

Table B5b:					
CY 2016 Top 10 Inpatient Diagnosis Related Group Ranked by Expenditures					
Rank	DRG	Description	Expenditures	Unduplicated Client Count	Average Cost
1	560	Vaginal Delivery	\$57,965,924	17,952	\$3,228.94
2	720	Septicemia & Disseminated Infection	\$31,727,554	3,701	\$8,572.70
3	540	Cesarean Delivery	\$27,079,156	5,703	\$4,748.23
4	004	Tracheostomy with Long-Term Mechanical Ventilation with Extensive Procedure	\$23,085,849	235	\$98,237.65
5	710	Infectious and Parasitic Diseases Including HIV with Operating Room Procedure	\$20,619,287	972	\$21,213.26
6	425	Electrolyte Disorders Except Hypovolemia Related	\$13,571,794	436	\$31,127.97
7	775	Alcohol Abuse & Dependence	\$11,899,148	1,641	\$7,251.16
8	304	Dorsal and Lumbar Fusion Procedure Except for Curvature of Back	\$11,881,743	618	\$19,226.12
9	860	Rehabilitation	\$11,289,473	762	\$14,815.58
10	950	Extensive Procedure Unrelated to Principal Diagnosis	\$11,132,142	397	\$28,040.66
Top Ten Totals			\$220,252,070	31,812	\$6,923.55
Source: Medicaid paid claims are derived from the Medicaid Management Information System (MMIS) data warehouse.					
Notes: Claims are based on services rendered during the calendar year and processed and paid up to three months after the end of the calendar year.					