/o MCC
55125	Back and neck proc exc spinal fusion w CC/MCC or disc device/neurostim
55125	Major shoulder or elbow joint procedures w CC/MCC

$20035.00		17
$166.00	*	
$10746.00	*	
$10475.00		25
$12226.00		223
$11899.00		396
$10195.00		16
$15673.00	*	

patients (fewer than 11)

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240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
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240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN

55125	Major joint replacement or reattachment of lower extremity w MCC
55125	Revision of hip or knee replacement w/o CC/MCC
55125	Stomach, esophageal duodenal proc w/o CC/MCC
55125	Cervical spinal fusion w/o CC/MCC
55125	Back and neck proc exc spinal fusion w/o CC/MCC
55125	Spinal fusion except cervical w/o MCC
55125	Spinal fusion except cervical w MCC

$14135.00		18
$14531.00		16
$7.00	*	
$11344.00	*	
$5561.00		28
$21103.00		34
$27900.00	*	

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240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN

55125	Major small and large bowel procedures w CC
55125	Major small and large bowel procedures w MCC
55125	Hernia procedures except inguinal and femoral w MCC
55125	Hernia procedures except inguinal and femoral w/o CC/MCC
55125	Laparoscopic cholecystectomy w/o c.d.e. w CC

$15166.00	*	
$30621.00		14
$67971.00	*	
$5718.00	*	
$9787.00	*	

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240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN

55125	Laparoscopic cholecystectomy w/o c.d.e. w MCC
55125	Kidney and ureter procedures for non-neoplasm w MCC
55125	Kidney and ureter procedures for neoplasm w CC
55125	Kidney and ureter procedures for neoplasm w/o CC/MCC

$14688.00 *

$29.00 *

$11043.00 *

$8164.00 *

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240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN

55125	Other musculoskelet sys and conn tiss O.R. proc w MCC
55125	Biopsies of musculoskeletal system and connective tissue w MCC
55125	Revision of hip or knee replacement w CC
55125	Revision of hip or knee replacement w MCC
55125	Bilateral or multiple major joint procs of lower extremity w/o MCC

	$14840.00	*	
	$12998.00	*	
	$17411.00		22
	$21996.00	*	
	$18632.00	*	

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240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN

55422	Female reproductive system reconstructive procedures
55422	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55422	Transurethral prostatectomy w/o CC/MCC
55422	Transurethral prostatectomy w CC/MCC
55422	Other kidney and urinary tract procedures w/o CC/MCC
55422	Transurethral procedures w MCC

$126.00	*	
$5409.00	*	
$4055.00		22
$7169.00		20
$4297.00	*	
$14353.00	*	

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240001	NORTH MEMORIAL MEDICAL CENTER	MN
240001	NORTH MEMORIAL MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN

55422	Other kidney and urinary tract procedures w MCC
55422	Other kidney and urinary tract procedures w CC
55805	Other kidney and urinary tract procedures w CC
55805	Other kidney and urinary tract procedures w MCC

$17761.00 *

$13839.00 *

$13537.00 *

$23361.00 *

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240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN
240002	ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	MN

55805	Transurethral procedures w MCC
55805	Other kidney and urinary tract procedures w/o CC/MCC
55805	Transurethral prostatectomy w CC/MCC
55805	Transurethral prostatectomy w/o CC/MCC
55805	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55805	Female reproductive system reconstructive procedures

	$7125.00 *	
	$8265.00 *	
	$7013.00	17
	$3966.00	56
	$5327.00 *	
	$5145.00 *	

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240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN

55415	Female reproductive system reconstructive procedures
55415	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55415	Transurethral prostatectomy w/o CC/MCC
55415	Transurethral prostatectomy w CC/MCC

$8487.00 *

$8773.00 *

$3941.00 *

$11629.00 *

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240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240004	HENNEPIN COUNTY MEDICAL CENTER	MN
240006	OLMSTED MEDICAL CENTER	MN

55415	Other kidney and urinary tract procedures w/o CC/MCC
55415	Transurethral procedures w MCC
55415	Other kidney and urinary tract procedures w MCC
55415	Other kidney and urinary tract procedures w CC
55904	Uterine and adnexa proc for non-malignancy w/o CC/MCC

	$2700.00 *	
	$23281.00 *	
	$28808.00	11
	$22447.00 *	
	$5545.00 *	

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240006	OLMSTED MEDICAL CENTER	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN

55904	Female reproductive system reconstructive procedures
55902	Other kidney and urinary tract procedures w CC
55902	Other kidney and urinary tract procedures w MCC
55902	Transurethral procedures w MCC
55902	Other kidney and urinary tract procedures w/o CC/MCC
55902	Transurethral prostatectomy w CC/MCC

$5364.00	*	
$15527.00		13
$19926.00		12
$16104.00	*	
$9416.00		19
$8045.00	*	

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240010	MAYO CLINIC - SAINT MARYS HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240014	NORTHFIELD HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN

55902	Transurethral prostatectomy w/o CC/MCC
55057	Transurethral prostatectomy w/o CC/MCC
55057	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55066	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55066	Female reproductive system reconstructive procedures

	$4551.00	*
	$3835.00	*
	$5115.00	*
	$4761.00	*
	$4605.00	*

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240018	FAIRVIEW RED WING HOSPITAL	MN
240018	FAIRVIEW RED WING HOSPITAL	MN
240019	ESSENTIA HEALTH DULUTH	MN
240019	ESSENTIA HEALTH DULUTH	MN

55066	Transurethral prostatectomy w CC/MCC
55066	Other kidney and urinary tract procedures w CC
55805	Other kidney and urinary tract procedures w MCC
55805	Female reproductive system reconstructive procedures

$6310.00 *

$12181.00 *

$20938.00 *

$6169.00 *

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Based on Hospital Medicare Payment And Volume Measures

240019	ESSENTIA HEALTH DULUTH	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240020	CAMBRIDGE MEDICAL CENTER	MN
240022	SANFORD WORTHINGTON MEDICAL CENTER	MN
240030	DOUGLAS COUNTY HOSPITAL	MN

55805	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55008	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55008	Transurethral prostatectomy w/o CC/MCC
56187	Uterine and adnexa proc for non-malignancy w/o CC/MCC
56308	Uterine and adnexa proc for non-malignancy w/o CC/MCC

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Based on Hospital Medicare Payment And Volume Measures

	$6377.00		29
	$5235.00	*	
	$3925.00	*	
	$5124.00	*	
	$5445.00	*	

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240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240030	DOUGLAS COUNTY HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN

56308	Female reproductive system reconstructive procedures
56308	Transurethral prostatectomy w/o CC/MCC
56308	Transurethral prostatectomy w CC/MCC
56308	Transurethral procedures w MCC
56303	Transurethral procedures w MCC

$5267.00	*	
$4082.00		19
$7217.00	*	
$1024.00	*	
$14645.00	*	

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240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN
240036	ST CLOUD HOSPITAL	MN

56303	Other kidney and urinary tract procedures w/o CC/MCC
56303	Other kidney and urinary tract procedures w MCC
56303	Other kidney and urinary tract procedures w CC
56303	Transurethral prostatectomy w CC/MCC
56303	Transurethral prostatectomy w/o CC/MCC
56303	Female reproductive system reconstructive procedures

$8582.00	*	
$18091.00		11
$14097.00	*	
$7303.00	*	
$4130.00	*	
$5339.00		30

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240036	ST CLOUD HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240038	UNITED HOSPITAL	MN
240040	UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	MN

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Based on Hospital Medicare Payment And Volume Measures

56303	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55102	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55102	Female reproductive system reconstructive procedures
55102	Transurethral prostatectomy w/o CC/MCC
55102	Transurethral prostatectomy w CC/MCC
55102	Other kidney and urinary tract procedures w CC
55102	Other kidney and urinary tract procedures w MCC
55102	Other kidney and urinary tract procedures w/o CC/MCC
55102	Transurethral procedures w MCC
55746	Uterine and adnexa proc for non-malignancy w/o CC/MCC

$5519.00		33
$5476.00		27
$5298.00		11
$4106.00		23
$7259.00		19
$14012.00		17
$17983.00		13
$8497.00	*	
$7304.00	*	
$5193.00	*	

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240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN
240043	NAEVE HOSPITAL	MN

56007	Uterine and adnexa proc for non-malignancy w/o CC/MCC
56007	Female reproductive system reconstructive procedures
56007	Transurethral procedures w MCC
56007	Other kidney and urinary tract procedures w MCC
56007	Transurethral prostatectomy w CC/MCC

$4911.00	*
$4751.00	*
$13032.00	*
$16126.00	*
$6509.00	*

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240043	NAEVE HOSPITAL	MN
240044	WINONA HEALTH SERVICES	MN
240044	WINONA HEALTH SERVICES	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN

56007	Transurethral prostatectomy w/o CC/MCC
55987	Other kidney and urinary tract procedures w CC
55987	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55805	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55805	Female reproductive system reconstructive procedures

$3682.00 *		
$11770.00 *		
$4600.00 *		
$5148.00		13
$4980.00 *		

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240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240047	ST LUKES HOSPITAL	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN

55805	Other kidney and urinary tract procedures w CC
55805	Transurethral procedures w MCC
55805	Transurethral prostatectomy w/o CC/MCC
55805	Transurethral prostatectomy w CC/MCC
55092	Transurethral prostatectomy w/o CC/MCC

$13172.00	*	
$13707.00	*	
$3859.00	*	
$6823.00		12
$3745.00	*	

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240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240050	FAIRVIEW LAKES HEALTH SERVICES	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN

55092	Female reproductive system reconstructive procedures
55092	Uterine and adnexa proc for non-malignancy w/o CC/MCC
56537	Uterine and adnexa proc for non-malignancy w/o CC/MCC
56537	Female reproductive system reconstructive procedures

$4833.00 *

$4996.00 *

$4417.00 *

$4340.00 *

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240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240052	LAKE REGION HEALTHCARE CORPORATION	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN

56537	Transurethral prostatectomy w/o CC/MCC
56537	Transurethral procedures w MCC
56537	Other kidney and urinary tract procedures w MCC
55426	Other kidney and urinary tract procedures w MCC
55426	Other kidney and urinary tract procedures w CC

	$3415.00	*
	$15299.00	*
	$14503.00	*
	$17065.00	*
	$13297.00	*

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240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN
240053	PARK NICOLLET METHODIST HOSPITAL	MN

55426	Transurethral procedures w MCC
55426	Other kidney and urinary tract procedures w/o CC/MCC
55426	Transurethral prostatectomy w/o CC/MCC
55426	Transurethral prostatectomy w CC/MCC
55426	Female reproductive system reconstructive procedures

	$13791.00 *	
	$8064.00 *	
	$3896.00	23
	$6888.00 *	
	$5027.00	19

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Based on Hospital Medicare Payment And Volume Measures

240053	PARK NICOLLET METHODIST HOSPITAL	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN
240056	RIDGEVIEW MEDICAL CENTER	MN

55426	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55387	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55387	Female reproductive system reconstructive procedures
55387	Transurethral prostatectomy w/o CC/MCC
55387	Transurethral procedures w MCC

$5197.00		32
$5000.00	*	
$4837.00	*	
$3748.00	*	
$13268.00	*	

MN1

Based on Hospital Medicare Payment And Volume Measures

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240056	RIDGEVIEW MEDICAL CENTER	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN

55387	Other kidney and urinary tract procedures w CC
55407	Other kidney and urinary tract procedures w CC
55407	Other kidney and urinary tract procedures w MCC
55407	Transurethral procedures w MCC
55407	Other kidney and urinary tract procedures w/o CC/MCC
55407	Transurethral prostatectomy w/o CC/MCC
55407	Transurethral prostatectomy w CC/MCC

$12793.00	*	
$13795.00	*	
$17704.00		11
$14308.00		11
$8366.00	*	
$4042.00		39
$7146.00		13

MN1

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240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240057	ABBOTT NORTHWESTERN HOSPITAL INC	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240059	REGINA MEDICAL CENTER	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST	MN

55407	Female reproductive system reconstructive procedures
55407	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55033	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55033	Female reproductive system reconstructive procedures
55033	Transurethral prostatectomy w CC/MCC
55033	Transurethral prostatectomy w/o CC/MCC
55902	Transurethral prostatectomy w/o CC/MCC
55902	Transurethral prostatectomy w CC/MCC

$5216.00		37
$5392.00		41
$4996.00	*	
$4833.00	*	
$6622.00	*	
$3745.00		12
$4593.00		17
$8121.00	*	

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	HOSPITAL	
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN

55902	Other kidney and urinary tract procedures w/o CC/MCC
55902	Transurethral procedures w MCC
55902	Other kidney and urinary tract procedures w MCC
55902	Other kidney and urinary tract procedures w CC

$9506.00	*
$16258.00	*
$20118.00	*
$15676.00	*

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MN1

Based on Hospital Medicare Payment And Volume Measures

240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240061	MAYO CLINIC - METHODIST HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN

55902	Female reproductive system reconstructive procedures
55902	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55102	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55102	Female reproductive system reconstructive procedures
55102	Other kidney and urinary tract procedures w CC
55102	Other kidney and urinary tract procedures w MCC

$5927.00		28
$6127.00		137
$5329.00	*	
$5219.00	*	
$13803.00	*	
$17497.00	*	

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240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240063	ST JOSEPH'S HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN

55102	Transurethral procedures w MCC
55102	Other kidney and urinary tract procedures w/o CC/MCC
55102	Transurethral prostatectomy w CC/MCC
55102	Transurethral prostatectomy w/o CC/MCC
55744	Transurethral prostatectomy w/o CC/MCC

	$14255.00 *	
	$8268.00 *	
	$7120.00 *	
	$4027.00	11
	$3868.00 *	

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240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240064	GRAND ITASCA CLINIC AND HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN

55744	Transurethral prostatectomy w CC/MCC
55744	Other kidney and urinary tract procedures w CC
55744	Female reproductive system reconstructive procedures
55744	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55082	Uterine and adnexa proc for non-malignancy w/o CC/MCC

	$6838.00		15
	$12869.00	*	
	$4929.00	*	
	$5159.00	*	
	$4996.00	*	

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240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240066	LAKEVIEW MEMORIAL HOSPITAL	MN

55082	Female reproductive system reconstructive procedures
55082	Other kidney and urinary tract procedures w/o CC/MCC
55082	Transurethral procedures w MCC
55082	Transurethral prostatectomy w CC/MCC

	$4833.00	*
	$7752.00	*
	$8768.00	*
	$6622.00	*

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240066	LAKEVIEW MEMORIAL HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240069	OWATONNA HOSPITAL	MN
240071	DISTRICT ONE HOSPITAL	MN

55082	Transurethral prostatectomy w/o CC/MCC
55060	Female reproductive system reconstructive procedures
55060	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55021	Uterine and adnexa proc for non-malignancy w/o CC/MCC

$3745.00 *

$3137.00 *

$5426.00 *

$5335.00 *

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240071	DISTRICT ONE HOSPITAL	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240075	ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	MN
240076	BUFFALO HOSPITAL	MN

55021	Female reproductive system reconstructive procedures
56401	Female reproductive system reconstructive procedures
56401	Uterine and adnexa proc for non-malignancy w/o CC/MCC
56401	Transurethral prostatectomy w/o CC/MCC
56401	Transurethral prostatectomy w CC/MCC
56401	Transurethral procedures w MCC
55313	Uterine and adnexa proc for non-malignancy w/o CC/MCC

$5161.00	*	
$8638.00	*	
$5175.00		15
$3880.00		12
$6860.00		15
$14781.00	*	
$5115.00	*	

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240076	BUFFALO HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN

55313	Female reproductive system reconstructive procedures
55435	Female reproductive system reconstructive procedures
55435	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55435	Transurethral procedures w MCC
55435	Other kidney and urinary tract procedures w/o CC/MCC

$4948.00	*	
$4839.00	*	
$5002.00		20
$13275.00	*	
$4393.00	*	

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240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240078	FAIRVIEW SOUTHDALE HOSPITAL	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN

55435	Other kidney and urinary tract procedures w CC
55435	Other kidney and urinary tract procedures w MCC
55435	Transurethral prostatectomy w CC/MCC
55435	Transurethral prostatectomy w/o CC/MCC
55454	Transurethral prostatectomy w/o CC/MCC

$12799.00	*	
$16426.00	*	
$6630.00	*	
$3750.00		38
$778.00	*	

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN

55454	Transurethral prostatectomy w CC/MCC
55454	Other kidney and urinary tract procedures w MCC
55454	Other kidney and urinary tract procedures w CC
55454	Other kidney and urinary tract procedures w/o CC/MCC

$9178.00 *

$22985.00 *

$17717.00 *

$10744.00 *

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240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240080	UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240084	VIRGINIA REGIONAL MEDICAL CENTER	MN

55454	Transurethral procedures w MCC
55454	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55454	Female reproductive system reconstructive procedures
55792	Female reproductive system reconstructive procedures
55792	Uterine and adnexa proc for non-malignancy w/o CC/MCC

	$18375.00	*	
	$6924.00		21
	$1004.00	*	
	$5078.00	*	
	$5247.00	*	

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240084	VIRGINIA REGIONAL MEDICAL CENTER	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240088	RICE MEMORIAL HOSPITAL	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN

55792	Transurethral procedures w MCC
56201	Transurethral prostatectomy w CC/MCC
56201	Transurethral prostatectomy w/o CC/MCC
56201	Uterine and adnexa proc for non-malignancy w/o CC/MCC
56201	Female reproductive system reconstructive procedures
56002	Female reproductive system reconstructive procedures
56002	Uterine and adnexa proc for non-malignancy w/o CC/MCC
56002	Transurethral prostatectomy w/o CC/MCC

$13928.00	*	
$7632.00	*	
$4624.00		12
$6168.00		11
$5967.00	*	
$5095.00		15
$5267.00		21
$3948.00		16

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	HEALTH SYSTEM	
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240093	IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL	MN

56002	Transurethral prostatectomy w CC/MCC
56002	Transurethral procedures w MCC
56002	Other kidney and urinary tract procedures w CC
56601	Other kidney and urinary tract procedures w MCC
56601	Transurethral prostatectomy w CC/MCC

$6981.00 *

$13976.00 *

$14326.00 *

$16649.00 *

$6814.00 *

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	HOSPITAL	
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240100	NORTH COUNTRY REGIONAL HOSPITAL	MN
240101	ST MARYS REGIONAL HEALTH CENTER	MN
240101	ST MARYS REGIONAL HEALTH	MN

56601	Transurethral prostatectomy w/o CC/MCC
56601	Uterine and adnexa proc for non-malignancy w/o CC/MCC
56601	Female reproductive system reconstructive procedures
56501	Female reproductive system reconstructive procedures
56501	Uterine and adnexa proc for non-malignancy w/o CC/MCC

$3801.00	*	
$5070.00		20
$4905.00	*	
$5281.00	*	
$6071.00	*	

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	CENTER	
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN

55379	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55379	Female reproductive system reconstructive procedures
55379	Transurethral prostatectomy w/o CC/MCC
55379	Transurethral prostatectomy w CC/MCC

	$4996.00	*
	$4833.00	*
	$3745.00	*
	$6622.00	*

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240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240104	ST FRANCIS REGIONAL MEDICAL CENTER	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN

55379	Other kidney and urinary tract procedures w MCC
55379	Transurethral procedures w MCC
55101	Transurethral procedures w MCC
55101	Other kidney and urinary tract procedures w MCC
55101	Other kidney and urinary tract procedures w CC

MN1

Based on Hospital Medicare Payment And Volume Measures

$16405.00	*	
$13258.00	*	
$49446.00	*	
$22308.00		16
$1844.00	*	

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240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240106	REGIONS HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN

55101	Transurethral prostatectomy w CC/MCC
55101	Transurethral prostatectomy w/o CC/MCC
55101	Female reproductive system reconstructive procedures
55101	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55433	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55433	Female reproductive system reconstructive procedures
55433	Transurethral prostatectomy w/o CC/MCC
55433	Transurethral prostatectomy w CC/MCC

	$9005.00 *	
	$5093.00	23
	$6572.00 *	
	$6794.00	13
	$5188.00	13
	$5019.00 *	
	$3889.00	35
	$6877.00	22

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240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240115	MERCY HOSPITAL	MN
240117	AUSTIN MEDICAL CENTER	MN

55433	Other kidney and urinary tract procedures w CC
55433	Other kidney and urinary tract procedures w MCC
55433	Transurethral procedures w MCC
55433	Other kidney and urinary tract procedures w/o CC/MCC
55912	Transurethral prostatectomy w CC/MCC

$13275.00	*
$17052.00	*
$6674.00	*
$8050.00	*
$6426.00	*

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240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240117	AUSTIN MEDICAL CENTER	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN

55912	Transurethral prostatectomy w/o CC/MCC
55912	Female reproductive system reconstructive procedures
55912	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55432	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55432	Female reproductive system reconstructive procedures
55432	Transurethral prostatectomy w/o CC/MCC

MN1

Based on Hospital Medicare Payment And Volume Measures

$3573.00		18
$1024.00	*	
$4766.00	*	
$8.00		14
$5057.00	*	
$3918.00	*	

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

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240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240132	UNITY HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN

55432	Transurethral prostatectomy w CC/MCC
55432	Transurethral procedures w MCC
55432	Other kidney and urinary tract procedures w CC
55371	Other kidney and urinary tract procedures w/o CC/MCC

$6928.00 *

$13876.00 *

$21.00 *

$8143.00 *

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240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240141	FAIRVIEW NORTHLAND REGIONAL HOSPITAL	MN
240166	FAIRMONT MEDICAL CENTER	MN

55371	Transurethral prostatectomy w/o CC/MCC
55371	Female reproductive system reconstructive procedures
55371	Uterine and adnexa proc for non-malignancy w/o CC/MCC
56031	Uterine and adnexa proc for non-malignancy w/o CC/MCC

$3983.00 *

$5140.00 *

$8694.00 *

$4903.00 *

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240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240166	FAIRMONT MEDICAL CENTER	MN
240187	HUTCHINSON AREA HEALTH CARE	MN
240187	HUTCHINSON AREA HEALTH CARE	MN

56031	Female reproductive system reconstructive procedures
56031	Transurethral prostatectomy w/o CC/MCC
56031	Transurethral procedures w MCC
55350	Other kidney and urinary tract procedures w MCC
55350	Female reproductive system reconstructive procedures

$4743.00 *

$3675.00 *

$15024.00 *

$16405.00 *

$4833.00 *

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240187	HUTCHINSON AREA HEALTH CARE	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN

55350	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55337	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55337	Female reproductive system reconstructive procedures
55337	Other kidney and urinary tract procedures w MCC
55337	Other kidney and urinary tract procedures w/o CC/MCC

$4996.00	*	
$5207.00		13
$5037.00	*	
$17098.00	*	
$1068.00	*	

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240207	FAIRVIEW RIDGES HOSPITAL	MN
240207	FAIRVIEW RIDGES HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN

55337	Transurethral prostatectomy w/o CC/MCC
55337	Transurethral prostatectomy w CC/MCC
55109	Transurethral prostatectomy w CC/MCC
55109	Transurethral prostatectomy w/o CC/MCC
55109	Transurethral procedures w MCC
55109	Other kidney and urinary tract procedures w MCC
55109	Other kidney and urinary tract procedures w CC

$3904.00		11
$6902.00	*	
$6810.00		13
$3852.00		26
$13634.00	*	
$17343.00	*	
$13145.00	*	

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240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240210	HEALTHEAST ST JOHN'S HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN

55109	Female reproductive system reconstructive procedures
55109	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55125	Uterine and adnexa proc for non-malignancy w/o CC/MCC
55125	Female reproductive system reconstructive procedures
55125	Other kidney and urinary tract procedures w CC
55125	Other kidney and urinary tract procedures w MCC

$4970.00		27
$5138.00		20
$5002.00	*	
$4837.00		15
$12794.00	*	
$16419.00	*	

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240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN
240213	HEALTHEAST WOODWINDS HOSPITAL	MN

55125	Transurethral procedures w MCC
55125	Transurethral prostatectomy w/o CC/MCC
55125	Transurethral prostatectomy w CC/MCC

MN1

Based on Hospital Medicare Payment And Volume Measures

	$13279.00	*
	$3750.00	*
	$6628.00	*

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