Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Hospital Name	City	State
SOUTHEAST ALABAMA MEDICAL CENTER	DOTHAN	AL
MARSHALL MEDICAL CENTER SOUTH	BOAZ	AL
ELIZA COFFEE MEMORIAL HOSPITAL	FLORENCE	AL
MIZELL MEMORIAL HOSPITAL	OPP	AL
CRENSHAW COMMUNITY HOSPITAL	LUVERNE	AL
HARTSELLE MEDICAL CENTER	HARTSELLE	AL
MARSHALL MEDICAL CENTER NORTH	GUNTERSVILLE	AL
ST VINCENT'S EAST	BIRMINGHAM	AL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Medicare Average Payment	Number Of Cases
$11200.00	251
$11364.00	42
$10470.00	199
$10793.00	54
$10671.00 *	
$11091.00 *	
$10969.00	47
$10900.00	340

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Footnote
An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11)
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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

DEKALB REGIONAL MEDICAL CENTER	FORT PAYNE	AL
SOUTHWEST ALABAMA MEDICAL CENTER	THOMASVILLE	AL
SHELBY BAPTIST MEDICAL CENTER	ALABASTER	AL
HELEN KELLER MEMORIAL HOSPITAL	SHEFFIELD	AL
DALE MEDICAL CENTER	OZARK	AL
BAPTIST MEDICAL CENTER SOUTH	MONTGOMERY	AL
JACKSON HOSPITAL & CLINIC INC	MONTGOMERY	AL
G H LANIER MEMORIAL HOSPITAL	VALLEY	AL
EAST ALABAMA MEDICAL CENTER AND SNF	OPELIKA	AL
UNIVERSITY OF ALABAMA HOSPITAL	BIRMINGHAM	AL
CULLMAN REGIONAL MEDICAL	CULLMAN	AL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11988.00		33
$10571.00	*	
$11166.00		94
$10967.00		204
$10576.00		24
$12775.00		239
$11261.00		241
$11195.00		38
$11268.00		258
$13798.00		36
$11176.00		154

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
ANDALUSIA REGIONAL HOSPITAL	ANDALUSIA	AL
STRINGFELLOW MEMORIAL HOSPITAL	ANNISTON	AL
HUNTSVILLE HOSPITAL	HUNTSVILLE	AL
GADSDEN REGIONAL MEDICAL CENTER	GADSDEN	AL
RIVERVIEW REGIONAL MEDICAL CENTER	GADSDEN	AL
MEDICAL CENTER ENTERPRISE	ENTERPRISE	AL
ST VINCENTS BLOUNT	ONEONTA	AL
PARKWAY MEDICAL CENTER	DECATUR	AL
FLOWERS HOSPITAL	DOTHAN	AL
ST VINCENT'S BIRMINGHAM	BIRMINGHAM	AL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10952.00	26
	$10234.00	40
	$11407.00	794
	$10643.00	151
	$10274.00	143
	$10556.00	77
	$10850.00 *	
	$11608.00	45
	$10425.00	233
	$10306.00	454

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HIGHLANDS MEDICAL CENTER	SCOTTSBORO	AL
RUSSELL HOSPITAL	ALEXANDER CITY	AL
NORTHEAST ALABAMA REGIONAL MED CENTER	ANNISTON	AL
ATHENS-LIMESTONE HOSPITAL	ATHENS	AL
SOUTH BALDWIN REGIONAL MEDICAL CENTER	FOLEY	AL
DECATUR GENERAL HOSPITAL	DECATUR	AL
NORTHWEST MEDICAL CENTER	WINFIELD	AL
UNIV OF SOUTH ALABAMA MEDICAL CENTER	MOBILE	AL
WALKER BAPTIST MEDICAL CENTER	JASPER	AL
PROVIDENCE HOSPITAL	MOBILE	AL
D C H REGIONAL MEDICAL CENTER	TUSCALOOSA	AL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11389.00		15
$11620.00		51
$10961.00		165
$11837.00	*	
$10539.00		69
$11240.00		134
$10347.00		20
$15828.00		15
$11708.00		124
$10219.00		276
$12131.00		198

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

THOMAS HOSPITAL	FAIRHOPE	AL
CITIZENS BAPTIST MEDICAL CENTER	TALLADEGA	AL
PRINCETON BAPTIST MEDICAL CENTER	BIRMINGHAM	AL
TRINITY MEDICAL CENTER	BIRMINGHAM	AL
BRYAN W WHITFIELD MEM HOSP INC	DEMOPOLIS	AL
MOBILE INFIRMARY	MOBILE	AL
MEDICAL WEST, AN AFFILIATE OF UAB HEALTH SYSTEM	BESSEMER	AL
VAUGHAN REG MED CENTER PARKWAY CAMPUS	SELMA	AL
TROY REGIONAL MEDICAL CENTER	TROY	AL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$9809.00		277
$13044.00	*	
$9770.00		162
$11333.00		150
$10536.00		20
$10437.00		346
$11241.00		37
$13608.00		24
$11068.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

NORTH BALDWIN INFIRMARY	BAY MINETTE	AL
CRESTWOOD MEDICAL CENTER	HUNTSVILLE	AL
COOPER GREEN MERCY HOSPITAL	BIRMINGHAM	AL
BROOKWOOD MEDICAL CENTER	BIRMINGHAM	AL
SPRINGHILL MEDICAL CENTER	MOBILE	AL
NORTHPORT MEDICAL CENTER	NORTHPORT	AL
BAPTIST MEDICAL CENTER EAST	MONTGOMERY	AL
INFIRMARY WEST	MOBILE	AL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10640.00 *	
	$10435.00	391
	$12987.00 *	
	$10297.00	533
	$9646.00	116
	$12615.00	148
	$11597.00	15
	$11713.00	24

small number of Medicare patients (fewer than 11)

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SHOALS HOSPITAL	MUSCLE SHOALS	AL
RUSSELLVILLE HOSPITAL	RUSSELLVILLE	AL
COOSA VALLEY MEDICAL CENTER	SYLACAUGA	AL
UAB HIGHLANDS	BIRMINGHAM	AL
SUMMIT HOSPITAL	PHENIX CITY	AL
PROVIDENCE ALASKA MEDICAL CENTER	ANCHORAGE	AK
MAT-SU REGIONAL MEDICAL CENTER	PALMER	AK
BARTLETT REGIONAL HOSPITAL	JUNEAU	AK
FAIRBANKS MEMORIAL HOSPITAL	FAIRBANKS	AK
ALASKA REGIONAL HOSPITAL	ANCHORAGE	AK
CENTRAL PENINSULA GENERAL HOSPITAL	SOLDOTNA	AK
ALASKA NATIVE MEDICAL CENTER	ANCHORAGE	AK

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$9941.00	12
	$10738.00	50
	$12098.00	24
	$10278.00	154
	$11226.00	617
	$16069.00	166
	$19041.00	43
	$17901.00	48
	$24374.00	55
	$14639.00	196
	$18188.00	52
	$24597.00	55

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

BANNER GOOD SAMARITAN MEDICAL CENTER	PHOENIX	AZ
TUCSON MEDICAL CENTER	TUCSON	AZ
VERDE VALLEY MEDICAL CENTER	COTTONWOOD	AZ
CARONDELET ST MARYS HOSPITAL	TUCSON	AZ
CARONDELET ST JOSEPHS HOSPITAL	TUCSON	AZ
YAVAPAI REGIONAL MEDICAL CENTER	PRESCOTT	AZ
YUMA REGIONAL MEDICAL CENTER	YUMA	AZ
JOHN C LINCOLN NORTH MOUNTAIN HOSPITAL	PHOENIX	AZ
CASA GRANDE REGIONAL MEDICAL CENTER	CASA GRANDE	AZ
MARICOPA MEDICAL CENTER	PHOENIX	AZ
FLAGSTAFF MEDICAL CENTER	FLAGSTAFF	AZ

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$12541.00		360
$11021.00		1161
$13390.00		148
$12787.00		43
$11668.00		286
$12171.00		294
$13047.00		214
$113.00		265
$13549.00		77
$21045.00	*	
$15965.00		267

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST JOSEPH'S HOSPITAL AND MEDICAL CENTER	PHOENIX	AZ
PHOENIX BAPTIST HOSPITAL	PHOENIX	AZ
PAYSON REGIONAL MEDICAL CENTER	PAYSON	AZ
CHANDLER REGIONAL MEDICAL CENTER	CHANDLER	AZ
ST LUKES MEDICAL CENTER	PHOENIX	AZ
SCOTTSDALE HEALTHCARE-OSBORN MEDICAL CENTER	SCOTTSDALE	AZ
SIERRA VISTA REGIONAL HEALTH CENTER INC	SIERRA VISTA	AZ
KINGMAN REGIONAL MEDICAL CENTER	KINGMAN	AZ
BANNER BOSWELL MEDICAL CENTER	SUN CITY	AZ
SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER	SHOW LOW	AZ
UNIVERSITY MEDICAL CENTER	TUCSON	AZ
BANNER DESERT MEDICAL CENTER	MESA	AZ

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$1184.00	21
	$335.00	153
	$13419.00	56
	$12666.00	82
	$13765.00	207
	$12310.00	463
	$11674.00	81
	$13052.00	89
	$9663.00	596
	$15409.00	80
	$17304.00	105
	$12801.00	169

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MT GRAHAM REGIONAL MEDICAL CENTER	SAFFORD	AZ
HAVASU REGIONAL MEDICAL CENTER	LAKE HAVASU CITY	AZ
TUBA CITY REGIONAL HEALTH CARE CORPORATION	TUBA CITY	AZ
PARADISE VALLEY HOSPITAL	PHOENIX	AZ
NORTHWEST MEDICAL CENTER	TUCSON	AZ
SCOTTSDALE HEALTHCARE-SHEA MEDICAL CENTER	SCOTTSDALE	AZ
BANNER BAYWOOD MEDICAL CENTER	MESA	AZ
BANNER THUNDERBIRD MEDICAL CENTER	GLENDALE	AZ
JOHN C LINCOLN DEER VALLEY HOSPITAL	PHOENIX	AZ
BANNER DEL E WEBB MEDICAL CENTER	SUN CITY WEST	AZ
ARROWHEAD HOSPITAL	GLENDALE	AZ
WESTERN ARIZONA REGIONAL MEDICAL CTR	BULLHEAD CITY	AZ
MAYO CLINIC HOSPITAL	PHOENIX	AZ

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$16604.00	47
	$12632.00	237
	$15911.00	40
	$13064.00	57
	$11481.00	521
	$11396.00	759
	$11825.00	361
	$12706.00	48
	$44.00	100
	$11709.00	568
	$12889.00	265
	$12909.00	232
	$12836.00	423

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ARIZONA SPINE AND JOINT HOSPITAL	MESA	AZ
SURGICAL SPECIALTY HOSPITAL OF ARIZONA	PHOENIX	AZ
WEST VALLEY HOSPITAL	GOODYEAR	AZ
UNIVERSITY PHYSICIANS HEALTHCARE HOSPITAL AT KINO	TUCSON	AZ
ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	CHANDLER	AZ
ORO VALLEY HOSPITAL	ORO VALLEY	AZ
BANNER ESTRELLA MEDICAL CENTER	PHOENIX	AZ
VALLEY VIEW MEDICAL CENTER	FORT MOHAVE	AZ
YAVAPAI REGIONAL MEDICAL CENTER-EAST	PRESCOTT VALLEY	AZ
MERCY GILBERT MEDICAL CENTER	GILBERT	AZ

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11322.00		290
$11322.00		43
$13608.00		60
$14234.00	*	
$11322.00		216
$10734.00		236
$13481.00		79
$12051.00		46
$11272.00		133
$11974.00		88

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

GILBERT HOSPITAL	GILBERT	AZ
MOUNTAIN VISTA MEDICAL CENTER, LP	MESA	AZ
BANNER GATEWAY MEDICAL CENTER	GILBERT	AZ
SCOTTSDALE HEALTHCARE-THOMPSON PEAK HOSPITAL	SCOTTSDALE	AZ
SILOAM SPRINGS MEMORIAL HOSPITAL	SILOAM SPRINGS	AR
JOHNSON REGIONAL MEDICAL CENTER	CLARKSVILLE	AR
WASHINGTON REGIONAL MED CTR AT NORTH HILLS	FAYETTEVILLE	AR
ST VINCENT INFIRMARY MEDICAL CENTER	LITTLE ROCK	AR
MERCY MEDICAL CENTER	ROGERS	AR
WHITE COUNTY MEDICAL CENTER	SEARCY	AR
UAMS MEDICAL CENTER	LITTLE ROCK	AR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12094.00 *	
	$10457.00	90
	$11011.00	110
	$10457.00	96
	$11684.00	11
	$11205.00	20
	$11577.00	402
	$11920.00	563
	$11309.00	136
	$11514.00	109
	$15765.00	60

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

NORTH ARKANSAS REGIONAL MEDICAL CENTER	HARRISON	AR
SUMMIT MEDICAL CENTER	VAN BUREN	AR
ST BERNARDS MEDICAL CTR	JONESBORO	AR
NW ARKANSAS HOSPITALS, LLC	SPRINGDALE	AR
ST JOSEPHS MERCY HEALTH CENTER INC	HOT SPRINGS	AR
BAXTER REGIONAL MEDICAL CENTER	MOUNTAIN HOME	AR
CONWAY REGIONAL MEDICAL CENTER	CONWAY	AR
BAPTIST HEALTH MEDICAL CENTER NORTH LITTLE ROCK	NORTH LITTLE ROCK	AR
ARKANSAS METHODIST MEDICAL CENTER	PARAGOULD	AR
ST MARYS REGIONAL MEDICAL CENTER	RUSSELLVILLE	AR
CRITTENDEN MEMORIAL HOSPITAL	WEST MEMPHIS	AR
SPARKS REGIONAL MEDICAL CENTER	FORT SMITH	AR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11679.00	90
	$10624.00	72
	$12206.00	260
	$11783.00	150
	$11118.00	170
	$10611.00	302
	$11175.00	154
	$11059.00	154
	$11347.00	38
	$12065.00	170
	$14562.00	22
	$11339.00	229

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST EDWARD MERCY MEDICAL CENTER	FORT SMITH	AR
JEFFERSON REGIONAL MEDICAL CENTER	PINE BLUFF	AR
BAPTIST HEALTH MEDICAL CENTER-STUTTGART	STUTTGART	AR
NORTH METRO MEDICAL CENTER	JACKSONVILLE	AR
NATIONAL PARK MEDICAL CENTER	HOT SPRINGS	AR
HARRIS HOSPITAL	NEWPORT	AR
SALINE MEMORIAL HOSPITAL	BENTON	AR
MEDICAL CENTER SOUTH ARKANSAS	EL DORADO	AR
BAPTIST HEALTH MEDICAL CENTER-LITTLE ROCK	LITTLE ROCK	AR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$10582.00		207
$12681.00		206
$11185.00	*	
$11413.00		31
$12509.00		50
$11162.00	*	
$10951.00		100
$11201.00		183
$11313.00		413

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

LITTLE ROCK		
NEA BAPTIST MEMORIAL HOSPITAL	JONESBORO	AR
WHITE RIVER MEDICAL CENTER	BATESVILLE	AR
ST VINCENT MEDICAL CENTER/NORTH	SHERWOOD	AR
HEALTHPARK HOSPITAL	HOT SPRINGS	AR
ARKANSAS SURGICAL HOSPITAL	NO LITTLE ROCK	AR
PHYSICIANS' SPECIALTY HOSPITAL	FAYETTEVILLE	AR
ST ROSE HOSPITAL	HAYWARD	CA
ST JOSEPH HOSPITAL	EUREKA	CA
PENINSULA MEDICAL CENTER	BURLINGAME	CA
CALIFORNIA PACIFIC MEDICAL CTR-DAVIES CAMPUS HOSP	SAN FRANCISCO	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11821.00		196
$12190.00		191
$10674.00		30
$10529.00		260
$10287.00		623
$10518.00		17
$21437.00		46
$15442.00		98
$15180.00		132
$16514.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

QUEEN OF THE VALLEY MEDICAL CENTER	NAPA	CA
ST HELENA HOSPITAL	SAINT HELENA	CA
SUTTER AMADOR HOSPITAL	JACKSON	CA
ARROYO GRANDE COMMUNITY HOSPITAL	ARROYO GRANDE	CA
MERCY GENERAL HOSPITAL	SACRAMENTO	CA
PACIFIC ALLIANCE MEDICAL CENTER	LOS ANGELES	CA
RIVERSIDE COMMUNITY HOSPITAL	RIVERSIDE	CA
PARADISE VALLEY HOSPITAL	NATIONAL CITY	CA
UNIVERSITY OF CALIFORNIA SAN DIEGO MEDICAL CENTER	SAN DIEGO	CA
GROSSMONT HOSPITAL	LA MESA	CA
MAD RIVER COMMUNITY HOSPITAL	ARCATA	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$15690.00		170
$15898.00		74
$14951.00		52
$12675.00		121
$15881.00		201
$22749.00		12
$15895.00		179
$18764.00	*	
$19806.00		114
$14980.00		302
$14080.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

An asterisk (*) appears in the

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

OROVILLE HOSPITAL	OROVILLE	CA
BAKERSFIELD MEMORIAL HOSPITAL	BAKERSFIELD	CA
SANTA CLARA VALLEY MEDICAL CENTER	SAN JOSE	CA
ENLOE MEDICAL CENTER	CHICO	CA
ST ELIZABETH COMMUNITY HOSPITAL	RED BLUFF	CA
ALTA BATES SUMMIT MEDICAL CENTER	OAKLAND	CA
EL CENTRO REGIONAL MEDICAL CENTER	EL CENTRO	CA
OJAI VALLEY COMMUNITY HOSPITAL	OJAI	CA
CALIFORNIA PACIFIC MEDICAL CTR-PACIFIC CAMPUS HOSP	SAN FRANCISCO	CA
SAN GORGONIO MEMORIAL HOSPITAL	BANNING	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$15204.00		74
$1068.00		241
$26992.00		16
$13498.00		190
$14907.00		448
$19374.00		258
$16386.00		92
$12721.00		18
$17963.00		368
$13934.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CALIFORNIA PACIFIC MEDICAL CTR - ST. LUKE'S CAMPUS	SAN FRANCISCO	CA
ANTELOPE VALLEY HOSPITAL MED CENTER	LANCASTER	CA
KAWEAH DELTA MEDICAL CENTER	VISALIA	CA
GLENDALE MEM HOSPITAL & HLTH CENTER	GLENDALE	CA
COMMUNITY REGIONAL MEDICAL CENTER	FRESNO	CA
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	LOS ANGELES	CA
OAK VALLEY DISTRICT HOSPITAL	OAKDALE	CA
ST JOSEPH HOSPITAL	ORANGE	CA
KAISER FOUNDATION HOSPITAL - SOUTH SAN FRANCISCO	SOUTH SAN FRANCISCO	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$21931.00	31
	$16984.00	199
	$15697.00	227
	$19369.00	129
	$16164.00	187
	$22294.00	65
	$14202.00	17
	$14220.00	578
	$15178.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

KAISER FOUNDATION HOSPITAL-SANTA CLARA	SANTA CLARA	CA
KAISER FOUNDATION HOSPITAL - WALNUT CREEK	WALNUT CREEK	CA
KAISER FOUNDATION HOSPITAL AND REHAB CENTER	VALLEJO	CA
KAISER FOUNDATION HOSPITAL OAKLAND/RICHMOND	OAKLAND	CA
KAISER FOUNDATION HOSPITAL - SAN FRANCISCO	SAN FRANCISCO	CA
SCRIPPS MERCY HOSPITAL	SAN DIEGO	CA
PROVIDENCE LITTLE CO OF MARY MED CTR SAN PEDRO	SAN PEDRO	CA
DOCTORS MEDICAL CENTER-SAN PABLO	SAN PABLO	CA
ST JOHNS REGIONAL MEDICAL CENTER	OXNARD	CA
ST JOSEPHS MED CENTER OF STOCKTON	STOCKTON	CA
COMMUNITY HOSPITAL OF SAN BERNARDINO	SAN BERNARDINO	CA
SONOMA VALLEY HOSPITAL	SONOMA	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$1864.00	315
	$218.00	395
	$147.00	309
	$1495.00	339
	$1635.00	155
	$17270.00	315
	$14612.00	69
	$19759.00	52
	$14977.00	103
	$16018.00	46
	$19807.00	14
	$16117.00	11

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

COMMUNITY AND MISSION HOSPITAL OF HUNTINGTON PARK	HUNTINGTON PARK	CA
SAINT AGNES MEDICAL CENTER	FRESNO	CA
DOCTORS HOSPITAL OF WEST COVINA, INC	WEST COVINA	CA
SAN ANTONIO COMMUNITY HOSPITAL	UPLAND	CA
SHARP MEMORIAL HOSPITAL	SAN DIEGO	CA
SUTTER SOLANO MEDICAL CENTER	VALLEJO	CA
PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	RIVERSIDE	CA
WHITE MEMORIAL MEDICAL CENTER	LOS ANGELES	CA
SAINT FRANCIS MEDICAL CENTER	LYNWOOD	CA
MARIAN MEDICAL CENTER	SANTA MARIA	CA
SUTTER GENERAL HOSPITAL	SACRAMENTO	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$20225.00 *	
	$14530.00	425
	$14681.00	29
	$13885.00	183
	$13656.00	258
	$19822.00	58
	$16573.00	124
	$20664.00	120
	$21175.00	14
	$15714.00	148
	$16589.00	534

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

LOMPOC VALLEY MEDICAL CENTER	LOMPOC	CA
TEMPLE COMMUNITY HOSPITAL	LOS ANGELES	CA
SANTA MONICA - UCLA MED CTR & ORTHOPAEDIC HOSPITAL	SANTA MONICA	CA
SAN MATEO MEDICAL CENTER	SAN MATEO	CA
PALOMAR MEDICAL CENTER	ESCONDIDO	CA
NORTHRIDGE HOSPITAL MEDICAL CENTER	NORTHRIDGE	CA
DOCTORS HOSPITAL OF MANTECA	MANTECA	CA
HANFORD COMMUNITY MEDICAL CENTER	HANFORD	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$14080.00	25
	$20985.00 *	
	$14491.00	320
	$16947.00 *	
	$14433.00	170
	$16521.00	142
	$13593.00	40
	$15403.00	169

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

DAMERON HOSPITAL	STOCKTON	CA
VERDUGO HILLS HOSPITAL	GLENDALE	CA
REGIONAL MEDICAL CENTER OF SAN JOSE	SAN JOSE	CA
VALLEY PRESBYTERIAN HOSPITAL	VAN NUYS	CA
WOODLAND MEMORIAL HOSPITAL	WOODLAND	CA
TRI-CITY MEDICAL CENTER	OCEANSIDE	CA
ST BERNARDINE MEDICAL CENTER	SAN BERNARDINO	CA
NOVATO COMMUNITY HOSPITAL	NOVATO	CA
SAN GABRIEL VALLEY MEDICAL CENTER	SAN GABRIEL	CA
RIDEOUT MEMORIAL HOSPITAL	MARYSVILLE	CA
HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	HOLLYWOOD	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$14583.00		313
$13383.00		58
$22321.00		65
$17960.00		315
$15038.00		46
$14302.00		261
$16141.00		162
$15407.00		132
$17847.00		39
$16091.00		141
$19744.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PETALUMA VALLEY HOSPITAL	PETALUMA	CA
KAISER FOUNDATION HOSPITAL - PANORAMA CITY	PANORAMA CITY	CA
KAISER FOUNDATION HOSPITAL - LOS ANGELES	LOS ANGELES	CA
KAISER FOUNDATION HOSPITAL - DOWNEY	DOWNEY	CA
KAISER FOUNDATION HOSPITAL FONTANA	FONTANA	CA
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	MONTEREY	CA
CALIFORNIA HOSPITAL MEDICAL CENTER LA	LOS ANGELES	CA
SIERRA NEVADA MEMORIAL HOSPITAL	GRASS VALLEY	CA
SAINT FRANCIS MEMORIAL HOSPITAL	SAN FRANCISCO	CA
O'CONNOR HOSPITAL	SAN JOSE	CA
ENCINO HOSPITAL MEDICAL CENTER	ENCINO	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$16916.00		38
$37.00		241
$2023.00		183
$90.00		237
$536.00		211
$14863.00		312
$21406.00		35
$13448.00		158
$19655.00		83
$19209.00		139
$13345.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

VENTURA COUNTY MEDICAL CENTER	VENTURA	CA
SAN JOAQUIN GENERAL HOSPITAL	FRENCH CAMP	CA
ST JUDE MEDICAL CENTER	FULLERTON	CA
PRESBYTERIAN INTERCOMMUNITY HOSPITAL	WHITTIER	CA
SANTA ROSA MEMORIAL HOSPITAL	SANTA ROSA	CA
EMANUEL MEDICAL CENTER INC	TURLOCK	CA
JOHN MUIR MEDICAL CENTER - WALNUT CREEK CAMPUS	WALNUT CREEK	CA
GEORGE L MEE MEMORIAL HOSPITAL	KING CITY	CA
ST MARY MEDICAL CENTER	LONG BEACH	CA
SOUTH COAST MEDICAL CENTER	LAGUNA BEACH	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$21160.00		30
$20841.00		20
$13273.00		288
$14646.00		236
$16797.00		292
$14747.00		111
$15505.00		443
$16501.00	*	
$15805.00		60
$12729.00		15

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

WATSONVILLE COMMUNITY HOSPITAL	WATSONVILLE	CA
WASHINGTON HOSPITAL	FREMONT	CA
SEQUOIA HOSPITAL	REDWOOD CITY	CA
PALMDALE REGIONAL MEDICAL CENTER	PALMDALE	CA
ALAMEDA HOSPITAL	ALAMEDA	CA
COAST PLAZA HOSPITAL	NORWALK	CA
SHARP CHULA VISTA MEDICAL CENTER	CHULA VISTA	CA
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	NEWPORT BEACH	CA
FEATHER RIVER HOSPITAL	PARADISE	CA
AHMC ANAHEIM REGIONAL MEDICAL CENTER	ANAHEIM	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$20698.00		74
$16148.00		577
$15654.00		113
$14458.00		48
$16855.00		21
$16849.00	*	
$16305.00		148
$12729.00		596
$13562.00		139
$14191.00		99

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SAN FRANCISCO GENERAL HOSPITAL	SAN FRANCISCO	CA
GARDEN GROVE HOSPITAL & MEDICAL CENTER	GARDEN GROVE	CA
POMONA VALLEY HOSPITAL MEDICAL CENTER	POMONA	CA
FRENCH HOSPITAL MEDICAL CENTER	SAN LUIS OBISPO	CA
SHARP CORONADO HOSPITAL AND HLTHCR CTR	CORONADO	CA
PROVIDENCE SAINT JOSEPH MEDICAL CTR	BURBANK	CA
SIMI VALLEY HOSPITAL & HEALTH CARE SERVICES	SIMI VALLEY	CA
METHODIST HOSPITAL OF SOUTHERN CA	ARCADIA	CA
GLENDALE ADVENTIST MEDICAL CENTER	GLENDALE	CA
DOMINICAN HOSPITAL	SANTA CRUZ	CA
DESERT REGIONAL MEDICAL CENTER	PALM SPRINGS	CA
ARROWHEAD REGIONAL MEDICAL CENTER	COLTON	CA
NATIVIDAD MEDICAL CENTER	SALINAS	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$26600.00		29
$1068.00		18
$282.00		243
$13067.00		223
$1068.00		377
$14610.00		209
$13432.00		34
$15076.00		241
$18864.00		183
$17738.00		171
$36.00		343
$21689.00		27
$23202.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MARSHALL MEDICAL CENTER (1-RH)	PLACERVILLE	CA
SIERRA VIEW DISTRICT HOSPITAL	PORTERVILLE	CA
RONALD REAGAN UCLA MEDICAL CENTER	LOS ANGELES	CA
SAN LEANDRO HOSPITAL	SAN LEANDRO	CA
REDLANDS COMMUNITY HOSPITAL	REDLANDS	CA
CONTRA COSTA REGIONAL MEDICAL CENTER	MARTINEZ	CA
PACIFIC HOSPITAL OF LONG BEACH	LONG BEACH	CA
PROVIDENCE HOLY CROSS MEDICAL CENTER	MISSION HILLS	CA
HI-DESERT MEDICAL CENTER	JOSHUA TREE	CA
MERCY MEDICAL CENTER REDDING	REDDING	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$14141.00	120
	$16056.00	79
	$20257.00	23
	$17054.00	59
	$13596.00	201
	$25425.00	11
	$21237.00	20
	$15537.00	136
	$14232.00	18
	$15756.00	371

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ALHAMBRA HOSPITAL MEDICAL CENTER	ALHAMBRA	CA
VALLEYCARE MEDICAL CENTER	PLEASANTON	CA
SETON MEDICAL CENTER	DALY CITY	CA
SAINT JOHN'S HEALTH CENTER	SANTA MONICA	CA
SUTTER MEDICAL CENTER OF SANTA ROSA	SANTA ROSA	CA
RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	MORENO VALLEY	CA
MERCY HOSPITAL	BAKERSFIELD	CA
HAZEL HAWKINS MEMORIAL HOSPITAL	HOLLISTER	CA
BARSTOW COMMUNITY HOSPITAL	BARSTOW	CA
ST MARY MEDICAL CENTER	APPLE VALLEY	CA
UKIAH VALLEY MEDICAL	UKIAH	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$19217.00		11
$16153.00		121
$17602.00		96
$12736.00		797
$20216.00		52
$19537.00		17
$13959.00		100
$17384.00		11
$15518.00	*	
$15287.00		98
$16976.00		17

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER/HOSPITAL D		
ALTA BATES SUMMIT MEDICAL CENTER - ALTA BATES CAMP	BERKELEY	CA
EL CAMINO HOSPITAL	MOUNTAIN VIEW	CA
SUTTER ROSEVILLE MEDICAL CENTER	ROSEVILLE	CA
SUTTER TRACY COMMUNITY HOSPITAL	TRACY	CA
KERN MEDICAL CENTER	BAKERSFIELD	CA
ALAMEDA COUNTY MEDICAL CENTER	OAKLAND	CA
SCRIPPS MEMORIAL HOSPITAL LA JOLLA	LA JOLLA	CA
LOMA LINDA UNIVERSITY MEDICAL CENTER	LOMA LINDA	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$20381.00		203
$15725.00		187
$14171.00		276
$14194.00		43
$23874.00	*	
$24105.00	*	
$12686.00		262
$19992.00		280

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CORONA REGIONAL MEDICAL CENTER	CORONA	CA
SALINAS VALLEY MEMORIAL HOSPITAL	SALINAS	CA
SONORA REGIONAL MEDICAL CENTER	SONORA	CA
LODI MEMORIAL HOSPITAL	LODI	CA
PIONEERS MEMORIAL HEALTHCARE DISTRICT	BRAWLEY	CA
UNIV OF CALIFORNIA IRVINE MED CENTER	ORANGE	CA
BEVERLY HOSPITAL	MONTEBELLO	CA
TORRANCE MEMORIAL MEDICAL CENTER	TORRANCE	CA
BARTON MEMORIAL HOSPITAL	SOUTH LAKE TAHOE	CA
PROVIDENCE LITTLE COMPANY OF MARY MED CTR TORRANCE	TORRANCE	CA
GOLETA VALLEY COTTAGE HOSPITAL	SANTA BARBARA	CA
TULARE REGIONAL MEDICAL CENTER	TULARE	CA
MARIN GENERAL HOSPITAL	GREENBRAE	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$15583.00	25
	$16589.00	210
	$14664.00	176
	$14649.00	101
	$16694.00	45
	$21249.00	28
	$17663.00	52
	$13797.00	205
	$17938.00	55
	$14467.00	183
	$12675.00	205
	$16600.00	35
	$16404.00	127

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MARK TWAIN ST JOSEPH'S HOSPITAL	SAN ANDREAS	CA
NORTHBAY MEDICAL CENTER	FAIRFIELD	CA
LAC+USC MEDICAL CENTER	LOS ANGELES	CA
LAC/HARBOR-UCLA MED CENTER	TORRANCE	CA
PACIFICA HOSPITAL OF THE VALLEY	SUN VALLEY	CA
GOOD SAMARITAN HOSPITAL	SAN JOSE	CA
CITRUS VALLEY MEDICAL CENTER-IC CAMPUS	COVINA	CA
PALM DRIVE HOSPITAL	SEBASTOPOL	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$14707.00		43
$20067.00		13
$21021.00	*	
$23107.00	*	
$20298.00		25
$16195.00		264
$18310.00		153
$16600.00		54

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HEMET VALLEY MEDICAL CENTER	HEMET	CA
DOWNEY REGIONAL MEDICAL CENTER	DOWNEY	CA
COMMUNITY MEMORIAL HOSPITAL SAN BUENAVENTURA	VENTURA	CA
SANTA BARBARA COTTAGE HOSPITAL	SANTA BARBARA	CA
CHINESE HOSPITAL	SAN FRANCISCO	CA
KAISER FOUNDATION HOSPITAL - HARBOR CITY	HARBOR CITY	CA
MERCY HOSPITAL OF FOLSOM	FOLSOM	CA
SUTTER COAST HOSPITAL	CRESCENT CITY	CA
SCRIPPS GREEN HOSPITAL	LA JOLLA	CA
KAISER FOUNDATION HOSPITAL - SACRAMENTO/ROSEVILLE	SACRAMENTO	CA
WEST ANAHEIM MEDICAL CENTER	ANAHEIM	CA
FALLBROOK HOSPITAL	FALLBROOK	CA
HUNTINGTON MEMORIAL HOSPITAL	PASADENA	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$14856.00	51
	$609.00	175
	$13341.00	160
	$14633.00	260
	$16730.00	13
	$66.00	199
	$13536.00	86
	$15165.00	14
	$13942.00	521
	$405.00	706
	$15101.00	11
	$13543.00	109
	$15324.00	361

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

STANFORD HOSPITAL	STANFORD	CA
MERCY MEDICAL CENTER	MERCED	CA
UCSF MEDICAL CENTER	SAN FRANCISCO	CA
SAN JOAQUIN COMMUNITY HOSPITAL	BAKERSFIELD	CA
ST MARY'S MEDICAL CENTER	SAN FRANCISCO	CA
DOCTORS MEDICAL CENTER	MODESTO	CA
MEMORIAL HOSPITAL OF GARDENA	GARDENA	CA
GOOD SAMARITAN HOSPITAL	LOS ANGELES	CA
WEST HILLS HOSPITAL & MEDICAL CENTER	WEST HILLS	CA
LONG BEACH MEMORIAL MEDICAL CENTER	LONG BEACH	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$22897.00	485
	$16931.00	139
	$23885.00	201
	$16648.00	183
	$18138.00	152
	$17229.00	104
	$16422.00 *	
	$18384.00	337
	$13284.00	150
	$16273.00	311

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

EDEN MEDICAL CENTER	CASTRO VALLEY	CA
CLOVIS COMMUNITY MEDICAL CENTER	CLOVIS	CA
JOHN MUIR MEDICAL CENTER - CONCORD CAMPUS	CONCORD	CA
SUTTER AUBURN FAITH HOSPITAL	AUBURN	CA
SAINT VINCENT MEDICAL CENTER	LOS ANGELES	CA
SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	ENCINITAS	CA
SIERRA VISTA REGIONAL MEDICAL CENTER	SAN LUIS OBISPO	CA
KAISER FOUNDATION HOSPITAL	SAN RAFAEL	CA
KAISER FOUNDATION HOSPITAL FREMONT/HAYWARD	HAYWARD	CA
KAISER FOUNDATION HOSPITAL - SAN DIEGO	SAN DIEGO	CA
MERCY SAN JUAN MEDICAL CENTER	CARMICHAEL	CA
VICTOR VALLEY COMMUNITY HOSPITAL	VICTORVILLE	CA
SUTTER DELTA MEDICAL CENTER	ANTIOCH	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$17510.00	119
	$13963.00	48
	$16203.00	133
	$13927.00	168
	$17920.00	238
	$13082.00	64
	$14252.00	101
	$43.00	247
	$102.00	276
	$192.00	234
	$16449.00	223
	$14603.00	93
	$18037.00	32

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HUNTINGTON BEACH HOSPITAL	HUNTINGTON BEACH	CA
MEMORIAL HOSPITAL LOS BANOS	LOS BANOS	CA
BELLFLOWER MEDICAL CENTER	BELLFLOWER	CA
JOHN F KENNEDY MEMORIAL HOSPITAL, INC	INDIO	CA
SUTTER DAVIS HOSPITAL	DAVIS	CA
KAISER FOUNDATION HOSPITAL - REDWOOD CITY	REDWOOD CITY	CA
LOS ROBLES HOSPITAL & MEDICAL	THOUSAND OAKS	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$13167.00 *	
	$33575.00 *	
	$19125.00 *	
	$18263.00	298
	$15274.00	79
	$6.00	140
	$14794.00	263

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
LOS ALAMITOS MEDICAL CENTER	LOS ALAMITOS	CA
MEMORIAL MEDICAL CENTER	MODESTO	CA
KAISER FOUNDATION HOSPITAL - WEST LA	LOS ANGELES	CA
MISSION HOSPITAL REGIONAL MED CENTER	MISSION VIEJO	CA
MADERA COMMUNITY HOSPITAL	MADERA	CA
FOUNTAIN VALLEY REGIONAL HOSPITAL & MEDICAL CENTER	FOUNTAIN VALLEY	CA
EISENHOWER MEDICAL CENTER	RANCHO MIRAGE	CA
TRI-CITY REGIONAL MEDICAL CENTER	HAWAIIAN GARDENS	CA
LA PALMA INTERCOMMUNITY HOSPITAL	LA PALMA	CA
LAKEWOOD REGIONAL MEDICAL CENTER	LAKEWOOD	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$13528.00		100
$1068.00		262
$49.00		155
$13412.00		162
$16653.00		15
$18625.00		153
$12684.00		571
$16599.00	*	
$17134.00		12
$85.00		97

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CHINO VALLEY MEDICAL CENTER	CHINO	CA
SAN DIMAS COMMUNITY HOSPITAL	SAN DIMAS	CA
PLACENTIA LINDA HOSPITAL	PLACENTIA	CA
METHODIST HOSPITAL OF SACRAMENTO	SACRAMENTO	CA
FOOTHILL PRESBYTERIAN HOSPITAL	GLENDORA	CA
UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	SACRAMENTO	CA
SADDLEBACK MEMORIAL MEDICAL CENTER	LAGUNA HILLS	CA
KAISER FOUNDATION HOSPITAL-SAN JOSE	SAN JOSE	CA
DELANO REGIONAL MEDICAL CENTER	DELANO	CA
KAISER FOUNDATION HOSPITAL ANAHEIM	ANAHEIM	CA
ST JOHNS PLEASANT VALLEY HOSPITAL	CAMARILLO	CA
BEAR VALLEY COMMUNITY HOSPITAL	BIG BEAR LAKE	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$470.00		16
$13556.00		36
$12749.00		128
$15445.00		306
$13999.00		47
$22439.00		203
$21.00		485
$6.00		197
$18719.00		26
$791.00		410
$12721.00		95
$18530.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HENRY MAYO NEWHALL MEMORIAL HOSPITAL	VALENCIA	CA
CEDARS-SINAI MEDICAL CENTER	LOS ANGELES	CA
TWIN CITIES COMMUNITY HOSPITAL	TEMPLETON	CA
POMERADO HOSPITAL	POWAY	CA
EAST LOS ANGELES DOCTORS HOSPITAL	LOS ANGELES	CA
LOS ANGELES COMMUNITY HOSPITAL	LOS ANGELES	CA
KAISER FOUNDATION HOSP SO SACRAMENTO	SACRAMENTO	CA
KAISER FOUNDATION HOSPITAL -	WOODLAND HILLS	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$13646.00		45
$16784.00		748
$13400.00		172
$12675.00		111
$20853.00	*	
$20828.00	*	
$664.00		203
$427.00		273

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

KAISER FOUNDATION HOSPITAL - WOODLAND HILLS	WOODLAND HILLS	CA
ORANGE COAST MEMORIAL MEDICAL CENTER	FOUNTAIN VALLEY	CA
NORTHBAY VACAVALLEY HOSPITAL	VACAVILLE	CA
MENIFEE VALLEY MEDICAL CENTER	SUN CITY	CA
KAISER FOUNDATION HOSPITAL, RIVERSIDE	RIVERSIDE	CA
SAINT LOUISE REGIONAL HOSPITAL	GILROY	CA
SAN RAMON REGIONAL MEDICAL CTR	SAN RAMON	CA
KAISER FOUNDATION HOSPITAL- SANTA ROSA	SANTA ROSA	CA
USC UNIVERSITY HOSPITAL	LOS ANGELES	CA
PATIENTS' HOSPITAL OF REDDING	REDDING	CA
SOUTHWEST HEALTHCARE SYSTEM	MURRIETA	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$1068.00		104
$15939.00		72
$13403.00		28
$431.00		291
$17446.00		47
$15508.00		48
$44.00		236
$15623.00		69
$13418.00	*	
$13902.00		146

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MISSION COMMUNITY HOSPITAL - PANORAMA	PANORAMA CITY	CA
FRESNO SURGICAL HOSPITAL	FRESNO	CA
DESERT VALLEY HOSPITAL	VICTORVILLE	CA
KAISER FOUNDATION HOSPITAL - FRESNO	FRESNO	CA
SUTTER MATERNITY & SURGERY CENTER OF SANTA CRUZ	SANTA CRUZ	CA
LAC/RANCHO LOS AMIGOS NATIONAL REHABILITATION CTR	DOWNEY	CA
KAISER FOUNDATION HOSPITAL - BALDWIN PARK	BALDWIN PARK	CA
STANISLAUS SURGICAL HOSPITAL	MODESTO	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$19444.00 *	
	$12449.00	610
	$14080.00	46
	$11.00	203
	$17296.00	65
	$14591.00	21
	$12751.00 *	
	$12785.00	193

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

COMMUNITY HOSPITAL OF LONG BEACH	LONG BEACH	CA
WHITTIER HOSPITAL MEDICAL CENTER	WHITTIER	CA
MONTEREY PARK HOSPITAL	MONTEREY PARK	CA
GARFIELD MEDICAL CENTER	MONTEREY PARK	CA
CENTINELA HOSPITAL MEDICAL CENTER	INGLEWOOD	CA
MARINA DEL REY HOSPITAL	MARINA DEL REY	CA
OLYMPIA MEDICAL CENTER	LOS ANGELES	CA
CHAPMAN MEDICAL CENTER	ORANGE	CA
WESTERN MEDICAL CENTER SANTA ANA	SANTA ANA	CA
KAISER FOUNDATION HOSPITAL MANTECA	MANTECA	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$13608.00		17
$17645.00		13
$20691.00		26
$21855.00		23
$17438.00		45
$12721.00		27
$14879.00		29
$7229.00	*	
$17783.00		13
$12777.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

THOUSAND OAKS SURGICAL HOSPITAL	THOUSAND OAKS	CA
MIRACLE MILE MEDICAL CENTER	LOS ANGELES	CA
BROTMAN MEDICAL CENTER	CULVER CITY	CA
SHERMAN OAKS HOSPITAL	SHERMAN OAKS	CA
ALVARADO HOSPITAL	SAN DIEGO	CA
MONTCLAIR HOSPITAL MEDICAL CENTER	MONTCLAIR	CA
KAISER FOUNDATION HOSPITAL - ANTIOCH	ANTIOCH	CA
PROVIDENCE TARZANA MEDICAL	TARZANA	CA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$12721.00		63
$14223.00	*	
$15386.00		35
$14746.00		49
$14552.00		135
$1068.00	*	
$15493.00		18
$13806.00		49

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PROVIDENCE TARZANA MEDICAL CENTER	TARZANA	CA
SHASTA REGIONAL MEDICAL CENTER	REDDING	CA
SUTTER SURGICAL HOSPITAL - NORTH VALLEY	YUBA CITY	CA
NORTH COLORADO MEDICAL CENTER	GREELEY	CO
LONGMONT UNITED HOSPITAL	LONGMONT	CO
PLATTE VALLEY MEDICAL CENTER	BRIGHTON	CO
MONTROSE MEMORIAL HOSPITAL	MONTROSE	CO
SAN LUIS VALLEY REGIONAL MEDICAL CENTER	ALAMOSA	CO
EXEMPLA LUTHERAN MEDICAL CENTER	WHEAT RIDGE	CO
POUDRE VALLEY HOSPITAL	FORT COLLINS	CO
DENVER HEALTH MEDICAL CENTER	DENVER	CO
CENTURA HEALTH-ST MARY CORWIN MEDICAL CENTER	PUEBLO	CO
MERCY REGIONAL MEDICAL	DURANGO	CO

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$13418.00	60
	$12675.00	20
	$13123.00	173
	$11846.00	143
	$12857.00	43
	$11319.00	107
	$11850.00	36
	$11988.00	270
	$11950.00	607
	$18668.00	29
	$12258.00	228
	$11096.00	108

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
PRESBYTERIAN/ST LUKE'S MEDICAL CENTER	DENVER	CO
CENTURA HEALTH-ST ANTHONY CENTRAL HOSPITAL	DENVER	CO
CENTURA HEALTH-ST THOMAS MORE HOSP & PROG CARE CTR	CANON CITY	CO
PARKVIEW MEDICAL CENTER INC	PUEBLO	CO
MEMORIAL HOSPITAL CENTRAL	COLORADO SPRINGS	CO
ST MARY'S HOSPITAL AND MEDICAL CENTER	GRAND JUNCTION	CO
UNIVERSITY OF COLORADO HOSPITAL ANSCHUTZ INPATIENT	AURORA	CO
BOULDER COMMUNITY HOSPITAL	BOULDER	CO
EXEMPLA SAINT JOSEPH HOSPITAL	DENVER	CO
MCKEE MEDICAL CENTER	LOVELAND	CO
CENTURA HEALTH-PENROSE ST FRANCIS HEALTH SERVICES	COLORADO SPRINGS	CO
ROSE MEDICAL CENTER	DENVER	CO

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$14288.00	141
	$12367.00	303
	$11244.00	92
	$11943.00	214
	$12402.00	541
	$12878.00	289
	$17258.00	172
	$11462.00	170
	$1160.00	566
	$11483.00	143
	$11543.00	675
	$13240.00	367

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SWEDISH MEDICAL CENTER	ENGLEWOOD	CO
COLORADO PLAINS MEDICAL CENTER	FORT MORGAN	CO
YAMPA VALLEY MEDICAL CENTER	STEAMBOAT SPRINGS	CO
COMMUNITY HOSPITAL	GRAND JUNCTION	CO
CENTURA HEALTH-PORTER ADVENTIST HOSPITAL	DENVER	CO
NORTH SUBURBAN MEDICAL CENTER	THORNTON	CO
DELTA COUNTY MEMORIAL HOSPITAL	DELTA	CO
VALLEY VIEW HOSPITAL ASSOCIATION	GLENWOOD SPRINGS	CO
STERLING REGIONAL MEDCENTER	STERLING	CO
VAIL VALLEY MEDICAL CENTER	VAIL	CO
MEDICAL CENTER OF AURORA, THE	AURORA	CO
CENTURA HEALTH-AVISTA ADVENTIST HOSPITAL	LOUISVILLE	CO
CENTURA HEALTH-ST ANTHONY	WESTMINSTER	CO

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12260.00	299
	$12163.00	32
	$11388.00	61
	$10901.00	101
	$11592.00	552
	$13266.00	46
	$11032.00	94
	$15144.00	59
	$14383.00	52
	$13643.00	80
	$12632.00	260
	$12978.00	87
	$446.00	59

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

NORTH HOSPITAL		
SKY RIDGE MEDICAL CENTER	LONE TREE	CO
CENTURA HEALTH-LITTLETON ADVENTIST HOSPITAL	LITTLETON	CO
PARKER ADVENTIST HOSPITAL	PARKER	CO
EXEMPLA GOOD SAMARITAN MEDICAL CENTER LLC	LAFAYETTE	CO
ANIMAS SURGICAL HOSPITAL, LLC	DURANGO	CO
ST ANTHONY SUMMIT MEDICAL CENTER	FRISCO	CO
MEDICAL CENTER OF THE ROCKIES	LOVELAND	CO
HOSPITAL OF ST RAPHAEL	NEW HAVEN	CT
ST FRANCIS HOSPITAL & MEDICAL CENTER	HARTFORD	CT
DAY KIMBALL HOSPITAL	PUTNAM	CT
SHARON HOSPITAL	SHARON	CT
WATERBURY HOSPITAL	WATERBURY	CT

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11596.00	202
	$11585.00	58
	$11574.00	18
	$11449.00	30
	$12421.00	36
	$12381.00	15
	$10119.00	56
	$15600.00	464
	$15538.00	1027
	$13242.00	90
	$16220.00	42
	$15056.00	359

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

STAMFORD HOSPITAL	STAMFORD	CT
LAWRENCE & MEMORIAL HOSPITAL	NEW LONDON	CT
JOHNSON MEMORIAL HOSPITAL	STAFFORD SPRINGS	CT
BRIDGEPORT HOSPITAL	BRIDGEPORT	CT
CHARLOTTE HUNGERFORD HOSPITAL	TORRINGTON	CT
ROCKVILLE GENERAL HOSPITAL	ROCKVILLE	CT
NEW MILFORD HOSPITAL	NEW MILFORD	CT
SAINT MARYS HOSPITAL	WATERBURY	CT
MIDSTATE MEDICAL CENTER	MERIDEN	CT
GREENWICH HOSPITAL ASSOCIATION	GREENWICH	CT
MILFORD HOSPITAL, INC	MILFORD	CT
MIDDLESEX HOSPITAL	MIDDLETOWN	CT
WINDHAM COMM MEM HOSP &	WILLIMANTIC	CT

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$15018.00	162
	$13444.00	239
	$12862.00	48
	$17431.00	297
	$13243.00	84
	$12883.00	45
	$13240.00	92
	$15981.00	65
	$13187.00	107
	$14295.00	230
	$13178.00	108
	$13566.00	231
	$16766.00	40

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HATCH HOSP		
YALE-NEW HAVEN HOSPITAL	NEW HAVEN	CT
WILLIAM W BACKUS HOSPITAL	NORWICH	CT
HARTFORD HOSPITAL	HARTFORD	CT
MANCHESTER MEMORIAL HOSPITAL	MANCHESTER	CT
ST VINCENT'S MEDICAL CENTER	BRIDGEPORT	CT
BRISTOL HOSPITAL	BRISTOL	CT
GRIFFIN HOSPITAL	DERBY	CT
DANBURY HOSPITAL	DANBURY	CT
NORWALK HOSPITAL ASSOCIATION	NORWALK	CT
HOSPITAL OF CENTRAL CONNECTICUT, THE	NEW BRITAIN	CT
JOHN DEMPSEY HOSPITAL	FARMINGTON	CT
CHRISTIANA CARE HEALTH SERVICES, INC.	NEWARK	DE

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$19048.00	158
	$13238.00	128
	$16081.00	426
	$12873.00	85
	$15185.00	245
	$12886.00	30
	$14929.00	60
	$15006.00	425
	$14918.00	164
	$14371.00	263
	$19927.00	164
	$14060.00	1008

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST FRANCIS HOSPITAL	WILMINGTON	DE
BAYHEALTH - KENT GENERAL HOSPITAL	DOVER	DE
NANTICOKE MEMORIAL HOSPITAL	SEAFORD	DE
BEEBE MEDICAL CENTER	LEWES	DE
GEORGE WASHINGTON UNIV HOSPITAL	WASHINGTON	DC
HOWARD UNIVERSITY HOSPITAL	WASHINGTON	DC
GEORGETOWN UNIVERSITY HOSPITAL	WASHINGTON	DC
SIBLEY MEMORIAL HOSPITAL	WASHINGTON	DC
PROVIDENCE HOSPITAL	WASHINGTON	DC
UNITED MEDICAL CENTER	WASHINGTON	DC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$13322.00		66
$12850.00		249
$12791.00	*	
$12154.00		388
$17826.00		89
$21303.00		11
$16308.00		121
$11776.00		400
$15682.00		122
$15662.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

WASHINGTON HOSPITAL CENTER	WASHINGTON	DC
SHANDS JACKSONVILLE MEDICAL CENTER	JACKSONVILLE	FL
BETHESDA MEMORIAL HOSPITAL	BOYNTON BEACH	FL
ORLANDO REGIONAL HEALTHCARE	ORLANDO	FL
FLORIDA HOSPITAL	ORLANDO	FL
BAPTIST HOSPITAL OF MIAMI INC	MIAMI	FL
UNIVERSITY OF MIAMI HOSPITAL	MIAMI	FL
LEE MEMORIAL HOSPITAL	FORT MYERS	FL
BERT FISH MEDICAL CENTER	NEW SMYRNA BEACH	FL
HALIFAX HEALTH MEDICAL CENTER	DAYTONA BEACH	FL
NAPLES COMMUNITY HOSPITAL	NAPLES	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$15897.00	150
	$2182.00	95
	$12600.00	130
	$12963.00	630
	$11780.00	1128
	$14097.00	338
	$15384.00	130
	$11728.00	921
	$10498.00	89
	$11571.00	523
	$11409.00	1124

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOLMES REGIONAL MEDICAL CENTER	MELBOURNE	FL
JACKSON HEALTH SYSTEM	MIAMI	FL
CITRUS MEMORIAL HOSPITAL	INVERNESS	FL
FISHERMEN'S HOSPITAL	MARATHON	FL
SACRED HEART HOSPITAL	PENSACOLA	FL
BAY MEDICAL CENTER	PANAMA CITY	FL
PARRISH MEDICAL CENTER	TITUSVILLE	FL
NORTH SHORE MEDICAL CENTER	MIAMI	FL
HEALTH CENTRAL	OCOEE	FL
BAYFRONT MEDICAL CENTER INC	SAINT PETERSBURG	FL
MOUNT SINAI MEDICAL CENTER	MIAMI BEACH	FL
MANATEE MEMORIAL HOSPITAL	BRADENTON	FL
MEMORIAL REGIONAL HOSPITAL	HOLLYWOOD	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10740.00	513
	$19191.00	53
	$10487.00	220
	$16866.00	25
	$12670.00	366
	$11622.00	37
	$11076.00	101
	$13852.00	33
	$11864.00	72
	$12927.00	250
	$13782.00	135
	$12506.00	175
	$11434.00	139

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

BROWARD GENERAL MEDICAL CENTER	FORT LAUDERDALE	FL
ST VINCENT'S MEDICAL CENTER	JACKSONVILLE	FL
MEASE HOSPITAL DUNEDIN	DUNEDIN	FL
MARTIN MEMORIAL MEDICAL CENTER	STUART	FL
FLORIDA HOSPITAL DELAND	DELAND	FL
FLORIDA HOSPITAL ZEPHYRHILLS	ZEPHYRHILLS	FL
CHARLOTTE REGIONAL MEDICAL CENTER	PUNTA GORDA	FL
HIGHLANDS REGIONAL MEDICAL CENTER	SEBRING	FL
PALM SPRINGS GENERAL HOSPITAL	HIALEAH	FL
SOUTH LAKE HOSPITAL	CLERMONT	FL
WINTER HAVEN HOSPITAL	WINTER HAVEN	FL
HIALEAH HOSPITAL	HIALEAH	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MCC
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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$15331.00	161
	$11406.00	958
	$10454.00	93
	$11090.00	361
	$11515.00	169
	$11248.00	33
	$10898.00	145
	$10735.00	74
	$14984.00	40
	$10847.00	197
	$11436.00	123
	$14266.00	62

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

TWIN CITIES HOSPITAL	NICEVILLE	FL
HELEN ELLIS MEMORIAL HOSPITAL	TARPON SPRINGS	FL
FLORIDA HOSPITAL WATERMAN	TAVARES	FL
MERCY HOSPITAL INC	MIAMI	FL
MUNROE REGIONAL MEDICAL CENTER	OCALA	FL
MORTON PLANT NORTH BAY HOSPITAL	NEW PORT RICHEY	FL
ST ANTHONY'S HOSPITAL	SAINT PETERSBURG	FL
FLORIDA HOSPITAL MEMORIAL MEDICAL CENTER	DAYTONA BEACH	FL
UNIVERSITY COMMUNITY HOSPITAL AT CARROLLWOOD	TAMPA	FL
VENICE REGIONAL MEDICAL CENTER	VENICE	FL
BROOKSVILLE REGIONAL HOSPITAL	BROOKSVILLE	FL
FLORIDA HOSPITAL FISH MEMORIAL	ORANGE CITY	FL
HOLY CROSS HOSPITAL INC	FORT	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10230.00	85
	$10742.00	117
	$11012.00	394
	$13794.00	366
	$10205.00	229
	$10457.00	39
	$11042.00	143
	$10511.00	237
	$11200.00	83
	$10970.00	484
	$11630.00	54
	$10506.00	92
	$11167.00	800

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	LAUDERDALE	
ST JOSEPH'S HOSPITAL	TAMPA	FL
METROPOLITAN HOSPITAL OF MIAMI	MIAMI	FL
PEACE RIVER REGIONAL MEDICAL CENTER	PORT CHARLOTTE	FL
JFK MEDICAL CENTER	ATLANTIS	FL
LEESBURG REGIONAL MEDICAL CENTER	LEESBURG	FL
NORTH BROWARD MEDICAL CENTER	POMPANO BEACH	FL
SARASOTA MEMORIAL HOSPITAL	SARASOTA	FL
BAPTIST MEDICAL CENTER	JACKSONVILLE	FL
FLAGLER HOSPITAL	SAINT AUGUSTINE	FL
WUESTHOFF MEDICAL CENTER ROCKLEDGE	ROCKLEDGE	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12797.00	226
	$15913.00 *	
	$11317.00	193
	$12040.00	379
	$10902.00	478
	$10099.00	213
	$11347.00	518
	$12142.00	290
	$10803.00	260
	$11148.00	144

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

BAPTIST HOSPITAL	PENSACOLA	FL
LAKE WALES MEDICAL CENTER	LAKE WALES	FL
INDIAN RIVER MEDICAL CENTER	VERO BEACH	FL
LEHIGH REGIONAL MEDICAL CENTER	LEHIGH ACRES	FL
FLORIDA HOSPITAL HEARTLAND MEDICAL CENTER	SEBRING	FL
OSCEOLA REGIONAL MEDICAL CENTER	KISSIMMEE	FL
SHANDS HOSPITAL AT THE UNIVERSITY OF FLORIDA	GAINESVILLE	FL
BAPTIST MEDICAL CENTER BEACHES	JACKSONVILLE BEACH	FL
FLORIDA HOSPITAL FLAGLER	PALM COAST	FL
BARTOW REGIONAL MEDICAL CENTER	BARTOW	FL
NORTH OKALOOSA MEDICAL CENTER	CRESTVIEW	FL
SANTA ROSA MEDICAL CENTER	MILTON	FL
HOMESTEAD HOSPITAL	HOMESTEAD	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11447.00	72
	$10809.00	23
	$11303.00	561
	$11455.00	51
	$11277.00	198
	$12454.00	130
	$15821.00	240
	$10515.00	142
	$12824.00	142
	$10838.00	11
	$11257.00	29
	$11626.00	48
	$15107.00	12

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PALMS OF PASADENA HOSPITAL	SAINT PETERSBURG	FL
MORTON PLANT HOSPITAL	CLEARWATER	FL
TAMPA GENERAL HOSPITAL	TAMPA	FL
AVENTURA HOSPITAL AND MEDICAL CENTER	AVENTURA	FL
SOUTH FLORIDA BAPTIST HOSPITAL	PLANT CITY	FL
TALLAHASSEE MEMORIAL HEALTHCARE	TALLAHASSEE	FL
HEART OF FLORIDA REGIONAL MEDICAL CENTER	DAVENPORT	FL
BAPTIST MEDICAL CENTER - NASSAU	FERNANDINA BEACH	FL
JACKSON HOSPITAL	MARIANNA	FL
LOWER KEYS MEDICAL CENTER	KEY WEST	FL
MAYO CLINIC	JACKSONVILLE	FL
SOUTH MIAMI HOSPITAL, INC	SOUTH MIAMI	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10449.00	148
	$11226.00	632
	$13898.00	521
	$11923.00	111
	$11727.00	47
	$12577.00	285
	$11382.00	360
	$11100.00	17
	$11311.00	26
	$14493.00	38
	$11557.00	466
	$13098.00	104

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

LAKELAND REGIONAL MEDICAL CENTER	LAKELAND	FL
MARINERS HOSPITAL	TAVERNIER	FL
CENTRAL FLORIDA REGIONAL HOSPITAL	SANFORD	FL
DOCTORS HOSPITAL OF SARASOTA	SARASOTA	FL
PLANTATION GENERAL HOSPITAL	PLANTATION	FL
BOCA RATON REGIONAL HOSPITAL	BOCA RATON	FL
UNIVERSITY COMMUNITY HOSPITAL	TAMPA	FL
DESOTO MEMORIAL HOSPITAL	ARCADIA	FL
PALM BEACH GARDENS MEDICAL CENTER	PALM BEACH GARDENS	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11247.00		549
$18773.00		15
$11090.00		111
$10975.00		749
$16451.00	*	
$11155.00		345
$11019.00		305
$11311.00	*	
$11164.00		181

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER	GARDENS	
CAPE CANAVERAL HOSPITAL	COCOA BEACH	FL
MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE	FL
ST PETERSBURG GENERAL HOSPITAL	SAINT PETERSBURG	FL
LARKIN COMMUNITY HOSPITAL	SOUTH MIAMI	FL
CORAL GABLES HOSPITAL	CORAL GABLES	FL
PALMETTO GENERAL HOSPITAL	HIALEAH	FL
NORTHWEST MEDICAL CENTER	MARGATE	FL
COMMUNITY HOSPITAL	NEW PORT RICHEY	FL
IMPERIAL POINT MEDICAL CENTER	FORT LAUDERDALE	FL
NORTH FLORIDA REGIONAL MEDICAL CENTER	GAINESVILLE	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$10736.00		123
$11326.00		134
$11557.00		50
$16018.00	*	
$1068.00		101
$15919.00		165
$11884.00		47
$10463.00		247
$11887.00		87
$11102.00		601

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MEMORIAL HOSPITAL OF TAMPA	TAMPA	FL
KENDALL REGIONAL MEDICAL CENTER	MIAMI	FL
PASCO REGIONAL MEDICAL CENTER	DADE CITY	FL
OCALA REGIONAL MEDICAL CENTER	OCALA	FL
BLAKE MEDICAL CENTER	BRADENTON	FL
SEBASTIAN RIVER MEDICAL CENTER	SEBASTIAN	FL
GULF COAST MEDICAL CENTER LEE MEM HEALTH SYSTEM	FORT MYERS	FL
FORT WALTON BEACH MEDICAL CENTER	FORT WALTON BEACH	FL
UNIVERSITY HOSPITAL & MEDICAL CENTER	TAMARAC	FL
ORANGE PARK MEDICAL CENTER	ORANGE PARK	FL
WESTSIDE REGIONAL MEDICAL CENTER	PLANTATION	FL
MEMORIAL HOSPITAL PEMBROKE	PEMBROKE PINES	FL
WEST FLORIDA HOSPITAL	PENSACOLA	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10458.00	42
	$40.00	409
	$11283.00	40
	$10201.00	857
	$10968.00	485
	$10964.00	82
	$11737.00	547
	$10803.00	154
	$11164.00	93
	$11261.00	98
	$142.00	153
	$1068.00	47
	$10536.00	172

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PUTNAM COMMUNITY MEDICAL CENTER	PALATKA	FL
COLUMBIA HOSPITAL	WEST PALM BEACH	FL
FAWCETT MEMORIAL HOSPITAL	PORT CHARLOTTE	FL
NORTHSIDE HOSPITAL	SAINT PETERSBURG	FL
EDWARD WHITE HOSPITAL	SAINT PETERSBURG	FL
GULF COAST MEDICAL CENTER	PANAMA CITY	FL
BRANDON REGIONAL HOSPITAL	BRANDON	FL
CAPE CORAL HOSPITAL	CAPE CORAL	FL
LAWNWOOD REGIONAL MEDICAL CENTER & HEART INSTITUTE	FORT PIERCE	FL
LARGO MEDICAL CENTER	LARGO	FL
SEVEN RIVERS REGIONAL MEDICAL CENTER	CRYSTAL RIVER	FL
RAULERSON HOSPITAL	OKEECHOBEE	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11836.00	44
$327.00	65
$10899.00	246
$11516.00	52
$10827.00	65
$11570.00	331
$11582.00	171
$10803.00	316
$6806.00	44
$5807.00	1103
$10687.00	286
$11958.00	35

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

JUPITER MEDICAL CENTER	JUPITER	FL
CAPITAL REGIONAL MEDICAL CENTER	TALLAHASSEE	FL
TOWN & COUNTRY HOSPITAL	TAMPA	FL
REGIONAL MEDICAL CENTER BAYONET POINT	HUDSON	FL
DELRAY MEDICAL CENTER	DELRAY BEACH	FL
SOUTH BAY HOSPITAL	SUN CITY CENTER	FL
ST LUCIE MEDICAL CENTER	PORT SAINT LUCIE	FL
OAK HILL HOSPITAL	BROOKSVILLE	FL
MEASE COUNTRYSIDE HOSPITAL	SAFETY HARBOR	FL
GULF BREEZE HOSPITAL	GULF BREEZE	FL
ENGLEWOOD COMMUNITY HOSPITAL	ENGLEWOOD	FL
WEST BOCA MEDICAL CENTER	BOCA RATON	FL
PALMS WEST HOSPITAL	LOXAHATCHEE	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11154.00	237
	$11805.00	59
	$11406.00	60
	$10455.00	179
	$11159.00	448
	$10450.00	108
	$11095.00	415
	$10448.00	311
	$10452.00	167
	$10185.00	252
	$10965.00	70
	$11751.00	53
	$13160.00	62

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

WELLINGTON REGIONAL MEDICAL CENTER	WELLINGTON	FL
CORAL SPRINGS MEDICAL CENTER	CORAL SPRINGS	FL
MEMORIAL HOSPITAL WEST	PEMBROKE PINES	FL
WESTCHESTER GENERAL HOSPITAL	MIAMI	FL
MEMORIAL HOSPITAL MIRAMAR	MIRAMAR	FL
PHYSICIANS REGIONAL MEDICAL CENTER - PINE RIDGE	NAPLES	FL
GOOD SAMARITAN MEDICAL CENTER	WEST PALM BEACH	FL
ST MARY'S MEDICAL CENTER	WEST PALM BEACH	FL
CLEVELAND CLINIC HOSPITAL	WESTON	FL
VILLAGES REGIONAL HOSPITAL THE	THE VILLAGES	FL
WUESTHOFF MEDICAL CENTER - MELBOURNE	MELBOURNE	FL
SACRED HEART HOSPITAL ON THE EMERALD COAST	MIRAMAR BEACH	FL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$409.00	176
	$1068.00	133
	$12883.00	68
	$16812.00	14
	$14600.00	31
	$11009.00	168
	$11744.00	143
	$15267.00	92
	$11457.00	115
	$10418.00	66
	$11040.00	76
	$10182.00	185

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

DOCTORS HOSPITAL INC	CORAL GABLES	FL
LAKEWOOD RANCH MEDICAL CENTER	BRADENTON	FL
ST CLOUD REGIONAL MEDICAL CENTER	SAINT CLOUD	FL
ST LUKE'S HOSPITAL	JACKSONVILLE	FL
HAMILTON MEDICAL CENTER	DALTON	GA
UPSON REGIONAL MEDICAL CENTER	THOMASTON	GA
SATILLA REGIONAL MEDICAL CENTER	WAYCROSS	GA
HUTCHESON MEDICAL CENTER	FORT OGLETHORPE	GA
NORTHSIDE HOSPITAL FORSYTH	CUMMING	GA
ST MARY'S HOSPITAL	ATHENS	GA
PHOEBE PUTNEY MEMORIAL HOSPITAL	ALBANY	GA
NORTHSIDE HOSPITAL CHEROKEE	CANTON	GA
EMORY UNIVERSITY HOSPITAL	ATLANTA	GA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$13115.00	114
	$10982.00	45
	$10566.00	13
	$10500.00	33
	$11929.00	118
	$13121.00	71
	$11387.00	75
	$12118.00	39
	$9138.00	174
	$11914.00	507
	$13665.00	130
	$12018.00	68
	$14219.00	354

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

TANNER MEDICAL CENTER - CARROLLTON	CARROLLTON	GA
TANNER MEDICAL CENTER VILLA RICA	VILLA RICA	GA
WEST GEORGIA MEDICAL CENTER	LAGRANGE	GA
NEWTON MEDICAL CENTER	COVINGTON	GA
GORDON HOSPITAL	CALHOUN	GA
CANDLER HOSPITAL	SAVANNAH	GA
SOUTHEAST GEORGIA HEALTH SYSTEM- BRUNSWICK CAMPUS	BRUNSWICK	GA
ELBERT MEMORIAL HOSPITAL	ELBERTON	GA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12130.00	168
	$11743.00 *	
	$11899.00	63
	$12008.00	106
	$12234.00	61
	$12215.00 *	
	$12936.00	232
	$10419.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

COBB MEMORIAL HOSPITAL	ROYSTON	GA
UNIVERSITY HOSPITAL	AUGUSTA	GA
NORTHEAST GEORGIA MEDICAL CENTER, INC	GAINESVILLE	GA
CARTERSVILLE MEDICAL CENTER	CARTERSVILLE	GA
SPALDING REGIONAL MEDICAL CENTER	GRIFFIN	GA
STEPHENS COUNTY HOSPITAL	TOCCOA	GA
MEDICAL COLLEGE OF GA HOSPITALS AND CLINICS	AUGUSTA	GA
WELLSTAR KENNESTONE HOSPITAL	MARIETTA	GA
MEMORIAL HEALTH UNIV MED CEN, INC	SAVANNAH	GA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11869.00 *	
	$12166.00	385
	$12206.00	423
	$11927.00	111
	$12715.00	90
	$10831.00	63
	$17622.00	71
	$11485.00	485
	$13763.00	322

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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)

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

INC		
JOHN D ARCHBOLD MEMORIAL HOSPITAL	THOMASVILLE	GA
TRINITY HOSPITAL OF AUGUSTA	AUGUSTA	GA
BJC MEDICAL CENTER	COMMERCE	GA
HABERSHAM COUNTY MEDICAL CTR	DEMOREST	GA
WELLSTAR PAULDING HOSPITAL	DALLAS	GA
ST JOSEPH'S HOSPITAL - SAVANNAH	SAVANNAH	GA
PHOEBE SUMTER MEDICAL CENTER	AMERICUS	GA
BARROW REGIONAL MEDICAL CENTER	WINDER	GA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11613.00	142
	$11786.00	103
	$11868.00 *	
	$11986.00	76
	$10966.00	49
	$10730.00	555
	$10688.00	11
	$12182.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

WALTON REGIONAL MEDICAL CENTER	MONROE	GA
FLOYD MEDICAL CENTER	ROME	GA
HART COUNTY HOSPITAL	HARTWELL	GA
MEDICAL CENTER, THE	COLUMBUS	GA
HOUSTON MEDICAL CENTER	WARNER ROBINS	GA
ATHENS REGIONAL MEDICAL CENTER	ATHENS	GA
EAST GEORGIA REGIONAL MEDICAL CENTER	STATESBORO	GA
DEKALB MEDICAL CENTER	DECATUR	GA
EMORY UNIVERSITY HOSPITAL MIDTOWN	ATLANTA	GA
GRADY MEMORIAL HOSPITAL	ATLANTA	GA
SAINT JOSEPH'S HOSPITAL OF	ATLANTA	GA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$12182.00		24
$14032.00		204
$9620.00		17
$14328.00		25
$12012.00		117
$12083.00		173
$13066.00		81
$13306.00		215
$14245.00		157
$17973.00	*	
$10977.00		552

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ATLANTA, INC		
PIEDMONT HOSPITAL	ATLANTA	GA
WASHINGTON COUNTY REGIONAL MEDICAL CENTER	SANDERSVILLE	GA
GWINNETT MEDICAL CENTER	LAWRENCEVILLE	GA
COFFEE REGIONAL MEDICAL CENTER	DOUGLAS	GA
ROCKDALE MEDICAL CENTER	CONYERS	GA
DODGE COUNTY HOSPITAL	EASTMAN	GA
TIFT REGIONAL MEDICAL CENTER	TIFTON	GA
CRISP REGIONAL HOSPITAL	CORDELE	GA
COLQUITT REGIONAL MEDICAL CENTER	MOULTRIE	GA
MEDICAL CENTER OF CENTRAL GEORGIA	MACON	GA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11048.00	594
	$10688.00 *	
	$12472.00	264
	$10688.00	20
	$13067.00	32
	$10688.00	15
	$12101.00	181
	$10688.00	14
	$11269.00	54
	$13911.00	385

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

EMANUEL MEDICAL CENTER	SWAINSBORO	GA
MCDUFFIE REGIONAL MEDICAL CENTER	THOMSON	GA
ATLANTA MEDICAL CENTER	ATLANTA	GA
SOUTH GEORGIA MEDICAL CENTER	VALDOSTA	GA
WAYNE MEMORIAL HOSPITAL	JESUP	GA
FAIRVIEW PARK HOSPITAL	DUBLIN	GA
MEADOWS REGIONAL MEDICAL CENTER INC	VIDALIA	GA
ST FRANCIS HOSPITAL, INC	COLUMBUS	GA
MEMORIAL HOSPITAL AND MANOR	BAINBRIDGE	GA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10688.00 *	
	$11644.00	31
	$15906.00	64
	$11699.00	155
	$12385.00	50
	$13632.00 *	
	$11460.00	91
	$10489.00	205
	$10688.00	25

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

TAYLOR REGIONAL HOSPITAL	HAWKINSVILLE	GA
WELLSTAR COBB HOSPITAL	AUSTELL	GA
SOUTHEAST GEORGIA HEALTH SYSTEM- CAMDEN CAMPUS	SAINT MARYS	GA
OCONEE REGIONAL MEDICAL CENTER	MILLEDGEVILLE	GA
PERRY HOSPITAL	PERRY	GA
NORTHSIDE HOSPITAL	ATLANTA	GA
PALMYRA MEDICAL CENTERS	ALBANY	GA
COLISEUM MEDICAL CENTER	MACON	GA
SOUTHERN REGIONAL MEDICAL CENTER	RIVERDALE	GA
REDMOND REGIONAL MEDICAL CENTER	ROME	GA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10688.00	73
	$12577.00	189
	$16447.00 *	
	$12365.00	54
	$10858.00	31
	$11702.00	195
	$11405.00	143
	$12267.00	41
	$13550.00	109
	$10990.00	274

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

DOCTORS HOSPITAL	AUGUSTA	GA
EMORY-ADVENTIST HOSPITAL	SMYRNA	GA
WELLSTAR DOUGLAS HOSPITAL	DOUGLASVILLE	GA
DOCTORS HOSPITAL	COLUMBUS	GA
CHESTATEE REGIONAL HOSPITAL	DAHLONEGA	GA
FANNIN REGIONAL HOSPITAL	BLUE RIDGE	GA
HENRY MEDICAL CENTER, INC	STOCKBRIDGE	GA
EMORY EASTSIDE MEDICAL CENTER	SNELLVILLE	GA
NORTH FULTON REGIONAL HOSPITAL	ROSWELL	GA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12549.00		298
	$10966.00	*	
	$11591.00		57
	$12743.00	*	
	$12182.00		46
	$12444.00		83
	$12143.00		175
	$11596.00		136
	$12054.00		135

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL		
HUGHSTON HOSPITAL	COLUMBUS	GA
COLISEUM NORTHSIDE HOSPITAL	MACON	GA
NORTH GEORGIA MEDICAL CENTER	ELLIJAY	GA
SMITH NORTHVIEW HOSPITAL	VALDOSTA	GA
PIEDMONT FAYETTE HOSPITAL	FAYETTEVILLE	GA
SOUTH FULTON MEDICAL CENTER	EAST POINT	GA
PIEDMONT MOUNTAINSIDE HOSPITAL INC	JASPER	GA
DEKALB MEDICAL CENTER AT HILLANDALE	LITHONIA	GA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10470.00	199
	$11451.00	134
	$10863.00 *	
	$10936.00	27
	$10988.00	304
	$14071.00	30
	$12134.00	47
	$12182.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PIEDMONT NEWNAN HOSPITAL, INC	NEWNAN	GA
EMORY JOHNS CREEK HOSPITAL	JOHNS CREEK	GA
THE QUEENS MEDICAL CENTER	HONOLULU	HI
MAUI MEMORIAL MEDICAL CENTER	WAILUKU	HI
WAHIAWA GENERAL HOSPITAL	WAHIAWA	HI
HILO MEDICAL CENTER	HILO	HI
CASTLE MEDICAL CENTER	KAILUA	HI
KUAKINI MEDICAL CENTER	HONOLULU	HI
HAWAII MEDICAL CENTER EAST	HONOLULU	HI
KAISER FOUNDATION HOSPITAL	HONOLULU	HI
WILCOX MEMORIAL HOSPITAL	LIHUE	HI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11971.00		83
$10294.00		44
$16540.00		233
$20026.00		17
$8345.00	*	
$14081.00		15
$16173.00		85
$13952.00		136
$15974.00		24
$149.00		177
$13097.00		49

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

KONA COMMUNITY HOSPITAL	KEALAKEKUA	HI
STRAUB CLINIC AND HOSPITAL	HONOLULU	HI
PALI MOMI MEDICAL CENTER	AIEA	HI
HAWAII MEDICAL CENTER WEST	EWA BEACH	HI
NORTH HAWAII COMMUNITY HOSPITAL	KAMUELA	HI
ST LUKES MAGIC VALLEY RMC	TWIN FALLS	ID
ST JOSEPH REGIONAL MEDICAL CENTER	LEWISTON	ID
ST LUKES REGIONAL MEDICAL CENTER	BOISE	ID

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$14081.00 *	
	$14206.00	144
	$14357.00	67
	$16862.00 *	
	$14399.00	21
	$11048.00	242
	$11598.00	141
	$12093.00	576

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST ALPHONSUS REGIONAL MEDICAL CENTER	BOISE	ID
SAINT ALPHONSUS MEDICAL CENTER - NAMPA	NAMPA	ID
WEST VALLEY MEDICAL CENTER	CALDWELL	ID
EASTERN IDAHO REGIONAL MEDICAL CENTER	IDAHO FALLS	ID
BONNER GENERAL HOSPITAL	SANDPOINT	ID
MADISON MEMORIAL HOSPITAL	REXBURG	ID
PORTNEUF MEDICAL CENTER	POCATELLO	ID
KOOTENAI MEDICAL CENTER	COEUR D'ALENE	ID
TREASURE VALLEY HOSPITAL	BOISE	ID
MOUNTAIN VIEW HOSPITAL	IDAHO FALLS	ID
NORTHWEST SPECIALTY HOSPITAL	POST FALLS	ID

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11769.00		730
$11896.00		124
$12644.00		93
$11427.00		90
$10763.00		85
$10497.00		83
$13352.00		184
$11781.00		240
$10654.00	*	
$11663.00		170
$10778.00		30

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

GRAHAM HOSPITAL ASSOCIATION	CANTON	IL
ALTON MEMORIAL HOSPITAL	ALTON	IL
PROVENA ST JOSEPH MEDICAL CENTER	JOLIET	IL
LOYOLA GOTTLIEB MEMORIAL HOSPITAL	MELROSE PARK	IL
EVANSTON HOSPITAL	EVANSTON	IL
HERRIN HOSPITAL	HERRIN	IL
KATHERINE SHAW BETHEA HOSPITAL	DIXON	IL
PROCTOR HOSPITAL	PEORIA	IL
BLESSING HOSPITAL	QUINCY	IL
MT SINAI HOSPITAL MEDICAL CENTER	CHICAGO	IL
ST MARYS HOSPITAL	STREATOR	IL
COPLEY MEMORIAL HOSPITAL	AURORA	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11419.00	50
	$10897.00	99
	$11387.00	248
	$11421.00	202
	$13007.00	729
	$11087.00	112
	$11896.00	43
	$10547.00	173
	$11008.00	106
	$18993.00	25
	$12214.00	54
	$13096.00	171

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SHERMAN HOSPITAL	ELGIN	IL
ST ANTHONYS MEMORIAL HOSPITAL	EFFINGHAM	IL
ST MARYS HOSPITAL	CENTRALIA	IL
GALESBURG COTTAGE HOSPITAL	GALESBURG	IL
CGH MEDICAL CENTER	STERLING	IL
GOOD SAMARITAN REGIONAL HLTH CENTER	MOUNT VERNON	IL
ADVOCATE TRINITY HOSPITAL	CHICAGO	IL
WEST SUBURBAN MEDICAL CENTER	OAK PARK	IL
SKOKIE HOSPITAL	SKOKIE	IL
SAINT ANTHONY'S HEALTH CENTER	ALTON	IL
ST JOHNS HOSPITAL	SPRINGFIELD	IL
MACNEAL HOSPITAL	BERWYN	IL
PASSAVANT AREA HOSPITAL	JACKSONVILLE	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12157.00	123
	$10424.00	351
	$11167.00	55
	$11204.00	101
	$11487.00	125
	$10976.00	206
	$88.00	70
	$14816.00	104
	$13063.00	462
	$10860.00	112
	$12732.00	359
	$14069.00	178
	$10424.00	97

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

JERSEY COMMUNITY HOSPITAL	JERSEYVILLE	IL
PALOS COMMUNITY HOSPITAL	PALOS HEIGHTS	IL
RUSH OAK PARK HOSPITAL	OAK PARK	IL
ST MARY MEDICAL CENTER	GALESBURG	IL
ADVENTIST LA GRANGE MEMORIAL HOSPITAL	LA GRANGE	IL
SAINT FRANCIS MEDICAL CENTER	PEORIA	IL
ROSELAND COMMUNITY HOSPITAL	CHICAGO	IL
TOUCHETTE REGIONAL HOSPITAL INC	CENTREVILLE	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10944.00 *	
	$11367.00	364
	$11984.00	64
	$14601.00	110
	$12011.00	183
	$13092.00	375
	$16056.00 *	
	$15916.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

RHC ST FRANCIS HOSPITAL	EVANSTON	IL
LOUIS A WEISS MEMORIAL HOSPITAL	CHICAGO	IL
VISTA MEDICAL CENTER EAST	WAUKEGAN	IL
THE UNIVERSITY OF CHICAGO MEDICAL CENTER	CHICAGO	IL
MC DONOUGH DISTRICT HOSPITAL	MACOMB	IL
CARLE FOUNDATION HOSPITAL	URBANA	IL
PROVENA UNITED SAMARITANS MEDCTR-LOGAN	DANVILLE	IL
SAINT ANTHONY HOSPITAL	CHICAGO	IL
MORRIS HOSPITAL & HEALTHCARE CENTERS	MORRIS	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$15018.00	93
	$15404.00	141
	$13073.00	148
	$18384.00	176
	$10266.00	34
	$12393.00	357
	$11981.00	33
	$16462.00 *	
	$11361.00	123

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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)

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTERS		
OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER	OTTAWA	IL
PROVENA COVENANT MEDICAL CENTER- URBANA	URBANA	IL
SWEDISH COVENANT HOSPITAL	CHICAGO	IL
THOREK MEMORIAL HOSPITAL	CHICAGO	IL
CENTEGRA HEALTH SYSTEM - MC HENRY HOSPITAL	MCHENRY	IL
RESURRECTION MEDICAL CENTER	CHICAGO	IL
METROSOUTH MEDICAL CENTER	BLUE ISLAND	IL
RUSH UNIVERSITY MEDICAL CENTER	CHICAGO	IL
PEKIN MEMORIAL HOSPITAL	PEKIN	IL
HINSDALE HOSPITAL	HINSDALE	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$12050.00		33
$12031.00		118
$14575.00		113
$15879.00	*	
$11393.00		124
$12516.00		202
$12781.00		84
$17345.00		701
$10888.00		75
$11891.00		239

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

JOHN H STROGER JR HOSPITAL	CHICAGO	IL
GATEWAY REGIONAL MEDICAL CENTER	GRANITE CITY	IL
BROMENN HEALTHCARE	NORMAL	IL
LAKE FOREST HOSPITAL	LAKE FOREST	IL
HOLY CROSS HOSPITAL	CHICAGO	IL
DECATUR MEMORIAL HOSPITAL	DECATUR	IL
ST MARGARETS HOSPITAL	SPRING VALLEY	IL
ST JOSEPHS HOSPITAL	BREESE	IL
RICHLAND MEMORIAL HOSPITAL	OLNEY	IL
MEMORIAL MEDICAL CENTER	SPRINGFIELD	IL
UNIVERSITY OF ILLINOIS HOSPITAL	CHICAGO	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Major joint replacement or reattachment of lower extremity w/o

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$19542.00 *	
	$13699.00	49
	$11629.00	260
	$11434.00	207
	$13731.00	57
	$11000.00	320
	$11361.00	85
	$10424.00	19
	$10927.00	14
	$12111.00	609
	$20667.00	95

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SACRED HEART HOSPITAL	CHICAGO	IL
PROVENA ST MARYS HOSPITAL	KANKAKEE	IL
MERCY HOSPITAL AND MEDICAL CENTER	CHICAGO	IL
FHN MEMORIAL HOSPITAL	FREEPORT	IL
SAINT JAMES HOSPITAL	PONTIAC	IL
ST JOSEPH MEDICAL CENTER	BLOOMINGTON	IL
MEMORIAL HOSPITAL OF CARBONDALE	CARBONDALE	IL
ST MARYS HOSPITAL	DECATUR	IL
IROQUOIS MEMORIAL HOSPITAL	WATSEKA	IL
ST JAMES HOSP & HLTH CTR-OLYMPIA FLDS	OLYMPIA FIELDS	IL
PROVENA MERCY MEDICAL CENTER	AURORA	IL
CENTEGRA HEALTH SYSTEM - WOODSTOCK HOSPITAL	WOODSTOCK	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$17194.00	14
	$12457.00	112
	$16803.00	79
	$11466.00	127
	$11804.00	54
	$11162.00	129
	$12330.00	205
	$11620.00	81
	$11515.00	22
	$13845.00	177
	$12377.00	83
	$11950.00	165

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

JACKSON PARK HOSPITAL	CHICAGO	IL
LITTLE COMPANY OF MARY HOSPITAL	EVERGREEN PARK	IL
ST MARY & ELIZABETH MED CTR-DIVISION CAMPUS	CHICAGO	IL
SOUTH SHORE HOSPITAL	CHICAGO	IL
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	CHICAGO	IL
HEARTLAND REGIONAL MEDICAL CENTER	MARION	IL
MEMORIAL HOSPITAL	BELLEVILLE	IL
RIVERSIDE MEDICAL CENTER	KANKAKEE	IL
ST ELIZABETH HOSPITAL	BELLEVILLE	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$17496.00 *	
	$12319.00	81
	$16613.00	37
	$14443.00 *	
	$17680.00	86
	$11364.00	120
	$11024.00	218
	$13305.00	382
	$10993.00	41

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SARAH BUSH LINCOLN HEALTH CENTER	MATTOON	IL
INGALLS MEMORIAL HOSPITAL	HARVEY	IL
METHODIST HOSPITAL OF CHICAGO	CHICAGO	IL
ELMHURST MEMORIAL HOSPITAL	ELMHURST	IL
ADVOCATE CONDELL MEDICAL CENTER	LIBERTYVILLE	IL
NORWEGIAN-AMERICAN HOSPITAL	CHICAGO	IL
ADVOCATE CHRIST HOSPITAL & MEDICAL CENTER	OAK LAWN	IL
METHODIST MEDICAL CENTER OF ILLINOIS	PEORIA	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10483.00	82
	$12699.00	278
	$14895.00 *	
	$11377.00	259
	$12125.00	147
	$16837.00 *	
	$14381.00	433
	$12497.00	165

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

DELNOR COMMUNITY HOSPITAL	GENEVA	IL
SILVER CROSS HOSPITAL	JOLIET	IL
PROVENA - SAINT JOSEPH HOSPITAL	ELGIN	IL
ADVOCATE LUTHERAN GENERAL HOSPITAL	PARK RIDGE	IL
SAINT JOSEPH HOSPITAL	CHICAGO	IL
SWEDISH AMERICAN HOSPITAL	ROCKFORD	IL
EDWARD HOSPITAL	NAPERVILLE	IL
SAINT ANTHONY MEDICAL CENTER	ROCKFORD	IL
ILLINOIS VALLEY COMMUNITY HOSPITAL	PERU	IL
ROCKFORD MEMORIAL HOSPITAL	ROCKFORD	IL
WESTLAKE COMMUNITY HOSPITAL	MELROSE PARK	IL
CENTRAL DUPAGE HOSPITAL	WINFIELD	IL
ADVOCATE SOUTH SUBURBAN	HAZEL CREST	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11370.00	191
	$12426.00	148
	$11385.00	121
	$14228.00	313
	$12590.00	69
	$12726.00	223
	$11373.00	322
	$11043.00	279
	$12495.00	127
	$12961.00	174
	$14858.00	15
	$11381.00	737
	$12147.00	99

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL		
OUR LADY OF THE RESURRECTION MED CTR	CHICAGO	IL
NORTHWEST COMMUNITY HOSPITAL	ARLINGTON HEIGHTS	IL
ALEXIAN BROTHERS MEDICAL CENTER	ELK GROVE VILLAGE	IL
GENESIS MEDICAL CENTER ILLINI CAMPUS	SILVIS	IL
LOYOLA UNIVERSITY MEDICAL CENTER	MAYWOOD	IL
TRINITY ROCK ISLAND	ROCK ISLAND	IL
NORTHWESTERN MEMORIAL HOSPITAL	CHICAGO	IL
KISHWAUKEE COMMUNITY HOSPITAL	DEKALB	IL
ADVOCATE GOOD SAMARITAN HOSPITAL	DOWNERS GROVE	IL
ANDERSON HOSPITAL	MARYVILLE	IL
ST ALEXIUS MEDICAL CENTER	HOFFMAN ESTATES	IL
ADVOCATE GOOD SHEPHERD HOSPITAL	BARRINGTON	IL

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12459.00	67
	$11373.00	420
	$11378.00	299
	$11168.00	124
	$16110.00	109
	$10745.00	227
	$14271.00	617
	$11823.00	90
	$11377.00	221
	$10770.00	198
	$11793.00	201
	$11435.00	169

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ADVENTIST GLENOAKS	GLENDALE HEIGHTS	IL
CROSSROADS COMMUNITY HOSPITAL	MOUNT VERNON	IL
ADVENTIST BOLINGBROOK HOSPITAL	BOLINGBROOK	IL
JOHNSON MEMORIAL HOSPITAL	FRANKLIN	IN
METHODIST HOSPITALS, INC	GARY	IN
ST ELIZABETH CENTRAL	LAFAYETTE	IN
FRANCISCAN ST MARGARET HEALTH - HAMMOND	HAMMOND	IN
HENDRICKS REGIONAL HEALTH	DANVILLE	IN
LAPORTE HOSPITAL AND HEALTH SERVICES	LA PORTE	IN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$14493.00	*	
$12654.00		64
$12077.00	*	
$11740.00		44
$13422.00		65
$10478.00		203
$13219.00		80
$11015.00		92
$11109.00		92

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SERVICES		
HOWARD REGIONAL HEALTH SYSTEM	KOKOMO	IN
ST CATHERINE HOSPITAL INC	EAST CHICAGO	IN
CLARK MEMORIAL HOSPITAL	JEFFERSONVILLE	IN
ST JOSEPH HOSPITAL & HEALTH CENTER INC	KOKOMO	IN
MARION GENERAL HOSPITAL	MARION	IN
SAINT JOSEPH REGIONAL MEDICAL CENTER	MISHAWAKA	IN
FRANCISCAN ST ANTHONY HEALTH - MICHIGAN CITY	MICHIGAN CITY	IN
LUTHERAN HOSPITAL OF INDIANA	FORT WAYNE	IN
ELKHART GENERAL HOSPITAL	ELKHART	IN
PARKVIEW HOSPITAL	FORT WAYNE	IN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11162.00		45
$13257.00		52
$11721.00		156
$11205.00		113
$12023.00		133
$12200.00		545
$11014.00		57
$11109.00	*	
$11195.00		263
$11393.00		142

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST CLARE MEDICAL CENTER	CRAWFORDSVILLE	IN
UNION HOSPITAL INC	TERRE HAUTE	IN
WILLIAM N WISHARD MEMORIAL HOSPITAL	INDIANAPOLIS	IN
IU HEALTH GOSHEN HOSPITAL	GOSHEN	IN
HENRY COUNTY MEMORIAL HOSPITAL	NEW CASTLE	IN
ST FRANCIS HOSPITAL AND HEALTH CENTERS	BEECH GROVE	IN
ST MARY MEDICAL CENTER INC	HOBART	IN
PORTER, VALPARAISO HOSPITAL	VALPARAISO	IN
HANCOCK REGIONAL HOSPITAL	GREENFIELD	IN
MORGAN HOSPITAL AND MEDICAL CENTER	MARTINSVILLE	IN
GOOD SAMARITAN HOSPITAL	VINCENNES	IN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11156.00		49
$12164.00		205
$18392.00		42
$11528.00		106
$11372.00		116
$11285.00		200
$11693.00		210
$11385.00		264
$10997.00		86
$11974.00	*	
$10729.00		168

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

FLOYD MEMORIAL HOSPITAL AND HEALTH SERVICES	NEW ALBANY	IN
DEKALB MEMORIAL HOSPITAL INC	AUBURN	IN
TERRE HAUTE REGIONAL HOSPITAL	TERRE HAUTE	IN
ST JOSEPH HOSPITAL	FORT WAYNE	IN
REID HOSPITAL & HEALTH CARE SERVICES	RICHMOND	IN
BLOOMINGTON HOSPITAL	BLOOMINGTON	IN
INDIANA UNIVERSITY HEALTH	INDIANAPOLIS	IN
ST FRANCIS HOSPITAL MOORESVILLE	MOORESVILLE	IN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11380.00	102
	$10892.00 *	
	$11335.00	53
	$12506.00 *	
	$12523.00	166
	$11843.00	222
	$15641.00	220
	$10997.00	517

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MEMORIAL HOSPITAL OF SOUTH BEND	SOUTH BEND	IN
RIVERVIEW HOSPITAL	NOBLESVILLE	IN
DAVIESS COMMUNITY HOSPITAL	WASHINGTON	IN
FAYETTE REGIONAL HEALTH SYSTEM	CONNERSVILLE	IN
SCHNECK MEDICAL CENTER	SEYMOUR	IN
KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES,THE	MADISON	IN
COMMUNITY HOSPITAL EAST	INDIANAPOLIS	IN
BLUFFTON REGIONAL MEDICAL CENTER	BLUFFTON	IN
SAINT JOSEPH'S REGIONAL MEDICAL CENTER - PLYMOUTH	PLYMOUTH	IN
DEACONESS HOSPITAL INC	EVANSVILLE	IN
ST VINCENT HOSPITAL & HEALTH	INDIANAPOLIS	IN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$12593.00		563
$11013.00		137
$10790.00	*	
$11194.00		25
$11483.00		59
$11195.00		35
$12513.00		121
$10433.00		51
$10150.00		30
$10708.00		514
$12893.00		502

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SERVICES		
DEARBORN COUNTY HOSPITAL	LAWRENCEBURG	IN
SAINT JOHN'S HEALTH SYSTEM	ANDERSON	IN
BALL MEMORIAL HOSPITAL INC	MUNCIE	IN
FRANCISCAN ST MARGARET HEALTH - DYER	DYER	IN
PARKVIEW HUNTINGTON HOSPITAL	HUNTINGTON	IN
MAJOR HOSPITAL	SHELBYVILLE	IN
ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	EVANSVILLE	IN
STARKE MEMORIAL HOSPITAL	KNOX	IN
WITHAM HEALTH SERVICES	LEBANON	IN
ST ELIZABETH EAST	LAFAYETTE	IN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11386.00		39
$11837.00		158
$11842.00		357
$11798.00		83
$11590.00		32
$11591.00		26
$11059.00		416
$11089.00	*	
$11682.00		41
$11579.00		162

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

COLUMBUS REGIONAL HOSPITAL	COLUMBUS	IN
COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY	ANDERSON	IN
MEMORIAL HOSPITAL AND HEALTH CARE CENTER	JASPER	IN
COMMUNITY HOSPITAL	MUNSTER	IN
FRANCISCAN ST ANTHONY HEALTH - CROWN POINT	CROWN POINT	IN
COMMUNITY HOSPITAL SOUTH	INDIANAPOLIS	IN
WESTVIEW HOSPITAL	INDIANAPOLIS	IN
KOSCIUSKO COMMUNITY HOSPITAL	WARSAW	IN
PARKVIEW NOBLE HOSPITAL	KENDALLVILLE	IN
DUPONT HOSPITAL LLC	FORT WAYNE	IN
ST VINCENT CARMEL HOSPITAL INC	CARMEL	IN
INDIANA UNIVERSITY HEALTH WEST HOSPITAL	AVON	IN
INDIANA ORTHOPAEDIC HOSPITAL	INDIANAPOLIS	IN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11788.00	177
	$11911.00	131
	$10337.00	199
	$11655.00	224
	$11424.00	180
	$11008.00	119
	$11206.00	30
	$11293.00	67
	$11190.00	24
	$11183.00	68
	$11015.00	200
	$10997.00	63
	$10997.00	573

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

LLC		
INDIANA UNIVERSITY HEALTH NORTH HOSPITAL	CARMEL	IN
MONROE HOSPITAL	BLOOMINGTON	IN
FRANCISCAN PHYSICIANS HOSPITAL LLC	MUNSTER	IN
PINNACLE HOSPITAL	CROWN POINT	IN
ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH LLC	FORT WAYNE	IN
THE ORTHOPAEDIC HOSPITAL OF LUTHERAN HEALTH NETWOR	FT WAYNE	IN
COMMUNITY HOSPITAL NORTH	INDIANAPOLIS	IN
SURGICAL HOSPITAL OF MUNSTER	MUNSTER	IN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$12768.00		171
$20074.00		53
$10637.00	*	
$12520.00	*	
$10433.00		377
$10433.00		338
$10997.00		219
$9828.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PHYSICIANS' MEDICAL CENTER LLC	NEW ALBANY	IN
INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL	LAFAYETTE	IN
MARSHALLTOWN MEDICAL & SURGICAL CENTER	MARSHALLTOWN	IA
ST ANTHONY REGIONAL HOSPITAL	CARROLL	IA
KEOKUK AREA HOSPITAL	KEOKUK	IA
TRINITY MUSCATINE	MUSCATINE	IA
TRINITY REGIONAL MEDICAL CENTER	FORT DODGE	IA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$9791.00		31
$9671.00		48
$10920.00		78
$10418.00		152
$11479.00	*	
$11573.00	*	
$11069.00		89

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

IOWA LUTHERAN HOSPITAL	DES MOINES	IA
ALEGENT HEALTH MERCY HOSPITAL	COUNCIL BLUFFS	IA
MERCY HOSPITAL	IOWA CITY	IA
MARY GREELEY MEDICAL CENTER	AMES	IA
SKIFF MEDICAL CENTER	NEWTON	IA
GENESIS MEDICAL CENTER-DAVENPORT	DAVENPORT	IA
SARTORI MEMORIAL HOSPITAL	CEDAR FALLS	IA
ST LUKES HOSPITAL	CEDAR RAPIDS	IA
JENNIE EDMUNDSON HOSPITAL	COUNCIL BLUFFS	IA
GREAT RIVER MEDICAL CENTER	WEST BURLINGTON	IA
UNIVERSITY OF IOWA HOSPITAL & CLINICS	IOWA CITY	IA
MERCY MEDICAL CENTER-NORTH IOWA	MASON CITY	IA
COVENANT MEDICAL CENTER	WATERLOO	IA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12483.00	238
	$12336.00	318
	$10703.00	365
	$10743.00	164
	$11488.00	44
	$11177.00	477
	$10418.00	40
	$11350.00	369
	$11147.00	122
	$11318.00	216
	$15921.00	209
	$12471.00	398
	$11607.00	150

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MERCY MEDICAL CENTER-DUBUQUE	DUBUQUE	IA
MERCY MEDICAL CENTER - CEDAR RAPIDS	CEDAR RAPIDS	IA
MERCY MEDICAL CENTER-CLINTON	CLINTON	IA
IOWA METHODIST MEDICAL CENTER	DES MOINES	IA
MERCY MEDICAL CENTER-DES MOINES	DES MOINES	IA
OTTUMWA REGIONAL HEALTH CENTER	OTTUMWA	IA
BROADLAWNS MEDICAL CENTER	DES MOINES	IA
TRINITY BETTENDORF	BETTENDORF	IA
ALLEN MEMORIAL HOSPITAL	WATERLOO	IA
SPENCER MUNICIPAL HOSPITAL	SPENCER	IA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10436.00	315
	$10508.00	368
	$11044.00	74
	$11910.00	844
	$11993.00	671
	$11300.00	79
	$17167.00 *	
	$11040.00	358
	$11304.00	233
	$10643.00	179

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

THE FINLEY HOSPITAL	DUBUQUE	IA
FORT MADISON COMMUNITY HOSPITAL	FORT MADISON	IA
LAKES REGIONAL HEALTHCARE	SPIRIT LAKE	IA
ST LUKES REGIONAL MEDICAL CENTER	SIOUX CITY	IA
GRINNELL REGIONAL MEDICAL CENTER	GRINNELL	IA
MERCY MEDICAL CENTER-SIOUX CITY	SIOUX CITY	IA
NEWMAN REGIONAL HEALTH	EMPORIA	KS
VIA CHRISTI HOSPITAL PITTSBURG INC	PITTSBURG	KS
SAINT JOHN HOSPITAL	LEAVENWORTH	KS
MERCY HOSPITAL OF KANSAS INDEPENDENCE	INDEPENDENCE	KS
SALINA REGIONAL HEALTH CENTER	SALINA	KS

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10418.00		250
$10992.00		38
$11456.00		43
$12206.00		206
$10706.00		22
$10905.00		135
$11370.00		54
$11498.00		46
$11266.00	*	
$10430.00		32
$10766.00		177

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HAYS MEDICAL CENTER	HAYS	KS
RANSOM MEMORIAL HOSPITAL	OTTAWA	KS
ST FRANCIS HEALTH CENTER	TOPEKA	KS
SUSAN B ALLEN MEMORIAL HOSPITAL	EL DORADO	KS
PROMISE REGIONAL MEDICAL CENTER HUTCHINSON INC	HUTCHINSON	KS
ST CATHERINE HOSPITAL	GARDEN CITY	KS
PRATT REGIONAL MEDICAL CENTER	PRATT	KS
CENTRAL KANSAS MEDICAL CENTER	GREAT BEND	KS
UNIVERSITY OF KANSAS HOSPITAL	KANSAS CITY	KS
OLATHE MEDICAL CENTER	OLATHE	KS
MERCY HEALTH CENTER	FORT SCOTT	KS

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$13444.00	163
	$11060.00	24
	$10384.00	367
	$10837.00	26
	$10278.00	226
	$14029.00	90
	$13125.00	107
	$10298.00	35
	$14491.00	134
	$10760.00	194
	$10240.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SOUTHWEST MEDICAL CENTER	LIBERAL	KS
GEARY COMMUNITY HOSPITAL	JUNCTION CITY	KS
STORMONT-VAIL HEALTHCARE	TOPEKA	KS
COFFEY COUNTY HOSPITAL	BURLINGTON	KS
NEWTON MEDICAL CENTER	NEWTON	KS
SHAWNEE MISSION MEDICAL CENTER	SHAWNEE MISSION	KS
MIAMI COUNTY MEDICAL CENTER	PAOLA	KS
LABETTE HEALTH	PARSONS	KS
VIA CHRISTI HOSPITALS WICHITA INC	WICHITA	KS
WESLEY MEDICAL CENTER	WICHITA	KS

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$13138.00		23
$10810.00		36
$11575.00		448
$13879.00	*	
$10413.00		132
$10798.00		358
$10746.00		58
$11420.00		294
$11993.00		364
$12921.00		246

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CUSHING MEMORIAL HOSPITAL	LEAVENWORTH	KS
LAWRENCE MEMORIAL HOSPITAL	LAWRENCE	KS
MERCY REGIONAL HEALTH CENTER	MANHATTAN	KS
COFFEYVILLE REGIONAL MEDICAL CENTER	COFFEYVILLE	KS
PROVIDENCE MEDICAL CENTER	KANSAS CITY	KS
SOUTH CENTRAL KS REGIONAL MED CENTER	ARKANSAS CITY	KS
WESTERN PLAINS MEDICAL COMPLEX	DODGE CITY	KS
OVERLAND PARK REG MED CTR	OVERLAND PARK	KS

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11549.00 *	
	$11184.00	166
	$10232.00	250
	$10378.00 *	
	$11603.00	173
	$10349.00	24
	$10886.00	84
	$11201.00	124

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MENORAH MEDICAL CENTER	OVERLAND PARK	KS
KANSAS SURGERY & RECOVERY CENTER	WICHITA	KS
SAINT LUKE'S SOUTH HOSPITAL	OVERLAND PARK	KS
SALINA SURGICAL HOSPITAL	SALINA	KS
KANSAS CITY ORTHOPAEDIC INSTITUTE	LEAWOOD	KS
MANHATTAN SURGICAL HOSPITAL LLC	MANHATTAN	KS
GREAT BEND REGIONAL HOSPITAL	GREAT BEND	KS
GALICHIA HEART HOSPITAL LLC	WICHITA	KS
DOCTORS HOSPITAL LLC	LEAWOOD	KS

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10752.00		145
$10413.00		472
$10746.00		229
$9789.00		222
$10746.00		230
$10232.00	*	
$9789.00		139
$10413.00	*	
$22943.00		24

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HEARTLAND SURGICAL SPEC HOSPITAL	OVERLAND PARK	KS
KANSAS SPINE HOSPITAL LLC	WICHITA	KS
KANSAS MEDICAL CENTER LLC	ANDOVER	KS
SUMMIT SURGICAL LLC	HUTCHINSON	KS
ST ELIZABETH FT THOMAS	FORT THOMAS	KY
MUHLENBERG COMMUNITY HOSPITAL	GREENVILLE	KY
KING'S DAUGHTERS' MEDICAL CENTER	ASHLAND	KY
SAINT JOSEPH HOSPITAL	LEXINGTON	KY
SAINT JOSEPH HOSPITAL LONDON	LONDON	KY
HARDIN MEMORIAL HOSPITAL	ELIZABETHTOWN	KY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10746.00		32
$10413.00		38
$10413.00		284
$9789.00		80
$11654.00		27
$10754.00	*	
$12325.00		211
$10769.00		36
$12484.00		17
$11530.00		211

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

THE MEDICAL CENTER AT BOWLING GREEN	BOWLING GREEN	KY
JEWISH HOSPITAL - SHELBYVILLE	SHELBYVILLE	KY
T J SAMSON COMMUNITY HOSPITAL	GLASGOW	KY
ST CLAIRE REGIONAL MEDICAL CENTER	MOREHEAD	KY
MEADOWVIEW REGIONAL MEDICAL CENTER	MAYSVILLE	KY
MIDDLESBORO APPALACHIAN REGIONAL HEALTHCARE HOSPIT	MIDDLESBORO	KY
SPRING VIEW HOSPITAL	LEBANON	KY
FLAGET MEMORIAL HOSPITAL (MEMBER OF SAINT JOSEPH H	BARDSTOWN	KY
MURRAY-CALLOWAY COUNTY HOSPITAL	MURRAY	KY
HAZARD ARH REGIONAL MEDICAL CENTER	HAZARD	KY
ST ELIZABETH MEDICAL CENTER	COVINGTON	KY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$12320.00		229
$11095.00		43
$12193.00		195
$12364.00		24
$10754.00		30
$10754.00	*	
$11678.00		62
$11105.00		153
$10618.00		54
$12508.00		67
$11636.00		398

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

NORTH		
OUR LADY OF BELLEFONTE HOSPITAL	ASHLAND	KY
OWENSBORO MEDICAL HEALTH SYSTEM	OWENSBORO	KY
JEWISH HOSPITAL & ST MARY'S HEALTHCARE	LOUISVILLE	KY
PIKEVILLE MEDICAL CENTER	PIKEVILLE	KY
ST ELIZABETH FLORENCE	FLORENCE	KY
BOURBON COMMUNITY HOSPITAL	PARIS	KY
EPHRAIM MCDOWELL REGIONAL MEDICAL CENTER	DANVILLE	KY
PATTIE A CLAY REGIONAL MEDICAL CENTER	RICHMOND	KY
HARLAN APPALACHIAN REGIONAL HEALTHCARE HOSPITAL	HARLAN	KY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11844.00	217
	$13156.00	256
	$12969.00	522
	$13791.00	179
	$11769.00	20
	$11975.00 *	
	$12176.00	152
	$12762.00	59
	$12222.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

JENNIE STUART MEDICAL CENTER	HOPKINSVILLE	KY
METHODIST HOSPITAL	HENDERSON	KY
SAINT JOSEPH MOUNT STERLING	MOUNT STERLING	KY
LOGAN MEMORIAL HOSPITAL	RUSSELLVILLE	KY
UNIVERSITY OF KENTUCKY HOSPITAL	LEXINGTON	KY
WILLIAMSON ARH HOSPITAL	SOUTH WILLIAMSON	KY
TWIN LAKES REGIONAL MEDICAL CENTER	LEITCHFIELD	KY
PAUL B HALL REGIONAL MEDICAL CENTER	PAINTSVILLE	KY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11470.00		106
	$12126.00		53
	$10998.00		96
	$11760.00	*	
	$16286.00		612
	$11628.00	*	
	$11146.00		47
	$11403.00	*	

small number of Medicare patients (fewer than 11)

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
HARRISON MEMORIAL HOSPITAL	CYNTHIANA	KY
BAPTIST REGIONAL MEDICAL CENTER	CORBIN	KY
TAYLOR REGIONAL HOSPITAL	CAMPBELLSVILLE	KY
NORTON HOSPITALS, INC	LOUISVILLE	KY
CLARK REGIONAL MEDICAL CENTER	WINCHESTER	KY
REGIONAL MEDICAL CENTER OF HOPKINS COUNTY	MADISONVILLE	KY
GEORGETOWN COMMUNITY HOSPITAL	GEORGETOWN	KY
LOURDES HOSPITAL	PADUCAH	KY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11301.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTRAL BAPTIST HOSPITAL	LEXINGTON	KY
WESTERN BAPTIST HOSPITAL	PADUCAH	KY
JACKSON PURCHASE MEDICAL CENTER	MAYFIELD	KY
GREENVIEW REGIONAL HOSPITAL	BOWLING GREEN	KY
FRANKFORT REGIONAL MEDICAL CENTER	FRANKFORT	KY
THREE RIVERS MEDICAL CENTER	LOUISA	KY
BAPTIST HOSPITAL EAST	LOUISVILLE	KY
LAKE CUMBERLAND REGIONAL HOSPITAL	SOMERSET	KY
BAPTIST HOSPITAL NORTHEAST	LA GRANGE	KY
UNIVERSITY OF LOUISVILLE HOSPITAL	LOUISVILLE	KY
SAINT JOSEPH EAST	LEXINGTON	KY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11695.00		309
$10337.00		150
$11338.00		150
$11241.00		146
$11484.00		52
$10754.00	*	
$10609.00		1039
$12814.00		96
$11380.00		32
$16744.00		31
$11888.00		213

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

LAFAYETTE GENERAL MEDICAL CENTER	LAFAYETTE	LA
DAUTERIVE HOSPITAL	NEW IBERIA	LA
THIBODAUX REGIONAL MEDICAL CENTER	THIBODAUX	LA
CHARITY HOSPITAL & MED CENTER OF LA AT NO	NEW ORLEANS	LA
NATCHITOCHES REGIONAL MEDICAL CENTER	NATCHITOCHES	LA
TERREBONNE GENERAL MEDICAL CENTER	HOUMA	LA
WEST CALCASIEU CAMERON HOSPITAL	SULPHUR	LA
TECHE REGIONAL MEDICAL CENTER	MORGAN CITY	LA
NORTH OAKS MEDICAL CENTER	HAMMOND	LA
OPELOUSAS GENERAL HEALTH SYSTEM	OPELOUSAS	LA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11700.00		225
$13072.00		24
$10397.00		94
$18747.00	*	
$10565.00		49
$10881.00		174
$10037.00		39
$11806.00		23
$12815.00		103
$13265.00		107

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CHRISTUS ST FRANCES CABRINI HOSPITAL	ALEXANDRIA	LA
LANE REGIONAL MEDICAL CENTER	ZACHARY	LA
SAVOY MEDICAL CENTER	MAMOU	LA
RAPIDES REGIONAL MEDICAL CENTER	ALEXANDRIA	LA
CHRISTUS ST PATRICK HOSPITAL	LAKE CHARLES	LA
ABBEVILLE GENERAL HOSPITAL	ABBEVILLE	LA
OCHSNER FOUNDATION HOSPITAL	NEW ORLEANS	LA
WEST JEFFERSON MEDICAL CENTER	MARRERO	LA
SLIDELL MEMORIAL HOSPITAL	SLIDELL	LA
CHRISTUS SCHUMPERT HEALTH SYSTEM	SHREVEPORT	LA
AMERICAN LEGION HOSPITAL	CROWLEY	LA
ST TAMMANY PARISH HOSPITAL	COVINGTON	LA
TOURO INFIRMARY	NEW ORLEANS	LA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11087.00	274
	$10935.00	77
	$10565.00	20
	$12619.00	171
	$9940.00	112
	$10939.00	22
	$2155.00	368
	$13007.00	161
	$11326.00	49
	$12414.00	249
	$10768.00	43
	$11630.00	98
	$13178.00	235

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

JENNINGS AMERICAN LEGION HOSPITAL	JENNINGS	LA
IBERIA GENERAL HOSPITAL AND MEDICAL CENTER	NEW IBERIA	LA
LAKE CHARLES MEMORIAL HOSPITAL	LAKE CHARLES	LA
OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER	BATON ROUGE	LA
BATON ROUGE GENERAL MEDICAL CENTER	BATON ROUGE	LA
ST CHARLES PARISH HOSPITAL	LULING	LA
NORTHERN LOUISIANA MEDICAL CENTER	RUSTON	LA
LSU HEALTH SCIENCES CENTER - SHREVEPORT	SHREVEPORT	LA
OUR LADY OF LOURDES REGIONAL MEDICAL CENTER, INC	LAFAYETTE	LA
WILLIS KNIGHTON MEDICAL CENTER	SHREVEPORT	LA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$10644.00		50
$10631.00		67
$11382.00		235
$11115.00		597
$12822.00		195
$11573.00	*	
$11317.00		52
$17130.00		40
$11038.00		140
$11612.00		224

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MOREHOUSE GENERAL HOSPITAL	BASTROP	LA
EARL K LONG MEDICAL CENTER	BATON ROUGE	LA
ST FRANCIS MEDICAL CENTER	MONROE	LA
OCHSNER BAPTIST MEDICAL CENTER LLC	NEW ORLEANS	LA
MINDEN MEDICAL CENTER	MINDEN	LA
EAST JEFFERSON GENERAL HOSPITAL	METAIRIE	LA
GLENWOOD REGIONAL MEDICAL CENTER	WEST MONROE	LA
BYRD REGIONAL HOSPITAL	LEESVILLE	LA
RIVER PARISHES HOSPITAL	LAPLACE	LA
TULANE MEDICAL CENTER	NEW ORLEANS	LA
LAKEVIEW REGIONAL MEDICAL CENTER	COVINGTON	LA
LEONARD J CHABERT MEDICAL CENTER	HOUMA	LA
WOMEN AND CHILDREN'S HOSPITAL	LAKE CHARLES	LA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10631.00	27
	$16576.00	16
	$11603.00	298
	$226.00	92
	$13026.00	65
	$11141.00	446
	$10738.00	66
	$10928.00	19
	$12225.00	29
	$16922.00	32
	$12038.00	73
	$14524.00	16
	$12662.00	17

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

AT LAKE CHARLES		
OCHSNER MEDICAL CENTER-BATON ROUGE	BATON ROUGE	LA
OCHSNER MEDICAL CENTER - NORTHSHORE, LLC	SLIDELL	LA
THE REGIONAL MEDICAL CENTER OF ACADIANA	LAFAYETTE	LA
WILLIS KNIGHTON BOSSIER HEALTH CENTER	BOSSIER CITY	LA
PHYSICIANS MEDICAL CENTER	HOUMA	LA
ST ELIZABETH HOSPITAL	GONZALES	LA
MONROE SURGICAL HOSPITAL	MONROE	LA
P & S SURGICAL HOSPITAL	MONROE	LA
LOUISIANA MEDICAL CENTER AND HEART HOSPITAL, LLC	LACOMBE	LA
SURGICAL SPECIALTY CENTER OF BATON ROUGE	BATON ROUGE	LA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$10346.00		21
$1068.00		69
$10772.00		36
$10833.00		119
$9902.00	*	
$10707.00		26
$10782.00		13
$9562.00		97
$10713.00		37
$8202.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

GREEN CLINIC SURGICAL HOSPITAL	RUSTON	LA
LAFAYETTE SURGICAL SPECIALTY HOSPITAL	LAFAYETTE	LA
OUACHITA COMMUNITY HOSPITAL	WEST MONROE	LA
FAIRWAY MEDICAL CENTER	COVINGTON	LA
LAFAYETTE GENERAL SURGICAL HOSPITAL	LAFAYETTE	LA
SOUTHERN SURGICAL HOSPITAL	SLIDELL	LA
GREATER BATON ROUGE SURGICAL HOSPITAL	BATON ROUGE	LA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$9581.00	47
	$10046.00	49
	$14748.00 *	
	$10232.00	35
	$10427.00 *	
	$10417.00	91
	$10935.00	28

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

OCHSNER MEDICAL CENTER-KENNER LLC	KENNER	LA
SPECIALISTS HOSPITAL SHREVEPORT	SHREVEPORT	LA
DOCTORS HOSPITAL AT DEER CREEK LLC	LEESVILLE	LA
ST JOSEPH HOSPITAL	BANGOR	ME
MILES MEMORIAL HOSPITAL	DAMARISCOTTA	ME
MERCY HOSPITAL	PORTLAND	ME
MAINE MEDICAL CENTER	PORTLAND	ME
AROOSTOOK MEDICAL CENTER,THE	PRESQUE ISLE	ME
SOUTHERN MAINE MEDICAL CENTER	BIDDEFORD	ME
YORK HOSPITAL	YORK	ME
MID COAST HOSPITAL	BRUNSWICK	ME
CENTRAL MAINE MEDICAL CENTER	LEWISTON	ME
PARKVIEW ADVENTIST MEDICAL	BRUNSWICK	ME

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$1347.00	48
$11701.00	97
$8800.00	16
$11230.00	216
$12644.00	61
$12097.00	296
$13503.00	750
$14029.00	72
$12190.00	106
$11127.00	66
$11769.00	64
$12358.00	116
$11071.00	23

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
CARY MEDICAL CENTER	CARIBOU	ME
STEPHENS MEMORIAL HOSPITAL	NORWAY	ME
EASTERN MAINE MEDICAL CENTER	BANGOR	ME
ST MARYS REGIONAL MEDICAL CENTER	LEWISTON	ME
FRANKLIN MEMORIAL HOSPITAL	FARMINGTON	ME
MAINE GENERAL MEDICAL CENTER	AUGUSTA	ME
HENRIETTA D GOODALL HOSPITAL	SANFORD	ME
INLAND HOSPITAL	WATERVILLE	ME
MAINE COAST MEMORIAL HOSPITAL	ELLSWORTH	ME
NORTHERN MAINE MEDICAL CENTER	FORT KENT	ME

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11159.00	30
	$11279.00	48
	$13221.00	236
	$13140.00	186
	$14205.00	70
	$11861.00	241
	$11855.00	35
	$15902.00	45
	$12168.00	62
	$15442.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PENOBSCOT BAY MEDICAL CENTER	ROCKPORT	ME
MERITUS MEDICAL CENTER	HAGERSTOWN	MD
UNIVERSITY OF MARYLAND MEDICAL CENTER	BALTIMORE	MD
PRINCE GEORGES HOSPITAL CENTER	CHEVERLY	MD
HOLY CROSS HOSPITAL	SILVER SPRING	MD
FREDERICK MEMORIAL HOSPITAL	FREDERICK	MD
HARFORD MEMORIAL HOSPITAL	HAVRE DE GRACE	MD
SAINT JOSEPH MEDICAL CENTER	TOWSON	MD
MERCY MEDICAL CENTER INC	BALTIMORE	MD
THE JOHNS HOPKINS HOSPITAL	BALTIMORE	MD
SAINT AGNES HOSPITAL	BALTIMORE	MD

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$12282.00		79
$14591.00		352
$31652.00		60
$25002.00		22
$17774.00		266
$15259.00		264
$20881.00		51
$13806.00		490
$18507.00		286
$30569.00	*	
$18481.00		314

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SINAI HOSPITAL OF BALTIMORE	BALTIMORE	MD
BON SECOURS HOSPITAL	BALTIMORE	MD
FRANKLIN SQUARE HOSPITAL CENTER	BALTIMORE	MD
WASHINGTON ADVENTIST HOSPITAL	TAKOMA PARK	MD
GARRETT COUNTY MEMORIAL HOSPITAL	OAKLAND	MD
MONTGOMERY GENERAL HOSPITAL INC	OLNEY	MD
PENINSULA REGIONAL MEDICAL CENTER	SALISBURY	MD
SUBURBAN HOSPITAL	BETHESDA	MD
ANNE ARUNDEL MEDICAL CENTER	ANNAPOLIS	MD
UNION MEMORIAL HOSPITAL	BALTIMORE	MD
MEMORIAL HOSPITAL & MEDICAL CENTER OF CUMBERLAND	CUMBERLAND	MD
SAINT MARY'S HOSPITAL	LEONARDTOWN	MD

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$22394.00	323
	$25284.00	14
	$20802.00	198
	$20960.00	71
	$18061.00	88
	$16087.00	117
	$18726.00	372
	$14582.00	439
	$14542.00	648
	$19651.00	513
	$19632.00	242
	$23327.00	118

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

JOHNS HOPKINS BAYVIEW MEDICAL CENTER	BALTIMORE	MD
CHESTER RIVER HOSPITAL CENTER	CHESTERTOWN	MD
UNION HOSPITAL OF CECIL COUNTY	ELKTON	MD
CARROLL HOSPITAL CENTER	WESTMINSTER	MD
HARBOR HOSPITAL	BROOKLYN	MD
CIVISTA MEDICAL CENTER	LA PLATA	MD
MEMORIAL HOSPITAL AT EASTON	EASTON	MD
MARYLAND GENERAL HOSPITAL	BALTIMORE	MD
CALVERT MEMORIAL HOSPITAL	PRINCE FREDERICK	MD
NORTHWEST HOSPITAL CENTER	RANDALLSTOWN	MD
BALTIMORE WASHINGTON MEDICAL CENTER	GLEN BURNIE	MD
GREATER BALTIMORE MEDICAL CENTER	BALTIMORE	MD
HOWARD COUNTY GENERAL	COLUMBIA	MD

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$20834.00	182
	$22471.00	60
	$21795.00	66
	$21493.00	216
	$20421.00	148
	$20953.00	71
	$15600.00	220
	$23245.00	39
	$19751.00	83
	$23266.00	105
	$17584.00	198
	$16208.00	336
	$18357.00	69

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL		
UPPER CHESAPEAKE MEDICAL CENTER	BEL AIR	MD
DOCTORS' COMMUNITY HOSPITAL	LANHAM	MD
SOUTHERN MARYLAND HOSPITAL CENTER	CLINTON	MD
LAUREL REGIONAL MEDICAL CENTER	LAUREL	MD
GOOD SAMARITAN HOSPITAL	BALTIMORE	MD
SHADY GROVE ADVENTIST HOSPITAL	ROCKVILLE	MD
FORT WASHINGTON HOSPITAL	FORT WASHINGTON	MD
ATLANTIC GENERAL HOSPITAL	BERLIN	MD
HEALTHALLIANCE HOSPITALS, INC	LEOMINSTER	MA
MOUNT AUBURN HOSPITAL	CAMBRIDGE	MA
STURDY MEMORIAL HOSPITAL	ATTLEBORO	MA
LAWRENCE GENERAL HOSPITAL	LAWRENCE	MA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$18424.00	145
	$23031.00	135
	$24195.00	97
	$17837.00	62
	$21052.00	303
	$17088.00	248
	$23366.00	31
	$19640.00	88
	$535.00	112
	$2117.00	228
	$12826.00	145
	$14724.00	33

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CAMBRIDGE HEALTH ALLIANCE	CAMBRIDGE	MA
CAPE COD HOSPITAL	HYANNIS	MA
COOLEY DICKINSON HOSPITAL INC,THE	NORTHAMPTON	MA
BAYSTATE FRANKLIN MEDICAL CENTER	GREENFIELD	MA
CARNEY HOSPITAL, A CARITAS FAMILY HOSPITAL	BOSTON	MA
HARRINGTON MEMORIAL HOSPITAL	SOUTHBRIDGE	MA
SAINT ANNE'S HOSPITAL, A CARITAS FAMILY HOSPITAL	FALL RIVER	MA
HOLYOKE MEDICAL CENTER	HOLYOKE	MA
ANNA JAQUES HOSPITAL	NEWBURYPORT	MA
WING MEMORIAL HOSPITAL AND MEDICAL CENTER	PALMER	MA
BOSTON MEDICAL CENTER CORPORATION	BOSTON	MA
BEVERLY HOSPITAL CORPORATION	BEVERLY	MA
NORTH SHORE MEDICAL CENTER	SALEM	MA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$17232.00	50
	$13915.00	260
	$11859.00	102
	$12807.00	36
	$17346.00	39
	$14190.00	32
	$13740.00	23
	$13263.00	72
	$13296.00	68
	$11908.00	15
	$21143.00	116
	$13317.00	256
	$14159.00	372

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST ELIZABETH'S MEDICAL CENTER, A CARITAS FAMILY HO	BRIGHTON	MA
BERKSHIRE MEDICAL CENTER INC	PITTSFIELD	MA
MARLBOROUGH HOSPITAL	MARLBOROUGH	MA
BAYSTATE MARY LANE HOSPITAL	WARE	MA
NORTH ADAMS REGIONAL HOSPITAL	NORTH ADAMS	MA
SIGNATURE HEALTHCARE BROCKTON HOSPITAL	BROCKTON	MA
JORDAN HOSPITAL INC	PLYMOUTH	MA
LOWELL GENERAL HOSPITAL	LOWELL	MA
NOBLE HOSPITAL	WESTFIELD	MA
MERCY MEDICAL CENTER	SPRINGFIELD	MA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$17776.00	97
	$15239.00	190
	$12452.00	85
	$12474.00 *	
	$12314.00	68
	$15000.00	72
	$12684.00	214
	$14534.00	85
	$11983.00	29
	$13984.00	108

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

QUINCY MEDICAL CENTER	QUINCY	MA
HALLMARK HEALTH SYSTEM	MELROSE	MA
MASSACHUSETTS GENERAL HOSPITAL	BOSTON	MA
MORTON HOSPITAL & MEDICAL CENTER	TAUNTON	MA
SOUTHCOAST HOSPITAL GROUP, INC	FALL RIVER	MA
BAYSTATE MEDICAL CENTER	SPRINGFIELD	MA
HOLY FAMILY HOSPITAL, A CARITAS FAMILY HOSPITAL	METHUEN	MA
SAINTS MEDICAL CENTER INC	LOWELL	MA
BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM	NEEDHAM	MA
EMERSON HOSPITAL	W CONCORD	MA
BETH ISRAEL DEACONESS MEDICAL CENTER	BOSTON	MA
NEW ENGLAND BAPTIST HOSPITAL	BOSTON	MA
MILFORD REGIONAL MEDICAL	MILFORD	MA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$13170.00	74
	$12660.00	144
	$17142.00	551
	$13408.00	108
	$13312.00	516
	$17047.00	519
	$13084.00	149
	$13714.00	75
	$12726.00	27
	$12211.00	117
	$18681.00	191
	$13114.00	1382
	$12887.00	105

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
HEYWOOD HOSPITAL	GARDNER	MA
NASHOBA VALLEY MEDICAL CENTER	AYER	MA
SOUTH SHORE HOSPITAL	SOUTH WEYMOUTH	MA
NEWTON-WELLESLEY HOSPITAL	NEWTON	MA
WINCHESTER HOSPITAL	WINCHESTER	MA
MILTON HOSPITAL INC	MILTON	MA
BRIGHAM AND WOMEN'S HOSPTIAL	BOSTON	MA
GOOD SAMARITAN MEDICAL CENTER, A CARITAS FAMILY HO	BROCKTON	MA
TUFTS MEDICAL CENTER	BOSTON	MA
FAULKNER HOSPITAL	BOSTON	MA
NORWOOD HOSPITAL, A CARITAS FAMILY HOSPITAL	NORWOOD	MA
FALMOUTH HOSPITAL	FALMOUTH	MA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$14056.00	39
	$12201.00	16
	$12678.00	214
	$13403.00	316
	$12280.00	185
	$12658.00	68
	$17531.00	511
	$14750.00	139
	$20506.00	80
	$14701.00	95
	$12682.00	85
	$13200.00	184

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

DANA-FARBER CANCER INSTITUTE	BOSTON	MA
UMASS MEMORIAL MEDICAL CENTER INC	WORCESTER	MA
LAHEY CLINIC HOSPITAL	BURLINGTON	MA
MERRIMACK VALLEY HOSPITAL	HAVERHILL	MA
METROWEST MEDICAL CENTER	FRAMINGHAM	MA
ST VINCENT HOSPITAL	WORCESTER	MA
ST MARY MERCY HOSPITAL	LIVONIA	MI
ZEELAND COMMUNITY HOSPITAL	ZEELAND	MI
MERCY HEALTH PARTNERS, MERCY CAMPUS	MUSKEGON	MI
EMMA L BIXBY MEDICAL CENTER	ADRIAN	MI
DOCTOR'S HOSPITAL OF MICHIGAN	PONTIAC	MI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Major joint replacement or reattachment of lower extremity w/o

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$88867.00 *	
	$17705.00	377
	$14417.00	469
	$12642.00	53
	$13982.00	119
	$2172.00	329
	$11290.00	151
	$11423.00	49
	$12919.00	332
	$11643.00	77
	$15211.00	14

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

THREE RIVERS HEALTH	THREE RIVERS	MI
BRONSON METHODIST HOSPITAL	KALAMAZOO	MI
PROVIDENCE HOSPITAL AND MEDICAL CENTERS	SOUTHFIELD	MI
OAKWOOD HOSPITAL AND MEDICAL CENTER	DEARBORN	MI
LAKELAND HOSPITAL, ST JOSEPH	ST JOSEPH	MI
COMMUNITY HEALTH CENTER OF BRANCH COUNTY	COLDWATER	MI
SINAI-GRACE HOSPITAL	DETROIT	MI
ST JOSEPH MERCY OAKLAND	PONTIAC	MI
GRATIOT MEDICAL CENTER	ALMA	MI
ST JOSEPH MERCY PORT HURON	PORT HURON	MI
CHEBOYGAN MEMORIAL HOSPITAL	CHEBOYGAN	MI
SPECTRUM HEALTH UNITED MEMORIAL - UNITED CAMPUS	GREENVILLE	MI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11732.00	29
	$14081.00	420
	$14455.00	459
	$13537.00	489
	$12734.00	181
	$11769.00	58
	$16656.00	142
	$14311.00	512
	$11100.00	62
	$11127.00	250
	$10723.00	29
	$11430.00	28

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ALPENA REGIONAL MEDICAL CENTER	ALPENA	MI
HILLSDALE COMMUNITY HEALTH CENTER	HILLSDALE	MI
SPECTRUM HEALTH - BUTTERWORTH CAMPUS	GRAND RAPIDS	MI
PENNOCK HOSPITAL	HASTINGS	MI
BAY REGIONAL MEDICAL CENTER	BAY CITY	MI
UNIVERSITY OF MICHIGAN HEALTH SYSTEM	ANN ARBOR	MI
HENRY FORD MACOMB HOSPITAL	CLINTON TOWNSHIP	MI
HENRY FORD HOSPITAL	DETROIT	MI
MARQUETTE GENERAL HOSPITAL	MARQUETTE	MI
DICKINSON COUNTY MEMORIAL HOSPITAL	IRON MOUNTAIN	MI
MERCY HOSPITAL - GRAYLING	GRAYLING	MI
SAINT MARY'S HEALTH CARE	GRAND RAPIDS	MI
MERCY HEALTH PARTNERS,	MUSKEGON	MI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12249.00	188
	$12029.00	89
	$14253.00	1356
	$10917.00	80
	$11277.00	273
	$17473.00	337
	$11731.00	354
	$3540.00	257
	$13587.00	177
	$11016.00	68
	$12331.00	46
	$14305.00	295
	$12802.00	147

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HACKLEY CAMPUS		
SAINT JOSEPH MERCY LIVINGSTON HOSPITAL	HOWELL	MI
COVENANT MEDICAL CENTER, INC	SAGINAW	MI
HOLLAND COMMUNITY HOSPITAL	HOLLAND	MI
BATTLE CREEK HEALTH SYSTEM	BATTLE CREEK	MI
ST MARY'S OF MICHIGAN MEDICAL CENTER	SAGINAW	MI
COMMUNITY HOSPITAL	WATERVLIET	MI
CENTRAL MICHIGAN COMMUNITY HOSPITAL	MOUNT PLEASANT	MI
MERCY HOSPITAL - CADILLAC	CADILLAC	MI
SOUTH HAVEN COMMUNITY HOSPITAL	SOUTH HAVEN	MI
BEAUMONT HOSPITAL, GROSSE POINTE	GROSSE POINTE	MI
ALLEGIANCE HEALTH	JACKSON	MI
MECOSTA COUNTY MEDICAL CENTER	BIG RAPIDS	MI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12192.00	89
	$12359.00	559
	$12337.00	170
	$12475.00	264
	$12526.00	193
	$10698.00	40
	$11341.00	87
	$11109.00	126
	$13133.00	31
	$11752.00	261
	$12205.00	234
	$11548.00	75

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

WEST BRANCH REGIONAL MEDICAL CENTER	WEST BRANCH	MI
STURGIS HOSPITAL	STURGIS	MI
MUNSON MEDICAL CENTER	TRAVERSE CITY	MI
MERCY MEMORIAL HOSPITAL SYSTEM	MONROE	MI
TAWAS ST JOSEPH HOSPITAL	TAWAS CITY	MI
ST FRANCIS HOSPITAL	ESCANABA	MI
HARPER UNIVERSITY HOSPITAL	DETROIT	MI
NORTHERN MICHIGAN REGIONAL HOSPITAL	PETOSKEY	MI
SPECTRUM HEALTH GERBER MEMORIAL	FREMONT	MI
PORTAGE HEALTH HOSPITAL	HANCOCK	MI
MEMORIAL MEDICAL CENTER OF WEST MICHIGAN	LUDINGTON	MI
BORGESS MEDICAL CENTER	KALAMAZOO	MI
HURON MEDICAL CENTER	BAD AXE	MI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11215.00	143
	$11978.00	42
	$8015.00	499
	$11933.00	98
	$11222.00	89
	$12425.00	13
	$19045.00	34
	$12668.00	219
	$11922.00	66
	$11951.00	60
	$11421.00	68
	$13846.00	392
	$11380.00	54

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MEMORIAL HEALTHCARE	OWOSSO	MI
WILLIAM BEAUMONT HOSPITAL	ROYAL OAK	MI
HURLEY MEDICAL CENTER	FLINT	MI
OTSEGO MEMORIAL HOSPITAL	GAYLORD	MI
MCLAREN REGIONAL MEDICAL CENTER	FLINT	MI
OAKWOOD ANNAPOLIS HOSPITAL	WAYNE	MI
HENRY FORD WYANDOTTE HOSPITAL	WYANDOTTE	MI
BOTSFORD HOSPITAL	FARMINGTON HILLS	MI
ST JOSEPH MERCY HOSPITAL	ANN ARBOR	MI
ST JOHN HOSPITAL AND MEDICAL CENTER	DETROIT	MI
INGHAM REGIONAL MEDICAL CENTER	LANSING	MI
NORTH OTTAWA COMMUNITY HOSPITAL	GRAND HAVEN	MI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11836.00	96
	$13454.00	1326
	$17915.00	129
	$11377.00	111
	$13660.00	300
	$12548.00	99
	$12512.00	211
	$15255.00	179
	$12925.00	693
	$14888.00	225
	$12887.00	898
	$11423.00	70

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

OAKWOOD SOUTHSHORE MEDICAL CENTER	TRENTON	MI
MIDMICHIGAN MEDICAL CENTER-CLARE	CLARE	MI
LAPEER REGIONAL MEDICAL CENTER	LAPEER	MI
ST JOHN MACOMB-OAKLAND HOSPITAL-MACOMB CENTER	WARREN	MI
GENESYS REGIONAL MEDICAL CENTER - HEALTH PARK	GRAND BLANC	MI
POH MEDICAL CENTER	PONTIAC	MI
CARSON CITY HOSPITAL	CARSON CITY	MI
SAINT JOSEPH MERCY SALINE HOSPITAL	SALINE	MI
PORT HURON HOSPITAL	PORT HURON	MI
OAKLAWN HOSPITAL	MARSHALL	MI
MIDMICHIGAN MEDICAL CENTER-MIDLAND	MIDLAND	MI
MOUNT CLEMENS REGIONAL MEDICAL CENTER	MOUNT CLEMENS	MI
EDWARD W SPARROW HOSPITAL	LANSING	MI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12105.00	176
	$11379.00	26
	$11950.00	117
	$12970.00	360
	$14591.00	463
	$16507.00	57
	$11929.00	36
	$11463.00	17
	$11794.00	191
	$11659.00	102
	$12683.00	391
	$12876.00	264
	$14020.00	317

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

METRO HEALTH HOSPITAL	WYOMING	MI
CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL	SAULT SAINTE MARIE	MI
ST JOHN RIVER DISTRICT HOSPITAL	EAST CHINA	MI
GARDEN CITY HOSPITAL	GARDEN CITY	MI
CRITTENTON HOSPITAL MEDICAL CENTER	ROCHESTER	MI
CHELSEA COMMUNITY HOSPITAL	CHELSEA	MI
WILLIAM BEAUMONT HOSPITAL-TROY	TROY	MI
OAKWOOD HERITAGE HOSPITAL	TAYLOR	MI
DETROIT RECEIVING HOSPITAL & UNIV HEALTH CENTER	DETROIT	MI
HURON VALLEY-SINAI HOSPITAL	COMMERCE TOWNSHIP	MI
KARMANOS CANCER CENTER	DETROIT	MI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$14372.00		151
$14235.00		60
$11446.00		24
$13968.00		134
$11756.00		449
$11463.00		141
$12085.00		438
$11861.00		82
$18312.00		72
$12442.00		222
$14065.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

OAKLAND REGIONAL HOSPITAL	SOUTHFIELD	MI
HENRY FORD WEST BLOOMFIELD HOSPITAL	W BLOOMFIELD	MI
NORTH MEMORIAL MEDICAL CENTER	ROBBINSDALE	MN
ESSENTIA HEALTH ST MARY'S MEDICAL CENTER	DULUTH	MN
HENNEPIN COUNTY MEDICAL CENTER	MINNEAPOLIS	MN
OLMSTED MEDICAL CENTER	ROCHESTER	MN
MAYO CLINIC - SAINT MARYS HOSPITAL	ROCHESTER	MN
NORTHFIELD HOSPITAL	NORTHFIELD	MN
FAIRVIEW RED WING HOSPITAL	RED WING	MN
ESSENTIA HEALTH DULUTH	DULUTH	MN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$17429.00 *	
	$104.00	87
	$12871.00	476
	$12590.00	452
	$20877.00	73
	$13194.00	66
	$14441.00	163
	$12172.00	49
	$11329.00	64
	$15174.00	20

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CAMBRIDGE MEDICAL CENTER	CAMBRIDGE	MN
SANFORD WORTHINGTON MEDICAL CENTER	WORTHINGTON	MN
DOUGLAS COUNTY HOSPITAL	ALEXANDRIA	MN
ST CLOUD HOSPITAL	SAINT CLOUD	MN
UNITED HOSPITAL	SAINT PAUL	MN
UNIVERSITY MEDICAL CENTER-MESABI/ MESABA CLINICS	HIBBING	MN
NAEVE HOSPITAL	ALBERT LEA	MN
WINONA HEALTH SERVICES	WINONA	MN
ST LUKES HOSPITAL	DULUTH	MN
FAIRVIEW LAKES HEALTH SERVICES	WYOMING	MN
LAKE REGION HEALTHCARE CORPORATION	FERGUS FALLS	MN
PARK NICOLLET METHODIST HOSPITAL	SAINT LOUIS PARK	MN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12458.00	63
	$12710.00	36
	$12957.00	249
	$13132.00	620
	$13032.00	277
	$12358.00	17
	$11686.00	88
	$10946.00	37
	$12250.00	444
	$11889.00	83
	$10510.00	47
	$12367.00	565

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

RIDGEVIEW MEDICAL CENTER	WACONIA	MN
ABBOTT NORTHWESTERN HOSPITAL INC	MINNEAPOLIS	MN
REGINA MEDICAL CENTER	HASTINGS	MN
MAYO CLINIC - METHODIST HOSPITAL	ROCHESTER	MN
ST JOSEPH'S HOSPITAL	SAINT PAUL	MN
GRAND ITASCA CLINIC AND HOSPITAL	GRAND RAPIDS	MN
LAKEVIEW MEMORIAL HOSPITAL	STILLWATER	MN
OWATONNA HOSPITAL	OWATONNA	MN
DISTRICT ONE HOSPITAL	FARIBAULT	MN
ESSENTIA HEALTH ST JOSEPH'S MEDICAL CENTER	BRAINERD	MN
BUFFALO HOSPITAL	BUFFALO	MN
FAIRVIEW SOUTHDALE HOSPITAL	EDINA	MN
UNIVERSITY OF MINNESOTA	MINNEAPOLIS	MN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11898.00	216
	$12830.00	509
	$11889.00	51
	$14579.00	1283
	$12783.00	198
	$12276.00	63
	$11889.00	411
	$12912.00	94
	$12695.00	39
	$11974.00	233
	$12172.00	44
	$11904.00	595
	$16478.00	263

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MEDICAL CENTER, FAIRVIEW		
VIRGINIA REGIONAL MEDICAL CENTER	VIRGINIA	MN
RICE MEMORIAL HOSPITAL	WILLMAR	MN
IMMANUEL-ST JOSEPHS-MAYO HEALTH SYSTEM	MANKATO	MN
NORTH COUNTRY REGIONAL HOSPITAL	BEMIDJI	MN
ST MARYS REGIONAL HEALTH CENTER	DETROIT LAKES	MN
ST FRANCIS REGIONAL MEDICAL CENTER	SHAKOPEE	MN
REGIONS HOSPITAL	SAINT PAUL	MN
MERCY HOSPITAL	COON RAPIDS	MN
AUSTIN MEDICAL CENTER	AUSTIN	MN
UNITY HOSPITAL	FRIDLEY	MN
FAIRVIEW NORTHLAND REGIONAL HOSPITAL	PRINCETON	MN
FAIRMONT MEDICAL CENTER	FAIRMONT	MN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12490.00	39
	$14678.00	49
	$12533.00	279
	$12065.00	164
	$11541.00	48
	$11889.00	148
	$16167.00	279
	$12346.00	290
	$11341.00	79
	$12438.00	251
	$12642.00	36
	$11667.00	81

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HUTCHINSON AREA HEALTH CARE	HUTCHINSON	MN
FAIRVIEW RIDGES HOSPITAL	BURNSVILLE	MN
HEALTHEAST ST JOHN'S HOSPITAL	MAPLEWOOD	MN
HEALTHEAST WOODWINDS HOSPITAL	WOODBURY	MN
UNIVERSITY OF MISSISSIPPI MED CENTER	JACKSON	MS
NORTH MISSISSIPPI MEDICAL CENTER	TUPELO	MS
BAPTIST MEMORIAL HOSPITAL UNION COUNTY	NEW ALBANY	MS
BILOXI REGIONAL MEDICAL CENTER	BILOXI	MS
MAGNOLIA REGIONAL HEALTH CENTER	CORINTH	MS
GRENADA LAKE MEDICAL CENTER	GRENADA	MS
MEMORIAL HOSPITAL AT GULFPORT	GULFPORT	MS

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11889.00		50
$12391.00		232
$12226.00		223
$11899.00		396
$16754.00		199
$11783.00		388
$11513.00		46
$11917.00		32
$11624.00		161
$10541.00	*	
$12210.00		53

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

RIVER REGION HEALTH SYSTEM	VICKSBURG	MS
BAPTIST MEMORIAL HOSPITAL NORTH MS	OXFORD	MS
SINGING RIVER HOSPITAL	PASCAGOULA	MS
NW MISSISSIPPI REGIONAL MED CENTER	CLARKSDALE	MS
ST DOMINIC-JACKSON MEMORIAL HOSPITAL	JACKSON	MS
OCH REGIONAL MEDICAL CENTER	STARKVILLE	MS
SOUTH CENTRAL REG MED CTR	LAUREL	MS
CLAY COUNTY MEDICAL CENTER	WEST POINT	MS
RUSH FOUNDATION HOSPITAL	MERIDIAN	MS
CENTRAL MISSISSIPPI MEDICAL CENTER	JACKSON	MS

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12829.00	66
	$11827.00	166
	$11234.00	248
	$14218.00	15
	$11115.00	189
	$10541.00	62
	$10948.00	111
	$10541.00 *	
	$12074.00	194
	$12707.00	29

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

FORREST GENERAL HOSPITAL	HATTIESBURG	MS
RILEY HOSPITAL	MERIDIAN	MS
DELTA REGIONAL MEDICAL CENTER	GREENVILLE	MS
NATCHEZ REGIONAL MEDICAL CENTER	NATCHEZ	MS
BOLIVAR MEDICAL CENTER	CLEVELAND	MS
WESLEY MEDICAL CENTER	HATTIESBURG	MS
CROSSGATES RIVER OAKS HOSPITAL	BRANDON	MS
SOUTHWEST MS REGIONAL MEDICAL CENTER	MCCOMB	MS
GREENWOOD LEFLORE HOSPITAL	GREENWOOD	MS
BAPTIST MEM HOSP/GOLDEN TRIANGLE INC	COLUMBUS	MS
MISSISSIPPI BAPTIST MEDICAL CENTER	JACKSON	MS
ANDERSON REGIONAL MEDICAL CENTER	MERIDIAN	MS
NATCHEZ COMMUNITY	NATCHEZ	MS

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12268.00	247
	$12600.00	19
	$12524.00	65
	$10541.00	53
	$10541.00	21
	$11786.00	317
	$10532.00	21
	$11975.00	54
	$12950.00	113
	$11660.00	178
	$10504.00	602
	$11039.00	111
	$11158.00	18

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL/SWING BED		
GARDEN PARK MEDICAL CENTER	GULFPORT	MS
BAPTIST MEMORIAL HOSPITAL DESOTO	SOUTHAVEN	MS
HANCOCK MEDICAL CENTER	BAY SAINT LOUIS	MS
ST JOHN'S REGIONAL MEDICAL CENTER	JOPLIN	MO
SSM ST JOSEPH HEALTH CENTER	SAINT CHARLES	MO
HEARTLAND REGIONAL MEDICAL CENTER	SAINT JOSEPH	MO
BOTHWELL REGIONAL HEALTH CENTER	SEDALIA	MO
ST MARYS HEALTH CENTER	JEFFERSON CITY	MO
TWIN RIVERS REGIONAL MEDICAL CENTER	KENNETT	MO
PHELPS COUNTY REGIONAL MEDICAL CENTER	ROLLA	MO

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11601.00	228
	$12322.00	127
	$10802.00 *	
	$12168.00	246
	$11325.00	127
	$14132.00	305
	$11314.00	119
	$10477.00	155
	$11162.00	21
	$13909.00	142

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST JOHNS MERCY MEDICAL CENTER	SAINT LOUIS	MO
FOREST PARK HOSPITAL	SAINT LOUIS	MO
NORTHEAST REGIONAL MEDICAL CENTER	KIRKSVILLE	MO
JEFFERSON REGIONAL MEDICAL CENTER	CRYSTAL CITY	MO
HANNIBAL REGIONAL HOSPITAL	HANNIBAL	MO
RESEARCH MEDICAL CENTER	KANSAS CITY	MO
BARNES JEWISH HOSPITAL	SAINT LOUIS	MO
BATES COUNTY MEMORIAL HOSPITAL	BUTLER	MO
COX MEDICAL CENTER	SPRINGFIELD	MO
CAPITAL REGION MEDICAL CENTER	JEFFERSON CITY	MO
TRUMAN MEDICAL CENTER	KANSAS CITY	MO

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11605.00		484
$1783.00	*	
$14809.00		70
$10882.00		74
$12486.00		232
$12232.00		106
$14494.00		411
$14282.00		19
$11807.00		529
$12263.00		87
$19264.00		17

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL HILL		
ST FRANCIS HOSPITAL	MARYVILLE	MO
ST JOHNS MERCY HOSPITAL	WASHINGTON	MO
CAMERON REGIONAL MEDICAL CENTER	CAMERON	MO
ST JOHNS HOSPITAL-LEBANON	LEBANON	MO
NEVADA REGIONAL MEDICAL CENTER	NEVADA	MO
ST LUKES NORTHLAND HOSPITAL	KANSAS CITY	MO
AUDRAIN MEDICAL CENTER	MEXICO	MO
ST JOHN'S REGIONAL HEALTH CENTER	SPRINGFIELD	MO
BOONE HOSPITAL CENTER	COLUMBIA	MO
MOBERLY REGIONAL MEDICAL CENTER	MOBERLY	MO

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$14722.00		61
$10928.00		175
$11087.00		21
$11215.00		64
$11378.00	*	
$11710.00		55
$11548.00		66
$11338.00		589
$10077.00		510
$13036.00		31

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST ANTHONY'S MEDICAL CENTER	SAINT LOUIS	MO
OZARKS MEDICAL CENTER	WEST PLAINS	MO
SSM ST CLARE HEALTH CENTER	FENTON	MO
ST JOSEPH MEDICAL CENTER	KANSAS CITY	MO
SSM ST MARYS HEALTH CENTER	RICHMOND HEIGHTS	MO
SKAGGS COMMUNITY HEALTH CENTER	BRANSON	MO
CENTERPOINT MEDICAL CENTER OF INDEPENDENCE, LLC	INDEPENDENCE	MO
NORTH KANSAS CITY HOSPITAL	NORTH KANSAS CITY	MO
WESTERN MISSOURI MEDICAL CENTER	WARRENSBURG	MO
TRUMAN MEDICAL CENTER LAKEWOOD	KANSAS CITY	MO
SSM DEPAUL HEALTH CENTER	BRIDGETON	MO
ST LOUIS UNIVERSITY HOSPITAL	SAINT LOUIS	MO
MISSOURI BAPTIST MEDICAL	TOWN AND	MO

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10440.00	516
	$12249.00	21
	$10439.00	189
	$10765.00	163
	$15075.00	204
	$10840.00	111
	$10811.00	215
	$10764.00	366
	$15071.00	73
	$17749.00	69
	$12086.00	603
	$16352.00	17
	$10475.00	470

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER	COUNTRY	
SOUTHEAST MISSOURI HOSPITAL	CAPE GIRARDEAU	MO
MISSOURI DELTA MEDICAL CENTER	SIKESTON	MO
MINERAL AREA REGIONAL MEDICAL CENTER	FARMINGTON	MO
POPLAR BLUFF REGIONAL MEDICAL CENTER	POPLAR BLUFF	MO
FREEMAN HEALTH SYSTEM - FREEMAN WEST	JOPLIN	MO
ST LUKES HOSPITAL OF KANSAS CITY	KANSAS CITY	MO
UNIVERSITY OF MISSOURI HEALTH CARE	COLUMBIA	MO
FITZGIBBON MEMORIAL HOSPITAL	MARSHALL	MO

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11347.00	143
	$12610.00 *	
	$11418.00	13
	$12562.00	121
	$13106.00	383
	$13315.00	138
	$15176.00	17
	$10998.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

BARNES-JEWISH WEST COUNTY HOSPITAL	CREVE COEUR	MO
PARKLAND HEALTH CENTER	FARMINGTON	MO
GOLDEN VALLEY MEMORIAL HOSPITAL	CLINTON	MO
DES PERES HOSPITAL	SAINT LOUIS	MO
LIBERTY HOSPITAL	LIBERTY	MO
WOMEN'S AND CHILDREN'S HOSPITAL	COLUMBIA	MO
ST LUKES HOSPITAL	CHESTERFIELD	MO
CHRISTIAN HOSPITAL NORTHEAST	SAINT LOUIS	MO
ST FRANCIS MEDICAL CENTER	CAPE GIRARDEAU	MO
LAKE REGIONAL HEALTH SYSTEM	OSAGE BEACH	MO
LEE'S SUMMIT MEDICAL CENTER	LEES SUMMIT	MO

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11410.00		298
$10914.00		16
$11963.00	*	
$11530.00		478
$10765.00		228
$13194.00		266
$10948.00		435
$11111.00		41
$11489.00		343
$13617.00		96
$10746.00		74

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

BARNES-JEWISH ST PETERS HOSPITAL	SAINT PETERS	MO
ST MARY'S MEDICAL CENTER	BLUE SPRINGS	MO
CITIZENS MEMORIAL HOSPITAL	BOLIVAR	MO
SSM ST JOSEPH HOSPITAL WEST	LAKE SAINT LOUIS	MO
OZARKS COMMUNITY HOSPITAL	SPRINGFIELD	MO
ST ALEXIUS HOSPITAL	SAINT LOUIS	MO
RESEARCH BELTON HOSPITAL	BELTON	MO
SAINT LUKE'S EAST LEE'S SUMMIT HOSPITAL	LEES SUMMIT	MO

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$10524.00		72
$11270.00		160
$12497.00		93
$10874.00		141
$10771.00	*	
$12297.00	*	
$10746.00		121
$10746.00		105

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PROGRESS WEST HEALTHCARE CENTER	O FALLON	MO
HOLY ROSARY HEALTHCARE	MILES CITY	MT
ST PETER'S HOSPITAL	HELENA	MT
BILLINGS CLINIC HOSPITAL	BILLINGS	MT
BENEFIS HOSPITALS INC	GREAT FALLS	MT
ST PATRICK HOSPITAL AND HEALTH SCIENCES CENTER	MISSOULA	MT
ST JAMES HEALTHCARE	BUTTE	MT
COMMUNITY MEDICAL CENTER INC	MISSOULA	MT
NORTHERN MONTANA HOSPITAL	HAVRE	MT
ST VINCENT HEALTHCARE	BILLINGS	MT
KALISPELL REGIONAL MEDICAL CENTER	KALISPELL	MT
BOZEMAN DEACONESS HOSPITAL	BOZEMAN	MT
GREAT FALLS CLINIC MEDICAL	GREAT FALLS	MT

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$9634.00	74
	$12827.00	32
	$10780.00	112
	$11334.00	256
	$12266.00	188
	$10437.00	172
	$13724.00	63
	$12594.00	174
	$11618.00	16
	$11505.00	371
	$10952.00	196
	$10551.00	226
	$10203.00	78

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
HEALTH CENTER NORTHWEST	KALISPELL	MT
BRYANLGH MEDICAL CENTER	LINCOLN	NE
GOOD SAMARITAN HOSPITAL	KEARNEY	NE
THE NEBRASKA MEDICAL CENTER	OMAHA	NE
SAINT ELIZABETH REGIONAL MEDICAL CENTER	LINCOLN	NE
ST FRANCIS MEDICAL CENTER	GRAND ISLAND	NE
CREIGHTON UNIVERSITY MEDICAL CENTER - SAINT JOSEPH	OMAHA	NE
MARY LANNING MEMORIAL HOSPITAL	HASTINGS	NE
THE NEBRASKA METHODIST HOSPITAL	OMAHA	NE
ALEGENT HEALTH BERGAN MERCY MEDICAL CENTER	OMAHA	NE
REGIONAL WEST MEDICAL CENTER	SCOTTSBLUFF	NE
GREAT PLAINS REGIONAL MEDICAL CENTER	NORTH PLATTE	NE

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10176.00	117
	$11840.00	427
	$11087.00	342
	$14121.00	310
	$11780.00	642
	$11392.00	212
	$15866.00	46
	$11466.00	194
	$10944.00	362
	$11387.00	435
	$13659.00	159
	$11792.00	117

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

FREMONT AREA MEDICAL CENTER	FREMONT	NE
ALEGENT HEALTH IMMANUEL MEDICAL CENTER	OMAHA	NE
ALEGENT HEALTH MIDLANDS HOSPITAL	PAPILLION	NE
COLUMBUS COMMUNITY HOSPITAL	COLUMBUS	NE
FAITH REGIONAL HEALTH SERVICES	NORFOLK	NE
LINCOLN SURGICAL HOSPITAL	LINCOLN	NE
NEBRASKA ORTHOPAEDIC HOSPITAL	OMAHA	NE
ALEGENT HEALTH LAKESIDE HOSPITAL	OMAHA	NE
MIDWEST SURGICAL HOSPITAL LLC	OMAHA	NE
RENOWN REGIONAL MEDICAL CENTER	RENO	NV
SUNRISE HOSPITAL AND MEDICAL CENTER	LAS VEGAS	NV
NORTH VISTA HOSPITAL	NORTH LAS VEGAS	NV
BANNER CHURCHILL COMMUNITY	FALLON	NV

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12000.00	195
	$12721.00	93
	$10696.00	27
	$10646.00	109
	$13447.00	117
	$10664.00	215
	$10696.00	415
	$10696.00	74
	$10505.00	25
	$13087.00	269
	$12572.00	151
	$15218.00	51
	$13908.00	38

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL		
UMC OF SOUTHERN NEVADA	LAS VEGAS	NV
NORTHEASTERN NEVADA REGIONAL HOSPITAL	ELKO	NV
SAINT MARY'S REGIONAL MEDICAL CENTER	RENO	NV
SAINT ROSE DOMINICAN HOSPITAL - DE LIMA	HENDERSON	NV
CARSON TAHOE REGIONAL MEDICAL CENTER	CARSON CITY	NV
VALLEY HOSPITAL MEDICAL CENTER	LAS VEGAS	NV
DESERT SPRINGS HOSPITAL	LAS VEGAS	NV
NORTHERN NEVADA MEDICAL CENTER	SPARKS	NV
MOUNTAINVIEW HOSPITAL	LAS VEGAS	NV
SUMMERLIN HOSPITAL MEDICAL CENTER	LAS VEGAS	NV
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPUS	HENDERSON	NV
SPRING VALLEY HOSPITAL MEDICAL CENTER	LAS VEGAS	NV

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$16836.00	33
	$12690.00	43
	$11878.00	151
	$1068.00	64
	$14477.00	94
	$14137.00	46
	$11815.00	48
	$11495.00	120
	$12900.00	73
	$10794.00	130
	$12424.00	426
	$1068.00	284

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SOUTHERN HILLS HOSPITAL AND MEDICAL CENTER	LAS VEGAS	NV
RENOWN SOUTH MEADOWS MEDICAL CENTER	RENO	NV
SIERRA SURGERY HOSPITAL	CARSON CITY	NV
SAINT ROSE DOMINICAN HOSPITAL - SAN MARTIN CAMPUS	LAS VEGAS	NV
CENTENNIAL HILLS HOSPITAL MEDICAL CENTER	LAS VEGAS	NV
CONCORD HOSPITAL	CONCORD	NH
MARY HITCHCOCK MEMORIAL HOSPITAL	LEBANON	NH
LAKES REGION GENERAL HOSPITAL	LACONIA	NH
ST JOSEPH HOSPITAL	NASHUA	NH
ELLIOT HOSPITAL	MANCHESTER	NH
FRISBIE MEMORIAL HOSPITAL	ROCHESTER	NH
PARKLAND MEDICAL CENTER	DERRY	NH
WENTWORTH-DOUGLASS HOSPITAL	DOVER	NH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$13137.00	162
	$11495.00	198
	$11141.00	203
	$11457.00	62
	$11457.00	120
	$12763.00	404
	$17098.00	380
	$11896.00	110
	$11909.00	114
	$12812.00	162
	$12443.00	61
	$11896.00	27
	$11923.00	101

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CHESHIRE MEDICAL CENTER	KEENE	NH
SOUTHERN NH MEDICAL CENTER	NASHUA	NH
EXETER HOSPITAL INC	EXETER	NH
PORTSMOUTH REGIONAL HOSPITAL	PORTSMOUTH	NH
CATHOLIC MEDICAL CENTER	MANCHESTER	NH
HACKENSACK UNIVERSITY MEDICAL CENTER	HACKENSACK	NJ
NEWARK BETH ISRAEL MEDICAL CENTER	NEWARK	NJ
PALISADES MEDICAL CTR-NY PRESBYTERIAN HEALTHCARE S	NORTH BERGEN	NJ
HUNTERDON MEDICAL CENTER	FLEMINGTON	NJ
ST MARY'S HOSPITAL, PASSAIC	PASSAIC	NJ
HOLY NAME MEDICAL CENTER	TEANECK	NJ
CLARA MAASS MEDICAL CENTER	BELLEVILLE	NJ

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$14374.00	78
	$12654.00	102
	$11896.00	142
	$11916.00	141
	$11916.00	158
	$14999.00	728
	$19557.00	98
	$17318.00	30
	$12986.00	78
	$16757.00	44
	$14016.00	130
	$14323.00	185

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

UNIVERSITY MEDICAL CENTER AT PRINCETON	PRINCETON	NJ
CAPE REGIONAL MEDICAL CENTER INC	CAPE MAY COURT HOUSE	NJ
VALLEY HOSPITAL	RIDGEWOOD	NJ
COOPER UNIVERSITY HOSPITAL	CAMDEN	NJ
MORRISTOWN MEMORIAL HOSPITAL	MORRISTOWN	NJ
CHRIST HOSPITAL	JERSEY CITY	NJ
CHILTON HOSPITAL	POMPTON PLAINS	NJ
ST JOSEPH'S REGIONAL MEDICAL CENTER	PATERSON	NJ
ST FRANCIS MEDICAL CENTER	TRENTON	NJ
VIRTUA WEST JERSEY HOSPITALS BERLIN	BERLIN	NJ
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AT RAHWAY	RAHWAY	NJ
BAYONNE HOSPITAL CENTER	BAYONNE	NJ
TRINITAS REGIONAL MEDICAL	ELIZABETH	NJ

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$13233.00	240
	$12930.00	78
	$13451.00	454
	$17331.00	106
	$14948.00	648
	$17345.00	26
	$13292.00	114
	$19012.00	143
	$14568.00	14
	$12546.00	337
	$12687.00	77
	$14097.00	24
	$16307.00	48

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
NEWTON MEMORIAL HOSPITAL	NEWTON	NJ
OUR LADY OF LOURDES MEDICAL CENTER	CAMDEN	NJ
SOUTH JERSEY HEALTHCARE REGIONAL MEDICAL CENTER	VINELAND	NJ
RIVERVIEW MEDICAL CENTER	RED BANK	NJ
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL	NEW BRUNSWICK	NJ
RARITAN BAY MEDICAL CENTER	PERTH AMBOY	NJ
HOBOKEN UNIVERSITY MEDICAL CENTER	HOBOKEN	NJ
COMMUNITY MEDICAL CENTER	TOMS RIVER	NJ
CAPITAL HEALTH SYSTEM-MERCER CAMPUS	TRENTON	NJ
ENGLEWOOD HOSPITAL AND MEDICAL CENTER	ENGLEWOOD	NJ
SHORE MEMORIAL HOSPITAL	SOMERS POINT	NJ
SOMERSET MEDICAL CENTER	SOMERVILLE	NJ

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$13309.00	75
	$14063.00	71
	$13954.00	98
	$12167.00	243
	$15973.00	177
	$15578.00	55
	$17290.00	25
	$12165.00	389
	$14574.00	52
	$14915.00	216
	$12995.00	174
	$12814.00	219

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SAINT CLARE'S HOSPITAL	DENVILLE	NJ
OVERLOOK HOSPITAL	SUMMIT	NJ
OCEAN MEDICAL CENTER	BRICK	NJ
MOUNTAINSIDE HOSPITAL	MONTCLAIR	NJ
VIRTUA MEMORIAL HOSPITAL OF BURLINGTON COUNTY	MOUNT HOLLY	NJ
BERGEN REGIONAL MEDICAL CENTER	PARAMUS	NJ
WARREN HOSPITAL	PHILLIPSBURG	NJ
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY	WILLINGBORO	NJ
ATLANTICARE REGIONAL MEDICAL CENTER - CITY DIV	ATLANTIC CITY	NJ
SOUTH JERSEY HEALTHCARE-ELMER HOSPITAL	ELMER	NJ
SAINT PETER'S UNIVERSITY	NEW BRUNSWICK	NJ

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$13301.00		186
$14448.00		287
$12165.00		377
$14731.00		114
$12334.00		521
$14881.00	*	
$14156.00		80
$12721.00		27
$14855.00		656
$12151.00		69
$15509.00		293

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL		
JERSEY SHORE UNIVERSITY MEDICAL CENTER	NEPTUNE	NJ
LIBERTYHEALTH-JERSEY CITY MEDICAL CENTER CAMPUS	JERSEY CITY	NJ
MONMOUTH MEDICAL CENTER	LONG BRANCH	NJ
SAINT BARNABAS MEDICAL CENTER	LIVINGSTON	NJ
UNDERWOOD MEMORIAL HOSPITAL	WOODBURY	NJ
EAST ORANGE GENERAL HOSPITAL	EAST ORANGE	NJ
KIMBALL MEDICAL CENTER	LAKEWOOD	NJ
KENNEDY UNIVERSITY HOSPITAL, INC (STRATFORD DIVIS	STRATFORD	NJ
MEMORIAL HOSPITAL OF SALEM COUNTY	SALEM	NJ
CAPITAL HEALTH SYSTEM-FULD CAMPUS	TRENTON	NJ

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$13919.00	266
	$19058.00	36
	$15906.00	152
	$15496.00	262
	$12564.00	105
	$16843.00 *	
	$13593.00	45
	$14807.00	235
	$13074.00	23
	$14959.00	40

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SAINT MICHAEL'S MEDICAL CENTER, INC	NEWARK	NJ
JFK MEDICAL CENTER	EDISON	NJ
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON	HAMILTON	NJ
CENTRASTATE MEDICAL CENTER	FREEHOLD	NJ
BAYSHORE COMMUNITY HOSPITAL	HOLMDEL	NJ
SOUTHERN OCEAN MEDICAL CENTER	MANAHAWKIN	NJ
HACKETTSTOWN REGIONAL MEDICAL CENTER	HACKETTSTOWN	NJ
ST JOSEPH'S WAYNE HOSPITAL	WAYNE	NJ
MEADOWLANDS HOSPITAL MEDICAL CENTER	SECAUCUS	NJ
UMDNJ UNIVERSITY HOSPITAL	NEWARK	NJ
UNIVERSITY OF NEW MEXICO	ALBUQUERQUE	NM

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$17641.00		54
$13871.00		248
$12547.00		198
$12602.00		178
$12162.00		44
$12163.00		90
$13285.00		72
$14255.00		36
$14592.00	*	
$22447.00		37
$18301.00		92

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL		
ST VINCENT HOSPITAL	SANTA FE	NM
ALTA VISTA REGIONAL HOSPITAL	LAS VEGAS	NM
GERALD CHAMPION REGIONAL MEDICAL CENTE	ALAMOGORDO	NM
SAN JUAN REGIONAL MEDICAL CENTER	FARMINGTON	NM
EASTERN NEW MEXICO MEDICAL CENTER	ROSWELL	NM
LOVELACE MEDICAL CENTER	ALBUQUERQUE	NM
ESPANOLA HOSPITAL	ESPANOLA	NM
HOLY CROSS HOSPITAL A DIV OF TAOS HEALTH SYSTEMS	TAOS	NM
MIMBRES MEMORIAL HOSPITAL	DEMING	NM
GILA REGIONAL MEDICAL CENTER	SILVER CITY	NM
LOVELACE WOMEN'S HOSPITAL	ALBUQUERQUE	NM
MEMORIAL MEDICAL CENTER INC	LAS CRUCES	NM

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$13715.00	83
	$12539.00	17
	$11264.00	100
	$14384.00	163
	$12121.00	94
	$49.00	185
	$14922.00	17
	$12539.00	21
	$11480.00	23
	$11480.00	87
	$76.00	158
	$12345.00	169

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PRESBYTERIAN HOSPITAL	ALBUQUERQUE	NM
PLAINS REGIONAL MEDICAL CENTER CLOVIS	CLOVIS	NM
LOS ALAMOS MEDICAL CENTER	LOS ALAMOS	NM
REHOBOTH MCKINLEY CHRISTIAN HEALTH SER	GALLUP	NM
GALLUP INDIAN MEDICAL CENTER	GALLUP	NM
CARLSBAD MEDICAL CENTER	CARLSBAD	NM
LEA REGIONAL MEDICAL CENTER	HOBBS	NM
LOVELACE WESTSIDE HOSPITAL	ALBUQUERQUE	NM
HEART HOSPITAL OF NEW MEXICO	ALBUQUERQUE	NM
MOUNTAIN VIEW REGIONAL MEDICAL CENTER	LAS CRUCES	NM
ROSWELL REGIONAL HOSPITAL	ROSWELL	NM

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$12569.00		779
$11480.00		76
$19230.00		19
$11979.00		34
$16160.00	*	
$11963.00		60
$12910.00		33
$1068.00		164
$11216.00		60
$11240.00		109
$10698.00		93

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PHYSICIANS MEDICAL CENTER OF SANTA FE	SANTA FE	NM
PENINSULA HOSPITAL CENTER	FAR ROCKAWAY	NY
ALBANY MEMORIAL HOSPITAL	ALBANY	NY
KINGSTON HOSPITAL	KINGSTON	NY
KALEIDA HEALTH	BUFFALO	NY
ST JOSEPH'S MEDICAL CENTER	YONKERS	NY
WYOMING COUNTY COMMUNITY HOSPITAL	WARSAW	NY
BRONX-LEBANON HOSPITAL CENTER	BRONX	NY
OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC	BINGHAMTON	NY
ALBANY MEDICAL CENTER HOSPITAL	ALBANY	NY
JAMAICA HOSPITAL MEDICAL CENTER	JAMAICA	NY
NEW YORK COMMUNITY HOSPITAL OF BROOKLYN, INC.	BROOKLYN	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11403.00	49
	$18797.00	12
	$10326.00	80
	$13511.00	88
	$1780.00	1006
	$17232.00	32
	$12050.00	15
	$3718.00	17
	$10891.00	260
	$14632.00	216
	$23136.00	26
	$18960.00	24

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

VASSAR BROTHERS MEDICAL CENTER	POUGHKEEPSIE	NY
MOUNT SINAI HOSPITAL	NEW YORK	NY
NASSAU UNIVERSITY MEDICAL CENTER	EAST MEADOW	NY
RICHMOND UNIVERSITY MEDICAL CENTER	STATEN ISLAND	NY
NEWARK-WAYNE COMMUNITY HOSPITAL	NEWARK	NY
CHENANGO MEMORIAL HOSPITAL, INC	NORWICH	NY
LAKESIDE MEMORIAL HOSPITAL	BROCKPORT	NY
SOUTHSIDE HOSPITAL	BAY SHORE	NY
FAXTON-ST LUKE'S HEALTHCARE	UTICA	NY
HUNTINGTON HOSPITAL	HUNTINGTON	NY
ST LUKE'S ROOSEVELT HOSPITAL	NEW YORK	NY
ST MARY'S HOSPITAL AT AMSTERDAM	AMSTERDAM	NY
NORTHERN DUTCHESS HOSPITAL	RHINEBECK	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$13949.00	56
	$20471.00	267
	$22035.00	21
	$1734.00	117
	$11486.00	17
	$10941.00	58
	$10362.00	14
	$16119.00	169
	$11014.00	148
	$13416.00	251
	$17906.00	218
	$10963.00	64
	$13307.00	258

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MEDINA MEMORIAL HOSPITAL	MEDINA	NY
NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS	FLUSHING	NY
BROOKLYN HOSPITAL CENTER AT DOWNTOWN CAMPUS	BROOKLYN	NY
ST PETER'S HOSPITAL	ALBANY	NY
GENEVA GENERAL HOSPITAL	GENEVA	NY
MONTEFIORE MEDICAL CENTER	BRONX	NY
LAWRENCE HOSPITAL CENTER	BRONXVILLE	NY
NEW YORK DOWNTOWN HOSPITAL	NEW YORK	NY
NIAGARA FALLS MEMORIAL MEDICAL CENTER	NIAGARA FALLS	NY
ST FRANCIS HOSPITAL	POUGHKEEPSIE	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11374.00 *	
	$18768.00	325
	$22211.00	15
	$10985.00	625
	$11100.00	60
	$4129.00	414
	$13484.00	83
	$24104.00	43
	$14442.00	15
	$17273.00	195

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

UNITED MEMORIAL MEDICAL CENTER	BATAVIA	NY
F F THOMPSON HOSPITAL	CANANDAIGUA	NY
SISTERS OF CHARITY HOSPITAL	BUFFALO	NY
ADIRONDACK MEDICAL CENTER	SARANAC LAKE	NY
LINCOLN MEDICAL & MENTAL HEALTH CENTER	BRONX	NY
ALICE HYDE MEDICAL CENTER	MALONE	NY
AURELIA OSBORN FOX MEMORIAL HOSPITAL	ONEONTA	NY
MOUNT VERNON HOSPITAL	MOUNT VERNON	NY
EASTERN LONG ISLAND HOSPITAL	GREENPORT	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11976.00		58
$10863.00		71
$832.00		274
$12063.00		58
$3955.00	*	
$11963.00		28
$11250.00		25
$1554.00	*	
$14693.00		11

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ARNOT OGDEN MEDICAL CENTER	ELMIRA	NY
COLUMBIA MEMORIAL HOSPITAL	HUDSON	NY
JONES MEMORIAL HOSPITAL	WELLSVILLE	NY
NEW YORK-PRESBYTERIAN HOSPITAL	NEW YORK	NY
KENMORE MERCY HOSPITAL	KENMORE	NY
OLEAN GENERAL HOSPITAL	OLEAN	NY
NYACK HOSPITAL	NYACK	NY
NORTH SHORE UNIVERSITY HOSPITAL	MANHASSET	NY
PECONIC BAY MEDICAL CENTER	RIVERHEAD	NY
ST JOSEPH'S HOSPITAL, INC	ELMIRA	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11533.00	168
	$11560.00	59
	$10481.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ONEIDA HEALTHCARE CENTER	ONEIDA	NY
LENOX HILL HOSPITAL	NEW YORK	NY
ROCHESTER GENERAL HOSPITAL	ROCHESTER	NY
ORANGE REGIONAL MEDICAL CENTER	GOSHEN	NY
JACOBI MEDICAL CENTER	BRONX	NY
ELMHURST HOSPITAL CENTER	ELMHURST	NY
TLC HEALTH NETWORK	GOWANDA	NY
BON SECOURS COMMUNITY HOSPITAL	PORT JERVIS	NY
MARY IMOGENE BASSETT HOSPITAL	COOPERSTOWN	NY
ST JOSEPH'S HOSPITAL HEALTH CENTER	SYRACUSE	NY
BROOKHAVEN MEMORIAL HOSPITAL MEDICAL CENTER	PATCHOGUE	NY
ST JAMES MERCY HOSPITAL	HORNELL	NY
LONG ISLAND COLLEGE HOSPITAL	BROOKLYN	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12014.00	25
	$17210.00	412
	$1217.00	457
	$13836.00	248
	$15501.00	22
	$13945.00	22
	$11139.00	62
	$14582.00	16
	$16863.00	200
	$12333.00	579
	$14316.00	113
	$11886.00	18
	$3351.00	103

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ELLIS HOSPITAL	SCHENECTADY	NY
SAMARITAN MEDICAL CENTER	WATERTOWN	NY
GOOD SAMARITAN HOSPITAL OF SUFFERN	SUFFERN	NY
COMMUNITY-GENERAL HOSPITAL OF GREATER SYRACUSE	SYRACUSE	NY
STATEN ISLAND UNIVERSITY HOSPITAL	STATEN ISLAND	NY
NORTHERN WESTCHESTER HOSPITAL	MOUNT KISCO	NY
EASTERN NIAGARA HOSPITAL	LOCKPORT	NY
HIGHLAND HOSPITAL	ROCHESTER	NY
WINTHROP-UNIVERSITY HOSPITAL	MINEOLA	NY
BETH ISRAEL MEDICAL CENTER	NEW YORK	NY
CORTLAND REGIONAL MEDICAL CENTER, INC	CORTLAND	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$10990.00		328
$11476.00		158
$14917.00		55
$11310.00		348
$2215.00		203
$13486.00		120
$12781.00		40
$1159.00		722
$16158.00		149
$20792.00		349
$11900.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SAMARITAN HOSPITAL	TROY	NY
GLEN COVE HOSPITAL	GLEN COVE	NY
ST FRANCIS HOSPITAL, ROSLYN	ROSLYN	NY
SOUND SHORE MEDICAL CENTER OF WESTSCHESTER	NEW ROCHELLE	NY
JOHN T MATHER MEMORIAL HOSPITAL OF PORT JEFFERSON	PORT JEFFERSON	NY
MOUNT ST MARY'S HOSPITAL AND HEALTH CENTER	LEWISTON	NY
GLENS FALLS HOSPITAL	GLENS FALLS	NY
FLUSHING HOSPITAL MEDICAL CENTER	FLUSHING	NY
MAIMONIDES MEDICAL CENTER	BROOKLYN	NY
LONG ISLAND JEWISH MEDICAL CENTER	NEW HYDE PARK	NY
CONEY ISLAND HOSPITAL	BROOKLYN	NY
CANTON-POTSDAM HOSPITAL	POTSDAM	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10947.00	67
	$13971.00	463
	$13415.00	63
	$18068.00	136
	$13241.00	74
	$11953.00	85
	$10722.00	156
	$20470.00	43
	$22789.00	165
	$20664.00	306
	$23618.00	43
	$12553.00	82

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SOUTH NASSAU COMMUNITIES HOSPITAL	OCEANSIDE	NY
METROPOLITAN HOSPITAL CENTER	NEW YORK	NY
KINGSBROOK JEWISH MEDICAL CENTER	BROOKLYN	NY
KINGS COUNTY HOSPITAL CENTER	BROOKLYN	NY
CROUSE HOSPITAL	SYRACUSE	NY
BELLEVUE HOSPITAL CENTER	NEW YORK	NY
ST ANTHONY COMMUNITY HOSPITAL	WARWICK	NY
ST JOHN'S RIVERSIDE HOSPITAL	YONKERS	NY
CLAXTON-HEPBURN MEDICAL CENTER	OGDENSBURG	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$13871.00		254
$4256.00		20
$18881.00		30
$26445.00	*	
$13712.00		332
$25760.00		19
$13307.00		23
$17574.00		38
$11723.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

LEWIS COUNTY GENERAL HOSPITAL	LOWVILLE	NY
NYU HOSPITALS CENTER	NEW YORK	NY
ROME MEMORIAL HOSPITAL, INC	ROME	NY
OSWEGO HOSPITAL	OSWEGO	NY
ERIE COUNTY MEDICAL CENTER	BUFFALO	NY
WYCKOFF HEIGHTS MEDICAL CENTER	BROOKLYN	NY
SARATOGA HOSPITAL	SARATOGA SPRINGS	NY
MASSENA MEMORIAL HOSPITAL	MASSENA	NY
BENEDICTINE HOSPITAL	KINGSTON	NY
LONG BEACH MEDICAL CENTER	LONG BEACH	NY
UNITY HOSPITAL OF ROCHESTER	ROCHESTER	NY
BROOKS MEMORIAL HOSPITAL	DUNKIRK	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12015.00	31
	$17345.00	704
	$10977.00	32
	$11862.00	22
	$2155.00	107
	$22200.00	25
	$10632.00	137
	$12455.00	29
	$11968.00	34
	$15735.00	13
	$819.00	789
	$10986.00	51

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SETON HEALTH SYSTEM-ST MARY'S CAMPUS	TROY	NY
BROOKDALE HOSPITAL MEDICAL CENTER	BROOKLYN	NY
WESTCHESTER MEDICAL CENTER	VALHALLA	NY
AUBURN MEMORIAL HOSPITAL	AUBURN	NY
NEW YORK METHODIST HOSPITAL	BROOKLYN	NY
NICHOLAS H NOYES MEMORIAL HOSPITAL	DANSVILLE	NY
WOMAN'S CHRISTIAN ASSOCIATION	JAMESTOWN	NY
HARLEM HOSPITAL CENTER	NEW YORK	NY
UNIVERSITY HOSPITAL S U N Y HEALTH SCIENCE CENTER	SYRACUSE	NY
ST ELIZABETH MEDICAL CENTER	UTICA	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11330.00		80
$3113.00		16
$19064.00		94
$12132.00		56
$20295.00		176
$11176.00		33
$11231.00		84
$15343.00	*	
$16538.00		101
$11170.00		266

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST CHARLES HOSPITAL	PORT JEFFERSON	NY
COMMUNITY MEMORIAL HOSPITAL, INC	HAMILTON	NY
CHAMPLAIN VALLEY PHYSICIANS HOSPITAL MEDICAL CTR	PLATTSBURGH	NY
MERCY MEDICAL CENTER	ROCKVILLE CENTRE	NY
PHELPS MEMORIAL HOSPITAL ASSN	SLEEPY HOLLOW	NY
ST LUKE'S CORNWALL HOSPITAL	NEWBURGH	NY
CLIFTON SPRINGS HOSPITAL AND CLINIC	CLIFTON SPRINGS	NY
HUDSON VALLEY HOSPITAL CENTER	CORTLANDT MANOR	NY
HOSPITAL FOR SPECIAL SURGERY	NEW YORK	NY
PUTNAM HOSPITAL CENTER	CARMEL	NY
NATHAN LITTAUER HOSPITAL	GLOVERSVILLE	NY
CORNING HOSPITAL	CORNING	NY
MERCY HOSPITAL	BUFFALO	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$14645.00	310
	$11310.00	226
	$15854.00	149
	$14104.00	152
	$16199.00	154
	$14329.00	119
	$11512.00	95
	$13964.00	97
	$16108.00	3383
	$13478.00	182
	$12277.00	59
	$11308.00	65
	$354.00	231

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

STRONG MEMORIAL HOSPITAL	ROCHESTER	NY
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	WEST ISLIP	NY
WHITE PLAINS HOSPITAL CENTER	WHITE PLAINS	NY
LUTHERAN MEDICAL CENTER	BROOKLYN	NY
CAYUGA MEDICAL CENTER AT ITHACA	ITHACA	NY
NEW YORK WESTCHESTER SQUARE MEDICAL CENTER	BRONX	NY
PLAINVIEW HOSPITAL	PLAINVIEW	NY
ST JOSEPH HOSPITAL	BETHPAGE	NY
SOUTHAMPTON HOSPITAL	SOUTHAMPTON	NY
UNIVERSITY HOSPITAL OF BROOKLYN (DOWNSTATE)	BROOKLYN	NY
FOREST HILLS HOSPITAL	FOREST HILLS	NY
FRANKLIN HOSPITAL	VALLEY STREAM	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$3414.00	56
	$14390.00	125
	$13494.00	182
	$22476.00	177
	$11400.00	100
	$15075.00	17
	$14192.00	171
	$13376.00	124
	$13583.00	52
	$3432.00	36
	$1181.00	144
	$14002.00	132

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CATSKILL REGIONAL MEDICAL CENTER	HARRIS	NY
NORTH GENERAL HOSPITAL	NEW YORK	NY
UNIVERSITY HOSPITAL (STONY BROOK)	STONY BROOK	NY
UNITED HEALTH SERVICES HOSPITALS, INC	JOHNSON CITY	NY
ST JOHN'S EPISCOPAL HOSPITAL AT SOUTH SHORE	FAR ROCKAWAY	NY
WOODHULL MEDICAL AND MENTAL HEALTH CENTER	BROOKLYN	NY
INTERFAITH MEDICAL CENTER	BROOKLYN	NY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$14217.00		41
$12367.00	*	
$19255.00		154
$11913.00		261
$23379.00		20
$2556.00	*	
$13704.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST BARNABAS HOSPITAL	BRONX	NY
ST CATHERINE OF SIENA HOSPITAL	SMITHTOWN	NY
CAROLINAS MEDICAL CENTER-NORTHEAST	CONCORD	NC
MEMORIAL MISSION HOSPITAL AND ASHEVILLE SURGERY CE	ASHEVILLE	NC
NORTHERN HOSPITAL OF SURRY COUNTY	MOUNT AIRY	NC
HIGH POINT REGIONAL HOSPITAL	HIGH POINT	NC
SCOTLAND MEMORIAL HOSPITAL	LAURINBURG	NC
WAYNE MEMORIAL HOSPITAL	GOLDSBORO	NC
SPRUCE PINE COMMUNITY HOSPITAL	SPRUCE PINE	NC
RUTHERFORD HOSPITAL INC	RUTHERFORDTON	NC
FORSYTH MEMORIAL HOSPITAL	WINSTON-SALEM	NC
ROWAN REGIONAL MEDICAL CENTER	SALISBURY	NC
C J HARRIS COMMUNITY HOSPITAL	SYLVA	NC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$3712.00	15
	$13243.00	77
	$11934.00	270
	$12546.00	1051
	$11299.00	123
	$11624.00	258
	$12022.00	99
	$11669.00	213
	$11470.00	57
	$12349.00	73
	$11799.00	890
	$11413.00	264
	$11299.00	93

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MARGARET R PARDEE MEMORIAL HOSPITAL	HENDERSONVILLE	NC
CENTRAL CAROLINA HOSPITAL	SANFORD	NC
CLEVELAND REGIONAL MEDICAL CENTER	SHELBY	NC
PARK RIDGE HOSPITAL	FLETCHER	NC
SAMPSON REGIONAL MEDICAL CENTER	CLINTON	NC
LENOIR MEMORIAL HOSPITAL	KINSTON	NC
CAPE FEAR VALLEY MEDICAL CENTER	FAYETTEVILLE	NC
DUKE UNIVERSITY HOSPITAL	DURHAM	NC
GASTON MEMORIAL HOSPITAL	GASTONIA	NC
FIRSTHEALTH RICHMOND MEMORIAL HOSPITAL	ROCKINGHAM	NC
FRANKLIN REGIONAL MEDICAL CENTER	LOUISBURG	NC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11159.00	367
	$11420.00	28
	$11997.00	221
	$11947.00	62
	$12520.00	44
	$12247.00	72
	$13910.00	482
	$16136.00	429
	$12348.00	355
	$11299.00	14
	$12006.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

KINGS MOUNTAIN HOSPITAL INC	KINGS MOUNTAIN	NC
BEAUFORT COUNTY MEDICAL CENTER	WASHINGTON	NC
IREDELL MEMORIAL HOSPITAL INC	STATESVILLE	NC
PITT COUNTY MEMORIAL HOSPITAL	GREENVILLE	NC
CALDWELL MEMORIAL HOSPITAL	LENOIR	NC
ONSLOW MEMORIAL HOSPITAL	JACKSONVILLE	NC
NORTH CAROLINA BAPTIST HOSPITAL	WINSTON-SALEM	NC
NORTH CAROLINA SPECIALTY HOSPITAL	DURHAM	NC
SOUTHEASTERN REGIONAL MEDICAL CENTER	LUMBERTON	NC
WATAUGA MEDICAL CENTER	BOONE	NC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Major joint replacement or reattachment of lower extremity w/o

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11565.00 *	
	$11495.00	117
	$11513.00	204
	$14662.00	436
	$11933.00	70
	$12087.00	47
	$15162.00	305
	$10910.00	213
	$14140.00	57
	$10752.00	100

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PRESBYTERIAN HOSPITAL	CHARLOTTE	NC
VALDESE GENERAL HOSPITAL INC	VALDESE	NC
MOREHEAD MEMORIAL HOSPITAL	EDEN	NC
UNIVERSITY OF NORTH CAROLINA HOSPITAL	CHAPEL HILL	NC
WILKES REGIONAL MEDICAL CENTER	NORTH WILKESBORO	NC
COLUMBUS REGIONAL HEALTHCARE SYSTEM	WHITEVILLE	NC
WAKEMED, RALEIGH CAMPUS	RALEIGH	NC
ALAMANCE REGIONAL MEDICAL CENTER	BURLINGTON	NC
BETSY JOHNSON REGIONAL HOSPITAL	DUNN	NC
DUKE HEALTH RALEIGH HOSPITAL	RALEIGH	NC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12380.00 *	
	$10950.00	55
	$11775.00	33
	$17292.00	142
	$11299.00	38
	$12371.00	50
	$13690.00	150
	$11489.00	175
	$13636.00	52
	$10932.00	244

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

GRACE HOSPITAL INC	MORGANTON	NC
THOMASVILLE MEDICAL CENTER	THOMASVILLE	NC
THE MCDOWELL HOSPITAL	MARION	NC
JOHNSTON MEMORIAL HOSPITAL	SMITHFIELD	NC
MOSES H CONE MEMORIAL HOSPITAL, THE	GREENSBORO	NC
LEXINGTON MEMORIAL HOSPITAL INC	LEXINGTON	NC
HUGH CHATHAM MEMORIAL HOSPITAL	ELKIN	NC
CAROLINAS MED CENTER-MERCY	CHARLOTTE	NC
ROANOKE CHOWAN HOSPITAL	AHOSKIE	NC
SANDHILLS REGIONAL MEDICAL CENTER	HAMLET	NC
HERITAGE HOSPITAL	TARBORO	NC
ALBEMARLE HOSPITAL AUTHORITY	ELIZABETH CITY	NC
CAROLINAS MEDICAL	CHARLOTTE	NC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11947.00	41
	$11776.00	16
	$11873.00	12
	$13100.00	95
	$12237.00	1036
	$11558.00	119
	$11243.00	58
	$11448.00	598
	$12609.00	60
	$12021.00	14
	$13614.00	34
	$11362.00	43
	$14725.00	324

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER/BEHAV HEALTH		
REX HOSPITAL	RALEIGH	NC
FIRSTHEALTH MOORE REGIONAL HOSPITAL	PINEHURST	NC
FRYE REGIONAL MEDICAL CENTER	HICKORY	NC
STANLY REGIONAL MEDICAL CENTER	ALBEMARLE	NC
DUPLIN GENERAL HOSPITAL	KENANSVILLE	NC
RANDOLPH HOSPITAL	ASHEBORO	NC
WILSON MEDICAL CENTER	WILSON	NC
GRANVILLE MEDICAL CENTER	OXFORD	NC
LAKE NORMAN REGIONAL MEDICAL CENTER	MOORESVILLE	NC
CAROLINAS MEDICAL CENTER-UNION	MONROE	NC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10931.00	592
	$11808.00	635
	$11162.00	256
	$11975.00	31
	$11299.00 *	
	$12011.00	42
	$12451.00	195
	$12120.00	58
	$11203.00	69
	$12722.00	132

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CAROLINA EAST MEDICAL CENTER	NEW BERN	NC
MARIA PARHAM HOSPITAL	HENDERSON	NC
MARTIN GENERAL HOSPITAL	WILLIAMSTON	NC
NEW HANOVER REGIONAL MEDICAL CENTER	WILMINGTON	NC
CARTERET GENERAL HOSPITAL	MOREHEAD CITY	NC
CATAWBA VALLEY MEDICAL CENTER	HICKORY	NC
DAVIS REGIONAL MEDICAL CENTER	STATESVILLE	NC
CAROLINAS MEDICAL CENTER-LINCOLN	LINCOLNTON	NC
NASH GENERAL HOSPITAL	ROCKY MOUNT	NC
HALIFAX REGIONAL MEDICAL CENTER INC	ROANOKE RAPIDS	NC
PRESBYTERIAN-ORTHOPAEDIC HOSPITAL	CHARLOTTE	NC
DURHAM REGIONAL HOSPITAL	DURHAM	NC
BRUNSWICK COMMUNITY HOSPITAL	SUPPLY	NC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11171.00	360
	$11299.00	25
	$12964.00	33
	$12464.00	879
	$10731.00	159
	$11742.00	231
	$12854.00	78
	$12126.00	15
	$13008.00	219
	$11339.00	209
	$10826.00	644
	$12481.00	326
	$11652.00	105

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PERSON MEMORIAL HOSPITAL	ROXBORO	NC
MURPHY MEDICAL CENTER INC	MURPHY	NC
CAROLINAS MED CTR-UNIVERSITY	CHARLOTTE	NC
PRESBYTERIAN HOSPITAL MATTHEWS	MATTHEWS	NC
WAKEMED, CARY HOSPITAL	CARY	NC
PRESBYTERIAN HOSPITAL HUNTERSVILLE	HUNTERSVILLE	NC
HAYWOOD REGIONAL MEDICAL CENTER	CLYDE	NC
ST ALEXIUS MEDICAL CENTER	BISMARCK	ND
TRINITY HOSPITALS	MINOT	ND
SANFORD MEDICAL CENTER FARGO	FARGO	ND
MEDCENTER ONE	BISMARCK	ND
ALTRU HOSPITAL	GRAND FORKS	ND

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12151.00	79
	$11425.00	70
	$11974.00	63
	$11524.00	116
	$11291.00	81
	$10826.00	182
	$11331.00	81
	$10016.00	383
	$11772.00	283
	$10795.00	850
	$10894.00	175
	$12371.00	297

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ESSENTIA HEALTH-FARGO	FARGO	ND
MERCY HOSPITAL ANDERSON	CINCINNATI	OH
SAMARITAN HOSPITAL - PEOPLES HOSPITAL	ASHLAND	OH
UNIVERSITY HOSPITAL, INC	CINCINNATI	OH
RIVERSIDE METHODIST HOSPITAL	COLUMBUS	OH
SOUTHERN OHIO MEDICAL CENTER	PORTSMOUTH	OH
LIMA MEMORIAL HEALTH SYSTEM	LIMA	OH
UNION HOSPITAL	DOVER	OH
MARION GENERAL HOSPITAL	MARION	OH
MOUNT CARMEL ST ANN'S HOSPITAL	WESTERVILLE	OH
WILSON MEMORIAL HOSPITAL	SIDNEY	OH
O'BLENESS MEMORIAL HOSPITAL	ATHENS	OH
JEWISH HOSPITAL, LLC	CINCINNATI	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Major joint replacement or reattachment of lower extremity w/o

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10299.00	97
	$11202.00	233
	$10631.00	199
	$18142.00	80
	$11894.00	973
	$11979.00	176
	$11037.00	72
	$10750.00	121
	$11792.00	96
	$11902.00	285
	$11210.00	45
	$13897.00	29
	$9992.00	402

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

GRANT MEDICAL CENTER	COLUMBUS	OH
SUMMA BARBERTON HOSPITAL	BARBERTON	OH
SUMMA HEALTH SYSTEMS HOSPITALS	AKRON	OH
FIRELANDS REGIONAL MEDICAL CENTER	SANDUSKY	OH
GREENE MEMORIAL HOSPITAL	XENIA	OH
AKRON GENERAL MEDICAL CENTER	AKRON	OH
WOOD COUNTY HOSPITAL	BOWLING GREEN	OH
JOINT TOWNSHIP DISTRICT MEMORIAL HOSPITAL	SAINT MARYS	OH
MOUNT CARMEL HEALTH	COLUMBUS	OH
WOOSTER COMMUNITY HOSPITAL	WOOSTER	OH
ST VINCENT CHARITY MEDICAL CENTER	CLEVELAND	OH
DEACONESS HOSPITAL	CINCINNATI	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$14337.00	407
	$12046.00	106
	$13261.00	664
	$10834.00	173
	$11382.00	60
	$12428.00	269
	$10620.00	59
	$10876.00	67
	$10177.00	708
	$11078.00	90
	$14775.00	114
	$10860.00	55

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

GENESIS HEALTHCARE SYSTEM	ZANESVILLE	OH
KNOX COMMUNITY HOSPITAL	MOUNT VERNON	OH
PARMA COMMUNITY GENERAL HOSPITAL	PARMA	OH
WAYNE HOSPITAL	GREENVILLE	OH
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	OXFORD	OH
UNIVERSITY OF TOLEDO MEDICAL CENTER	TOLEDO	OH
MIAMI VALLEY HOSPITAL	DAYTON	OH
GOOD SAMARITAN HOSPITAL	DAYTON	OH
HOLZER MEDICAL CENTER	GALLIPOLIS	OH
TRUMBULL MEMORIAL HOSPITAL	WARREN	OH
MERCY HOSPITAL FAIRFIELD	FAIRFIELD	OH
MERCER COUNTY JOINT TOWNSHIP COMMUNITY HOSPITAL	COLDWATER	OH
METRO HEALTH MEDICAL CENTER	CLEVELAND	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11991.00	254
	$11862.00	126
	$10632.00	431
	$12018.00	46
	$11195.00	51
	$15202.00	155
	$13063.00	323
	$12447.00	344
	$11665.00	59
	$10745.00	137
	$10861.00	228
	$10150.00	48
	$18158.00	167

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST ELIZABETH HEALTH CENTER	YOUNGSTOWN	OH
FISHER TITUS MEMORIAL HOSPITAL	NORWALK	OH
ST RITA'S MEDICAL CENTER	LIMA	OH
TOLEDO HOSPITAL THE	TOLEDO	OH
MERCY MEDICAL CENTER	CANTON	OH
VAN WERT COUNTY HOSPITAL	VAN WERT	OH
FAIRFIELD MEDICAL CENTER	LANCASTER	OH
FLOWER HOSPITAL	SYLVANIA	OH
UHHS RICHMOND HEIGHTS HOSPITAL	RICHMOND HEIGHTS	OH
ATRIUM MEDICAL CENTER	FRANKLIN	OH
FAIRVIEW HOSPITAL	CLEVELAND	OH
ROBINSON MEMORIAL HOSPITAL	RAVENNA	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11886.00	178
	$11308.00	84
	$11359.00	197
	$12656.00	469
	$11443.00	178
	$10482.00	45
	$11647.00	175
	$11512.00	197
	$14409.00	41
	$11348.00	166
	$12050.00	201
	$11040.00	76

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

KETTERING MEDICAL CENTER	KETTERING	OH
EAST OHIO REGIONAL HOSPITAL	MARTINS FERRY	OH
MERCY ST CHARLES HOSPITAL	OREGON	OH
EUCLID HOSPITAL	EUCLID	OH
AULTMAN HOSPITAL	CANTON	OH
OHIO STATE UNIVERSITY HOSPITALS	COLUMBUS	OH
SPRINGFIELD REGIONAL MEDICAL CENTER	SPRINGFIELD	OH
LUTHERAN HOSPITAL	CLEVELAND	OH
MERCY TIFFIN HOSPITAL	TIFFIN	OH
ST LUKE'S HOSPITAL	MAUMEE	OH
MEDINA HOSPITAL	MEDINA	OH
MEMORIAL HOSPITAL OF UNION COUNTY	MARYSVILLE	OH
BLANCHARD VALLEY HOSPITAL	FINDLAY	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11533.00	805
	$10772.00	63
	$12116.00	134
	$10981.00	317
	$576.00	460
	$15167.00	107
	$11470.00	184
	$12764.00	176
	$10487.00	58
	$10836.00	170
	$10637.00	79
	$11713.00	16
	$10620.00	249

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

EAST LIVERPOOL CITY HOSPITAL	EAST LIVERPOOL	OH
LAKE HEALTH	CONCORD	OH
HURON HOSPITAL	CLEVELAND	OH
BELLEVUE HOSPITAL	BELLEVUE	OH
COSHOCTON COUNTY MEMORIAL HOSPITAL	COSHOCTON	OH
MERCY ST VINCENT MEDICAL CENTER	TOLEDO	OH
MERCY FRANCISCAN HOSPITAL WESTERN HILLS	CINCINNATI	OH
UHHS BEDFORD MEDICAL CENTER	BEDFORD	OH
BROWN COUNTY HOSPITAL	GEORGETOWN	OH
MEDCENTRAL HEALTH SYSTEM	MANSFIELD	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11523.00	72
	$10644.00	326
	$15755.00	12
	$11062.00	36
	$11691.00	16
	$14511.00	78
	$10858.00	93
	$10626.00	37
	$12043.00 *	
	$11171.00	70

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

COMMUNITY HOSPITALS AND WELLNESS CENTERS	BRYAN	OH
ST JOHN MEDICAL CENTER	WESTLAKE	OH
ASHTABULA COUNTY MEDICAL CENTER	ASHTABULA	OH
AMHERST HOSPITAL	AMHERST	OH
ALLIANCE COMMUNITY HOSPITAL	ALLIANCE	OH
FORT HAMILTON HUGHES MEMORIAL HOSPITAL	HAMILTON	OH
GRANDVIEW HOSPITAL & MEDICAL CENTER	DAYTON	OH
GOOD SAMARITAN HOSPITAL	CINCINNATI	OH
UNIVERSITY HOSPITALS OF CLEVELAND	CLEVELAND	OH
NORTHSIDE MEDICAL CENTER	YOUNGSTOWN	OH
MARYMOUNT HOSPITAL	GARFIELD HEIGHTS	OH
SOUTH POINTE HOSPITAL	WARRENSVILLE HEIGHTS	OH
EMH REGIONAL MEDICAL CENTER	ELYRIA	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10620.00	68
	$11655.00	147
	$11994.00	24
	$10623.00	112
	$11047.00	176
	$11778.00	31
	$13747.00	189
	$13492.00	473
	$16030.00	435
	$13033.00	322
	$10643.00	221
	$12225.00	51
	$10647.00	142

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MARIETTA MEMORIAL HOSPITAL	MARIETTA	OH
JOEL POMERENE MEMORIAL HOSPITAL	MILLERSBURG	OH
SUMMA WESTERN RESERVE HOSPITAL	CUYAHOGA FALLS	OH
AFFINITY MEDICAL CENTER	MASSILLON	OH
DOCTORS HOSPITAL	COLUMBUS	OH
BELMONT COMMUNITY HOSPITAL	BELLAIRE	OH
SOUTHWEST GENERAL HEALTH CENTER	MIDDLEBURG HEIGHTS	OH
MEMORIAL HOSPITAL	FREMONT	OH
ADENA REGIONAL MEDICAL CENTER	CHILLICOTHE	OH
ST JOSEPH HEALTH CENTER	WARREN	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10642.00	134
	$10150.00	21
	$12454.00	67
	$11988.00	116
	$15884.00	47
	$11276.00 *	
	$10635.00	394
	$10767.00	65
	$12063.00	169
	$11759.00	112

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CHRIST HOSPITAL	CINCINNATI	OH
BERGER HOSPITAL	CIRCLEVILLE	OH
COMMUNITY REGIONAL MEDICAL CENTER	LORAIN	OH
UPPER VALLEY MEDICAL CENTER	TROY	OH
CMH REGIONAL HEALTH SYSTEM	WILMINGTON	OH
BETHESDA NORTH HOSPITAL	CINCINNATI	OH
CLEVELAND CLINIC	CLEVELAND	OH
SALEM COMMUNITY HOSPITAL	SALEM	OH
MADISON COUNTY HOSPITAL INC	LONDON	OH
UH GEAUGA MEDICAL CENTER	CHARDON	OH
SUMMA WADSWORTH-RITTMAN HOSPITAL	WADSWORTH	OH
MARY RUTAN HOSPITAL	BELLEFONTAINE	OH
SOUTHEASTERN OHIO REGIONAL	CAMBRIDGE	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11794.00	410
	$12088.00	68
	$11524.00	231
	$11152.00	64
	$12491.00	104
	$11387.00	544
	$13832.00	544
	$10621.00	67
	$12084.00	18
	$10639.00	197
	$10623.00	51
	$11622.00	68
	$11164.00	24

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MEDICAL CENTER		
GRADY MEMORIAL HOSPITAL	DELAWARE	OH
TRINITY MEDICAL CTR EAST&TRINITY MEDICAL CTR WEST	STEUBENVILLE	OH
LAKEWOOD HOSPITAL	LAKEWOOD	OH
LICKING MEMORIAL HOSPITAL	NEWARK	OH
HILLCREST HOSPITAL	MAYFIELD HEIGHTS	OH
MERCY FRANCISCAN HOSPITAL - MT AIRY	CINCINNATI	OH
MERCY HOSPITAL CLERMONT	BATAVIA	OH
KETTERING MEDICAL CENTER - SYCAMORE	MIAMISBURG	OH
BAY PARK COMMUNITY HOSPITAL	OREGON	OH
MERCY ST ANNE HOSPITAL	TOLEDO	OH
INSTITUTE FOR ORTHOPEDIC SURGERY	LIMA	OH
MOUNT CARMEL NEW ALBANY SURGICAL HOSPITAL	NEW ALBANY	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11555.00	32
	$10644.00	111
	$11455.00	52
	$12240.00	99
	$10766.00	268
	$11687.00	171
	$11860.00	116
	$11749.00	139
	$11617.00	69
	$11244.00	96
	$10640.00	234
	$11067.00	803

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

BUTLER COUNTY MEDICAL CENTER	HAMILTON	OH
MERCY HOSPITAL OF DEFIANCE	DEFIANCE	OH
MEDICAL CENTER AT ELIZABETH PLACE	DAYTON	OH
ST ELIZABETH BOARDMAN HEALTH CENTER	YOUNGSTOWN	OH
MEDICAL CENTER OF NEWARK LLC	NEWARK	OH
DUBLIN METHODIST HOSPITAL	DUBLIN	OH
EVENDALE MEDICAL CENTER	CINCINNATI	OH
CRYSTAL CLINIC ORTHOPAEDIC CENTER	AKRON	OH
WEST CHESTER MEDICAL CENTER	WEST CHESTER	OH
OHIO VALLEY MEDICAL CENTER, LLC	SPRINGFIELD	OH

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10841.00		49
$10150.00		42
$9656.00		61
$9597.00		128
$10222.00	*	
$10222.00		18
$10015.00		41
$9544.00		151
$10015.00		25
$9477.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HILLCREST MEDICAL CENTER	TULSA	OK
WOODWARD REGIONAL HOSPITAL	WOODWARD	OK
INTEGRIS BAPTIST REG HEALTH CENTER	MIAMI	OK
PONCA CITY MEDICAL CENTER	PONCA CITY	OK
NORMAN REGIONAL HEALTH SYSTEM	NORMAN	OK
MERCY HOSPITAL EL RENO	EL RENO	OK
MERCY HEALTH CENTER, INC	OKLAHOMA CITY	OK
MEDICAL CENTER OF	DURANT	OK

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$14118.00		277
	$10221.00	*	
	$11854.00		44
	$10882.00		96
	$10734.00		308
	$11341.00	*	
	$10641.00		249
	$13414.00	*	

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MEDICAL CENTER OF SOUTHEASTERN OKLAHOMA	DURANT	OK
INTEGRIS MAYES COUNTY MEDICAL CENTER	PRYOR	OK
INTEGRIS BASS BAPTIST HEALTH CENTER	ENID	OK
JANE PHILLIPS MEDICAL CENTER	BARTLESVILLE	OK
GREAT PLAINS REGIONAL MEDICAL CENTER	ELK CITY	OK
VALLEY VIEW REGIONAL HOSPITAL	ADA	OK
JACKSON COUNTY MEMORIAL HOSPITAL	ALTUS	OK
DUNCAN REGIONAL HOSPITAL, INC	DUNCAN	OK
MUSKOGEE REGIONAL MEDICAL CENTER	MUSKOGEE	OK

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11894.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
ST MARY'S REGIONAL MEDICAL CENTER	ENID	OK
INTEGRIS BAPTIST MEDICAL CENTER	OKLAHOMA CITY	OK
INTEGRIS BLACKWELL REGIONAL HOSPITAL	BLACKWELL	OK
DEACONESS HOSPITAL	OKLAHOMA CITY	OK
MCALESTER REGIONAL HEALTH CENTER	MCALESTER	OK
ST ANTHONY HOSPITAL	OKLAHOMA CITY	OK
CLAREMORE REGIONAL HOSPITAL	CLAREMORE	OK
MERCY MEMORIAL HEALTH CENTER	ARDMORE	OK
STILLWATER MEDICAL CENTER	STILLWATER	OK
GRADY MEMORIAL HOSPITAL	CHICKASHA	OK

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10452.00	201
	$12518.00	230
	$11255.00 *	
	$10857.00	137
	$10660.00	185
	$14701.00	292
	$11221.00	25
	$11395.00	195
	$10725.00	135
	$11964.00	29

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

COMANCHE COUNTY MEMORIAL HOSPITAL	LAWTON	OK
OKMULGEE MEMORIAL HOSPITAL	OKMULGEE	OK
OKLAHOMA STATE UNIVERSITY MEDICAL CENTER	TULSA	OK
TAHLEQUAH CITY HOSPITAL	TAHLEQUAH	OK
SAINT FRANCIS HOSPITAL, INC	TULSA	OK
O U MEDICAL CENTER	OKLAHOMA CITY	OK
MIDWEST REGIONAL MEDICAL CENTER	MIDWEST CITY	OK
SOUTHWESTERN MEDICAL CENTER	LAWTON	OK
CUSHING REGIONAL HOSPITAL	CUSHING	OK
INTEGRIS SOUTHWEST MEDICAL CENTER	OKLAHOMA CITY	OK
INTEGRIS GROVE HOSPITAL	GROVE	OK

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11624.00		61
$11304.00	*	
$16010.00		28
$10786.00		74
$11283.00		472
$16911.00		80
$10707.00		83
$14005.00		34
$11202.00		24
$11790.00		81
$11546.00		47

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST JOHN MEDICAL CENTER, INC	TULSA	OK
MEMORIAL HOSPITAL OF TEXAS COUNTY	GUYMON	OK
EDMOND MEDICAL CENTER	EDMOND	OK
UNITY HEALTH CENTER	SHAWNEE	OK
ELKVIEW GENERAL HOSPITAL	HOBART	OK
WAGONER COMMUNITY HOSPITAL	WAGONER	OK
MEMORIAL HOSPITAL OF STILWELL	STILWELL	OK

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$9239.00		763
$11516.00	*	
$10208.00		65
$11682.00		127
$10480.00		11
$12168.00	*	
$10786.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CHICKASAW NATION MEDICAL CENTER	ADA	OK
HENRYETTA MEDICAL CENTER	HENRYETTA	OK
NORTHWEST SURGICAL HOSPITAL	OKLAHOMA CITY	OK
SURGICAL HOSPITAL OF OKLAHOMA	OKLAHOMA CITY	OK
SOUTHCREST HOSPITAL	TULSA	OK
COMMUNITY HOSPITAL	OKLAHOMA CITY	OK
OKLAHOMA SPINE HOSPITAL	OKLAHOMA CITY	OK
OKLAHOMA SURGICAL HOSPITAL, LLC	TULSA	OK
INTEGRIS CANADIAN VALLEY HOSPITAL	YUKON	OK
OKLAHOMA CENTER FOR ORTHOPAEDIC & MULTI-SP	OKLAHOMA CITY	OK

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$16163.00		12
$11304.00		13
$10208.00		90
$12566.00		38
$11817.00		91
$10208.00		84
$10208.00	*	
$10176.00		549
$11097.00		49
$10208.00		53

patients (fewer than 11)

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

TULSA SPINE & SPECIALTY HOSPITAL	TULSA	OK
SAINT FRANCIS HOSPITAL SOUTH	TULSA	OK
ORTHOPEDIC HOSPITAL	OKLAHOMA CITY	OK
MCBRIDE CLINIC ORTHOPEDIC HOSPITAL, L L C	OKLAHOMA CITY	OK
ST JOHN OWASSO	OWASSO	OK
BAILEY MEDICAL CENTER, L L C	OWASSO	OK
MID-COLUMBIA MEDICAL CENTER	THE DALLES	OR
THREE RIVERS COMMUNITY HOSPITAL	GRANTS PASS	OR
PROVIDENCE ST VINCENT MEDICAL CENTER	PORTLAND	OR
ASHLAND COMMUNITY HOSPITAL	ASHLAND	OR
LEGACY EMANUEL MEDICAL	PORTLAND	OR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Major joint replacement or reattachment of lower extremity w/o

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10176.00 *	
	$10176.00	73
	$10026.00	13
	$10208.00	962
	$10176.00	17
	$10176.00	43
	$14142.00	41
	$12456.00	207
	$456.00	553
	$12651.00	52
	$752.00	59

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
OHSU HOSPITAL AND CLINICS	PORTLAND	OR
GOOD SAMARITAN REGIONAL MEDICAL CENTER	CORVALLIS	OR
LEGACY GOOD SAMARITAN MEDICAL CENTER	PORTLAND	OR
ROGUE VALLEY MEDICAL CENTER	MEDFORD	OR
MCKENZIE-WILLAMETTE MEDICAL CENTER	SPRINGFIELD	OR
TUALITY COMMUNITY HOSPITAL	HILLSBORO	OR
SAMARITAN ALBANY GENERAL HOSPITAL	ALBANY	OR
LEGACY MOUNT HOOD MEDICAL CENTER	GRESHAM	OR
MERCY MEDICAL CENTER	ROSEBURG	OR
SILVERTON HOSPITAL NETWORK	SILVERTON	OR
PROVIDENCE NEWBERG MEDICAL CENTER	NEWBERG	OR
PROVIDENCE WILLAMETTE FALLS MEDICAL CENTER	OREGON CITY	OR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$17616.00	130
	$12373.00	73
	$1348.00	131
	$12714.00	339
	$12598.00	142
	$13170.00	67
	$12730.00	91
	$13391.00	80
	$12201.00	183
	$13126.00	52
	$12629.00	42
	$1068.00	101

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST CHARLES MEDICAL CENTER - REDMOND	REDMOND	OR
ST CHARLES MEDICAL CENTER - BEND	BEND	OR
SKY LAKES MEDICAL CENTER	KLAMATH FALLS	OR
SALEM HOSPITAL	SALEM	OR
ST ALPHONSUS MEDICAL CENTER - ONTARIO, INC	ONTARIO	OR
SANTIAM MEMORIAL HOSPITAL	STAYTON	OR
ADVENTIST MEDICAL CENTER	PORTLAND	OR
PROVIDENCE PORTLAND MEDICAL CENTER	PORTLAND	OR
WILLAMETTE VALLEY MEDICAL CENTER	MCMINNVILLE	OR
PROVIDENCE MEDFORD MEDICAL CENTER	MEDFORD	OR
PROVIDENCE MILWAUKIE HOSPITAL	MILWAUKIE	OR
LEGACY MERIDIAN PARK MEDICAL CENTER	TUALATIN	OR
BAY AREA HOSPITAL	COOS BAY	OR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$17262.00	61
	$12315.00	476
	$13151.00	181
	$13023.00	483
	$13126.00	107
	$12199.00	15
	$1.00	207
	$10852.00	510
	$12419.00	54
	$12372.00	51
	$1020.00	97
	$12072.00	279
	$13928.00	199

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

KAISER SUNNYSIDE MEDICAL CENTER	CLACKAMAS	OR
SACRED HEART MEDICAL CENTER - RIVERBEND	SPRINGFIELD	OR
COMMUNITY MEDICAL CENTER	SCRANTON	PA
UPMC MCKEESPORT	MC KEESPORT	PA
BLOOMSBURG HOSPITAL	BLOOMSBURG	PA
HOLY SPIRIT HOSPITAL	CAMP HILL	PA
GEISINGER MEDICAL CENTER	DANVILLE	PA
ELLWOOD CITY HOSPITAL	ELLWOOD CITY	PA
SAINT VINCENT HEALTH CENTER	ERIE	PA
LANSDALE HOSPITAL	LANSDALE	PA
EVANGELICAL COMMUNITY HOSPITAL	LEWISBURG	PA
JAMESON MEMORIAL HOSPITAL	NEW CASTLE	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$616.00	254
	$12099.00	535
	$11679.00	268
	$1355.00	79
	$10898.00	60
	$10608.00	183
	$12696.00	315
	$1068.00	24
	$11911.00	248
	$11907.00	48
	$10563.00	209
	$10698.00	63

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PALMERTON HOSPITAL	PALMERTON	PA
CHESTNUT HILL HOSPITAL	PHILADELPHIA	PA
TEMPLE UNIVERSITY HOSPITAL	PHILADELPHIA	PA
UPMC MERCY	PITTSBURGH	PA
SCHUYLKILL MEDICAL CENTER - SOUTH JACKSON STREET	POTTSVILLE	PA
SCHUYLKILL MEDICAL CENTER - EAST NORWEGIAN STREET	POTTSVILLE	PA
ALLE KISKI MEDICAL CENTER	NATRONA	PA
ST LUKE'S QUAKERTOWN HOSPITAL	QUAKERTOWN	PA
HERITAGE VALLEY BEAVER	BEAVER	PA
HERITAGE VALLEY SEWICKLEY	SEWICKLEY	PA
SOMERSET HOSPITAL	SOMERSET	PA
UNIONTOWN HOSPITAL	UNIONTOWN	PA
WASHINGTON HOSPITAL, THE	WASHINGTON	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10898.00	35
	$13571.00	44
	$2790.00	112
	$1894.00	153
	$10984.00	79
	$10519.00	74
	$10194.00	52
	$11884.00	22
	$443.00	275
	$10198.00	127
	$10660.00	56
	$11156.00	117
	$484.00	314

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SOLDIERS AND SAILORS MEMORIAL HOSPITAL	WELLSBORO	PA
READING HOSPITAL MEDICAL CENTER	READING	PA
WILLIAMSPORT HOSPITAL & MEDICAL CENTER	WILLIAMSPORT	PA
YORK HOSPITAL	YORK	PA
LEWISTOWN HOSPITAL	LEWISTOWN	PA
ST LUKE'S HOSPITAL BETHLEHEM	BETHLEHEM	PA
ALLEGHENY GENERAL HOSPITAL	PITTSBURGH	PA
CLEARFIELD HOSPITAL	CLEARFIELD	PA
GRAND VIEW HOSPITAL	SELLERSVILLE	PA
CARLISLE REGIONAL MEDICAL CENTER	CARLISLE	PA
LANCASTER REGIONAL MEDICAL CENTER	LANCASTER	PA
NASON HOSPITAL	ROARING SPRING	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10868.00	34
	$12356.00	587
	$11934.00	287
	$12880.00	510
	$11286.00	27
	$12566.00	318
	$2127.00	286
	$10630.00	50
	$11899.00	218
	$10581.00	139
	$11029.00	54
	$10542.00	28

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HAMOT MEDICAL CENTER	ERIE	PA
GETTYSBURG HOSPITAL	GETTYSBURG	PA
GOOD SAMARITAN HOSPITAL	LEBANON	PA
PINNACLE HEALTH HOSPITALS	HARRISBURG	PA
HEART OF LANCASTER REGIONAL MEDICAL CENTER	LITITZ	PA
LOWER BUCKS HOSPITAL	BRISTOL	PA
BERWICK HOSPITAL CENTER	BERWICK	PA
ALTOONA REGIONAL HEALTH SYSTEM	ALTOONA	PA
BRANDYWINE HOSPITAL	COATESVILLE	PA
ROBERT PACKER HOSPITAL	SAYRE	PA
JEANES HOSPITAL	PHILADELPHIA	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11385.00		272
$12293.00		100
$11125.00		253
$12108.00		978
$11469.00	*	
$12478.00		28
$11345.00		28
$211.00		485
$12250.00		53
$11702.00		249
$12450.00		57

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

DELAWARE COUNTY MEMORIAL HOSPITAL	DREXEL HILL	PA
SUNBURY COMMUNITY HOSPITAL	SUNBURY	PA
DUBOIS REGIONAL MEDICAL CENTER	DUBOIS	PA
WESTERN PENNSYLVANIA HOSPITAL	PITTSBURGH	PA
UPMC NORTHWEST	SENECA	PA
CLARION HOSPITAL	CLARION	PA
MARIAN COMMUNITY HOSPITAL	CARBONDALE	PA
ST JOSEPH MEDICAL CENTER	READING	PA
HOLY REDEEMER HOSPITAL AND MEDICAL CENTER	MEADOWBROOK	PA
LANCASTER GENERAL HOSPITAL	LANCASTER	PA
MEMORIAL HOSPITAL YORK	YORK	PA
UPMC ST MARGARET	PITTSBURGH	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$13175.00	136
	$11008.00	29
	$11961.00	95
	$1734.00	137
	$10440.00	58
	$11155.00	43
	$11178.00	43
	$13457.00	129
	$12694.00	205
	$11676.00	971
	$12084.00	163
	$869.00	564

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

KANE COMMUNITY HOSPITAL	KANE	PA
UPMC PASSAVANT	PITTSBURGH	PA
MONTGOMERY HOSPITAL	NORRISTOWN	PA
CONEMAUGH VALLEY MEMORIAL HOSPITAL	JOHNSTOWN	PA
HOSPITAL OF UNIV OF PENNSYLVANIA	PHILADELPHIA	PA
WINDBER HOSPITAL	WINDBER	PA
MEADVILLE MEDICAL CENTER	MEADVILLE	PA
MAGEE WOMENS HOSPITAL OF UPMC HEALTH SYSTEM	PITTSBURGH	PA
ARIA HEALTH	PHILADELPHIA	PA
MERCY SUBURBAN HOSPITAL	NORRISTOWN	PA
UPMC BEDFORD	EVERETT	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10937.00		16
$1068.00		290
$730.00		152
$815.00		473
$18263.00	*	
$5437.00		30
$9358.00		178
$1307.00		476
$886.00		110
$1534.00		56
$10442.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

An asterisk (*) appears in the

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

BRADFORD REGIONAL MEDICAL CENTER	BRADFORD	PA
MOSES TAYLOR HOSPITAL	SCRANTON	PA
TITUSVILLE HOSPITAL	TITUSVILLE	PA
POTTSTOWN MEMORIAL MEDICAL CENTER	POTTSTOWN	PA
WAYNE MEMORIAL HOSPITAL	HONESDALE	PA
PHOENIXVILLE HOSPITAL	PHOENIXVILLE	PA
MINERS MEDICAL CENTER	HASTINGS	PA
ST JOSEPH'S HOSPITAL	PHILADELPHIA	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11092.00		39
$12260.00		115
$13927.00		40
$11907.00		112
$12000.00		37
$11899.00		50
$9984.00	*	
$8710.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

LEHIGH VALLEY HOSPITAL	ALLENTOWN	PA
WILKES-BARRE GENERAL HOSPITAL	WILKES-BARRE	PA
WAYNESBORO HOSPITAL	WAYNESBORO	PA
MAIN LINE HOSPITAL BRYN MAWR CAMPUS	BRYN MAWR	PA
ALBERT EINSTEIN MEDICAL CENTER	PHILADELPHIA	PA
EXCELA HEALTH WESTMORELAND REGIONAL HOSPITAL	GREENSBURG	PA
WARREN GENERAL HOSPITAL	WARREN	PA
MONONGAHELA VALLEY HOSPITAL	MONONGAHELA	PA
SOUTHWEST REGIONAL MEDICAL CENTER	WAYNESBURG	PA
CHAMBERSBURG HOSPITAL	CHAMBERSBURG	PA
MAIN LINE HOSPITAL PAOLI	PAOLI	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12402.00	608
	$11448.00	388
	$13275.00	44
	$12585.00	569
	$3330.00	149
	$1068.00	262
	$12308.00	82
	$10196.00	111
	$11998.00	28
	$12239.00	257
	$11891.00	187

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ELK REGIONAL HEALTH CENTER	SAINT MARYS	PA
MERCY FITZGERALD HOSPITAL	DARBY	PA
OHIO VALLEY GENERAL HOSPITAL	MCKEES ROCKS	PA
CANONSBURG GENERAL HOSPITAL	CANONSBURG	PA
EASTON HOSPITAL	EASTON	PA
ACMH HOSPITAL	KITTANNING	PA
UPMC PRESBYTERIAN SHADYSIDE	PITTSBURGH	PA
BUTLER MEMORIAL HOSPITAL	BUTLER	PA
INDIANA REGIONAL MEDICAL CENTER	INDIANA	PA
THOMAS JEFFERSON UNIVERSITY HOSPITAL	PHILADELPHIA	PA
UPMC HORIZON	GREENVILLE	PA
CHESTER COUNTY HOSPITAL	WEST CHESTER	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$9984.00	79
	$15723.00	44
	$10198.00	36
	$10180.00	112
	$13310.00	118
	$10452.00	42
	$2393.00	828
	$10651.00	120
	$10609.00	87
	$16797.00	785
	$11180.00	173
	$11909.00	126

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CROZER CHESTER MEDICAL CENTER	UPLAND	PA
ST LUKE'S MINERS MEMORIAL HOSPITAL	COALDALE	PA
HIGHLANDS HOSPITAL	CONNELLSVILLE	PA
HAZLETON GENERAL HOSPITAL	HAZLETON	PA
SHAMOKIN AREA COMMUNITY HOSPITAL	COAL TOWNSHIP	PA
MERCY TYLER HOSPITAL	TUNKHANNOCK	PA
GNADEN HUETTEN MEMORIAL HOSPITAL	LEHIGHTON	PA
MAIN LINE HOSPITAL LANKENAU	WYNNEWOOD	PA
SACRED HEART HOSPITAL	ALLENTOWN	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11766.00		233
$12290.00		70
$11054.00	*	
$11306.00		31
$11600.00		44
$11542.00	*	
$11210.00		35
$13566.00		212
$12921.00		157

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MILLCREEK COMMUNITY HOSPITAL	ERIE	PA
PUNXSUTAWNEY AREA HOSPITAL	PUNXSUTAWNEY	PA
POCONO MEDICAL CENTER	EAST STROUDSBURG	PA
DOYLESTOWN HOSPITAL	DOYLESTOWN	PA
NAZARETH HOSPITAL	PHILADELPHIA	PA
SHARON REGIONAL HEALTH SYSTEM	SHARON	PA
EXCELA HEALTH FRICK HOSPITAL	MOUNT PLEASANT	PA
EXCELA HEALTH LATROBE HOSPITAL	LATROBE	PA
JENNERSVILLE REGIONAL HOSPITAL	WEST GROVE	PA
RIDDLE MEMORIAL HOSPITAL	MEDIA	PA
PENN PRESBYTERIAN MEDICAL CENTER	PHILADELPHIA	PA
EPHRATA COMMUNITY HOSPITAL	EPHRATA	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$13442.00	25
	$10274.00	25
	$13651.00	74
	$11891.00	144
	$12240.00	118
	$11670.00	119
	$1068.00	23
	$531.00	151
	$12247.00	22
	$11899.00	229
	$15856.00	304
	$11023.00	154

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PENNSYLVANIA HOSP OF THE UNIV OF PA HEALTH SYS	PHILADELPHIA	PA
ST CLAIR MEMORIAL HOSPITAL	PITTSBURGH	PA
ABINGTON MEMORIAL HOSPITAL	ABINGTON	PA
HANOVER HOSPITAL	HANOVER	PA
MEMORIAL HOSPITAL, INC TOWANDA	TOWANDA	PA
MERCY HOSPITAL SCRANTON	SCRANTON	PA
MILTON S HERSHEY MEDICAL CENTER	HERSHEY	PA
ST MARY MEDICAL CENTER	LANGHORNE	PA
LEHIGH VALLEY HOSPITAL - MUHLENBERG	BETHLEHEM	PA
JEFFERSON REGIONAL MEDICAL CENTER	PITTSBURGH	PA
GROVE CITY MEDICAL CENTER	GROVE CITY	PA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$15357.00		429
$10184.00		206
$13460.00		489
$12583.00		278
$10512.00	*	
$11185.00		265
$15137.00		300
$11898.00		227
$12272.00		176
$10190.00		127
$10867.00		36

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

WESTERN PENNSYLVANIA HOSP FORBES REGIONAL CAMPUS	MONROEVILLE	PA
MOUNT NITTANY MEDICAL CENTER	STATE COLLEGE	PA
GEISINGER WYOMING VALLEY MEDICAL CENTER	WILKES BARRE	PA
HAHNEMANN UNIVERSITY HOSPITAL	PHILADELPHIA	PA
ROXBOROUGH MEMORIAL HOSPITAL	PHILA	PA
EDGEWOOD SURGICAL HOSPITAL	TRANSFER	PA
SAINT CATHERINE MEDICAL CENTER FOUNTAIN SPRINGS	ASHLAND	PA
COORDINATED HEALTH ORTHOPEDIC HOSPITAL	BETHLEHEM	PA
SURGICAL INSTITUTE OF READING	WYOMISSING	PA
SURGICAL SPECIALTY CENTER AT COORDINATED HEALTH	ALLENTOWN	PA
ASHFORD PRESBYTERIAN COMMUNITY HOSP	SAN JUAN	PR
HOSPITAL DR PILA	PONCE	PR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$441.00	204
	$10320.00	437
	$11803.00	272
	$4320.00	39
	$13469.00	32
	$11536.00	31
	$10851.00	12
	$10898.00	268
	$9972.00	134
	$10068.00	13
	$6748.00	56
	$191.00	19

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ASOCIACION HOSPITAL DEL MAESTRO, INC	SAN JUAN	PR
HIMA SAN PABLO HUMACAO	HUMACAO	PR
DOCTORS' CENTER HOSPITAL SAN JUAN	FERNANDEZ JUNCOS	PR
RYDER MEMORIAL HOSPITAL INC	HUMACAO	PR
SANTA ROSA CLINIC	GUAYAMA	PR
DR I GONZALEZ MARTINEZ ONCOLOGY HOSP	SAN JUAN	PR
HOSPITAL MENONITA DE CAYEY	CAYEY	PR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$6748.00		11
	$6748.00	*	
	$7038.00	*	
	$7976.00		15
	$6038.00	*	
	$6748.00		18
	$7495.00		20

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

BELLA VISTA HOSPITAL	MAYAGUEZ	PR
SAN JUAN MUNICIPAL HOSPITAL	RIO PIEDRAS	PR
AUXILIO MUTUO HOSPITAL	HATO REY	PR
MENNONITE GENERAL HOSPITAL INC	AIBONITO	PR
HOSPITAL PAVIA SANTURCE	FERNANDEZ JUNCOS	PR
HOSPITAL DE LA CONCEPCION	SAN GERMAN	PR
HOSPITAL DAMAS INC	PONCE	PR
HOSPITAL HERMANOS MELENDEZ INC	BAYAMON	PR
SAN LUKE'S MEMORIAL HOSPITAL INC	PONCE	PR
HOSPITAL EPISCOPAL SAN LUCAS GUAYAMA INC	GUAYAMA	PR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$6739.00		99
$9258.00	*	
$6748.00		197
$7320.00		23
$6748.00		24
$252.00		27
$242.00		107
$7717.00		13
$712.00		53
$6883.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

UNIVERSITY DISTRICT HOSPITAL	RIO PIEDRAS	PR
HOSP COMUNITARIO BUEN SAMARITANO	AGUADILLA	PR
HOSPITAL DR CAYETANO COLL Y TOSTE	ARECIBO	PR
HOSPITAL SAN FRANCISCO	SAN JUAN	PR
DOCTORS CENTER HOSPITAL BAYAMON	BAYAMON	PR
CENTRO MEDICO DE MAYAG DR	MAYAGUEZ	PR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

Major joint replacement or reattachment of lower extremity w/o

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$8799.00		11
	$6467.00	*	
	$7750.00	*	
	$8446.00		15
	$7078.00	*	
	$6716.00	*	

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

RAMON EMETERIO BETANCES		
HOSPITAL SAN JUAN BAUTISTA MEDICAL CENTER	CAGUAS	PR
METROPOLITAN HOSPITAL	SAN JUAN	PR
HOSPITAL HIMA-SAN PABLO BAYAMON	BAYAMON	PR
HOSPITAL METROPOLITANO DR TITO MATTEI	YAUCO	PR
HOSPITAL UPR, DR FEDERICO	CAROLINA	PR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MCC

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

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

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

Major joint replacement or reattachment of lower extremity w/o

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$7614.00 *	
	$6748.00 *	
	$6748.00	57
	$6461.00 *	
	$646.00	24

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

TRILLA		
HOSPITAL SAN CRISTOBAL	COTO LAUREL	PR
MANATI MEDICAL CENTER DR OTERO LOPEZ	MANATI	PR
CENTRO MEDICO WILMA N VAZQUEZ	VEGA BAJA	PR
DOCTORS' CENTER HOSPITAL, INC	MANATI	PR
HIMA SAN PABLO-CAGUAS	CAGUAS	PR
HIMA-SAN PABLO FAJARDO	FAJARDO	PR
HOSPITAL METROPOLITANO SAN	SAN GERMAN	PR

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MCC

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$7222.00	*	
$193.00		63
$7074.00	*	
$7112.00		17
$7161.00		52
$7116.00	*	
$6619.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

GERMAN

HOSPITAL PAVIA HATO REY, INC	HATO REY	PR
MEMORIAL HOSPITAL OF RHODE ISLAND	PAWTUCKET	RI
ROGER WILLIAMS MEDICAL CENTER	PROVIDENCE	RI
ST JOSEPH HEALTH SERVICES OF RI	NORTH PROVIDENCE	RI
NEWPORT HOSPITAL	NEWPORT	RI
RHODE ISLAND HOSPITAL	PROVIDENCE	RI
SOUTH COUNTY HOSPITAL INC	WAKEFIELD	RI
KENT COUNTY MEMORIAL HOSPITAL	WARWICK	RI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MCC

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$7898.00 *	
	$16684.00	50
	$15765.00	124
	$12232.00	70
	$12269.00	42
	$17553.00	396
	$11665.00	133
	$12850.00	183

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

LANDMARK MEDICAL CENTER, INC	WOONSOCKET	RI
MIRIAM HOSPITAL	PROVIDENCE	RI
WESTERLY HOSPITAL	WESTERLY	RI
PIEDMONT MEDICAL CENTER	ROCK HILL	SC
MUSC MEDICAL CENTER	CHARLESTON	SC
MCLEOD MEDICAL CENTER - DILLON	DILLON	SC
SPARTANBURG REGIONAL MEDICAL CENTER	SPARTANBURG	SC
OCONEE MEDICAL CENTER	SENECA	SC
CAROLINA PINES REGIONAL MEDICAL CENTER	HARTSVILLE	SC
CANNON MEMORIAL HOSPITAL	PICKENS	SC
BAPTIST EASLEY HOSPITAL	EASLEY	SC
PALMETTO HEALTH RICHLAND	COLUMBIA	SC
CHESTER REGIONAL MEDICAL	CHESTER	SC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$13037.00		24
$13654.00		373
$12377.00		91
$12353.00		200
$17172.00		187
$11290.00		26
$12427.00		326
$11482.00		170
$12289.00		32
$11368.00		22
$11624.00		59
$14352.00		555
$11084.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

An asterisk (*) appears in the

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
GEORGETOWN MEMORIAL HOSPITAL	GEORGETOWN	SC
ST FRANCIS-DOWNTOWN	GREENVILLE	SC
SISTERS OF CHARITY PROVIDENCE HOSPITALS	COLUMBIA	SC
ANMED HEALTH	ANDERSON	SC
COLLETON MEDICAL CENTER	WALTERBORO	SC
GREER MEMORIAL HOSPITAL	GREER	SC
SPRINGS MEMORIAL HOSPITAL	LANCASTER	SC
HILLCREST MEMORIAL HOSPITAL	SIMPSONVILLE	SC
LAURENS COUNTY HEALTHCARE SYSTEM	CLINTON	SC
WALLACE THOMSON HOSPITAL	UNION	SC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12004.00	107
	$10983.00	689
	$10444.00	140
	$12123.00	229
	$11752.00	53
	$11811.00	144
	$12089.00	36
	$10960.00	50
	$12143.00	86
	$11015.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

UPSTATE CAROLINA MEDICAL CENTER	GAFFNEY	SC
KERSHAW HEALTH	CAMDEN	SC
CONWAY MEDICAL CENTER	CONWAY	SC
MCLEOD REGIONAL MEDICAL CENTER-PEE DEE	FLORENCE	SC
NEWBERRY COUNTY MEMORIAL HOSPITAL	NEWBERRY	SC
MARLBORO PARK HOSPITAL	BENNETTSVILLE	SC
MARION REGIONAL HOSPITAL	MULLINS	SC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11847.00	29
	$11126.00	64
	$11859.00	101
	$12423.00	313
	$11317.00	69
	$11291.00 *	
	$11290.00 *	

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CHESTERFIELD GENERAL HOSPITAL	CHERAW	SC
LORIS COMMUNITY HOSPITAL	LORIS	SC
BON SECOURS-ST FRANCIS XAVIER HOSPITAL	CHARLESTON	SC
LAKE CITY COMMUNITY HOSPITAL	LAKE CITY	SC
BEAUFORT COUNTY MEMORIAL HOSPITAL	BEAUFORT	SC
TRMC OF ORANGEBURG & CALHOUN	ORANGEBURG	SC
CLARENDON MEMORIAL HOSPITAL	MANNING	SC
TUOMEY HEALTHCARE SYSTEM	SUMTER	SC
SELF REGIONAL HEALTHCARE	GREENWOOD	SC
HAMPTON REGIONAL MEDICAL CENTER	VARNVILLE	SC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11941.00		14
$12018.00		67
$11698.00		14
$11956.00	*	
$11829.00		254
$13020.00		55
$10205.00		29
$12006.00		143
$12421.00		256
$11290.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

LEXINGTON MEDICAL CENTER	WEST COLUMBIA	SC
GREENVILLE MEMORIAL HOSPITAL	GREENVILLE	SC
TRIDENT MEDICAL CENTER	CHARLESTON	SC
HILTON HEAD REGIONAL MEDICAL CENTER	HILTON HEAD ISLAND	SC
AIKEN REGIONAL MEDICAL CENTER	AIKEN	SC
MARY BLACK MEMORIAL HOSPITAL	SPARTANBURG	SC
GRAND STRAND REG MED CENTER	MYRTLE BEACH	SC
PALMETTO HEALTH BAPTIST	COLUMBIA	SC
ROPER HOSPITAL	CHARLESTON	SC
EAST COOPER MEDICAL CENTER	MOUNT PLEASANT	SC
CAROLINAS HOSPITAL SYSTEM	FLORENCE	SC

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11047.00	170
	$13808.00	60
	$11952.00	324
	$15034.00	72
	$12839.00	116
	$11254.00	161
	$10508.00	301
	$11935.00	259
	$11152.00	550
	$10843.00	24
	$11600.00	160

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

WACCAMAW COMMUNITY HOSPITAL	MURRELLS INLET	SC
PATEWOOD MEMORIAL HOSPITAL	GREENVILLE	SC
VILLAGE HOSPITAL	GREER	SC
PRAIRIE LAKES HOSPITAL	WATERTOWN	SD
BROOKINGS HOSPITAL	BROOKINGS	SD
AVERA SACRED HEART HOSPITAL	YANKTON	SD
AVERA QUEEN OF PEACE	MITCHELL	SD
AVERA ST LUKES	ABERDEEN	SD
ST MARYS HOSPITAL	PIERRE	SD
AVERA MCKENNAN HOSPITAL & UNIVERSITY HEALTH CENTER	SIOUX FALLS	SD
SANFORD USD MEDICAL CENTER	SIOUX FALLS	SD

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10162.00		195
$10125.00		231
$9929.00		22
$10776.00		155
$10711.00	*	
$11516.00		85
$11348.00		93
$10438.00		142
$11876.00		75
$12076.00		458
$11717.00		542

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SPEARFISH REGIONAL HOSPITAL	SPEARFISH	SD
RAPID CITY REGIONAL HOSPITAL	RAPID CITY	SD
SIOUXLAND SURGERY CENTER LP	DAKOTA DUNES	SD
SIOUX FALLS SURGICAL HOSPITAL LLP	SIOUX FALLS	SD
BLACK HILLS SURGICAL HOSPITAL LLP	RAPID CITY	SD
DAKOTA PLAINS SURGICAL CENTER LLP	ABERDEEN	SD
SPEARFISH REGIONAL SURGERY CENTER	SPEARFISH	SD
LEWIS AND CLARK SPECIALTY HOSPITAL	YANKTON	SD
UNICOI COUNTY MEMORIAL HOSPITAL	ERWIN	TN
JACKSON-MADISON COUNTY GENERAL HOSPITAL	JACKSON	TN
SUMNER REGIONAL MEDICAL CENTER	GALLATIN	TN
SKYLINE MEDICAL CENTER	NASHVILLE	TN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11418.00	68
	$12929.00	138
	$10276.00	225
	$10690.00	271
	$10776.00	288
	$10028.00	136
	$10118.00	13
	$10028.00	58
	$9746.00	30
	$11795.00	470
	$12641.00	112
	$12055.00	148

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

UNITED REGIONAL MEDICAL CENTER	MANCHESTER	TN
HENDERSON COUNTY COMMUNITY HOSPITAL	LEXINGTON	TN
CUMBERLAND MEDICAL CENTER	CROSSVILLE	TN
BLOUNT MEMORIAL HOSPITAL	MARYVILLE	TN
WELLMONT BRISTOL REGIONAL MEDICAL CENTER	BRISTOL	TN
UNIVERSITY OF TN MEMORIAL HOSPITAL	KNOXVILLE	TN
BAPTIST MEMORIAL HOSPITAL HUNTINGDON	HUNTINGDON	TN
WELLMONT HOLSTON VALLEY MEDICAL CENTER	KINGSPORT	TN
SYCAMORE SHOALS HOSPITAL	ELIZABETHTON	TN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11160.00 *	
	$15645.00 *	
	$10488.00	107
	$10200.00	168
	$11132.00	262
	$13215.00	272
	$10403.00	12
	$11094.00	289
	$11404.00	35

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HILLSIDE HOSPITAL	PULASKI	TN
LAUGHLIN MEMORIAL HOSPITAL, INC	GREENEVILLE	TN
WILLIAMSON MEDICAL CENTER	FRANKLIN	TN
MORRISTOWN HAMBLEN HOSPITAL ASSOCIATION	MORRISTOWN	TN
ROANE MEDICAL CENTER	HARRIMAN	TN
WELLMONT HAWKINS COUNTY MEMORIAL HOSPITAL	ROGERSVILLE	TN
METHODIST MEDICAL CENTER OF OAK RIDGE	OAK RIDGE	TN
GATEWAY MEDICAL CENTER	CLARKSVILLE	TN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11357.00		16
$11106.00		75
$10767.00		269
$10933.00		119
$10521.00	*	
$10789.00	*	
$10289.00		340
$12400.00		122

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

VANDERBILT UNIVERSITY HOSPITAL	NASHVILLE	TN
HORIZON MEDICAL CENTER	DICKSON	TN
BAPTIST MEMORIAL HOSPITAL	MEMPHIS	TN
METHODIST HEALTHCARE MEMPHIS HOSPITALS	MEMPHIS	TN
TAKOMA REGIONAL HOSPITAL	GREENEVILLE	TN
MIDDLE TENNESSEE MEDICAL CENTER INC	MURFREESBORO	TN
WOODS MEMORIAL HOSPITAL	ETOWAH	TN
ST MARY'S JEFFERSON MEMORIAL HOSPITAL	JEFFERSON CITY	TN
CLAIBORNE COUNTY HOSPITAL	TAZEWELL	TN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$16193.00		200
$11922.00		38
$11205.00		319
$13669.00		681
$11420.00	*	
$11685.00		191
$10229.00		27
$10076.00		42
$10805.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SOUTHERN TENNESSEE MEDICAL CENTER	WINCHESTER	TN
COOKEVILLE REGIONAL MEDICAL CENTER	COOKEVILLE	TN
VOLUNTEER COMMUNITY HOSPITAL	MARTIN	TN
JOHNSON CITY MEDICAL CENTER	JOHNSON CITY	TN
NORTHCREST MEDICAL CENTER	SPRINGFIELD	TN
LAKEWAY REGIONAL HOSPITAL	MORRISTOWN	TN
ATHENS REGIONAL MEDICAL CENTER	ATHENS	TN
DYERSBURG REGIONAL MEDICAL CENTER	DYERSBURG	TN
MAURY REGIONAL HOSPITAL	COLUMBIA	TN
LECONTE MEDICAL CENTER	SEVIERVILLE	TN
ST THOMAS HOSPITAL	NASHVILLE	TN
JAMESTOWN REGIONAL MEDICAL CENTER	JAMESTOWN	TN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10789.00	70
	$11489.00	301
	$10837.00	15
	$11979.00	316
	$12015.00	33
	$11961.00	43
	$11385.00	43
	$11509.00	20
	$11686.00	238
	$10829.00	98
	$10854.00	798
	$10789.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SWEETWATER HOSPITAL ASSOCIATION	SWEETWATER	TN
MEMORIAL HEALTHCARE SYSTEM, INC	CHATTANOOGA	TN
LINCOLN MEDICAL CENTER	FAYETTEVILLE	TN
ERLANGER MEDICAL CENTER	CHATTANOOGA	TN
HARDIN MEDICAL CENTER	SAVANNAH	TN
FORT LOUDOUN MEDICAL CENTER	LENOIR CITY	TN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11130.00 *	
	$10351.00	745
	$10789.00 *	
	$13696.00	131
	$11788.00	16
	$9711.00 *	

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

METRO NASHVILLE GENERAL HOSPITAL	NASHVILLE	TN
MERCY MEDICAL CENTER	KNOXVILLE	TN
FORT SANDERS REGIONAL MEDICAL CENTER	KNOXVILLE	TN
BAPTIST MEMORIAL HOSPITAL UNION CITY	UNION CITY	TN
HENRY COUNTY MEDICAL CENTER	PARIS	TN
BAPTIST HOSPITAL	NASHVILLE	TN
HERITAGE MEDICAL CENTER	SHELBYVILLE	TN
HARTON REGIONAL MEDICAL CENTER	TULLAHOMA	TN
STONES RIVER HOSPITAL AND DEKALB COMMUNITY HOSP	SMITHVILLE	TN
SUMMIT MEDICAL CENTER	HERMITAGE	TN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$9873.00 *	
	$10373.00	580
	$10920.00	158
	$10178.00	19
	$10224.00	158
	$11628.00	610
	$11362.00	12
	$11727.00	57
	$11643.00	16
	$11522.00	101

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

RIVER PARK HOSPITAL	MC MINNVILLE	TN
REGIONAL MEDICAL CENTER AT MEMPHIS	MEMPHIS	TN
PARKRIDGE MEDICAL CENTER	CHATTANOOGA	TN
DELTA MEDICAL CENTER	MEMPHIS	TN
CENTENNIAL MEDICAL CENTER	NASHVILLE	TN
PARKWEST MEDICAL CENTER	KNOXVILLE	TN
CROCKETT HOSPITAL	LAWRENCEBURG	TN
INDIAN PATH MEDICAL CENTER	KINGSPORT	TN
ST FRANCIS HOSPITAL	MEMPHIS	TN
SKYRIDGE MEDICAL CENTER	CLEVELAND	TN
RIVERVIEW REGIONAL MEDICAL CENTER NORTH	CARTHAGE	TN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$12391.00		15
$14987.00		24
$12170.00		247
$13277.00		78
$12354.00		221
$11148.00		445
$10853.00		24
$100.00		182
$12249.00		372
$11233.00		102
$11942.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

LIVINGSTON REGIONAL HOSPITAL	LIVINGSTON	TN
REGIONAL HOSPITAL OF JACKSON	JACKSON	TN
WHITE COUNTY COMMUNITY HOSPITAL	SPARTA	TN
UNIVERSITY MEDICAL CENTER	LEBANON	TN
HENDERSONVILLE MEDICAL CENTER	HENDERSONVILLE	TN
SOUTHERN HILLS MEDICAL CTR	NASHVILLE	TN
STONES RIVER HOSPITAL & DEKALB COMMUNITY HOSPITAL	WOODBURY	TN
BAPTIST HOSPITAL WEST	KNOXVILLE	TN

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11367.00		15
$12068.00		87
$12171.00	*	
$12576.00		96
$11151.00		59
$12093.00		42
$11942.00	*	
$9711.00		129

small number of Medicare patients (fewer than 11)

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

STONECREST MEDICAL CENTER	SMYRNA	TN
SAINT FRANCIS BARTLETT MEDICAL CENTER	BARTLETT	TN
PROVIDENCE MEMORIAL HOSPITAL	EL PASO	TX
MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL	ORANGE	TX
PETERSON REGIONAL MEDICAL CENTER	KERRVILLE	TX
KINGS DAUGHTERS HOSPITAL-SCOTT & WHITE HEALTHCARE	TEMPLE	TX
UNITED REGIONAL HEALTH CARE SYSTEM	WICHITA FALLS	TX
ST JOSEPH REGIONAL HEALTH CENTER	BRYAN	TX
PARKLAND HEALTH AND HOSPITAL SYSTEM	DALLAS	TX
UNIVERSITY OF TEXAS MEDICAL BRANCH GAL	GALVESTON	TX
BAYLOR UNIVERSITY MEDICAL CENTER	DALLAS	TX
CITIZENS MEDICAL CENTER	VICTORIA	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11942.00	42
	$11351.00	139
	$14431.00	99
	$11226.00	18
	$11187.00	188
	$12104.00	35
	$11890.00	175
	$11968.00	323
	$19608.00	50
	$18884.00	39
	$13110.00	771
	$10538.00	263

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

UNIVERSITY MEDICAL CENTER OF EL PASO	EL PASO	TX
VALLEY BAPTIST MEDICAL CENTER - BROWNSVILLE	BROWNSVILLE	TX
LAREDO MEDICAL CENTER	LAREDO	TX
GOOD SHEPHERD MEDICAL CENTER MARSHALL	MARSHALL	TX
VALLEY BAPTIST MEDICAL CENTER	HARLINGEN	TX
CHRISTUS HOSPITAL	BEAUMONT	TX
ST JOSEPH MEDICAL CENTER	HOUSTON	TX
GOOD SHEPHERD MEDICAL CENTER	LONGVIEW	TX
JPS HEALTH NETWORK	FORT WORTH	TX
COVENANT MEDICAL CENTER	LUBBOCK	TX
PROVIDENCE HEALTH CENTER	WACO	TX
UT SOUTHWESTERN UNIVERSITY HOSPITAL	DALLAS	TX
CHRISTUS SPOHN HOSPITAL	CORPUS CHRISTI	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$17627.00	27
	$15445.00	33
	$14981.00	107
	$11127.00	51
	$14305.00	251
	$11279.00	331
	$15743.00	93
	$11157.00	279
	$17040.00	43
	$11050.00	712
	$10996.00	284
	$13308.00	176
	$12548.00	569

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CORPUS CHRISTI		
METHODIST DALLAS MEDICAL CENTER	DALLAS	TX
SCOTT & WHITE MEMORIAL HOSPITAL	TEMPLE	TX
SETON MEDICAL CENTER AUSTIN	AUSTIN	TX
BAPTIST MEDICAL CENTER	SAN ANTONIO	TX
TEXAS HEALTH ARLINGTON MEMORIAL HOSPITAL	ARLINGTON	TX
MEMORIAL HERMANN TEXAS MEDICAL CENTER	HOUSTON	TX
BRAZOSPORT REGIONAL HEALTH SYSTEM	LAKE JACKSON	TX
BAYLOR MEDICAL CENTER AT IRVING	IRVING	TX
TITUS REGIONAL MEDICAL CENTER	MOUNT PLEASANT	TX
CHRISTUS SPOHN HOSPITAL BEEVILLE	BEEVILLE	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$14167.00		167
$13410.00		520
$11209.00		521
$12471.00		773
$11751.00		219
$16988.00		80
$11919.00		71
$12279.00		140
$12341.00		55
$1024.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

EAST TEXAS MEDICAL CENTER	TYLER	TX
NORTH HILLS HOSPITAL	NORTH RICHLAND HILLS	TX
NORTH TEXAS MEDICAL CENTER	GAINESVILLE	TX
FORT DUNCAN MEDICAL CENTER	EAGLE PASS	TX
BAYSHORE MEDICAL CENTER	PASADENA	TX
PAMPA REGIONAL MEDICAL CENTER	PAMPA	TX
HILLCREST BAPTIST MEDICAL CENTER	WACO	TX
MOTHER FRANCES HOSPITAL	TYLER	TX
GUADALUPE REGIONAL MEDICAL CENTER	SEGUIN	TX
LAS PALMAS MEDICAL CENTER	EL PASO	TX
CONNALLY MEMORIAL MEDICAL	FLORESVILLE	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11118.00		159
$11313.00		48
$11293.00	*	
$10929.00		11
$1068.00		90
$11108.00		67
$12793.00		106
$11023.00		471
$11625.00		104
$14002.00		222
$10392.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CENTER		
SOUTH TEXAS HEALTH SYSTEM	EDINBURG	TX
RENAISSANCE HOSPITAL GROVES	GROVES	TX
UNIVERSITY MEDICAL CENTER AT BRACKENRIDGE	AUSTIN	TX
KNAPP MEDICAL CENTER	WESLACO	TX
NIX HEALTH CARE SYSTEM	SAN ANTONIO	TX
MEDICAL CENTER HOSPITAL	ODESSA	TX
MIDLAND MEMORIAL HOSPITAL	MIDLAND	TX
TEXAS HEALTH HARRIS METHODIST FORT WORTH	FORT WORTH	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$17001.00	59
	$10169.00 *	
	$15795.00	27
	$15282.00	131
	$14197.00	206
	$13324.00	131
	$11070.00	245
	$12473.00	322

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

BAYLOR ALL SAINTS MEDICAL CENTER AT FW	FORT WORTH	TX
SMITHVILLE REGIONAL HOSPITAL	SMITHVILLE	TX
DETAR HOSPITAL NAVARRO	VICTORIA	TX
TEXAS HEALTH HARRIS METHODIST HOSPITAL CLEBURNE	CLEBURNE	TX
METROPLEX HOSPITAL	KILLEEN	TX
VAL VERDE REGIONAL MEDICAL CENTER	DEL RIO	TX
GRACE MEDICAL CENTER	LUBBOCK	TX
CHRISTUS SPOHN HOSPITAL KLEBERG	KINGSVILLE	TX
SOUTH TEXAS REGIONAL MEDICAL CENTER	JOURDANTON	TX
MISSION REGIONAL MEDICAL CENTER	MISSION	TX
MEMORIAL HERMANN HOSPITAL	HOUSTON	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Major joint replacement or reattachment of lower extremity w/o

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11787.00		210
$11221.00	*	
$11776.00		122
$12254.00		116
$12150.00		100
$10929.00		46
$11157.00		22
$10971.00		11
$11545.00		20
$16008.00		139
$13111.00		869

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SYSTEM		
TRINITY MEDICAL CENTER	BRENHAM	TX
ST LUKES EPISCOPAL HOSPITAL	HOUSTON	TX
EAST TEXAS MEDICAL CENTER JACKSONVILLE	JACKSONVILLE	TX
PARIS REGIONAL MEDICAL CENTER	PARIS	TX
WADLEY REGIONAL MEDICAL CENTER	TEXARKANA	TX
WEATHERFORD REGIONAL MEDICAL CENTER	WEATHERFORD	TX
NORTHWEST TEXAS HOSPITAL	AMARILLO	TX
MEMORIAL HEALTH SYSTEM OF EAST TEXAS- LUFKIN	LUFKIN	TX
UNIVERSITY HEALTH SYSTEM	SAN ANTONIO	TX
GULF COAST MEDICAL CENTER	WHARTON	TX
CONROE REGIONAL MEDICAL CENTER	CONROE	TX
MOTHER FRANCES HOSPITAL-WINNSBORO	WINNSBORO	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12298.00	62
	$11927.00	408
	$11095.00	18
	$12076.00	267
	$11723.00	101
	$11279.00	103
	$13997.00	141
	$10825.00	137
	$16222.00	17
	$12298.00	13
	$12328.00	117
	$21396.00	12

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HENDRICK MEDICAL CENTER	ABILENE	TX
BAPTIST ST ANTHONYS HEALTH SYSTEM-BAPTIST CAMPUS	AMARILLO	TX
COMANCHE COUNTY MEDICAL CENTER	COMANCHE	TX
MEMORIAL HOSPITAL	GONZALES	TX
HOPKINS COUNTY MEMORIAL HOSPITAL	SULPHUR SPRINGS	TX
CHRISTUS SANTA ROSA HOSPITAL	SAN ANTONIO	TX
WISE REGIONAL HEALTH SYSTEM	DECATUR	TX
CENTRAL TEXAS MEDICAL CENTER	SAN MARCOS	TX
BAYLOR MEDICAL CENTER AT GARLAND	GARLAND	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10983.00		358
$10929.00		455
$9837.00	*	
$11707.00	*	
$11231.00		29
$15629.00		532
$11495.00		63
$12311.00		31
$12276.00		131

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

GARLAND		
HARRIS COUNTY HOSPITAL DISTRICT	HOUSTON	TX
TEXAS HEALTH PRESBYTERIAN HOSPITAL KAUFMAN	KAUFMAN	TX
CLEVELAND REGIONAL MEDICAL CTR	CLEVELAND	TX
COLLEGE STATION MEDICAL CENTER	COLLEGE STATION	TX
TEXOMA MEDICAL CENTER	DENISON	TX
OAKBEND MEDICAL CENTER	RICHMOND	TX
SAN ANGELO COMMUNITY MEDICAL CENTER	SAN ANGELO	TX
MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL	BEAUMONT	TX
HUNTSVILLE MEMORIAL HOSPITAL	HUNTSVILLE	TX
TEXAS HEALTH HARRIS METHODIST HOSPITAL STEPHENVILL	STEPHENVILLE	TX
HUNT REGIONAL MEDICAL CENTER	GREENVILLE	TX
METHODIST HOSPITAL,THE	HOUSTON	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$18469.00	25
	$11956.00	31
	$14177.00	19
	$12159.00	28
	$12057.00	53
	$12990.00	30
	$11984.00	142
	$12010.00	166
	$11787.00	76
	$11379.00	81
	$12460.00	167
	$12413.00	802

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CHILDRESS REGIONAL MEDICAL CENTER	CHILDRESS	TX
COLUMBUS COMMUNITY HOSPITAL	COLUMBUS	TX
BAYLOR MEDICAL CENTER AT WAXAHACHIE	WAXAHACHIE	TX
DALLAS MEDICAL CENTER	DALLAS	TX
METHODIST HOSPITAL	SAN ANTONIO	TX
EAST TEXAS MEDICAL CENTER ATHENS	ATHENS	TX
MEMORIAL MEDICAL CENTER LIVINGSTON	LIVINGSTON	TX
MEDICAL CENTER OF MCKINNEY	MCKINNEY	TX
TEXAS HEALTH HARRIS METHODIST HOSPITAL AZLE	AZLE	TX
BAYLOR MEDICAL CENTER AT UPTOWN	DALLAS	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10929.00		19
$10680.00		13
$11733.00		135
$12308.00	*	
$12546.00		463
$12453.00		75
$12298.00		75
$11685.00		125
$11020.00		27
$32547.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SAN JACINTO METHODIST HOSPITAL	BAYTOWN	TX
ST DAVIDS HOSPITAL	AUSTIN	TX
COLORADO FAYETTE MEDICAL CENTER	WEIMAR	TX
NAVARRO REGIONAL HOSPITAL	CORSICANA	TX
GLEN ROSE MEDICAL CENTER	GLEN ROSE	TX
TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS	DALLAS	TX
MATAGORDA REGIONAL MEDICAL CENTER	BAY CITY	TX
TEXAS HEALTH PRESBYTERIAN HOSPITAL-WNJ	SHERMAN	TX
ETMC HENDERSON	HENDERSON	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$12744.00		152
$13666.00		377
$10524.00	*	
$12594.00		35
$10213.00		22
$12579.00		602
$12298.00		20
$11603.00		204
$11351.00		26

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

WOODLAND HEIGHTS MEDICAL CENTER	LUFKIN	TX
MEMORIAL HOSPITAL	NACOGDOCHES	TX
THE MEDICAL CENTER OF SOUTHEAST TEXAS	PORT ARTHUR	TX
MAINLAND MEDICAL CENTER	TEXAS CITY	TX
METHODIST RICHARDSON MEDICAL CENTER	RICHARDSON	TX
COVENANT HOSPITAL PLAINVIEW	PLAINVIEW	TX
EAST TEXAS MEDICAL CENTER QUITMAN	QUITMAN	TX
ABILENE REGIONAL MEDICAL CENTER	ABILENE	TX
BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE	GRAPEVINE	TX
PALO PINTO GENERAL HOSPITAL	MINERAL WELLS	TX
SHANNON MEDICAL CENTER	SAN ANGELO	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10669.00		115
$11493.00		44
$11656.00		102
$12132.00		113
$11032.00		61
$10981.00		15
$11459.00	*	
$11248.00		52
$11029.00		104
$12428.00		52
$11247.00		194

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CHRISTUS JASPER MEMORIAL HOSPITAL	JASPER	TX
BROWNWOOD REGIONAL MEDICAL CENTER	BROWNWOOD	TX
ANGLETON-DANBURY MEDICAL CENTER	ANGLETON	TX
LAKE GRANBURY MEDICAL CENTER	GRANBURY	TX
HILL COUNTRY MEMORIAL HOSPITAL INC	FREDERICKSBURG	TX
MEMORIAL HERMANN MEMORIAL CITY MEDICAL CENTER	HOUSTON	TX
CLEAR LAKE REGIONAL MEDICAL CENTER	WEBSTER	TX
SPRING BRANCH MEDICAL CENTER	HOUSTON	TX
DENTON REGIONAL MEDICAL CENTER	DENTON	TX
HOUSTON NORTHWEST MEDICAL CENTER	HOUSTON	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11027.00 *	
	$10826.00	88
	$12159.00	47
	$11884.00	94
	$11162.00	241
	$11620.00	422
	$12117.00	67
	$11563.00	68
	$11335.00	109
	$12319.00	151

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

TEXAS HEALTH HARRIS METHODIST HURST-EULESS-BEDFORD	BEDFORD	TX
DOCTORS HOSPITAL OF LAREDO	LAREDO	TX
WEST HOUSTON MEDICAL CENTER	HOUSTON	TX
MEDICAL CITY DALLAS HOSPITAL	DALLAS	TX
MEDICAL CENTER OF PLANO	PLANO	TX
SCENIC MOUNTAIN MEDICAL CENTER	BIG SPRING	TX
NACOGDOCHES MEDICAL CENTER	NACOGDOCHES	TX
PARK PLAZA HOSPITAL	HOUSTON	TX
ODESSA REGIONAL HOSPITAL	ODESSA	TX
VALLEY REGIONAL MEDICAL CENTER	BROWNSVILLE	TX
SIERRA MEDICAL CENTER	EL PASO	TX
MEDICAL CENTER OF LEWISVILLE	LEWISVILLE	TX
TOMBALL REGIONAL HOSPITAL	TOMBALL	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11335.00	128
	$15094.00	52
	$13700.00	53
	$12023.00	290
	$11557.00	61
	$10948.00	30
	$11059.00	73
	$13229.00	90
	$16468.00	221
	$15618.00	78
	$12253.00	167
	$11723.00	135
	$11110.00	79

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PLAZA MEDICAL CENTER OF FORT WORTH	FORT WORTH	TX
MEDICAL CENTER OF ARLINGTON	ARLINGTON	TX
HUGULEY HEALTH SYSTEM	FORT WORTH	TX
DOCTORS HOSPITAL	DALLAS	TX
RENAISSANCE HOSPITAL TERRELL	TERRELL	TX
MEMORIAL HERMANN NORTHEAST	HUMBLE	TX
UNIVERSITY MEDICAL CENTER	LUBBOCK	TX
DALLAS REGIONAL MEDICAL CENTER	MESQUITE	TX
SOUTHWEST GENERAL HOSPITAL	SAN ANTONIO	TX
LONGVIEW REGIONAL MEDICAL CENTER	LONGVIEW	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12899.00	723
	$13314.00	60
	$12189.00	51
	$11811.00	192
	$11814.00 *	
	$12368.00	31
	$14584.00	386
	$13725.00	90
	$16405.00	69
	$11710.00	167

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

CHRISTUS ST JOHN HOSPITAL	NASSAU BAY	TX
RIO GRANDE REGIONAL HOSPITAL	MCALLEN	TX
ST DAVID'S SOUTH AUSTIN MEDICAL CENTER	AUSTIN	TX
CYPRESS FAIRBANKS MEDICAL CENTER	HOUSTON	TX
ROUND ROCK MEDICAL CENTER	ROUND ROCK	TX
METHODIST CHARLTON MEDICAL CENTER	DALLAS	TX
BAYLOR MEDICAL CENTER AT CARROLLTON	CARROLLTON	TX
LAKE POINTE MEDICAL CENTER	ROWLETT	TX
TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON	DENTON	TX
PALESTINE REGIONAL MEDICAL CENTER	PALESTINE	TX
TEXAS HEALTH PRESBYTERIAN HOSPITAL PLANO	PLANO	TX
TOPS SURGICAL SPECIALTY HOSPITAL	HOUSTON	TX
KINGWOOD MEDICAL CENTER	KINGWOOD	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11082.00	99
	$15325.00	51
	$11582.00	119
	$12537.00	23
	$11393.00	112
	$12684.00	192
	$12761.00	20
	$11695.00	35
	$12029.00	205
	$12188.00	91
	$11032.00	568
	$11071.00	51
	$12451.00	68

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHWEST F	FORT WORTH	TX
METHODIST AMBULATORY SURGERY HOSPITAL NW	SAN ANTONIO	TX
CORPUS CHRISTI MEDICAL CENTER,THE	CORPUS CHRISTI	TX
ST ANTHONY'S HOSPITAL	HOUSTON	TX
NORTHWEST TEXAS SURGERY CENTER	AMARILLO	TX
HOUSTON HOSPITAL SOR SPECIALIZED SURGERY	HOUSTON	TX
CHRISTUS ST MICHAEL HEALTH SYSTEM	TEXARKANA	TX
DOCTORS HOSPITAL TIDWELL	HOUSTON	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11046.00		79
$10392.00		79
$12456.00		120
$12298.00	*	
$10426.00		19
$23150.00	*	
$10511.00		316
$16344.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

TEXAS ORTHOPEDIC HOSPITAL	HOUSTON	TX
NORTHWEST HILLS SURGICAL HOSPITAL	AUSTIN	TX
NORTH AUSTIN MEDICAL CENTER	AUSTIN	TX
METHODIST SUGAR LAND HOSPITAL	SUGAR LAND	TX
LAS COLINAS MEDICAL CENTER	IRVING	TX
CORNERSTONE REGIONAL HOSPITAL	EDINBURG	TX
KELL WEST REGIONAL HOSPITAL	WICHITA FALLS	TX
CHRISTUS SPOHN HOSPITAL ALICE	ALICE	TX
SURGERY SPECIALTY HOSPITALS OF AMERICA SE HOUSTON	PASADENA	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11071.00	434
	$10791.00 *	
	$11477.00	192
	$11472.00	90
	$11490.00	15
	$11650.00	125
	$10549.00	210
	$10929.00	24
	$19253.00 *	

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

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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CHRISTUS ST CATHERINE HOSPITAL	KATY	TX
ENNIS REGIONAL MEDICAL CENTER	ENNIS	TX
PHYSICIANS CENTRE,THE	BRYAN	TX
TEXAS HEALTH PRESBYTERIAN HOSPITAL ALLEN	ALLEN	TX
BROWNSVILLE SURGICAL HOSPITAL	BROWNSVILLE	TX
METHODIST WILLOWBROOK HOSPITAL	HOUSTON	TX
EL PASO SPECIALTY HOSPITAL	EL PASO	TX
MEMORIAL HERMANN KATY HOSPITAL	KATY	TX
MEMORIAL HERMANN SUGAR LAND HOSPITAL	SUGAR LAND	TX
BAYLOR MEDICAL CENTER AT FRISCO	FRISCO	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11574.00	26
	$12241.00	20
	$10562.00	91
	$12016.00	41
	$11759.00	22
	$11457.00	42
	$10689.00	260
	$12282.00	114
	$12298.00	56
	$11020.00	214

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HARLINGEN MEDICAL CENTER	HARLINGEN	TX
SOUTH TEXAS SPINE AND SURGICAL HOSPITAL	SAN ANTONIO	TX
SUGAR LAND SURGICAL HOSPITAL LLP	SUGAR LAND	TX
ST LUKE'S THE WOODLANDS HOSPITAL	THE WOODLANDS	TX
TEXAS SPINE AND JOINT HOSPITAL	TYLER	TX
SETON SOUTHWEST HOSPITAL	AUSTIN	TX
SETON NORTHWEST HOSPITAL	AUSTIN	TX
DOCTORS HOSPITAL AT RENAISSANCE	EDINBURG	TX
AUSTIN SURGICAL HOSPITAL	AUSTIN	TX
USMD HOSPITAL AT ARLINGTON L P	ARLINGTON	TX
IRVING COPPELL SURGICAL	IRVING	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$13457.00		119
$10392.00		42
$11071.00		74
$11550.00		117
$11377.00		282
$11360.00	*	
$11118.00		77
$14667.00		218
$10791.00		248
$11020.00		27
$11020.00		25

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL LLP		
QUAIL CREEK SURGICAL HOSPITAL	AMARILLO	TX
EAST EL PASO PHYSICIANS MEDICAL CENTER, LLC	EL PASO	TX
BAYLOR SURGICAL HOSPITAL AT FORT WORTH	FORT WORTH	TX
BAYLOR MEDICAL CENTER AT TROPHY CLUB	TROPHY CLUB	TX
CENTENNIAL MEDICAL CENTER	FRISCO	TX
SOUTHWEST SURGICAL HOSPITAL	HURST	TX
TEXAS HEALTH HARRIS METHODIST HOSPITAL SOUTHLAKE	SOUTHLAKE	TX
BAYLOR REGIONAL MEDICAL CENTER AT PLANO	PLANO	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$10426.00	345
	$11174.00	39
	$11020.00	79
	$11020.00 *	
	$11392.00	52
	$11020.00 *	
	$11549.00	88
	$11020.00	83

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

NORTH TEXAS HOSPITAL	DENTON	TX
PINE CREEK MEDICAL CENTER LLP	DALLAS	TX
UTAH VALLEY REGIONAL MEDICAL CENTER	PROVO	UT
SALT LAKE REGIONAL MEDICAL CENTER	SALT LAKE CITY	UT
MCKAY-DEE HOSPITAL CENTER	OGDEN	UT
OGDEN REGIONAL MEDICAL CENTER	OGDEN	UT
LDS HOSPITAL	SALT LAKE CITY	UT
VALLEY VIEW MEDICAL CENTER	CEDAR CITY	UT
UNIVERSITY HEALTH CARE/UNIV HOSPITALS AND CLINICS	SALT LAKE CITY	UT

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

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

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12450.00	*
	$11020.00	*
	$12370.00	245
	$11819.00	16
	$11928.00	437
	$11423.00	75
	$8889.00	541
	$11759.00	113
	$15695.00	271

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITALS AND CLINICS		
INTERMOUNTAIN MEDICAL CENTER	MURRAY	UT
CASTLEVIEW HOSPITAL	PRICE	UT
MOUNTAIN VIEW HOSPITAL	PAYSON	UT
MOUNTAIN WEST MEDICAL CENTER	TOOELE	UT
LOGAN REGIONAL HOSPITAL	LOGAN	UT
BRIGHAM CITY COMMUNITY HOSPITAL	BRIGHAM CITY	UT
UINTAH BASIN MEDICAL CENTER	ROOSEVELT	UT
DIXIE REGIONAL MEDICAL CENTER	ST GEORGE	UT
AMERICAN FORK HOSPITAL	AMERICAN FORK	UT
ASHLEY REGIONAL MEDICAL CENTER	VERNAL	UT
BEAR RIVER VALLEY HOSPITAL	TREMONTON	UT

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11949.00	277
	$10849.00	53
	$11407.00	182
	$11027.00	46
	$11475.00	88
	$11412.00	28
	$11325.00	21
	$12797.00	443
	$11109.00	46
	$10870.00	25
	$11070.00 *	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

DAVIS HOSPITAL AND MEDICAL CENTER	LAYTON	UT
LAKEVIEW HOSPITAL	BOUNTIFUL	UT
ALTA VIEW HOSPITAL	SANDY	UT
ST MARKS HOSPITAL	SALT LAKE CITY	UT
THE ORTHOPEDIC SPECIALTY HOSPITAL	MURRAY	UT
JORDAN VALLEY MEDICAL CENTER	WEST JORDAN	UT
TIMPANOGOS REGIONAL HOSPITAL	OREM	UT
CACHE VALLEY SPECIALITY HOSPITAL	NORTH LOGAN	UT
CENTRAL VERMONT MEDICAL CENTER	BARRE	VT
FLETCHER ALLEN HOSPITAL OF VERMONT	BURLINGTON	VT
RUTLAND REGIONAL MEDICAL CENTER	RUTLAND	VT
BRATTLEBORO MEMORIAL	BRATTLEBORO	VT

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11222.00	75
	$10641.00	202
	$10621.00	96
	$11313.00	486
	$10621.00	301
	$11702.00	127
	$10977.00	72
	$10307.00	88
	$14781.00	48
	$17221.00	302
	$13445.00	195
	$15018.00	75

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

small number of Medicare patients (fewer than 11)

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

HOSPITAL		
SOUTHWESTERN VERMONT MEDICAL CENTER	BENNINGTON	VT
NORTHWESTERN MEDICAL CENTER INC	SAINT ALBANS	VT
ROY LESTER SCHNEIDER HOSPITAL,THE	ST THOMAS	VI
GOV JUAN F LUIS HOSPITAL & MEDICAL CTR	ST CROIX	VI
NORTON COMMUNITY HOSPITAL	NORTON	VA
RUSSELL COUNTY MEDICAL CENTER	LEBANON	VA
ROCKINGHAM MEMORIAL HOSPITAL	HARRISONBURG	VA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$12503.00		88
$12465.00		76
$4035.00		46
$32760.00	*	
$11979.00	*	
$11276.00	*	
$11280.00		104

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

WINCHESTER MEDICAL CENTER INC	WINCHESTER	VA
SENTARA NORFOLK GENERAL HOSPITAL	NORFOLK	VA
UNIVERSITY OF VIRGINIA MEDICAL CENTER	CHARLOTTESVILLE	VA
BON SECOURS - DEPAUL MEDICAL CENTER	NORFOLK	VA
HALIFAX REGIONAL HOSPITAL	HALIFAX	VA
BON SECOURS - MARYVIEW MEDICAL CENTER	PORTSMOUTH	VA
AUGUSTA HEALTH	FISHERSVILLE	VA
CULPEPER REGIONAL HOSPITAL	CULPEPER	VA
JOHN RANDOLPH MEDICAL CENTER	HOPEWELL	VA
CENTRA HEALTH	LYNCHBURG	VA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$12267.00		380
$13113.00		21
$17338.00		280
$11830.00		72
$12326.00		45
$12163.00		161
$11678.00		355
$12191.00		143
$11181.00	*	
$11232.00		567

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MARY WASHINGTON HOSPITAL, INC	FREDERICKSBURG	VA
THE FAUQUIER HOSPITAL, INC	WARRENTON	VA
CARILION MEDICAL CENTER	ROANOKE	VA
MOUNTAIN VIEW REGIONAL MEDICAL CENTER	NORTON	VA
VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM	RICHMOND	VA
WARREN MEMORIAL HOSPITAL	FRONT ROYAL	VA
RIVERSIDE SHORE MEMORIAL HOSPITAL	NASSAWADOX	VA
SMYTH COUNTY COMMUNITY HOSPITAL	MARION	VA
INOVA ALEXANDRIA HOSPITAL	ALEXANDRIA	VA
MARY IMMACULATE HOSPITAL	NEWPORT NEWS	VA
CARILION NEW RIVER VALLEY MEDICAL CENTER	CHRISTIANSBURG	VA
INOVA LOUDOUN HOSPITAL	LEESBURG	VA
SENTARA OBICI HOSPITAL	SUFFOLK	VA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$14508.00	393
	$11653.00	102
	$12309.00	731
	$10879.00	18
	$16403.00	146
	$12681.00	20
	$10858.00	19
	$20155.00	20
	$12332.00	250
	$10751.00	460
	$10923.00	57
	$12229.00	76
	$11219.00	174

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PRINCE WILLIAM HOSPITAL	MANASSAS	VA
SENTARA LEIGH HOSPITAL	NORFOLK	VA
LEWIS-GALE MEDICAL CENTER, LLC	SALEM	VA
VIRGINIA HOSPITAL CENTER - ARLINGTON	ARLINGTON	VA
RIVERSIDE REGIONAL MEDICAL CENTER	NEWPORT NEWS	VA
JOHNSTON MEMORIAL HOSPITAL	ABINGDON	VA
SENTARA VIRGINIA BEACH GENERAL HOSPITAL	VIRGINIA BEACH	VA
BON SECOURS - ST MARYS HOSPITAL OF RICHMOND	RICHMOND	VA
CLINCH VALLEY MEDICAL CENTER	RICHLANDS	VA
INOVA FAIRFAX HOSPITAL	FALLS CHURCH	VA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$12462.00	96
	$10551.00	831
	$10364.00	303
	$12864.00	249
	$12388.00	218
	$10644.00	172
	$10404.00	255
	$11031.00	431
	$10858.00 *	
	$13925.00	453

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER	WILLIAMSBURG	VA
SOUTHSIDE REGIONAL MEDICAL CENTER	PETERSBURG	VA
BON SECOURS - MEMORIAL REGIONAL MEDICAL	MECHANICSVILLE	VA
DANVILLE REGIONAL MEDICAL CENTER	DANVILLE	VA
MARTHA JEFFERSON HOSPITAL	CHARLOTTESVILLE	VA
MEMORIAL HOSPITAL OF MARTINSVILLE & HENRY COUNTY	MARTINSVILLE	VA
RIVERSIDE TAPPAHANNOCK HOSPITAL	TAPPAHANNOCK	VA
SOUTHSIDE COMMUNITY HOSPITAL, INC	FARMVILLE	VA
SOUTHAMPTON MEMORIAL HOSPITAL	FRANKLIN	VA
SENTARA CAREPLEX HOSPITAL	HAMPTON	VA
BON SECOURS - RICHMOND COMMUNITY HOSPITAL	RICHMOND	VA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$10356.00		152
$12223.00		75
$10587.00		213
$11395.00		87
$10954.00		251
$10909.00		58
$11345.00		53
$10858.00		27
$11609.00		32
$11171.00		145
$14039.00	*	

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SOUTHERN VIRGINIA REGIONAL MEDICAL CENTER	EMPORIA	VA
COMMUNITY MEMORIAL HEALTHCENTER, INC	SOUTH HILL	VA
INOVA FAIR OAKS HOSPITAL	FAIRFAX	VA
RESTON HOSPITAL CENTER	RESTON	VA
MONTGOMERY REGIONAL HOSPITAL	BLACKSBURG	VA
WYTHE COUNTY COMMUNITY HOSPITAL	WYTHEVILLE	VA
CJW MEDICAL CENTER	RICHMOND	VA
POTOMAC HOSPITAL	WOODBRIDGE	VA
WELLMONT LONESOME PINE HOSPITAL	BIG STONE GAP	VA
TWIN COUNTY REGIONAL HOSPITAL	GALAX	VA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11740.00 *	
	$10858.00	40
	$12320.00	233
	$11925.00	252
	$11124.00	127
	$11427.00	120
	$11131.00	446
	$12920.00	57
	$11615.00	16
	$10555.00	27

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

patients (fewer than 11)

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PULASKI COMMUNITY HOSPITAL	PULASKI	VA
HENRICO DOCTORS' HOSPITAL	RICHMOND	VA
SENTARA BAYSIDE HOSPITAL	VIRGINIA BEACH	VA
CHESAPEAKE GENERAL HOSPITAL	CHESAPEAKE	VA
INOVA MOUNT VERNON HOSPITAL	ALEXANDRIA	VA
RAPPAHANNOCK GENERAL HOSPITAL	KILMARNOCK	VA
ALLEGHANY REGIONAL HOSPITAL	LOW MOOR	VA
RIVERSIDE WALTER REED HOSPITAL	GLOUCESTER	VA
BON SECOURS - ST FRANCIS MEDICAL CENTER	MIDLOTHIAN	VA
STAFFORD HOSPITAL CENTER	STAFFORD	VA
NORTHWEST HOSPITAL	SEATTLE	WA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10965.00		26
$10592.00		386
$10471.00		40
$10804.00		168
$11924.00		729
$10875.00		36
$10746.00		87
$10342.00		74
$10573.00		365
$10556.00	*	
$12364.00		98

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PROVIDENCE ST MARY MEDICAL CENTER	WALLA WALLA	WA
SKAGIT VALLEY HOSPITAL	MOUNT VERNON	WA
VIRGINIA MASON MEDICAL CENTER	SEATTLE	WA
ISLAND HOSPITAL	ANACORTES	WA
UNIVERSITY OF WASHINGTON MEDICAL CTR	SEATTLE	WA
HIGHLINE MEDICAL CENTER	BURIEN	WA
YAKIMA REGIONAL MEDICAL AND CARDIAC CENTER	YAKIMA	WA
PROVIDENCE REGIONAL MEDICAL CENTER EVERETT	EVERETT	WA
AUBURN REGIONAL MEDICAL CENTER	AUBURN	WA
CENTRAL WASHINGTON HOSPITAL	WENATCHEE	WA
PROVIDENCE CENTRALIA HOSPITAL	CENTRALIA	WA
SAINT CLARE HOSPITAL	LAKEWOOD	WA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11990.00	120
	$13834.00	178
	$14683.00	460
	$12553.00	113
	$19097.00	228
	$13236.00	117
	$13441.00	42
	$13681.00	397
	$13707.00	41
	$13649.00	287
	$13591.00	154
	$13416.00	227

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

PROVIDENCE ST PETER HOSPITAL	OLYMPIA	WA
SWEDISH EDMONDS HOSPITAL	EDMONDS	WA
SWEDISH MEDICAL CENTER	SEATTLE	WA
PEACEHEALTH ST JOSEPH MEDICAL CENTER	BELLINGHAM	WA
GRAYS HARBOR COMMUNITY HOSPITAL	ABERDEEN	WA
SAMARITAN HOSPITAL	MOSES LAKE	WA
YAKIMA VALLEY MEMORIAL HOSPITAL	YAKIMA	WA
TOPPENISH COMMUNITY HOSPITAL	TOPPENISH	WA
HARRISON MEDICAL CENTER	BREMERTON	WA
PEACHEALTH ST JOHN MEDICAL CENTER	LONGVIEW	WA
DEACONESS MEDICAL CENTER	SPOKANE	WA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$13791.00		532
$13215.00		75
$14590.00		1038
$13438.00		331
$13283.00		97
$12506.00		77
$13870.00		361
$12506.00	*	
$13181.00		357
$14245.00		251
$14152.00		238

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

WALLA WALLA GENERAL HOSPITAL	WALLA WALLA	WA
S W WASHINGTON MEDICAL CENTER	VANCOUVER	WA
OVERLAKE HOSPITAL MEDICAL CENTER	BELLEVUE	WA
KENNEWICK GENERAL HOSPITAL	KENNEWICK	WA
PROVIDENCE SACRED HEART MEDICAL CENTER	SPOKANE	WA
KADLEC REGIONAL MEDICAL CENTER	RICHLAND	WA
CASCADE VALLEY HOSPITAL	ARLINGTON	WA
HARBORVIEW MEDICAL CENTER	SEATTLE	WA
OLYMPIC MEDICAL CENTER	PORT ANGELES	WA
PROVIDENCE HOLY FAMILY HOSPITAL	SPOKANE	WA
GOOD SAMARITAN HOSPITAL & REHAB CENTER	PUYALLUP	WA
VALLEY GENERAL HOSPITAL	MONROE	WA

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12506.00	54
	$324.00	477
	$12369.00	373
	$13645.00	49
	$13847.00	555
	$13118.00	108
	$13631.00	54
	$18832.00	25
	$12146.00	138
	$12759.00	263
	$13058.00	166
	$12750.00	21

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

VALLEY MEDICAL CENTER	RENTON	WA
ST JOSEPH MEDICAL CENTER	TACOMA	WA
VALLEY HOSPITAL & MEDICAL CENTER	SPOKANE	WA
EVERGREEN HOSPITAL MEDICAL CENTER	KIRKLAND	WA
TACOMA GENERAL ALLENMORE HOSPITAL	TACOMA	WA
CAPITAL MEDICAL CENTER	OLYMPIA	WA
ST FRANCIS COMMUNITY HOSPITAL	FEDERAL WAY	WA
WENATCHEE VALLEY HOSPITAL	WENATCHEE	WA
LEGACY SALMON CREEK MEDICAL CENTER	VANCOUVER	WA
ST ANTHONY HOSPITAL	GIG HARBOR	WA
WEST VIRGINIA UNIVERSITY HOSPITALS	MORGANTOWN	WV
GREENBRIER VALLEY MEDICAL CENTER	RONCEVERTE	WV
UNITED HOSPITAL CENTER	BRIDGEPORT	WV

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$14684.00	389
	$13996.00	257
	$12047.00	149
	$12366.00	234
	$15015.00	240
	$13074.00	152
	$14081.00	161
	$12506.00	36
	$14526.00	124
	$11096.00	103
	$15648.00	133
	$11852.00	35
	$11546.00	183

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST MARY'S MEDICAL CENTER	HUNTINGTON	WV
CITY HOSPITAL	MARTINSBURG	WV
PLEASANT VALLEY HOSPITAL	POINT PLEASANT	WV
REYNOLDS MEMORIAL HOSPITAL	GLEN DALE	WV
CHARLESTON AREA MEDICAL CENTER	CHARLESTON	WV
WEIRTON MEDICAL CENTER	WEIRTON	WV
MONONGALIA COUNTY GENERAL HOSPITAL	MORGANTOWN	WV
THOMAS MEMORIAL HOSPITAL	SOUTH CHARLESTON	WV
DAVIS MEMORIAL HOSPITAL	ELKINS	WV
ST FRANCIS HOSPITAL	CHARLESTON	WV

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11581.00		282
$12304.00		128
$10634.00		20
$10094.00	*	
$12199.00		371
$10149.00		69
$10193.00		266
$11071.00		209
$10537.00		85
$10550.00		145

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST JOSEPHS HEALTHCARE SYSTEM	PARKERSBURG	WV
STONEWALL JACKSON MEM HOSP	WESTON	WV
OHIO VALLEY MEDICAL CENTER	WHEELING	WV
PRINCETON COMMUNITY HOSPITAL	PRINCETON	WV
FAIRMONT GENERAL HOSPITAL	FAIRMONT	WV
LOGAN REGIONAL MEDICAL CENTER	LOGAN	WV
WHEELING HOSPITAL	WHEELING	WV
ST JOSEPH HOSPITAL	BUCKHANNON	WV
CABELL-HUNTINGTON HOSPITAL INC	HUNTINGTON	WV
CAMDEN CLARK MEMORIAL HOSPITAL	PARKERSBURG	WV
BECKLEY ARH HOSPITAL	BECKLEY	WV

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$10018.00		181
$10998.00		42
$10853.00		39
$10663.00		154
$11990.00		50
$12598.00		34
$10620.00		250
$10537.00	*	
$15022.00		285
$10578.00		55
$11127.00		34

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

RALEIGH GENERAL HOSPITAL	BECKLEY	WV
BLUEFIELD REGIONAL MEDICAL CENTER	BLUEFIELD	WV
WILLIAMSON MEMORIAL HOSPITAL	WILLIAMSON	WV
SUMMERSVILLE REGIONAL MEDICAL CENTER	SUMMERSVILLE	WV
CAMC TEAYS VALLEY HOSPITAL	HURRICANE	WV
MINISTRY ST MICHAELS HOSPITAL OF STEVENS POINT	STEVENS POINT	WI
FRANCISCAN SKEMP LA CROSSE HSPTL	LA CROSSE	WI
WAUKESHA MEMORIAL HOSPITAL	WAUKESHA	WI
ST ELIZABETH HSPTL	APPLETON	WI
LAKEVIEW MED CENTER	RICE LAKE	WI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

$11299.00		25
$10862.00		113
$11312.00	*	
$10816.00		31
$10017.00		20
$11617.00		112
$12817.00		198
$11587.00		345
$215.00		207
$11024.00		197

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SACRED HEART HSPTL	EAU CLAIRE	WI
ST JOSEPHS HSPTL	CHIPPEWA FALLS	WI
MINISTRY ST MARYS HOSPITAL	RHINELANDER	WI
UNITED HSPTL SYS	KENOSHA	WI
COLUMBIA ST MARY'S HOSPITAL OZAUKEE, INC	MEQUON	WI
MONROE CLINIC	MONROE	WI
ASPIRUS WAUSAU HOSPITAL	WAUSAU	WI
RIVERVIEW HSPTL ASSOC	WISCONSIN RAPIDS	WI
AURORA MED CTR MANITOWOC CTY	TWO RIVERS	WI
AURORA SHEBOYGAN MEM MED CTR	SHEBOYGAN	WI
ST JOSEPHS HSPTL	MARSHFIELD	WI
AURORA MED CENTER-WASHINGTON COUNTY	HARTFORD	WI
DIVINE SAVIOR HLTHCARE	PORTAGE	WI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$13181.00	164
	$12688.00	48
	$11164.00	143
	$11447.00	190
	$11306.00	184
	$11981.00	89
	$11352.00	296
	$11215.00	112
	$13668.00	59
	$11387.00	185
	$12453.00	391
	$11273.00	101
	$12084.00	21

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST NICHOLAS HOSPITAL	SHEBOYGAN	WI
THEDA CLARK MED CTR	NEENAH	WI
MERCY MED CTR OF OSHKOSH	OSHKOSH	WI
BELLIN MEMORIAL HSPTL	GREEN BAY	WI
COLUMBIA ST MARYS HSPTL MILW (COL & MILW CAMPUS)	MILWAUKEE	WI
ST CLARE HSPTL HLTH SVCS	BARABOO	WI
AURORA MEMORIAL HSPTL BURLINGTON	BURLINGTON	WI
OCONOMOWOC MEM HSPTL	OCONOMOWOC	WI
ST JOSEPHS COM HSPTL WEST BEND	WEST BEND	WI
MERCY HLTH SYS CORP	JANESVILLE	WI
LUTHER HOSPITAL MAYO HEALTH SYSTEM	EAU CLAIRE	WI
FORT HEALTHCARE	FORT ATKINSON	WI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10783.00	77
	$10755.00	130
	$10754.00	390
	$10792.00	392
	$13472.00	449
	$11639.00	45
	$11169.00	106
	$11273.00	123
	$11273.00	54
	$12065.00	191
	$11161.00	275
	$11169.00	114

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST VINCENT HSPTL	GREEN BAY	WI
BEAVER DAM COM HSPTL	BEAVER DAM	WI
WHEATON FRANCISCAN HEALTHCARE- ST FRANCIS	MILWAUKEE	WI
ST MARY'S HOSPITAL	MADISON	WI
GUNDERSEN LUTH MED CTR	LA CROSSE	WI
ST AGNES HSPTL	FOND DU LAC	WI
MERITER HSPTL	MADISON	WI
HOWARD YOUNG MED CTR	WOODRUFF	WI
SAUK PRAIRIE MEM HSPTL	PRAIRIE DU SAC	WI
WHEATON FRANCISCAN HEALTHCARE- ALL SAINTS	RACINE	WI
ST MARYS HSPTL MED CTR	GREEN BAY	WI
UNIVERSITY OF WI HOSPITALS & CLINICS AUTHORITY	MADISON	WI
BELOIT MEM HSPTL	BELOIT	WI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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

Based on Hospital Medicare Payment And Volume Measures

	$11660.00	159
	$11916.00	84
	$12962.00	194
	$13046.00	555
	$12678.00	386
	$10940.00	104
	$13541.00	337
	$10902.00	84
	$11021.00	214
	$12919.00	206
	$11209.00	195
	$16528.00	277
	$11798.00	68

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

AURORA LAKELAND MED CTR	ELKHORN	WI
COMMUNITY MEM HSPTL	MENOMONEE FALLS	WI
HOLY FAMILY MEMORIAL INC	MANITOWOC	WI
MILE BLUFF MEDICAL CENTER, INC	MAUSTON	WI
BAY AREA MED CTR	MARINETTE	WI
UW HLTH PARTNERS - WATERTOWN REGIONAL MEDICAL CTR	WATERTOWN	WI
WHEATON FRANCISCAN, INC- ST JOSEPH	MILWAUKEE	WI
AURORA ST LUKES MEDICAL CENTER	MILWAUKEE	WI
AURORA WEST ALLIS MEDICAL CENTER	WEST ALLIS	WI
APPLETON MED CTR	APPLETON	WI
WHEATON FRANCISCAN HEALTHCARE- ELMBROOK MEMORIAL	BROOKFIELD	WI
FROEDTERT MEM LUTHERAN HSPTL	MILWAUKEE	WI

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11625.00	58
	$11283.00	221
	$11268.00	99
	$11337.00	24
	$11432.00	57
	$13087.00	55
	$15967.00	92
	$13137.00	740
	$11664.00	244
	$10992.00	392
	$11281.00	235
	$16015.00	228

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

AURORA MED CTR KENOSHA	KENOSHA	WI
AURORA BAYCARE MED CTR	GREEN BAY	WI
ORTHOPAEDIC HSPTL OF WI	GLENDALE	WI
OAK LEAF SURGCL HSPTL	EAU CLAIRE	WI
AURORA MED CTR OSHKOSH	OSHKOSH	WI
ST CLARE'S HOSPITAL OF WESTON INC	WESTON	WI
MIDWEST ORTHOPEDIC SPECIALTY HOSPITAL, LLC	FRANKLIN	WI
CAMPBELL COUNTY MEMORIAL HOSPITAL	GILLETTE	WY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12667.00	93
	$11393.00	92
	$11273.00 *	
	$10867.00	90
	$11080.00	102
	$11475.00	146
	$10412.00 *	
	$16621.00	23

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

SHERIDAN MEMORIAL HOSPITAL	SHERIDAN	WY
RIVERTON MEMORIAL HOSPITAL	RIVERTON	WY
MEMORIAL HOSPITAL OF CARBON COUNTY	RAWLINS	WY
LANDER REGIONAL HOSPITAL	LANDER	WY
MEMORIAL HOSPITAL SWEETWATER COUNTY	ROCK SPRINGS	WY
WYOMING MEDICAL CENTER	CASPER	WY
CHEYENNE REGIONAL MEDICAL CENTER	CHEYENNE	WY

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$11002.00		64
	$13276.00	*	
	$15092.00	*	
	$12800.00		68
	$16094.00	*	
	$12224.00		129
	$11489.00		121

Joint Replacement Reimbursement w/o MCC

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

ST JOHNS MEDICAL CENTER	JACKSON	WY
IVINSON MEMORIAL HOSPITAL	LARAMIE	WY
EVANSTON REGIONAL HOSPITAL	EVANSTON	WY
MOUNTAIN VIEW REGIONAL HOSPITAL	CASPER	WY
GUAM MEMORIAL HOSPITAL AUTHORITY	TAMUNING	GU
SOUTH HAMPTON COMMUNITY HOSPITAL	DALLAS	TX
ST MARKS MEDICAL CENTER	LA GRANGE	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$12188.00		40
	$11300.00		62
	$12172.00		22
	$10029.00	*	
	$11110.00	*	
	$13275.00	*	
	$10749.00		43

Joint Replacement Reimbursement w/o MCC

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

MEMORIAL HERMANN SURGICAL HOSPITAL KINGWOOD	KINGWOOD	TX
THE HOSPITAL AT WESTLAKE MEDICAL CENTER	AUSTIN	TX
HOUSTON PHYSICIANS' HOSPITAL	WEBSTER	TX
LAKESIDE HOSPITAL AT BASTROP	BASTROP	TX
FOUNDATION SURGICAL HOSPITAL	BELLAIRE	TX
DOCTORS DIAGNOSTIC HOSPITAL	CLEVELAND	TX
UNIVERSITY GENERAL HOSPITAL	HOUSTON	TX
METHODIST MANSFIELD MEDICAL CENTER	MANSFIELD	TX
NORTH CYPRESS MEDICAL CENTER	CYPRESS	TX

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

$11071.00		17
$10791.00		82
$15980.00		72
$11113.00	*	
$11071.00		274
$11839.00	*	
$11210.00		20
$10088.00		18
$10226.00		162

Joint Replacement Reimbursement w/o MCC

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

FIRST STREET HOSPITAL LP	BELLAIRE	TX
PATIENTS MEDICAL CENTER, LTD	PASADENA	TX
SCOTT & WHITE HOSPITAL-ROUND ROCK	ROUND ROCK	TX
SETON MEDICAL CENTER WILLIAMSON	ROUND ROCK	TX
CEDAR PARK REGIONAL MEDICAL CENTER	CEDAR PARK	TX
TEXAS HEALTH PRESBYTERIAN HOSPITAL ROCKWALL	ROCKWALL	TX
USMD HOSPITAL AT FORT WORTH LP	FORT WORTH	TX
SIERRA PROVIDENCE EAST MEDICAL CENTER	EL PASO	TX
NORTH CENTRAL SURGICAL CENTER LLP	DALLAS	TX
ST LUKE'S SUGAR LAND HOSPITAL	SUGAR LAND	TX
FOUNDATION SURGICAL HOSPITAL OF SAN ANTONIO	SAN ANTONIO	TX
METHODIST STONE OAK HOSPITAL	SAN ANTONIO	TX

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Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures

	$10226.00	18
	$10226.00	106
	$10265.00	143
	$9969.00	50
	$9969.00	48
	$10179.00	40
	$10073.00	45
	$11099.00	34
	$10179.00	16
	$10226.00	36
	$9605.00	45
	$9605.00	51

Joint Replacement Reimbursement w/o MCC

Based on Hospital Medicare Payment And Volume Measures