Dated: December 9, 2004.
By the Office of Thrift Supervision.

Richard M. Riccobono,

Deputy Director.

[FR Doc. 04–27397 Filed 12–14–04; 8:45 am]

BILLING CODE 6720–01–P

DEPARTMENT OF THE TREASURY

Office of Thrift Supervision

Proposed Agency Information Collection Activities; Comment Request—Minority Thrift Certification Form

AGENCY: Office of Thrift Supervision (OTS), Treasury.

ACTION: Notice and request for comment.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to comment on proposed and continuing information collections, as required by the Paperwork Reduction Act of 1995, 44 U.S.C. 3507. The Office of Thrift Supervision within the Department of the Treasury will submit the proposed information collection requirement described below to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. Today, OTS is soliciting public comments on its proposal to extend this information collection.

DATES: Submit written comments on or before February 14, 2005.

ADDRESSES: Send comments, referring to the collection by title of the proposal or by OMB approval number, to Information Collection Comments, Chief Counsel's Office, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552; send a facsimile transmission to (202) 906–6518; or send an e-mail to *infocollection.comments@ots.treas.gov.* OTS will post comments and the related index on the OTS Internet Site at *http://www.ots.treas.gov.* In addition, interested persons may inspect comments at the Public Reading Room, 1700 G Street, NW., by appointment. To make an appointment, call (202) 906–5922, send an e-mail to *publicinfo@ots.treas.gov,* or send a facsimile transmission to (202) 906–7755.

FOR FURTHER INFORMATION CONTACT: You can request additional information about this proposed information collection from Louise Batdorf, Analyst, Consumer Protection and Specialized Programs, (202) 906–7087, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552.

SUPPLEMENTARY INFORMATION: OTS may not conduct or sponsor an information collection, and respondents are not required to respond to an information collection, unless the information collection displays a currently valid OMB control number. As part of the approval process, we invite comments on the following information collection.

Comments should address one or more of the following points:

a. Whether the proposed collection of information is necessary for the proper performance of the functions of OTS;

b. The accuracy of OTS's estimate of the burden of the proposed information collection;

c. Ways to enhance the quality, utility, and clarity of the information to be collected;

d. Ways to minimize the burden of the information collection on respondents, including through the use of information technology.

We will summarize the comments that we receive and include them in the OTS request for OMB approval. All comments will become a matter of public record. In this notice, OTS is soliciting comments concerning the following information collection.

Title of Proposal: Minority Thrift Certification Form.

OMB Number: 1550–0096.

Form Number: OTS Form 1661.

Regulation requirement: N/A.

Description: This information is needed to help OTS maintain a reliable source of information regarding the universe of minority-owned thrifts, in accordance with our responsibilities under Section 308 of FIRREA.

Type of Review: Renewal.

Affected Public: Savings Associations.

Estimated Number of Respondents: 26.

Estimated Burden Hours per Response: .5 hours.

Estimated Frequency of Response: Annually.

Estimated Total Burden: 13 hours.

Clearance Officer: Marilyn K. Burton, (202) 906–6467, Office of Thrift Supervision, 1700 G Street, NW., Washington, DC 20552.

OMB Reviewer: Mark Menchik, (202) 395–3176, Office of Management and Budget, Room 10236, New Executive Office Building, Washington, DC 20503.

Dated: December 9, 2004.
By the Office of Thrift Supervision.

James E. Gilleran,

Director.

[FR Doc. 04–27398 Filed 12–14–04; 8:45 am]

BILLING CODE 6720–01–P

DEPARTMENT OF VETERANS AFFAIRS

Reasonable Charges for Inpatient DRG and SNF Medical Services; 2005 Calendar Year Update

AGENCY: Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: Section 17.101 of Title 38 of the Code of Federal Regulations sets forth the Department of Veterans Affairs (VA) medical regulations concerning ''reasonable charges'' for medical care or services provided or furnished by VA to a veteran:

- For a nonservice-connected disability for which the veteran is entitled to care (or the payment of expenses of care) under a health plan contract;
- For a nonservice-connected disability incurred incident to the veteran's employment and covered under a worker's compensation law or plan that provides reimbursement or indemnification for such care and services; or
- For a nonservice-connected disability incurred as a result of a motor vehicle accident in a State that requires automobile accident reparations insurance.

The regulations include methodologies for establishing billed amounts for the following types of charges: Acute inpatient facility charges; skilled nursing facility/sub-acute inpatient facility charges; partial hospitalization facility charges; outpatient facility charges; physician and other professional charges, including professional charges for anesthesia services and dental services; pathology and laboratory charges; observation care facility charges; ambulance and other emergency transportation charges; and charges for durable medical equipment, drugs, injectables, and other medical services, items, and supplies identified by Healthcare Common Procedure Coding System (HCPCS) Level II codes. The regulations also provide that data for calculating actual charge amounts at individual VA facilities based on these methodologies will either be published in a notice in the **Federal Register** or will be posted on the Internet site of the Veterans Health Administration Chief Business Office, currently at *http://www.va.gov/cbo,* under ''Charge Data.'' Certain of these charges are hereby updated as described in the **SUPPLEMENTARY INFORMATION** section of this notice. These changes are effective on January 1, 2005.

When charges for medical care or services provided or furnished at VA

expense by either VA or non-VA providers have not been established under other provisions of the regulations, the method for determining VA's charges is set forth at 38 CFR 17.101(a)(8).

FOR FURTHER INFORMATION CONTACT: Romona Greene, Chief Business Office (168), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 254–0361. (This is not a toll free number.)

SUPPLEMENTARY INFORMATION: Of the charge types listed in the Summary section of this notice, only the acute inpatient facility charges and skilled nursing facility/sub-acute inpatient facility charges are being changed. Charges for the following charge types: Partial hospitalization facility charges; outpatient facility charges; physician and other professional charges, including professional charges for anesthesia services and dental services; pathology and laboratory charges; observation care facility charges; ambulance and other emergency transportation charges; and charges for durable medical equipment, drugs, injectables, and other medical services, items, and supplies identified by HCPCS Level II codes are not being changed. These Outpatient facility charges and Professional charges remain the same as set forth in a notice published in the **Federal Register** on April 15, 2004 (69 FR 20118).

Based on the methodologies set forth in 38 CFR 17.101, this document provides an update to acute inpatient charges based on 2005 DRGs. Acute inpatient facility charges by diagnosis related group (DRG) are set forth in Table A in the December 19, 2003, **Federal Register** notice. Table A in the December 19 notice document is being replaced by Table A in this notice, which provides updated charges based on 2005 DRGs.

Also, this document provides for an updated skilled nursing facility/sub-acute inpatient facility all-inclusive *per diem* charge that, using the methodologies set forth in 38 CFR 17.101, is adjusted by a geographic area factor based on the location where the care is provided. The skilled nursing facility/sub-acute inpatient facility *per diem* charge is set forth in Table B in the October 2, 2003, **Federal Register** notice. Table B in the October 2 notice document is being replaced by Table B in this notice, which provides the updated all-inclusive nationwide skilled nursing facility/sub-acute inpatient facility *per diem* charge.

The charges in this update for acute inpatient facility and skilled nursing facility/sub-acute inpatient facility services are effective on January 1, 2005.

In this update, we are retaining the table designations used for acute inpatient facility charges by DRGs in the notice published in the **Federal Register** on December 19, 2003 (68 FR 70867). We also are retaining the table designation used for skilled nursing facility/sub-acute inpatient facility charges in the notice published in the **Federal Register** on October 2, 2003 (68 FR 56892). Accordingly, the tables identified as being updated by this notice correspond to the applicable tables published in the December 19 and October 2 notices, beginning with Table A through Table B.

We have updated the list of data sources presented in Supplementary Table 1 to reflect the updated data sources used to establish the updated charges described in this notice.

We have also updated the list of VA medical facility locations. As a reminder, in Supplementary Table 3 published in the **Federal Register** dated April 15, 2004, we set forth the list of VA medical facility locations, which includes their three-digit ZIP Codes and provider-based/non-provider-based designations. In accordance with the final rule, subsequent updates to Supplementary Table 3 will be posted on the Internet site of the Veterans Health Administration Chief Business Office.

Consistent with the regulations, the updated data tables and supplementary tables containing the changes described in this notice are published with this notice and will be posted on the Internet site of the Veterans Health Administration Chief Business Office, currently at *http://www.va.gov/cbo,* under ''Charge Data.''

Approved: November 30, 2004.

Anthony J. Principi,

Secretary of Veterans Affairs.

BILLING CODE 8320–01–P

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE PER DIEM CHARGES BY DRG (DIAGNOSIS RELATED GROUP)

PAGE 1 OF 8

DRG	Description	Surgical /Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
001	CRANIOTOMY AGE >17 W CC	S	$1,334.75	$2,824.66	$5,338.02
002	CRANIOTOMY AGE >17 W/O CC	S	$1,387.57	$2,998.01	$7,795.10
003	CRANIOTOMY AGE 0-17	S	$1,499.29	$3,220.43	$6,500.63
006	CARPAL TUNNEL RELEASE	S	$1,120.95	$2,095.33	$3,921.19
007	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC	S	$1,246.64	$2,402.02	$3,717.34
008	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC	S	$1,316.90	$2,703.14	$10,999.87
009	SPINAL DISORDERS & INJURIES	N	$1,040.70	$2,755.20	$1,726.04
010	NERVOUS SYSTEM NEOPLASMS W CC	N	$1,292.24	$2,578.47	$2,447.58
011	NERVOUS SYSTEM NEOPLASMS W/O CC	N	$1,275.63	$2,466.05	$2,830.69
012	DEGENERATIVE NERVOUS SYSTEM DISORDERS	N	$1,168.50	$2,068.14	$1,085.40
013	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA	N	$1,228.72	$2,280.59	$1,892.20
014	INTRACRANIAL HEMORRHAGE & STROKE W INFARCT	N	$1,124.77	$2,306.88	$2,587.27
015	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	N	$950.24	$2,013.69	$2,250.28
016	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	N	$1,089.58	$2,021.88	$2,404.88
017	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	N	$1,155.28	$2,086.62	$2,515.07
018	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	N	$1,099.54	$2,021.53	$2,248.07
019	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	N	$1,237.56	$2,389.46	$2,615.53
020	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS	N	$1,145.04	$2,475.29	$3,338.16
021	VIRAL MENINGITIS	N	$1,126.81	$2,287.76	$3,320.89
022	HYPERTENSIVE ENCEPHALOPATHY	N	$1,064.29	$2,072.18	$2,740.64
023	NONTRAUMATIC STUPOR & COMA	N	$1,277.93	$2,446.35	$2,625.93
024	SEIZURE & HEADACHE AGE >17 W CC	N	$1,190.35	$2,214.25	$2,583.04
025	SEIZURE & HEADACHE AGE >17 W/O CC	N	$1,301.20	$2,338.43	$2,651.55
026	SEIZURE & HEADACHE AGE 0-17	N	$1,840.74	$4,248.04	$4,883.70
027	TRAUMATIC STUPOR & COMA, COMA >1 HR	N	$1,248.99	$2,975.25	$3,348.90
028	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC	N	$1,266.87	$2,877.03	$2,665.42
029	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC	N	$1,207.45	$2,856.94	$2,285.54
030	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17	N	$974.88	$2,123.41	$1,837.60
031	CONCUSSION AGE >17 W CC	N	$1,255.17	$2,849.20	$3,088.63
032	CONCUSSION AGE >17 W/O CC	N	$1,402.07	$2,864.05	$3,383.19
033	CONCUSSION AGE 0-17	N	$1,503.24	$2,976.09	$3,127.07
034	OTHER DISORDERS OF NERVOUS SYSTEM W CC	N	$1,103.54	$2,438.63	$2,165.00
035	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	N	$1,143.00	$2,412.74	$2,037.54
036	RETINAL PROCEDURES	S	$2,779.66	$3,708.89	$14,238.27
037	ORBITAL PROCEDURES	S	$1,631.23	$3,730.04	$5,978.22
038	PRIMARY IRIS PROCEDURES	S	$1,495.06	$1,701.23	$3,404.93
039	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	S	$1,771.59	$3,014.72	$4,854.34
040	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17	S	$1,744.63	$2,692.15	$4,474.56
041	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	S	$1,263.18	$2,361.44	$3,764.62
042	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS	S	$1,811.34	$3,725.90	$6,281.41
043	HYPHEMA	N	$1,693.32	$3,587.85	$2,273.40
044	ACUTE MAJOR EYE INFECTIONS	N	$1,339.75	$3,852.09	$1,730.27
045	NEUROLOGICAL EYE DISORDERS	N	$1,277.26	$1,782.43	$3,136.83
046	OTHER DISORDERS OF THE EYE AGE >17 W CC	N	$1,182.29	$2,292.54	$2,079.80
047	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	N	$1,301.30	$1,635.41	$1,915.79
048	OTHER DISORDERS OF THE EYE AGE 0-17	N	$1,183.71	$1,966.26	$1,909.94
049	MAJOR HEAD & NECK PROCEDURES	S	$1,463.90	$3,113.04	$8,438.64
050	SIALOADENECTOMY	S	$1,578.90	$2,957.76	$9,861.45
051	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	S	$1,394.91	$3,183.73	$6,325.91
052	CLEFT LIP & PALATE REPAIR	S	$1,963.19	$3,119.18	$8,496.37
053	SINUS & MASTOID PROCEDURES AGE >17	S	$1,345.46	$2,672.59	$6,405.46
054	SINUS & MASTOID PROCEDURES AGE 0-17	S	$1,107.34	$2,400.18	$5,290.74
055	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES	S	$1,256.30	$2,534.32	$5,798.87
056	RHINOPLASTY	S	$1,363.14	$3,021.29	$6,223.73
057	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	S	$1,215.17	$2,446.72	$4,513.03
058	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	S	$1,204.23	$2,562.45	$4,252.47
059	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17	S	$1,166.13	$1,665.66	$5,064.69
060	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17	S	$1,056.31	$3,810.34	$5,964.40
061	MYRINGOTOMY W TUBE INSERTION AGE >17	S	$1,546.68	$2,226.79	$5,247.06
062	MYRINGOTOMY W TUBE INSERTION AGE 0-17	S	$1,366.87	$2,483.83	$3,906.37
063	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES	S	$1,522.99	$3,039.78	$5,790.00
064	EAR, NOSE, MOUTH & THROAT MALIGNANCY	N	$1,445.47	$2,716.08	$2,635.88
065	DYSEQUILIBRIUM	N	$1,226.17	$2,122.34	$2,730.28
066	EPISTAXIS	N	$1,183.27	$2,228.84	$2,365.89
067	EPIGLOTTITIS	N	$1,142.84	$3,328.42	$3,115.43
068	OTITIS MEDIA & URI AGE >17 W CC	N	$1,051.96	$1,945.69	$2,363.71

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE PER DIEM CHARGES BY DRG (DIAGNOSIS RELATED GROUP)

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DRG	Description	Surgical/ Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
069	OTITIS MEDIA & URI AGE >17 W/O CC	N	$1,112.37	$2,317.53	$2,338.68
070	OTITIS MEDIA & URI AGE 0-17	N	$1,902.52	$3,392.12	$3,922.46
071	LARYNGOTRACHEITIS	N	$856.56	$1,664.88	$1,954.47
072	NASAL TRAUMA & DEFORMITY	N	$1,284.00	$2,392.29	$2,708.33
073	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17	N	$1,148.77	$2,222.07	$2,281.42
074	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17	N	$1,620.60	$3,165.67	$3,109.14
075	MAJOR CHEST PROCEDURES	S	$1,478.57	$2,737.08	$5,331.00
076	OTHER RESP SYSTEM O.R. PROCEDURES W CC	S	$1,210.94	$2,279.38	$3,443.59
077	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	S	$1,306.11	$2,222.40	$3,890.33
078	PULMONARY EMBOLISM	N	$1,015.99	$1,859.25	$2,429.33
079	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC	N	$1,085.27	$1,988.75	$2,389.04
080	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC	N	$997.12	$1,931.12	$1,848.94
081	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17	N	$1,152.34	$2,082.35	$2,464.61
082	RESPIRATORY NEOPLASMS	N	$1,158.29	$2,051.37	$2,611.08
083	MAJOR CHEST TRAUMA W CC	N	$1,073.80	$2,059.38	$2,230.04
084	MAJOR CHEST TRAUMA W/O CC	N	$1,226.09	$2,581.46	$2,176.64
085	PLEURAL EFFUSION W CC	N	$1,086.35	$1,921.70	$2,438.81
086	PLEURAL EFFUSION W/O CC	N	$1,228.81	$2,153.07	$2,805.25
087	PULMONARY EDEMA & RESPIRATORY FAILURE	N	$915.48	$1,872.73	$2,273.62
088	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	N	$958.41	$1,798.17	$2,055.15
089	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC	N	$1,001.47	$1,843.11	$2,120.22
090	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC	N	$995.34	$1,856.11	$1,868.93
091	SIMPLE PNEUMONIA & PLEURISY AGE 0-17	N	$1,791.26	$3,828.91	$3,649.97
092	INTERSTITIAL LUNG DISEASE W CC	N	$1,105.32	$2,024.34	$2,518.66
093	INTERSTITIAL LUNG DISEASE W/O CC	N	$1,141.18	$1,896.47	$2,491.01
094	PNEUMOTHORAX W CC	N	$994.91	$1,922.26	$2,248.09
095	PNEUMOTHORAX W/O CC	N	$1,102.39	$2,120.41	$2,184.15
096	BRONCHITIS & ASTHMA AGE >17 W CC	N	$1,006.29	$1,877.69	$2,088.86
097	BRONCHITIS & ASTHMA AGE >17 W/O CC	N	$1,013.00	$1,814.24	$1,983.67
098	BRONCHITIS & ASTHMA AGE 0-17	N	$947.54	$3,521.09	$3,314.35
099	RESPIRATORY SIGNS & SYMPTOMS W CC	N	$1,079.15	$1,966.08	$2,936.20
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC	N	$1,112.42	$1,926.31	$3,494.73
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	N	$1,094.15	$1,993.60	$2,552.56
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	N	$1,122.90	$1,921.37	$2,741.66
103	HEART TRANSPLANT	S	$1,326.04	$3,681.20	$10,920.04
104	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W CARD CATH	S	$1,688.30	$2,948.23	$9,964.37
105	CARDIAC VALVE & OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH	S	$1,572.14	$2,930.73	$11,068.50
106	CORONARY BYPASS W PTCA	S	$1,201.83	$2,380.63	$11,492.20
107	CORONARY BYPASS W CARDIAC CATH	S	$1,250.07	$2,213.68	$8,326.51
108	OTHER CARDIOTHORACIC PROCEDURES	S	$1,444.54	$2,595.03	$9,490.41
109	CORONARY BYPASS W/O PTCA OR CARDIAC CATH	S	$1,243.16	$2,290.72	$8,446.92
110	MAJOR CARDIOVASCULAR PROCEDURES W CC	S	$1,260.58	$2,414.93	$7,268.24
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	S	$1,324.40	$2,568.93	$13,003.27
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE	S	$1,082.77	$2,094.02	$2,872.69
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	S	$1,219.58	$2,253.28	$2,664.84
115	PRM CARD PACEM IMPL W AMI/HR/SHOCK OR AICD LEAD OR GNRTR	S	$1,502.40	$2,523.70	$9,507.76
116	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT	S	$1,292.68	$2,076.38	$8,935.04
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	S	$1,144.95	$1,956.27	$4,275.15
118	CARDIAC PACEMAKER DEVICE REPLACEMENT	S	$1,767.53	$2,557.43	$11,094.70
119	VEIN LIGATION & STRIPPING	S	$1,478.87	$2,911.49	$3,799.88
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	S	$1,373.38	$2,502.45	$3,877.51
121	CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE	N	$1,161.58	$2,072.56	$2,908.63
122	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE	N	$1,128.89	$2,080.79	$3,612.75
123	CIRCULATORY DISORDERS W AMI, EXPIRED	N	$1,230.38	$2,379.56	$4,299.79
124	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG	N	$1,278.33	$2,069.47	$4,941.52
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	N	$1,228.91	$1,918.16	$6,480.14
126	ACUTE & SUBACUTE ENDOCARDITIS	N	$1,295.02	$2,251.17	$2,729.48
127	HEART FAILURE & SHOCK	N	$1,072.24	$1,947.31	$2,246.52
128	DEEP VEIN THROMBOPHLEBITIS	N	$1,046.09	$1,881.26	$1,446.66
129	CARDIAC ARREST, UNEXPLAINED	N	$996.24	$2,321.25	$5,303.09
130	PERIPHERAL VASCULAR DISORDERS W CC	N	$1,105.26	$2,126.34	$1,930.52
131	PERIPHERAL VASCULAR DISORDERS W/O CC	N	$1,020.08	$1,931.91	$1,499.90
132	ATHEROSCLEROSIS W CC	N	$1,042.82	$1,959.77	$2,543.15
133	ATHEROSCLEROSIS W/O CC	N	$1,142.12	$2,053.04	$2,195.98
134	HYPERTENSION	N	$1,029.76	$1,783.83	$2,137.02
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC	N	$1,208.31	$2,214.21	$2,289.77

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE PER DIEM CHARGES BY DRG (DIAGNOSIS RELATED GROUP)

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DRG	Description	Surgical/ Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC	N	$1,315.92	$2,402.70	$2,336.84
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17	N	$1,175.87	$2,174.88	$2,137.20
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	N	$1,119.47	$1,875.70	$2,437.63
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC	N	$1,182.20	$1,935.07	$2,569.37
140	ANGINA PECTORIS	N	$966.19	$1,856.91	$2,595.46
141	SYNCOPE & COLLAPSE W CC	N	$1,300.52	$2,122.59	$2,682.48
142	SYNCOPE & COLLAPSE W/O CC	N	$1,407.65	$2,250.25	$3,028.69
143	CHEST PAIN	N	$1,224.11	$1,996.27	$3,788.72
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	N	$1,156.95	$2,109.12	$2,874.54
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	N	$1,152.42	$2,105.62	$2,608.26
146	RECTAL RESECTION W CC	S	$1,188.57	$2,359.69	$3,912.33
147	RECTAL RESECTION W/O CC	S	$1,233.18	$2,639.03	$4,050.96
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	S	$1,088.53	$2,262.28	$3,924.59
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC	S	$1,119.81	$2,313.94	$3,612.75
150	PERITONEAL ADHESIOLYSIS W CC	S	$1,083.10	$2,242.75	$3,626.64
151	PERITONEAL ADHESIOLYSIS W/O CC	S	$1,078.78	$2,274.94	$3,656.43
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	S	$1,114.30	$2,383.09	$3,314.79
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC	S	$1,105.27	$2,171.94	$3,167.72
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC	S	$1,165.59	$2,522.15	$4,587.29
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC	S	$1,031.80	$2,231.82	$4,945.81
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17	S	$2,005.65	$3,256.55	$5,583.67
157	ANAL & STOMAL PROCEDURES W CC	S	$1,086.99	$2,153.32	$3,213.31
158	ANAL & STOMAL PROCEDURES W/O CC	S	$1,017.30	$1,942.21	$3,728.13
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC	S	$1,101.89	$2,178.42	$4,104.31
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC	S	$1,117.88	$2,036.00	$5,032.92
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	S	$1,186.26	$2,271.82	$4,030.55
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	S	$1,291.79	$2,049.16	$5,590.03
163	HERNIA PROCEDURES AGE 0-17	S	$1,959.98	$4,471.43	$8,511.64
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	S	$1,065.77	$2,147.27	$4,020.83
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	S	$1,116.43	$2,084.41	$4,359.89
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	S	$1,111.33	$2,085.41	$4,910.28
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	S	$1,218.20	$1,975.77	$6,855.01
168	MOUTH PROCEDURES W CC	S	$1,470.49	$3,043.14	$4,529.13
169	MOUTH PROCEDURES W/O CC	S	$1,545.52	$2,888.17	$7,131.71
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	S	$1,199.92	$2,314.95	$3,675.50
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	S	$1,130.72	$2,337.78	$4,285.25
172	DIGESTIVE MALIGNANCY W CC	N	$1,319.21	$2,420.58	$2,631.48
173	DIGESTIVE MALIGNANCY W/O CC	N	$1,415.58	$2,526.23	$2,858.12
174	G.I. HEMORRHAGE W CC	N	$1,077.07	$2,119.66	$2,618.99
175	G.I. HEMORRHAGE W/O CC	N	$1,157.68	$2,159.73	$2,498.95
176	COMPLICATED PEPTIC ULCER	N	$1,139.02	$2,182.04	$2,833.62
177	UNCOMPLICATED PEPTIC ULCER W CC	N	$969.98	$1,741.34	$2,507.71
178	UNCOMPLICATED PEPTIC ULCER W/O CC	N	$1,030.68	$1,839.35	$2,872.88
179	INFLAMMATORY BOWEL DISEASE	N	$1,124.82	$2,074.11	$2,275.86
180	G.I. OBSTRUCTION W CC	N	$1,038.60	$1,973.65	$2,147.69
181	G.I. OBSTRUCTION W/O CC	N	$1,049.97	$1,956.59	$1,968.32
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC	N	$1,017.76	$1,836.76	$2,235.05
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC	N	$1,049.89	$1,752.29	$2,549.94
184	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17	N	$1,696.02	$3,917.82	$3,940.50
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17	N	$1,199.24	$2,264.38	$2,696.48
186	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17	N	$1,168.80	$2,317.70	$2,388.27
187	DENTAL EXTRACTIONS & RESTORATIONS	N	$1,249.97	$1,942.70	$2,365.72
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC	N	$1,197.55	$2,247.17	$2,668.88
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC	N	$1,293.50	$2,129.58	$2,564.11
190	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	N	$1,493.90	$3,371.98	$2,690.07
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC	S	$1,523.85	$3,241.27	$6,125.73
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC	S	$1,570.40	$3,373.53	$6,780.37
193	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	S	$1,215.06	$2,490.90	$4,071.50
194	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC	S	$1,229.33	$2,821.26	$4,057.18
195	CHOLECYSTECTOMY W C.D.E. W CC	S	$1,026.19	$2,121.12	$3,857.02
196	CHOLECYSTECTOMY W C.D.E. W/O CC	S	$986.27	$1,520.92	$4,074.03
197	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	S	$1,053.17	$2,134.88	$3,827.30
198	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC	S	$963.49	$2,152.24	$3,658.40
199	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	S	$1,502.43	$2,925.22	$4,673.98
200	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY	S	$1,170.34	$2,351.49	$4,273.44
201	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES	S	$1,310.17	$2,381.00	$4,000.90

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE PER DIEM CHARGES BY DRG (DIAGNOSIS RELATED GROUP)

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DRG	Description	Surgical/ Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
202	CIRRHOSIS & ALCOHOLIC HEPATITIS	N	$1,252.36	$2,457.13	$3,013.95
203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS	N	$1,332.74	$2,521.08	$2,939.92
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	N	$1,018.31	$1,955.96	$2,670.66
205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	N	$1,256.69	$2,489.49	$2,854.69
206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC	N	$1,161.61	$2,622.77	$2,360.24
207	DISORDERS OF THE BILIARY TRACT W CC	N	$1,119.15	$2,071.47	$2,946.40
208	DISORDERS OF THE BILIARY TRACT W/O CC	N	$1,161.82	$1,706.59	$3,103.63
209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY	S	$1,055.11	$2,180.31	$6,983.67
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC	S	$1,074.11	$2,112.34	$3,794.51
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC	S	$1,130.97	$2,217.69	$3,913.00
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	S	$1,151.09	$2,225.54	$3,914.40
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS	S	$1,052.83	$1,987.35	$2,774.93
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	S	$1,113.28	$2,123.89	$4,315.12
217	WND DEBRID & SKN GRFT EXCEPT HAND,FOR MUSCSKELET & CONN TISS DIS	S	$1,261.48	$2,606.25	$3,179.82
218	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W CC	S	$1,097.40	$2,136.42	$4,388.29
219	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W/O CC	S	$1,108.95	$2,239.29	$5,292.97
220	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE 0-17	S	$1,376.88	$2,848.44	$5,632.26
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC	S	$1,112.71	$2,137.99	$5,814.18
224	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/O CC	S	$1,102.40	$2,103.43	$7,162.47
225	FOOT PROCEDURES	S	$1,144.92	$1,998.26	$3,174.53
226	SOFT TISSUE PROCEDURES W CC	S	$1,173.99	$2,340.53	$3,490.12
227	SOFT TISSUE PROCEDURES W/O CC	S	$1,300.84	$2,763.22	$5,850.48
228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC	S	$1,227.14	$2,569.94	$4,759.52
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	S	$1,435.82	$2,448.07	$5,530.19
230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR	S	$1,105.15	$2,285.99	$3,678.72
232	ARTHROSCOPY	S	$1,161.91	$1,304.06	$4,708.05
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	S	$1,083.54	$2,250.78	$3,755.28
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC	S	$1,108.48	$2,248.53	$5,889.03
235	FRACTURES OF FEMUR	N	$1,017.68	$2,357.16	$1,535.81
236	FRACTURES OF HIP & PELVIS	N	$1,010.04	$2,388.43	$1,421.16
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH	N	$1,158.65	$2,454.53	$1,766.32
238	OSTEOMYELITIS	N	$1,160.60	$2,407.93	$1,765.10
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY	N	$1,123.24	$2,138.65	$1,853.12
240	CONNECTIVE TISSUE DISORDERS W CC	N	$1,146.34	$2,318.74	$2,654.24
241	CONNECTIVE TISSUE DISORDERS W/O CC	N	$1,266.56	$2,495.53	$2,189.69
242	SEPTIC ARTHRITIS	N	$1,098.84	$2,080.41	$1,769.73
243	MEDICAL BACK PROBLEMS	N	$1,039.17	$2,088.16	$1,767.50
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC	N	$960.74	$2,201.31	$1,299.64
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC	N	$948.51	$2,190.75	$1,014.96
246	NON-SPECIFIC ARTHROPATHIES	N	$987.92	$2,156.90	$1,185.52
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE	N	$1,072.57	$1,837.52	$1,851.76
248	TENDONITIS, MYOSITIS & BURSITIS	N	$1,166.30	$2,354.28	$1,984.04
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE	N	$1,095.92	$2,237.76	$1,583.66
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC	N	$1,186.12	$2,370.05	$1,845.40
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC	N	$1,244.09	$2,466.02	$1,875.67
252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17	N	$1,128.97	$2,273.18	$1,656.73
253	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W CC	N	$1,112.18	$2,375.86	$1,762.67
254	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE >17 W/O CC	N	$1,109.81	$2,432.67	$1,421.82
255	FX, SPRN, STRN & DISL OF UPARM,LOWLEG EX FOOT AGE 0-17	N	$1,087.10	$2,130.86	$1,483.01
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	N	$1,076.12	$2,251.29	$1,655.13
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC	S	$1,166.33	$2,116.38	$5,703.20
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	S	$1,113.93	$1,978.29	$6,950.89
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	S	$1,399.04	$2,323.91	$5,890.48
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	S	$1,348.95	$2,819.23	$9,307.04
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION	S	$1,382.27	$3,431.86	$8,391.14
262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY	S	$1,329.15	$1,854.67	$3,393.23
263	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W CC	S	$1,159.62	$2,337.33	$2,189.61
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC	S	$1,165.40	$1,583.05	$1,961.77
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC	S	$1,347.06	$2,813.49	$3,966.40
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC	S	$1,565.11	$3,576.11	$5,605.81
267	PERIANAL & PILONIDAL PROCEDURES	S	$1,222.97	$2,041.26	$3,219.14
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES	S	$1,414.96	$3,855.63	$6,651.61
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	S	$1,129.50	$2,062.11	$2,670.12
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	S	$1,216.89	$1,952.76	$3,576.98
271	SKIN ULCERS	N	$1,058.17	$2,009.42	$1,542.31
272	MAJOR SKIN DISORDERS W CC	N	$1,205.70	$2,609.74	$2,185.72

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE PER DIEM CHARGES BY DRG (DIAGNOSIS RELATED GROUP)

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DRG	Description	Surgical/ Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
273	MAJOR SKIN DISORDERS W/O CC	N	$1,189.02	$2,698.87	$2,154.29
274	MALIGNANT BREAST DISORDERS W CC	N	$1,152.62	$2,066.64	$1,958.79
275	MALIGNANT BREAST DISORDERS W/O CC	N	$1,181.04	$1,677.77	$1,293.81
276	NON-MALIGANT BREAST DISORDERS	N	$1,178.87	$2,028.31	$1,831.78
277	CELLULITIS AGE >17 W CC	N	$1,191.35	$2,090.63	$1,763.02
278	CELLULITIS AGE >17 W/O CC	N	$1,169.52	$1,973.15	$1,437.59
279	CELLULITIS AGE 0-17	N	$1,269.66	$2,230.91	$1,753.49
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC	N	$1,173.24	$2,260.13	$2,135.23
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC	N	$1,201.26	$2,136.50	$1,999.80
282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17	N	$1,190.07	$2,304.68	$1,893.85
283	MINOR SKIN DISORDERS W CC	N	$1,243.21	$2,216.81	$1,966.79
284	MINOR SKIN DISORDERS W/O CC	N	$971.28	$1,738.98	$1,247.50
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DISORDERS	S	$1,153.48	$2,308.50	$2,542.32
286	ADRENAL & PITUITARY PROCEDURES	S	$1,346.61	$3,126.89	$6,939.40
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS	S	$1,293.48	$2,297.75	$2,205.45
288	O.R. PROCEDURES FOR OBESITY	S	$1,252.23	$2,771.51	$8,940.63
289	PARATHYROID PROCEDURES	S	$1,270.40	$2,694.74	$6,268.70
290	THYROID PROCEDURES	S	$1,322.42	$2,505.29	$7,583.20
291	THYROGLOSSAL PROCEDURES	S	$1,648.09	$7,057.87	$9,963.94
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	S	$1,295.75	$2,300.96	$3,552.80
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC	S	$1,306.24	$3,351.09	$5,321.75
294	DIABETES AGE >35	N	$1,195.92	$2,216.04	$2,034.22
295	DIABETES AGE 0-35	N	$967.66	$1,855.51	$2,409.17
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC	N	$1,081.87	$1,939.87	$1,981.34
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC	N	$1,048.44	$1,900.39	$1,680.62
298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17	N	$1,875.61	$3,136.73	$3,273.36
299	INBORN ERRORS OF METABOLISM	N	$979.76	$2,050.45	$2,231.47
300	ENDOCRINE DISORDERS W CC	N	$1,196.82	$2,169.24	$2,252.45
301	ENDOCRINE DISORDERS W/O CC	N	$1,421.98	$2,518.85	$2,511.14
302	KIDNEY TRANSPLANT	S	$1,856.56	$3,775.93	$17,531.47
303	KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM	S	$1,245.34	$2,558.38	$5,060.13
304	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC	S	$1,325.91	$2,545.74	$4,413.27
305	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC	S	$1,200.22	$2,342.09	$6,189.01
306	PROSTATECTOMY W CC	S	$1,179.02	$2,185.42	$3,289.18
307	PROSTATECTOMY W/O CC	S	$1,062.26	$1,735.27	$4,842.08
308	MINOR BLADDER PROCEDURES W CC	S	$1,166.28	$2,136.60	$3,836.95
309	MINOR BLADDER PROCEDURES W/O CC	S	$1,196.69	$2,067.55	$8,755.47
310	TRANSURETHRAL PROCEDURES W CC	S	$1,282.70	$2,287.45	$3,927.97
311	TRANSURETHRAL PROCEDURES W/O CC	S	$1,522.03	$2,277.03	$7,054.29
312	URETHRAL PROCEDURES, AGE >17 W CC	S	$1,314.73	$2,325.49	$3,880.03
313	URETHRAL PROCEDURES, AGE >17 W/O CC	S	$1,285.21	$2,762.31	$6,135.66
314	URETHRAL PROCEDURES, AGE 0-17	S	$1,335.47	$2,296.14	$4,234.08
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES	S	$1,301.63	$2,311.26	$4,504.03
316	RENAL FAILURE	N	$1,130.41	$2,074.83	$2,447.95
317	ADMIT FOR RENAL DIALYSIS	N	$1,090.60	$2,073.21	$3,511.22
318	KIDNEY & URINARY TRACT NEOPLASMS W CC	N	$1,169.72	$2,550.06	$2,516.70
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	N	$1,147.16	$2,295.82	$2,540.78
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	N	$1,070.44	$1,968.58	$1,948.13
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	N	$1,027.35	$1,890.85	$1,749.09
322	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	N	$1,263.71	$3,357.97	$2,139.53
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	N	$1,099.20	$2,029.20	$3,674.59
324	URINARY STONES W/O CC	N	$961.21	$2,190.66	$3,410.42
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC	N	$1,264.67	$2,191.62	$2,136.30
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC	N	$1,292.90	$1,773.67	$2,055.59
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17	N	$1,256.43	$2,233.08	$1,929.99
328	URETHRAL STRICTURE AGE >17 W CC	N	$1,404.45	$1,955.49	$3,115.39
329	URETHRAL STRICTURE AGE >17 W/O CC	N	$1,308.33	$2,743.88	$4,070.68
330	URETHRAL STRICTURE AGE 0-17	N	$1,484.40	$3,111.16	$3,133.08
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC	N	$1,166.87	$2,140.02	$2,629.30
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC	N	$1,258.41	$1,986.92	$2,714.40
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17	N	$1,951.19	$4,037.54	$4,977.71
334	MAJOR MALE PELVIC PROCEDURES W CC	S	$1,176.44	$2,544.27	$5,709.04
335	MAJOR MALE PELVIC PROCEDURES W/O CC	S	$1,166.52	$2,391.92	$7,119.77
336	TRANSURETHRAL PROSTATECTOMY W CC	S	$1,098.71	$2,188.75	$3,711.69
337	TRANSURETHRAL PROSTATECTOMY W/O CC	S	$1,105.73	$1,892.89	$4,909.24
338	TESTES PROCEDURES, FOR MALIGNANCY	S	$937.82	$1,510.17	$3,072.56

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE PER DIEM CHARGES BY DRG (DIAGNOSIS RELATED GROUP)

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DRG	Description	Surgical /Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17	S	$1,059.39	$2,145.20	$3,195.40
340	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17	S	$1,094.03	$2,305.97	$3,309.16
341	PENIS PROCEDURES	S	$1,533.18	$3,076.89	$9,588.71
342	CIRCUMCISION AGE >17	S	$923.45	$1,585.26	$3,436.55
343	CIRCUMCISION AGE 0-17	S	$945.85	$1,764.59	$3,739.75
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY	S	$1,614.25	$2,940.33	$11,013.14
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY	S	$1,306.19	$2,548.74	$3,101.61
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	N	$1,146.19	$2,021.04	$1,980.82
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	N	$1,313.00	$1,972.20	$3,018.88
348	BENIGN PROSTATIC HYPERTROPHY W CC	N	$1,246.59	$2,132.85	$2,237.24
349	BENIGN PROSTATIC HYPERTROPHY W/O CC	N	$1,317.83	$2,094.49	$2,030.66
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	N	$1,054.31	$1,833.51	$2,039.62
351	STERILIZATION, MALE	N	$960.12	$1,860.82	$2,638.33
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	N	$1,143.33	$2,681.35	$2,447.38
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY	S	$1,333.66	$2,932.84	$5,104.96
354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	S	$1,328.88	$2,644.57	$4,382.27
355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC	S	$1,297.48	$2,735.08	$5,032.76
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	S	$1,009.08	$2,134.88	$6,497.58
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	S	$1,299.08	$2,682.29	$4,508.50
358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC	S	$1,070.64	$2,319.45	$4,541.75
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	S	$1,034.37	$2,120.56	$5,339.97
360	VAGINA, CERVIX & VULVA PROCEDURES	S	$1,028.19	$2,077.17	$5,204.04
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	S	$1,191.32	$2,341.11	$5,908.03
362	ENDOSCOPIC TUBAL INTERRUPTION	S	$948.71	$1,919.29	$4,573.62
363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	S	$1,274.08	$2,127.76	$3,759.29
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY	S	$1,448.68	$2,688.74	$2,790.24
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	S	$1,136.58	$2,419.92	$3,874.66
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	N	$1,196.95	$2,142.90	$2,272.73
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	N	$1,242.16	$4,414.21	$1,916.79
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	N	$1,090.56	$2,041.26	$2,192.07
369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	N	$1,330.63	$2,604.61	$2,493.29
370	CESAREAN SECTION W CC	S	$1,137.62	$2,791.52	$3,660.32
371	CESAREAN SECTION W/O CC	S	$1,120.70	$2,239.34	$2,719.27
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	N	$1,126.81	$2,214.81	$2,342.33
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	N	$1,126.73	$2,025.14	$2,533.54
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C	S	$1,152.81	$1,705.85	$4,393.72
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	S	$525.60	$1,063.33	$2,533.88
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	N	$1,171.44	$2,895.11	$1,479.82
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	S	$1,040.38	$1,337.38	$3,542.89
378	ECTOPIC PREGNANCY	N	$1,099.16	$2,682.66	$6,623.68
379	THREATENED ABORTION	N	$1,287.32	$2,490.19	$1,840.79
380	ABORTION W/O D&C	N	$1,044.08	$2,206.27	$2,838.98
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	S	$1,852.63	$1,551.54	$4,830.82
382	FALSE LABOR	N	$1,033.29	$1,747.12	$1,579.43
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	N	$1,271.09	$2,025.66	$1,569.65
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	N	$1,215.93	$1,500.41	$2,280.17
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	N	$1,852.55	$3,404.31	$3,385.91
386	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	N	$1,655.88	$3,042.88	$3,026.42
387	PREMATURITY W MAJOR PROBLEMS	N	$1,471.57	$2,704.20	$2,689.58
388	PREMATURITY W/O MAJOR PROBLEMS	N	$938.11	$1,723.88	$1,714.57
389	FULL TERM NEONATE W MAJOR PROBLEMS	N	$1,359.03	$2,992.04	$1,048.15
390	NEONATE W OTHER SIGNIFICANT PROBLEMS	N	$854.14	$1,569.59	$1,561.10
391	NORMAL NEWBORN	N	$317.76	$583.93	$580.77
392	SPLENECTOMY AGE >17	S	$1,084.85	$2,423.12	$5,013.20
393	SPLENECTOMY AGE 0-17	S	$990.03	$2,137.30	$5,079.69
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS	S	$1,441.08	$2,661.46	$4,091.67
395	RED BLOOD CELL DISORDERS AGE >17	N	$1,146.88	$2,056.84	$2,533.53
396	RED BLOOD CELL DISORDERS AGE 0-17	N	$2,045.70	$5,984.49	$9,115.22
397	COAGULATION DISORDERS	N	$1,170.74	$2,179.69	$3,885.54
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	N	$1,215.84	$2,228.26	$3,131.78
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	N	$1,238.38	$2,189.56	$2,913.63
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	S	$1,319.01	$2,450.46	$3,953.61
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	S	$1,271.75	$2,747.33	$4,839.49
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	N	$1,261.58	$2,309.44	$3,260.83
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	N	$1,527.57	$2,718.42	$3,688.51
405	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	N	$1,322.31	$2,630.22	$4,323.42

TABLE A. — ACUTE INPATIENT FACILITY NATIONWIDE PER DIEM CHARGES BY DRG (DIAGNOSIS RELATED GROUP)

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DRG	Description	Surgical /Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC	S	$1,361.66	$2,732.15	$4,359.48
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC	S	$1,351.82	$2,683.74	$5,487.13
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC	S	$1,319.56	$2,611.40	$4,456.76
409	RADIOTHERAPY	N	$2,034.03	$4,111.11	$3,563.33
410	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS	N	$1,662.24	$2,997.86	$5,504.25
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY	N	$1,131.01	$1,131.01	$2,894.55
412	HISTORY OF MALIGNANCY W ENDOSCOPY	N	$2,990.41	$1,103.95	$7,710.19
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	N	$1,180.71	$2,345.71	$2,458.05
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	N	$1,126.24	$2,703.28	$2,221.33
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES	S	$1,234.32	$2,372.54	$3,443.45
416	SEPTICEMIA AGE >17	N	$1,153.87	$2,215.53	$2,584.66
417	SEPTICEMIA AGE 0-17	N	$1,551.45	$5,308.87	$6,014.35
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS	N	$1,166.47	$2,162.34	$2,119.95
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC	N	$1,224.10	$2,106.61	$2,587.47
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC	N	$1,254.65	$2,188.85	$2,452.21
421	VIRAL ILLNESS AGE >17	N	$1,094.15	$2,000.00	$2,521.72
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17	N	$1,423.53	$2,628.59	$3,591.72
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES	N	$1,119.94	$2,264.45	$2,876.61
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	S	$1,397.14	$2,264.06	$1,515.08
425	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	N	$1,109.06	$1,878.65	$1,408.95
426	DEPRESSIVE NEUROSES	N	$1,202.28	$1,556.90	$509.34
427	NEUROSES EXCEPT DEPRESSIVE	N	$1,138.63	$1,750.71	$438.63
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL	N	$1,025.25	$1,517.80	$332.61
429	ORGANIC DISTURBANCES & MENTAL RETARDATION	N	$1,153.54	$1,778.11	$628.49
430	PSYCHOSES	N	$1,100.26	$1,528.89	$336.07
431	CHILDHOOD MENTAL DISORDERS	N	$827.64	$1,538.90	$218.69
432	OTHER MENTAL DISORDER DIAGNOSES	N	$944.47	$1,504.68	$269.72
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	N	$1,413.86	$2,658.04	$827.02
439	SKIN GRAFTS FOR INJURIES	S	$1,206.49	$2,777.89	$3,242.41
440	WOUND DEBRIDEMENTS FOR INJURIES	S	$1,145.38	$2,461.70	$2,929.60
441	HAND PROCEDURES FOR INJURIES	S	$1,014.21	$2,224.54	$4,496.09
442	OTHER O.R. PROCEDURES FOR INJURIES W CC	S	$1,129.89	$2,351.42	$4,188.83
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	S	$1,200.70	$2,365.77	$5,261.50
444	TRAUMATIC INJURY AGE >17 W CC	N	$1,134.96	$2,510.18	$2,152.12
445	TRAUMATIC INJURY AGE >17 W/O CC	N	$1,186.80	$2,867.32	$1,907.08
446	TRAUMATIC INJURY AGE 0-17	N	$1,059.84	$2,247.52	$1,743.60
447	ALLERGIC REACTIONS AGE >17	N	$1,189.74	$2,375.68	$2,758.49
448	ALLERGIC REACTIONS AGE 0-17	N	$1,150.10	$2,264.47	$2,281.18
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	N	$1,216.79	$2,318.90	$3,034.07
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	N	$1,186.76	$2,136.26	$2,647.31
451	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	N	$799.21	$1,522.87	$1,719.90
452	COMPLICATIONS OF TREATMENT W CC	N	$1,184.20	$2,331.81	$2,763.22
453	COMPLICATIONS OF TREATMENT W/O CC	N	$1,160.34	$2,307.86	$2,416.42
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC	N	$1,148.69	$2,267.16	$2,330.72
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC	N	$1,279.68	$2,304.60	$2,661.87
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	S	$1,287.47	$2,973.15	$3,005.15
462	REHABILITATION	N	$1,152.15	$1,449.90	$1,370.62
463	SIGNS & SYMPTOMS W CC	N	$1,017.90	$2,120.68	$1,727.54
464	SIGNS & SYMPTOMS W/O CC	N	$997.62	$1,880.78	$1,526.23
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	N	$997.68	$1,873.26	$1,331.23
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	N	$1,089.84	$2,043.93	$1,333.87
467	OTHER FACTORS INFLUENCING HEALTH STATUS	N	$489.71	$1,531.09	$413.34
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	S	$1,192.32	$2,234.95	$4,079.72
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	S	$0.00	$0.00	$0.00
470	UNGROUPABLE	S	$0.00	$0.00	$0.00
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	S	$1,226.05	$2,429.28	$10,825.22
473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17	N	$1,462.94	$2,738.99	$4,662.90
475	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT	N	$1,205.95	$2,548.40	$4,087.73
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	S	$1,256.02	$2,186.10	$2,647.85
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	S	$1,172.91	$2,190.30	$3,016.09
478	OTHER VASCULAR PROCEDURES W CC	S	$1,270.86	$2,231.49	$4,958.41
479	OTHER VASCULAR PROCEDURES W/O CC	S	$1,191.19	$2,101.52	$7,902.45
480	LIVER TRANSPLANT	S	$1,819.16	$4,076.44	$16,341.50
481	BONE MARROW TRANSPLANT	S	$2,309.53	$2,875.41	$5,309.98
482	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES	S	$1,291.64	$2,602.60	$4,233.64
483	TRAC W MECH VENT 96+HRS OR PDX EXCEPT FACE,MOUTH & NECK DX OSES	S	$1,593.60	$2,620.44	$5,127.46

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DRG	Description	Surgical /Non-Surgical Indicator	Per Diem Charge		
			Standard Room and Board	ICU Room and Board	Ancillary
484	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	S	$1,281.37	$2,590.31	$5,339.41
485	LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRA	S	$1,038.97	$2,295.90	$4,589.93
486	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	S	$1,118.27	$2,406.84	$5,773.07
487	OTHER MULTIPLE SIGNIFICANT TRAUMA	N	$1,109.01	$2,801.87	$3,213.51
488	HIV W EXTENSIVE O.R. PROCEDURE	S	$2,151.00	$3,952.15	$5,678.50
489	HIV W MAJOR RELATED CONDITION	N	$2,098.47	$3,690.27	$4,031.68
490	HIV W OR W/O OTHER RELATED CONDITION	N	$1,717.28	$2,981.34	$2,926.57
491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY	S	$1,059.76	$2,135.39	$8,851.86
492	CHEMOTHERAPY W ACUTE LEUKEMIA OR W USE OF HI DOSE CHEMOAGENT	N	$1,536.04	$2,835.39	$5,044.41
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	S	$1,009.66	$1,908.33	$4,377.99
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC	S	$1,094.89	$1,953.20	$6,413.20
495	LUNG TRANSPLANT	S	$1,485.98	$3,661.01	$14,951.57
496	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	S	$1,272.06	$2,817.79	$12,411.12
497	SPINAL FUSION EXCEPT CERVICAL W CC	S	$1,121.44	$2,487.98	$10,282.53
498	SPINAL FUSION EXCEPT CERVICAL W/O CC	S	$1,043.99	$2,250.42	$12,122.90
499	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W CC	S	$1,135.02	$2,374.44	$5,393.30
500	BACK & NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	S	$1,095.74	$2,407.65	$7,168.18
501	KNEE PROCEDURES W PDX OF INFECTION W CC	S	$1,070.93	$2,026.56	$3,678.84
502	KNEE PROCEDURES W PDX OF INFECTION W/O CC	S	$962.40	$1,722.19	$3,358.78
503	KNEE PROCEDURES W/O PDX OF INFECTION	S	$1,162.11	$2,097.40	$5,420.94
504	EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	S	$2,535.94	$5,825.88	$11,317.97
505	EXTENSIVE 3RD DEGREE BURNS W/O SKIN GRAFT	N	$1,062.56	$4,224.31	$5,382.94
506	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	S	$1,571.51	$3,484.13	$3,466.80
507	FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA	S	$1,002.76	$2,979.62	$2,116.93
508	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA	N	$1,223.40	$3,847.29	$2,324.15
509	FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA	N	$940.52	$3,387.72	$1,649.59
510	NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA	N	$1,070.65	$3,881.34	$2,202.24
511	NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA	N	$1,090.18	$3,956.83	$1,955.20
512	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	S	$1,872.23	$3,927.26	$19,366.08
513	PANCREAS TRANSPLANT	S	$2,100.43	$4,602.41	$19,691.55
515	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH	S	$1,311.87	$2,211.39	$22,666.66
516	PERCUTANEOUS CARDIOVASC PROC W AMI	S	$1,269.26	$2,198.21	$9,544.61
517	PERC CARDIO PROC W NON-DRUG ELUTING STENT W/O AMI	S	$1,335.92	$2,210.31	$16,070.03
518	PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI	S	$1,596.82	$2,413.23	$10,269.89
519	CERVICAL SPINAL FUSION W CC	S	$1,075.86	$2,427.57	$8,902.30
520	CERVICAL SPINAL FUSION W/O CC	S	$1,004.47	$2,288.35	$14,417.39
521	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC	N	$1,173.45	$2,296.47	$1,233.42
522	ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC	N	$1,023.51	$1,726.69	$268.65
523	ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC	N	$1,283.88	$1,899.11	$478.12
524	TRANSIENT ISCHEMIA	N	$1,119.74	$1,949.91	$2,730.49
525	HEART ASSIST SYSTEM IMPLANT	S	$1,223.47	$2,345.06	$9,566.37
526	PERCUTNEOUS CARDIOVASULAR PROC W DRUG ELUTING STENT W AMI	S	$1,305.67	$2,360.63	$11,980.77
527	PERCUTNEOUS CARDIOVASULAR PROC W DRUG ELUTING STENT W/O AMI	S	$1,606.05	$2,692.27	$23,794.21
528	INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE	S	$1,439.35	$3,350.69	$7,292.38
529	VENTRICULAR SHUNT PROCEDURES W CC	S	$1,417.58	$3,145.20	$4,848.87
530	VENTRICULAR SHUNT PROCEDURES W/O CC	S	$1,393.10	$2,952.06	$5,782.53
531	SPINAL PROCEDURES W CC	S	$1,253.51	$2,719.45	$5,168.41
532	SPINAL PROCEDURES W/O CC	S	$1,212.48	$2,577.77	$6,383.92
533	EXTRACRANIAL PROCEDURES W CC	S	$1,128.30	$2,162.65	$6,115.79
534	EXTRACRANIAL PROCEDURES W/O CC	S	$1,069.03	$2,154.55	$8,495.75
535	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	S	$1,534.81	$2,595.14	$13,315.25
536	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK	S	$1,402.79	$2,274.01	$20,259.36
537	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W CC	S	$1,342.00	$2,580.78	$4,441.09
538	LOCAL EXCIS & REMOV OF INT FIX DEV EXCEPT HIP & FEMUR W/O CC	S	$1,208.29	$2,736.70	$6,237.84
539	LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W CC	S	$1,288.77	$2,607.57	$4,777.21
540	LYMPHOMA & LEUKEMIA W MAJOR OR PROCEDURE W/O CC	S	$1,204.96	$2,416.98	$5,423.26
541	TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH, & NECK DX W/MAJ OR	S	$1,357.99	$2,723.94	$6,112.02
542	TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH, & NECK DX W/O MJ OR	S	$1,530.45	$3,069.88	$6,888.24
543	CRANIOTOMY W/IMPLANT OF CHEMO AGENT OR ACUTE COMPLEX CNS PDX	S	$1,724.82	$3,459.75	$7,763.05

TABLE B. — SKILLED NURSING FACILITY/SUB-ACUTE INPATIENT FACILITY NATIONWIDE PER DIEM CHARGE

Description	All-Inclusive Per Diem Charge
Skilled Nursing Facility/Sub-Acute Inpatient Facility	$738.62

Supplementary Table 1
Reasonable Charges Data Sources - V2.3

V2.3 Data Source.xls - By Charge Type

Charge Type	Paragraph	Subject	Data Source	Edition
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	January 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	February 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	March 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	April 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	June 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	July 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	August 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	May 2004, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	June 2004, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	July 2004, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	August 2004, as of Sept 2004
INPT	(b)(1)	National Volume	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National Total Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National ICU + CCU Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National Non-ICU Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National Semi Private Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)(i)	National Total Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Room & Board Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Private Room Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Semi Private Room Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Ward Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National ICU Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National CCU Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Ancillary Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	Effective Ancillary Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Total Charges per Volume	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Avg LOS	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)(i)	National R&B as % of Total Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)(i)	National Ancillary as % of Total Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National Semi Private Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National Special Care Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	January 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	February 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	March 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	April 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	June 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	July 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	August 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	May 2004, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	June 2004, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	July 2004, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	August 2004, as of Sept 2004

Supplementary Table 1
Reasonable Charges Data Sources - V2.3

V2.3 Data Source.xls - By Data Source

Charge Type	Paragraph	Subject	Data Source	Edition
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	January 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	February 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	March 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	April 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	June 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	July 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	August 2003, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	May 2004, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	June 2004, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	July 2004, as of Sept 2004
INPT	(b)(2)(iv)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	August 2004, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	January 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	February 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	March 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	April 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	June 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	July 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	August 2003, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	May 2004, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	June 2004, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	July 2004, as of Sept 2004
SNF	(c)(2)(ii)	trending forward	CPI-U, inpatient hospital services component, seasonally adjusted	August 2004, as of Sept 2004
INPT	(b)(1)	National Volume	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National Total Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National ICU + CCU Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National Non-ICU Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National Semi Private Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)(i)	National Total Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Room & Board Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Private Room Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Semi Private Room Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Ward Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National ICU Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National CCU Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Ancillary Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	Effective Ancillary Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Total Charges per Volume	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)	National Avg LOS	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)(i)	National R&B as % of Total Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(2)(i)	National Ancillary as % of Total Charges	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National Semi Private Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003
INPT	(b)(1)	National Special Care Days	Ingenix, CMS Medicare Provider Analysis and Review (MedPAR) Record	2003

Supplementary Table 1
Reasonable Charges Data Sources - V2.3

V2.3 Data Source.xls - Abbreviations

Charge Type	Paragraph	Subject	Data Source	Edition
Charge Type Abbreviations			**Other Abbreviations**	
INPT = Acute inpatient facility charges			AVG = Average	
SNF = Skilled nursing facility / sub-acute inpatient facility charges			CMS = Centers for Medicare and Medicaid Services	
			CCU = Critical Care Unit	
			CPI-U = Consumer Price Index - All Urban Consumers	
			ICU = Intensive Care Unit	
			LOS = Length of Stay	
			MedPAR = Medicare Provider Analysis and Review	
			R&B = Room and Board	

Supplementary Table 2
Reasonable Charges Data Sources - V2.3 - Where To Obtain

V2.3 Data Sources - 2004 -12-2.xls - Obtain

Page 1 of 1

Database	Where To Obtain
CPI-U, various components, seasonally adjusted	Bureau of Labor Statistics Internet site, CPI section, http://www.bls.gov/cpi/
MedPAR custom reports	Ingenix, Inc., 2525 Lake Park Blvd., Salt Lake City, UT 84120
Abbreviations	
CPI-U = Consumer Price Index - All Urban Consumers	
MedPAR = Medicare Provider Analysis and Review	

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes, and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
402	TOGUS, ME	ME	043	1	VAMC	PBH
402GA	CARIBOU, ME	ME	047	1	CBOC	NPB
402GB	CALAIS, ME	ME	046	1	CBOC	NPB
402GC	RUMFORD, ME	ME	042	1	CBOC	NPB
402GD	SACO, ME	ME	040	1	CBOC	NPB
402HB	BANGOR, ME	ME	044	1	CBOC	NPB
402HC	PORTLAND, ME	ME	041	1	CBOC	NPB
405	WHITE RIVER JCT, VT	VT	050	1	VAMC	PBH
405GA	BENNINGTON, VT	VT	052	1	CBOC	NPB
405HA	BURLINGTON, VT	VT	054	1	CBOC	NPB
405HC	SAINT JOHNSBURY, VT	VT	058	1	CBOC	NPB
405HD	NEWPORT, VT	VT	058	1	CBOC	NPB
405HF	RUTLAND, VT	VT	057	1	CBOC	NPB
405HG	WILDER, VT	VT	050	1	CBOC	NPB
436	FORT HARRISON, MT	MT	596	19	VAMC	PBH
436GA	ANACONDA, MT	MT	597	19	CBOC	NPB
436GB	GREAT FALLS, MT	MT	594	19	CBOC	NPB
436GC	MISSOULA, MT	MT	598	19	CBOC	NPB
436GD	BOZEMAN, MT	MT	597	19	CBOC	NPB
436GF	KALISPELL, MT	MT	599	19	CBOC	NPB
436GH	BILLINGS, MT	MT	591	19	CBOC	NPB
436GI	GLASGOW, MT	MT	592	19	CBOC	NPB
436GJ	MILES CITY, MT	MT	593	19	CBOC	NPB
436GK	SIDNEY, MT	MT	592	19	CBOC	NPB
437	FARGO, ND	ND	581	23	VAMC	PBH
437GA	GRAFTON, ND	ND	582	23	CBOC	NPB
437GB	BISMARCK, ND	ND	585	23	CBOC	NPB
437GC	FERGUS FALLS, MN	MN	565	23	CBOC	NPB
437GD	MINOT, ND	ND	587	23	CBOC	NPB
438	SIOUX FALLS, SD	SD	571	23	VAMC	PBH
438GC	SIOUX CITY, IA	IA	511	23	CBOC	NPB
438GD	ABERDEEN, SD	SD	574	23	CBOC	NPB
442	CHEYENNE, WY	WY	820	19	VAMC	PBH
442GB	SIDNEY, NE	NE	691	19	CBOC	NPB
442GC	FORT COLLINS, CO	CO	805	19	CBOC	NPB
442GD	GREELEY, CO	CO	806	19	CBOC	NPB
459	HONOLULU, HI	HI	968	21	VAMC	PBH
459GA	KAHULUI, HI	HI	967	21	CBOC	NPB
459GB	HILO, HI	HI	967	21	CBOC	NPB
459GC	KAILUA KONA, HI	HI	967	21	CBOC	NPB
459GD	LIHUE, HI	HI	967	21	CBOC	NPB
459GE	GUAM, GU	GU	969	21	CBOC	NPB
460	WILMINGTON, DE	DE	198	4	VAMC	PBH
460GA	MILLSBORO, DE	DE	199	4	CBOC	NPB
460HE	VENTNOR CITY, NJ	NJ	084	4	CBOC	NPB
460HG	VINELAND, NJ	NJ	083	4	CBOC	PBO
463	ANCHORAGE, AK	AK	995	20	IOC	PBO
463GA	FAIRBANKS, AK	AK	997	20	CBOC	NPB
463GB	KENAI, AK	AK	996	20	CBOC	NPB
501	ALBUQUERQUE, NM	NM	871	18	VAMC	PBH
501G2	LAS VEGAS, NM	NM	875	18	CBOC	NPB
501GA	ARTESIA, NM	NM	882	18	CBOC	NPB
501GB	FARMINGTON, NM	NM	874	18	CBOC	NPB

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes,
and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
501GC	SILVER CITY, NM	NM	880	18	CBOC	NPB
501GD	GALLUP, NM	NM	873	18	CBOC	NPB
501GE	ESPANOLA, NM	NM	884	18	CBOC	NPB
501GH	TRUTH OR CONSEQUENCES, NM	NM	879	18	CBOC	NPB
501GI	ALAMOGORDO, NM	NM	883	18	CBOC	NPB
501GJ	DURANGO, CO	CO	813	18	CBOC	NPB
501GK	SANTA FE, NM	NM	875	18	CBOC	NPB
501HB	RATON, NM	NM	877	18	CBOC	NPB
502	ALEXANDRIA, LA	LA	713	16	VAMC	PBH
502GA	JENNINGS, LA	LA	705	16	CBOC	NPB
502GB	LAFAYETTE, LA	LA	705	16	CBOC	NPB
503	ALTOONA, PA	PA	166	4	VAMC	PBH
503GA	JOHNSTOWN, PA	PA	159	4	CBOC	PBO
503GB	DU BOIS, PA	PA	158	4	CBOC	NPB
503GC	STATE COLLEGE, PA	PA	168	4	CBOC	PBO
504	AMARILLO, TX	TX	791	18	VAMC	PBH
504BY	LUBBOCK, TX	TX	794	18	CBOC	NPB
504BZ	CLOVIS, NM	NM	881	18	CBOC	NPB
504GA	CHILDRESS, TX	TX	792	18	CBOC	NPB
504GB	LIBERAL, KS	KS	679	18	CBOC	NPB
504HB	STRATFORD, TX	TX	790	18	CBOC	NPB
506	ANN ARBOR, MI	MI	481	11	VAMC	PBH
506GA	TOLEDO, OH	OH	436	11	CBOC	NPB
506GB	FLINT, MI	MI	485	11	CBOC	NPB
506GC	JACKSON, MI	MI	492	11	CBOC	NPB
508	ATLANTA/DECATUR, GA	GA	300	7	VAMC	PBH
508GA	ATLANTA/MIDTOWN, GA	GA	303	7	CBOC	PBO
508GE	OAKWOOD/NE CORRIDOR, GA	GA	305	7	CBOC	PBO
508GF	SMYRNA, GA	GA	300	7	CBOC	PBO
508GH	LAWRENCEVILLE, GA	GA	300	7	CBOC	PBO
509	AUGUSTA DOWNTOWN, GA	GA	309	7	VAMC	PBH
509A0	AUGUSTA UPTOWN, GA	GA	309	7	VAMC	PBH
512	BALTIMORE, MD	MD	212	5	VAMC	PBH
512A5	PERRY POINT, MD	MD	219	5	VAMC	PBH
512GA	CAMBRIDGE, MD	MD	216	5	CBOC	NPB
512GC	GLEN BURNIE, MD	MD	210	5	CBOC	PBO
512GD	BALTIMORE/LOCH RAVEN, MD	MD	212	5	CBOC	PBO
512GE	POCOMOKE CITY, MD	MD	218	5	CBOC	NPB
512GF	FORT HOWARD CBOC, MD	MD	210	5	CBOC	PBO
512PA	PERRY POINT RTP'S, MD	MD	219	5	CBOC	NPB
515	BATTLE CREEK, MI	MI	490	11	VAMC	PBH
515BY	GRAND RAPIDS, MI	MI	495	11	CBOC	NPB
515GA	MUSKEGON, MI	MI	494	11	CBOC	NPB
515GB	LANSING, MI	MI	489	11	CBOC	NPB
515GC	BENTON HARBOR, MI	MI	490	11	CBOC	NPB
516	BAY PINES, FL	FL	337	8	VAMC	PBH
516BZ	FORT MYERS, FL	FL	339	8	CBOC	NPB
516GA	SARASOTA, FL	FL	342	8	CBOC	NPB
516GB	SAINT PETERSBURG, FL	FL	337	8	CBOC	PBO
516GC	DUNEDIN, FL	FL	346	8	CBOC	PBO
516GD	ELLENTON, FL	FL	342	8	CBOC	PBO
516GE	PORT CHARLOTTE, FL	FL	339	8	CBOC	NPB
516GF	NAPLES, FL	FL	341	8	CBOC	NPB

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes, and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
516GH	AVON PARK, FL	FL	338	8	CBOC	NPB
517	BECKLEY, WV	WV	258	6	VAMC	PBH
517GA	GASSAWAY, WV	WV	266	6	CBOC	NPB
518	BEDFORD, MA	MA	017	1	VAMC	PBH
518GA	LYNN, MA	MA	019	1	CBOC	PBO
518GB	HAVERHILL, MA	MA	018	1	CBOC	PBO
518GC	WINCHINDON, MA	MA	014	1	CBOC	NPB
518GD	LOWELL, MA	MA	018	1	CBOC	PBO
518GE	GLOUCESTER, MA	MA	019	1	CBOC	PBO
518GG	FITCHBURG, MA	MA	014	1	CBOC	PBO
519	BIG SPRING, TX	TX	797	18	VAMC	PBH
519GA	ODESSA, TX	TX	797	18	CBOC	NPB
519GB	HOBBS, NM	NM	882	18	CBOC	NPB
519GD	FORT STOCKTON, TX	TX	797	18	CBOC	NPB
519HC	ABILENE, TX	TX	796	18	CBOC	NPB
519HD	STAMFORD, TX	TX	795	18	CBOC	NPB
519HF	SAN ANGELO, TX	TX	769	18	CBOC	NPB
520	BILOXI, MS	MS	395	16	VAMC	PBH
520A0	GULFPORT, MS	MS	395	16	VAMC	PBH
520BZ	PENSACOLA, FL	FL	325	16	CBOC	NPB
520GA	MOBILE, AL	AL	366	16	CBOC	NPB
520GB	PANAMA CITY, FL	FL	324	16	CBOC	NPB
521	BIRMINGHAM, AL	AL	352	7	VAMC	PBH
521GA	HUNTSVILLE, AL	AL	358	7	CBOC	NPB
521GB	DECATUR, AL	AL	356	7	CBOC	NPB
521GC	FLORENCE, AL	AL	356	7	CBOC	NPB
521GD	RAINBOW CITY, AL	AL	359	7	CBOC	NPB
521GE	ANNISTON, AL	AL	362	7	CBOC	NPB
521GF	JASPER, AL	AL	355	7	CBOC	NPB
523	BOSTON, MA	MA	021	1	VAMC	PBH
523A4	WEST ROXBURY, MA	MA	021	1	VAMC	PBH
523A5	BROCKTON, MA	MA	024	1	VAMC	PBH
523BY	LOWELL, MA	MA	018	1	CBOC	PBO
523BZ	BOSTON CBOC, MA	MA	021	1	CBOC	PBO
523GA	FRAMINGHAM, MA	MA	017	1	CBOC	PBO
523GB	WORCESTER, MA	MA	016	1	CBOC	PBO
523GC	QUINCY, MA	MA	021	1	CBOC	PBO
523GD	PLYMOUTH, MA	MA	023	1	CBOC	NPB
523GE	DORCHESTER, MA	MA	021	1	CBOC	PBO
526	BRONX, NY	NY	104	3	VAMC	PBH
526GA	WHITE PLAINS/BRONX, NY	NY	106	3	CBOC	PBO
526GB	YONKERS, NY	NY	107	3	CBOC	PBO
526GC	SOUTH BRONX, NY	NY	104	3	CBOC	PBO
526GD	QUEENS, NY	NY	111	3	CBOC	PBO
528	BUFFALO, NY	NY	142	2	VAMC	PBH
528A4	BATAVIA, NY	NY	140	2	VAMC	PBH
528A5	CANANDAIGUA, NY	NY	144	2	VAMC	PBH
528A6	BATH, NY	NY	148	2	VAMC	PBH
528A7	SYRACUSE, NY	NY	132	2	VAMC	PBH
528A8	ALBANY, NY	NY	122	2	VAMC	PBH
528G1	MALONE, NY	NY	129	2	CBOC	NPB
528G2	ELIZABETHTOWN, NY	NY	129	2	CBOC	NPB
528G3	BAINBRIDGE, NY	NY	137	2	CBOC	NPB

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes,
and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
528G4	ELMIRA, NY	NY	149	2	CBOC	PBO
528G5	AUBURN, NY	NY	130	2	CBOC	NPB
528G6	FONDA, NY	NY	120	2	CBOC	NPB
528G7	CATSKILL, NY	NY	124	2	CBOC	NPB
528G8	WELLSVILLE, NY	NY	148	2	CBOC	NPB
528G9	CORTLAND, NY	NY	130	2	CBOC	NPB
528GB	JAMESTOWN, NY	NY	147	2	CBOC	NPB
528GC	DUNKIRK, NY	NY	140	2	CBOC	NPB
528GD	NIAGARA FALLS, NY	NY	143	2	CBOC	NPB
528GE	ROCHESTER, NY	NY	146	2	CBOC	PBO
528GK	LOCKPORT, NY	NY	140	2	CBOC	NPB
528GL	MASSENA, NY	NY	136	2	CBOC	NPB
528GM	ROME, NY	NY	134	2	CBOC	NPB
528GN	BINGHAMTON, NY	NY	139	2	CBOC	NPB
528GO	WATERTOWN/FORT DRUM, NY	NY	136	2	CBOC	NPB
528GP	OSWEGO, NY	NY	131	2	CBOC	NPB
528GQ	LACKAWANNA, NY	NY	142	2	CBOC	NPB
528GR	OLEAN, NY	NY	147	2	CBOC	NPB
528GT	GLENS FALLS, NY	NY	128	2	CBOC	NPB
528GV	PLATTSBURGH, NY	NY	129	2	CBOC	NPB
528GW	SCHENECTADY, NY	NY	123	2	CBOC	NPB
528GX	TROY, NY	NY	121	2	CBOC	NPB
528GY	CLIFTON PARK, NY	NY	120	2	CBOC	PBO
528GZ	KINGSTON, NY	NY	124	2	CBOC	NPB
528J1	WARSAW, NY	NY	145	2	CBOC	PBO
529	BUTLER, PA	PA	160	4	VAMC	PBH
529GA	MERCER, PA	PA	161	4	CBOC	PBO
529GB	NEW CASTLE, PA	PA	161	4	CBOC	PBO
529GC	KITTANNING, PA	PA	162	4	CBOC	NPB
529GD	KNOX, PA	PA	162	4	CBOC	NPB
531	BOISE, ID	ID	837	20	VAMC	PBH
531GD	ONTARIO, OR	OR	979	20	CBOC	NPB
531GE	TWIN FALLS, ID	ID	833	20	CBOC	NPB
534	CHARLESTON, SC	SC	294	7	VAMC	PBH
534BY	SAVANNAH, GA	GA	314	7	CBOC	NPB
534GB	MYRTLE BEACH, SC	SC	295	7	CBOC	NPB
534GC	BEAUFORT, SC	SC	299	7	CBOC	NPB
537	CHICAGO WEST SIDE, IL	IL	606	12	VAMC	PBH
537BY	CROWN POINT, IN	IN	463	12	CBOC	NPB
537GA	CHICAGO HEIGHTS, IL	IL	604	12	CBOC	PBO
537GD	LAKESIDE CBOC, IL	IL	606	12	VAMC	PBO
537HA	CHICAGO/WOODLAWN, IL	IL	606	12	CBOC	PBO
538	CHILLICOTHE, OH	OH	456	10	VAMC	PBH
538GA	ATHENS, OH	OH	457	10	CBOC	NPB
538GB	PORTSMOUTH, OH	OH	456	10	CBOC	NPB
538GC	MARIETTA, OH	OH	457	10	CBOC	NPB
538GD	LANCASTER, OH	OH	431	10	CBOC	PBO
539	CINCINNATI, OH	OH	452	10	VAMC	PBH
539DT	GEORGETOWN VET HOME, OH	OH	451	10	VAMC	PBH
539GA	BELLEVUE, KY	KY	410	10	CBOC	PBO
539GB	CINCINNATI CBOC, OH	OH	452	10	CBOC	PBO
539GC	LAWRENCEBURG, IN	IN	470	10	CBOC	PBO
540	CLARKSBURG, WV	WV	263	4	VAMC	PBH

Supplementary Table 3
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Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
540GA	PARSONS, WV	WV	262	4	CBOC	NPB
540GB	PARKERSBURG, WV	WV	261	4	CBOC	NPB
540GC	GASSAWAY, WV	WV	266	4	CBOC	NPB
541	CLEVELAND WADE PARK, OH	OH	441	10	VAMC	PBH
541A0	CLEVELAND BRECKSVILLE, OH	OH	441	10	VAMC	PBH
541BY	CANTON, OH	OH	447	10	CBOC	NPB
541BZ	YOUNGSTOWN, OH	OH	445	10	CBOC	NPB
541GB	LORAIN, OH	OH	440	10	CBOC	PBO
541GC	SANDUSKY, OH	OH	448	10	CBOC	NPB
541GD	MANSFIELD, OH	OH	449	10	CBOC	NPB
541GE	CLEVELAND CBOC, OH	OH	441	10	CBOC	PBO
541GF	PAINESVILLE, OH	OH	440	10	CBOC	PBO
541GG	AKRON, OH	OH	443	10	CBOC	NPB
541GH	EAST LIVERPOOL, OH	OH	439	10	CBOC	NPB
541GI	WARREN, OH	OH	444	10	CBOC	NPB
542	COATESVILLE, PA	PA	193	4	VAMC	PBH
542GA	SPRINGFIELD, PA	PA	190	4	CBOC	PBO
542GB	PHILADELPHIA CBOC, PA	PA	191	4	CBOC	NPB
542GE	SPRING CITY, PA	PA	194	4	CBOC	PBO
542GG	COATESVILLE MSCEC, PA	PA	193	4	CBOC	PBO
542GH	COATESVILLE CBOC, PA	PA	193	4	CBOC	PBO
544	COLUMBIA, SC	SC	292	7	VAMC	PBH
544BZ	GREENVILLE, SC	SC	296	7	CBOC	NPB
544GB	FLORENCE, SC	SC	295	7	CBOC	NPB
544GC	ROCK HILL, SC	SC	297	7	CBOC	NPB
544GD	ANDERSON, SC	SC	296	7	CBOC	NPB
544GE	ORANGEBURG, SC	SC	291	7	CBOC	NPB
544GF	SUMTER, SC	SC	291	7	CBOC	NPB
546	MIAMI, FL	FL	331	8	VAMC	PBH
546BZ	OAKLAND PARK, FL	FL	333	8	CBOC	PBO
546GA	MIAMI CBOC, FL	FL	331	8	CBOC	PBO
546GB	KEY WEST, FL	FL	330	8	CBOC	NPB
546GC	HOMESTEAD, FL	FL	330	8	CBOC	NPB
546GD	PEMBROKE PINES, FL	FL	330	8	CBOC	PBO
546GE	KEY LARGO, FL	FL	330	8	CBOC	NPB
546GF	HALLANDALE, FL	FL	330	8	CBOC	PBO
546GG	CORAL SPRINGS, FL	FL	330	8	CBOC	NPB
546GH	DEERFIELD BEACH, FL	FL	334	8	CBOC	NPB
548	WEST PALM BEACH, FL	FL	334	8	VAMC	PBH
548GA	FORT PIERCE, FL	FL	349	8	CBOC	NPB
548GB	DELRAY BEACH, FL	FL	334	8	CBOC	NPB
548GC	STUART, FL	FL	349	8	CBOC	NPB
548GD	BOCA RATON, FL	FL	334	8	CBOC	NPB
548GE	VERO BEACH, FL	FL	329	8	CBOC	NPB
548GF	OKEECHOBEE, FL	FL	349	8	CBOC	NPB
549	DALLAS, TX	TX	752	17	VAMC	PBH
549A4	BONHAM, TX	TX	754	17	VAMC	PBH
549BY	FORT WORTH SOC, TX	TX	761	17	CBOC	PBO
549GA	TYLER, TX	TX	757	17	CBOC	NPB
549GC	BONHAM CBOC, TX	TX	754	17	CBOC	NPB
549GD	DENTON, TX	TX	762	17	CBOC	NPB
549GE	DECATUR, TX	TX	762	17	CBOC	NPB
549GF	EASTLAND, TX	TX	764	17	CBOC	NPB

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes, and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
549GH	GREENVILLE, TX	TX	754	17	CBOC	NPB
549GI	CLEBURNE, TX	TX	760	17	CBOC	NPB
550	DANVILLE, IL	IL	618	11	VAMC	PBH
550BY	PEORIA, IL	IL	616	11	CBOC	NPB
550GA	DECATUR, IL	IL	625	11	CBOC	NPB
550GC	LAFAYETTE, IN	IN	479	11	CBOC	NPB
550GD	SPRINGFIELD, IL	IL	627	11	CBOC	NPB
550GE	EFFINGHAM, IL	IL	624	11	CBOC	NPB
552	DAYTON, OH	OH	454	10	VAMC	PBH
552GA	MIDDLETOWN, OH	OH	450	10	CBOC	PBO
552GB	LIMA, OH	OH	458	10	CBOC	NPB
552GC	RICHMOND, IN	IN	473	10	CBOC	NPB
552GD	SPRINGFIELD, OH	OH	455	10	CBOC	PBO
553	DETROIT, MI	MI	482	11	VAMC	PBH
553GA	YALE, MI	MI	480	11	CBOC	NPB
553GB	PONTIAC, MI	MI	483	11	CBOC	NPB
554	DENVER, CO	CO	802	19	VAMC	PBH
554GB	AURORA, CO	CO	800	19	CBOC	PBO
554GC	LAKEWOOD, CO	CO	802	19	CBOC	PBO
554GD	PUEBLO, CO	CO	810	19	CBOC	NPB
554GE	COLORADO SPRINGS, CO	CO	809	19	CBOC	NPB
554GF	ALAMOSA, CO	CO	811	19	CBOC	NPB
554GG	LA JUNTA, CO	CO	810	19	CBOC	NPB
554GH	LAMAR, CO	CO	810	19	CBOC	NPB
554HB	FORT MORGAN, CO	CO	807	19	CBOC	NPB
556	NORTH CHICAGO, IL	IL	600	12	VAMC	PBH
556GA	EVANSTON, IL	IL	602	12	CBOC	PBO
556GC	MCHENRY, IL	IL	600	12	CBOC	PBO
556GD	KENOSHA, WI	WI	531	12	CBOC	PBO
557	DUBLIN, GA	GA	310	7	VAMC	PBH
557GA	MACON, GA	GA	312	7	CBOC	NPB
557GB	ALBANY, GA	GA	317	7	CBOC	NPB
558	DURHAM, NC	NC	277	6	VAMC	PBH
558GA	GREENVILLE, NC	NC	278	6	CBOC	NPB
558GB	RALEIGH, NC	NC	276	6	CBOC	NPB
558GC	MOOREHEAD CITY, NC	NC	285	6	CBOC	NPB
561	EAST ORANGE, NJ	NJ	070	3	VAMC	PBH
561A4	LYONS, NJ	NJ	079	3	VAMC	PBH
561BY	NEWARK SAC, NJ	NJ	071	3	CBOC	PBO
561BZ	BRICK, NJ	NJ	087	3	CBOC	NPB
561GA	TRENTON, NJ	NJ	086	3	CBOC	PBO
561GB	ELIZABETH, NJ	NJ	072	3	CBOC	PBO
561GD	HACKENSACK, NJ	NJ	076	3	CBOC	PBO
561GE	JERSEY CITY, NJ	NJ	073	3	CBOC	PBO
561GF	NEW BRUNSWICK, NJ	NJ	089	3	CBOC	PBO
561GG	NEWARK CBOC, NJ	NJ	071	3	CBOC	PBO
561GH	MORRISTOWN, NJ	NJ	079	3	CBOC	PBO
561GI	FORT MONMOUTH, NJ	NJ	077	3	CBOC	PBO
561GJ	PATTERSON, NJ	NJ	075	3	CBOC	PBO
561HB	JAMESBURG, NJ	NJ	088	3	CBOC	PBO
562	ERIE, PA	PA	165	4	VAMC	PBH
562GA	MEADVILLE, PA	PA	163	4	CBOC	PBO
562GB	ASHTABULA, OH	OH	440	4	CBOC	NPB

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes, and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
562GC	SMETHPORT, PA	PA	167	4	CBOC	NPB
564	FAYETTEVILLE, AR	AR	727	16	VAMC	PBH
564BY	MOUNT VERNON, MO	MO	657	16	CBOC	NPB
564GA	HARRISON, AR	AR	726	16	CBOC	NPB
564GB	FORT SMITH, AR	AR	729	16	CBOC	NPB
565	FAYETTEVILLE, NC	NC	283	6	VAMC	PBH
565GA	JACKSONVILLE UCJ, NC	NC	285	6	CBOC	NPB
565GC	WILMINGTON, NC	NC	284	6	CBOC	NPB
568	FORT MEADE, SD	SD	577	23	VAMC	PBH
568A4	HOT SPRINGS, SD	SD	577	23	VAMC	PBH
568GA	RAPID CITY, SD	SD	577	23	CBOC	PBO
568GB	PIERRE, SD	SD	575	23	CBOC	NPB
568HA	NEWCASTLE, WY	WY	827	23	CBOC	NPB
568HB	RUSHVILLE, NE	NE	693	23	CBOC	NPB
568HC	ALLIANCE, NE	NE	693	23	CBOC	NPB
568HH	GERING, NE	NE	693	23	CBOC	NPB
568HJ	ROSEBUD, SD	SD	575	23	CBOC	NPB
568HK	MCLAUGHLIN, SD	SD	576	23	CBOC	NPB
568HM	EAGLE BUTTE, SD	SD	576	23	CBOC	NPB
568HN	LAME DEER, MT	MT	590	23	CBOC	NPB
568HP	WINNER, SD	SD	575	23	CBOC	NPB
570	FRESNO, CA	CA	937	21	VAMC	PBH
570GA	ATWATER, CA	CA	953	21	CBOC	NPB
570GB	TULARE, CA	CA	932	21	CBOC	NPB
573	GAINESVILLE, FL	FL	326	8	VAMC	PBH
573A4	LAKE CITY, FL	FL	320	8	VAMC	PBH
573BY	JACKSONVILLE, FL	FL	322	8	CBOC	NPB
573BZ	DAYTONA BEACH, FL	FL	321	8	CBOC	NPB
573GA	VALDOSTA, GA	GA	316	8	CBOC	NPB
573GD	OCALA, FL	FL	344	8	CBOC	PBO
573GE	SAINT AUGUSTINE, FL	FL	320	8	CBOC	NPB
573GF	TALLAHASSEE, FL	FL	323	8	CBOC	NPB
573GG	INVERNESS, FL	FL	344	8	CBOC	NPB
573GH	LEESBURG, FL	FL	347	8	CBOC	NPB
575	GRAND JUNCTION, CO	CO	815	19	VAMC	PBH
575GA	MONTROSE, CO	CO	814	19	CBOC	NPB
578	HINES, IL	IL	601	12	VAMC	PBH
578GA	JOLIET, IL	IL	604	12	CBOC	PBO
578GB	OAK PARK, IL	IL	603	12	CBOC	PBO
578GC	MANTENO, IL	IL	609	12	CBOC	NPB
578GD	AURORA, IL	IL	605	12	CBOC	PBO
578GE	ELGIN, IL	IL	601	12	CBOC	PBO
578GF	LA SALLE, IL	IL	613	12	CBOC	NPB
578GG	OAK LAWN, IL	IL	604	12	CBOC	NPB
580	HOUSTON, TX	TX	770	16	VAMC	PBH
580BY	BEAUMONT, TX	TX	777	16	CBOC	NPB
580BZ	LUFKIN, TX	TX	759	16	CBOC	NPB
581	HUNTINGTON, WV	WV	257	9	VAMC	PBH
581GA	PRESTONSBURG, KY	KY	416	9	CBOC	NPB
581GB	CHARLESTON, WV	WV	253	9	CBOC	NPB
581GD	WILLIAMSON, WV	WV	256	9	CBOC	NPB
583	INDIANAPOLIS, IN	IN	462	11	VAMC	PBH
583GA	TERRE HAUTE, IN	IN	478	11	CBOC	NPB

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes, and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
583GB	BLOOMINGTON, IN	IN	474	11	CBOC	NPB
585	IRON MOUNTAIN, MI	MI	498	12	VAMC	PBH
585GA	HANCOCK/PORTAGE, MI	MI	499	12	CBOC	NPB
585GB	RHINELANDER, WI	WI	545	12	CBOC	NPB
585GC	MENOMINEE, MI	MI	498	12	CBOC	NPB
585GD	IRONWOOD, MI	MI	499	12	CBOC	NPB
585HA	MARQUETTE, MI	MI	498	12	CBOC	NPB
585HB	SAULT SAINTE MARIE, MI	MI	497	12	CBOC	NPB
586	JACKSON, MS	MS	392	16	VAMC	PBH
586GA	KOSCIUSKO, MS	MS	390	16	CBOC	NPB
586GB	MERIDIAN, MS	MS	393	16	CBOC	NPB
586GC	GREENVILLE, MS	MS	387	16	CBOC	NPB
586GD	HATTIESBURG, MS	MS	394	16	CBOC	NPB
586GE	NATCHEZ, MS	MS	391	16	CBOC	NPB
586GF	COLUMBUS, MS	MS	397	16	CBOC	NPB
589	KANSAS CITY, MO	MO	641	15	VAMC	PBH
589A4	COLUMBIA, MO	MO	652	15	VAMC	PBH
589A5	TOPEKA, KS	KS	666	15	VAMC	PBH
589A6	LEAVENWORTH, KS	KS	660	15	VAMC	PBH
589A7	WICHITA, KS	KS	672	15	VAMC	PBH
589DQ	WICHITA NON-VA HOSP, KS	KS	627	15	CMC	PBH
589DS	KANSAS CITY NON-VA HOSPITAL	KS	641	15	CMC	PBH
589G1	WARRENSBURG, MO	MO	640	15	CBOC	NPB
589G2	DODGE CITY, KS	KS	678	15	CBOC	NPB
589G3	LIBERAL, KS	KS	679	15	CBOC	NPB
589G4	HAYS, KS	KS	676	15	CBOC	NPB
589G5	PARSONS, KS	KS	673	15	CBOC	NPB
589G6	SALINA, KS	KS	674	15	CBOC	NPB
589GB	BELTON, MO	MO	640	15	CBOC	PBO
589GC	PAOLA, KS	KS	660	15	CBOC	NPB
589GD	NEVADA, MO	MO	647	15	CBOC	NPB
589GE	KIRKSVILLE, MO	MO	635	15	CBOC	NPB
589GF	FORT LEONARD WOOD, MO	MO	654	15	CBOC	NPB
589GH	CAMDENTON, MO	MO	650	15	CBOC	NPB
589GI	SAINT JOSEPH, MO	MO	645	15	CBOC	PBO
589GJ	KANSAS CITY/WYANDOTTE, KS	KS	661	15	CBOC	PBO
589GK	ABILENE, KS	KS	674	15	CBOC	NPB
589GM	CHANUTE, KS	KS	667	15	CBOC	NPB
589GN	EMPORIA, KS	KS	668	15	CBOC	NPB
589GO	FORT RILEY, KS	KS	664	15	CBOC	NPB
589GP	GARNETT, KS	KS	660	15	CBOC	NPB
589GQ	HOLTON, KS	KS	664	15	CBOC	NPB
589GR	JUNCTION CITY, KS	KS	664	15	CBOC	NPB
589GS	RUSSELL, KS	KS	676	15	CBOC	NPB
589GT	SENECA, KS	KS	665	15	CBOC	NPB
589GU	LAWRENCE, KS	KS	660	15	CBOC	NPB
589GV	FORT SCOTT, KS	KS	667	15	CBOC	NPB
589GW	SALINA, KS	KS	674	15	CBOC	NPB
589GX	MEXICO, MO	MO	652	15	CBOC	PBO
589GY	SAINT JAMES, MO	MO	655	15	CBOC	NPB
589GZ	CAMERON, MO	MO	644	15	CBOC	NPB
590	HAMPTON, VA	VA	236	6	VAMC	PBH
590GA	NORFOLK, VA	VA	235	6	CBOC	PBO

Supplementary Table 3
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Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
593	LAS VEGAS, NV	NV	891	22	VAMC	PBH
593GA	LAS VEGAS CBOC, NV	NV	891	22	CBOC	PBO
593GB	HENDERSON, NV	NV	890	22	CBOC	PBO
593GC	PAHRUMP, NV	NV	890	22	CBOC	NPB
595	LEBANON, PA	PA	170	4	VAMC	PBH
595GA	CAMP HILL, PA	PA	170	4	CBOC	PBO
595GB	POTTSVILLE/SCHUYLKILL/SHENA	PA	179	4	CBOC	PBO
595GC	LANCASTER, PA	PA	176	4	CBOC	PBO
595GD	READING, PA	PA	196	4	CBOC	PBO
595GE	YORK, PA	PA	174	4	CBOC	PBO
596A0	LEXINGTON LEESTOWN, KY	KY	405	9	VAMC	PBH
596A4	LEXINGTON COOPER DRIVE, KY	KY	405	9	VAMC	PBH
596GA	SOMERSET, KY	KY	425	9	CBOC	NPB
596HA	LEXINGTON MSORC, KY	KY	405	9	CBOC	PBO
598	LITTLE ROCK, AR	AR	722	16	VAMC	PBH
598A0	NORTH LITTLE ROCK, AR	AR	721	16	VAMC	PBH
598GA	MOUNTAIN HOME, AR	AR	726	16	CBOC	NPB
598GB	EL DORADO, AR	AR	717	16	CBOC	NPB
598GC	HOT SPRINGS, AR	AR	719	16	CBOC	NPB
598GD	MENA, AR	AR	719	16	CBOC	NPB
600	LONG BEACH, CA	CA	908	22	VAMC	PBH
600GA	ANAHEIM, CA	CA	928	22	CBOC	PBO
600GB	SANTA ANA, CA	CA	927	22	CBOC	PBO
600GC	LONG BEACH CBOC, CA	CA	908	22	CBOC	PBO
600GD	SANTA FE SPRINGS, CA	CA	906	22	CBOC	PBO
603	LOUISVILLE, KY	KY	402	9	VAMC	PBH
603GA	FORT KNOX, KY	KY	401	9	CBOC	NPB
603GB	NEW ALBANY, IN	IN	471	9	CBOC	NPB
603GC	LOUISVILLE CBOC, KY	KY	402	9	CBOC	PBO
605	LOMA LINDA, CA	CA	923	22	VAMC	PBH
605GA	VICTORVILLE, CA	CA	923	22	CBOC	PBO
605GB	SUN CITY, CA	CA	923	22	CBOC	PBO
605GC	PALM DESERT, CA	CA	922	22	CBOC	NPB
605GD	CORONA, CA	CA	928	22	CBOC	PBO
605GE	UPLAND, CA	CA	917	22	CBOC	PBO
607	MADISON, WI	WI	537	12	VAMC	PBH
607GC	JANESVILLE, WI	WI	535	12	CBOC	NPB
607GD	BARABOO, WI	WI	539	12	CBOC	PBO
607GE	BEAVER DAM, WI	WI	539	12	CBOC	NPB
607GF	FREEPORT, IL	IL	610	12	CBOC	NPB
607HA	ROCKFORD, IL	IL	611	12	CBOC	NPB
608	MANCHESTER, NH	NH	031	1	VAMC	PBH
608GA	PORTSMOUTH, NH	NH	038	1	CBOC	PBO
608GC	WOLFEBORO, NH	NH	038	1	CBOC	NPB
608GD	CONWAY, NH	NH	038	1	CBOC	NPB
608HA	TILTON, NH	NH	032	1	CBOC	PBO
610	MARION, IN	IN	469	11	VAMC	PBH
610A4	FORT WAYNE, IN	IN	468	11	VAMC	PBH
610GA	SOUTH BEND, IN	IN	466	11	CBOC	NPB
610GB	MUNCIE, IN	IN	473	11	CBOC	NPB
612	MARTINEZ, CA	CA	945	21	VAMC	PBH
612A4	SACRAMENTO/MATHER AFB, CA	CA	958	21	VAMC	PBH
612B4	REDDING, CA	CA	960	21	CBOC	NPB

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes, and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
612BY	OAKLAND, CA	CA	946	21	CBOC	PBO
612CZ	TRAVIS AFB, CA	CA	945	21	CBOC	PBO
612GD	FAIRFIELD, CA	CA	945	21	CBOC	PBO
612GE	MARE ISLAND, CA	CA	945	21	CBOC	PBO
612GF	MARTINEZ CBOC, CA	CA	945	21	CBOC	PBO
612GG	CHICO, CA	CA	959	21	CBOC	NPB
612GH	MCCLELLAN AFB, CA	CA	956	21	CBOC	PBO
613	MARTINSBURG, WV	WV	254	5	VAMC	PBH
613GA	CUMBERLAND, MD	MD	215	5	CBOC	NPB
613GB	HAGERSTOWN, MD	MD	217	5	CBOC	PBO
613GC	STEPHENS CITY, VA	VA	226	5	CBOC	PBO
613GD	FRANKLIN, WV	WV	268	5	CBOC	NPB
613GE	PETERSBURG, WV	WV	268	5	CBOC	NPB
613GF	HARRISONBURG, VA	VA	228	5	CBOC	NPB
614	MEMPHIS, TN	TN	381	9	VAMC	PBH
614GA	SMITHVILLE, MS	MS	388	9	CBOC	NPB
614GB	JONESBORO, AR	AR	724	9	CBOC	NPB
614GC	BYHALIA, MS	MS	386	9	CBOC	NPB
614GD	SAVANNAH, TN	TN	383	9	CBOC	NPB
618	MINNEAPOLIS, MN	MN	554	23	VAMC	PBH
618BY	SUPERIOR, WI	WI	548	23	CBOC	NPB
618GA	MANKATO, MN	MN	560	23	CBOC	NPB
618GB	HIBBING, MN	MN	557	23	CBOC	NPB
618GD	SAINT PAUL, MN	MN	551	23	CBOC	PBO
618GE	CHIPPEWA FALLS, WI	WI	547	23	CBOC	NPB
618GG	ROCHESTER, MN	MN	559	23	CBOC	NPB
619	MONTGOMERY, AL	AL	361	7	VAMC	PBH
619A4	TUSKEGEE, AL	AL	360	7	VAMC	PBH
619GA	COLUMBUS, GA	GA	319	7	CBOC	NPB
619GB	DOTHAN, AL	AL	363	7	CBOC	NPB
619GC	DOTHAN MHC, AL	AL	363	7	CBOC	NPB
620	MONTROSE, NY	NY	105	3	VAMC	PBH
620A4	CASTLE POINT, NY	NY	125	3	VAMC	PBH
620GA	NEW CITY, NY	NY	109	3	CBOC	PBO
620GB	CARMEL, NY	NY	105	3	CBOC	PBO
620GD	WALLKILL, NY	NY	125	3	CBOC	PBO
620GE	PORT JERVIS, NY	NY	127	3	CBOC	NPB
620GF	HARRIS, NY	NY	127	3	CBOC	NPB
620GG	POUGHKEEPSIE, NY	NY	126	3	CBOC	PBO
621	MOUNTAIN HOME, TN	TN	376	9	VAMC	PBH
621GA	ROGERSVILLE, TN	TN	378	9	CBOC	NPB
621GB	MOUNTAIN CITY, TN	TN	376	9	CBOC	NPB
621GC	NORTON, VA	VA	242	9	CBOC	NPB
621GD	SAINT CHARLES, VA	VA	242	9	CBOC	NPB
623	MUSKOGEE, OK	OK	744	16	VAMC	PBH
623BY	TULSA, OK	OK	741	16	CBOC	NPB
623GA	MCALESTER, OK	OK	745	16	CBOC	NPB
626	NASHVILLE, TN	TN	372	9	VAMC	PBH
626A4	MURFREESBORO, TN	TN	371	9	VAMC	PBH
626BY	KNOXVILLE, TN	TN	379	9	CBOC	NPB
626GA	DOVER, TN	TN	370	9	CBOC	NPB
626GC	BOWLING GREEN, KY	KY	421	9	CBOC	NPB
626GD	FT. CAMPBELL CBOC, KY	KY	422	9	CBOC	NPB

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes, and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
626GE	CLARKSVILLE, TN	TN	370	9	CBOC	NPB
626GF	CHATTANOOGA, TN	TN	374	9	CBOC	NPB
626GG	TULLAHOMA/ARNOLD AFB, TN	TN	373	9	CBOC	NPB
626GH	COOKEVILLE, TN	TN	385	9	CBOC	NPB
626GI	VINE HILL, TN	TN	372	9	CBOC	PBO
629	NEW ORLEANS, LA	LA	701	16	VAMC	PBH
629BY	BATON ROUGE, LA	LA	708	16	CBOC	NPB
629GA	HOUMA, LA	LA	703	16	CBOC	NPB
630	NEW YORK, NY	NY	100	3	VAMC	PBH
630A4	BROOKLYN, NY	NY	112	3	VAMC	PBH
630A5	SAINT ALBANS, NY	NY	114	3	VAMC	PBH
630B2	NEW YORK SOHO C&P UNIT, NY	NY	100	3	CBOC	PBO
630BZ	NEW YORK METHADONE, NY	NY	100	3	CBOC	PBO
630GA	HARLEM, NY	NY	100	3	CBOC	PBO
630GB	STATEN ISLAND, NY	NY	103	3	CBOC	PBO
630GC	BROOKLYN CHAPEL STREET, NY	NY	112	3	CBOC	PBO
630GD	BROOKLYN BEDFORD-STUYVESA	NY	112	3	CBOC	PBO
631	NORTHAMPTON, MA	MA	010	1	VAMC	PBH
631BY	SPRINGFIELD SOC, MA	MA	011	1	CBOC	PBO
631GA	NORTHAMPTON CBOC, MA	MA	010	1	CBOC	PBO
631GB	SPRINGFIELD CBOC, MA	MA	011	1	CBOC	PBO
631GC	PITTSFIELD, MA	MA	012	1	CBOC	PBO
631GD	GREENFIELD, MA	MA	013	1	CBOC	PBO
632	NORTHPORT/LONG ISLAND, NY	NY	117	3	VAMC	PBH
632GA	PLAINVIEW, NY	NY	118	3	CBOC	PBO
632HA	LYNBROOK, NY	NY	115	3	CBOC	PBO
632HB	RIVERHEAD, NY	NY	119	3	CBOC	NPB
632HC	ISLIP, NY	NY	117	3	CBOC	PBO
632HD	PATCHOGUE, NY	NY	117	3	CBOC	PBO
632HE	MOUNT SINAI, NY	NY	117	3	CBOC	PBO
632HF	LINDENHURST, NY	NY	117	3	CBOC	PBO
635	OKLAHOMA CITY, OK	OK	731	16	VAMC	PBH
635DZ	LAWTON/FORT SILL, OK	OK	735	16	VAMC	PBH
635GA	LAWTON/FORT SILL, OK	OK	735	16	CBOC	NPB
635GB	WICHITA FALLS, TX	TX	763	16	CBOC	NPB
635GC	PONCA CITY, OK	OK	746	16	CBOC	NPB
635GD	KONAWA, OK	OK	748	16	CBOC	NPB
635HB	ARDMORE, OK	OK	734	16	CBOC	NPB
636	OMAHA, NE	NE	681	23	VAMC	PBH
636A4	GRAND ISLAND, NE	NE	688	23	VAMC	PBH
636A5	LINCOLN, NE	NE	685	23	VAMC	PBH
636A6	DES MOINES, IA	IA	503	23	VAMC	PBH
636A7	KNOXVILLE, IA	IA	501	23	VAMC	PBH
636A8	IOWA CITY, IA	IA	522	23	VAMC	PBH
636GA	NORFOLK, NE	NE	687	23	CBOC	NPB
636GB	NORTH PLATTE, NE	NE	691	23	CBOC	NPB
636GC	MASON CITY, IA	IA	504	23	CBOC	NPB
636GF	BETTENDORF, IA	IA	527	23	CBOC	NPB
636GG	QUINCY, IL	IL	623	23	CBOC	NPB
636GH	WATERLOO, IA	IA	507	23	CBOC	NPB
636GI	GALESBURG, IL	IL	614	23	CBOC	NPB
636GJ	DUBUQUE, IA	IA	520	23	CBOC	NPB
636GK	FORT DODGE, IA	IA	505	23	CBOC	NPB

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes,
and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
637	ASHEVILLE, NC	NC	288	6	VAMC	PBH
640	PALO ALTO, CA	CA	943	21	VAMC	PBH
640A0	MENLO PARK, CA	CA	940	21	VAMC	PBH
640A4	LIVERMORE, CA	CA	945	21	VAMC	PBH
640BY	SAN JOSE, CA	CA	951	21	CBOC	PBO
640GA	CAPITOLA, CA	CA	950	21	CBOC	PBO
640GB	SONORA, CA	CA	953	21	CBOC	NPB
640HA	STOCKTON, CA	CA	952	21	CBOC	NPB
640HB	MODESTO, CA	CA	953	21	CBOC	NPB
640HC	MONTEREY/FORT ORD, CA	CA	939	21	CBOC	NPB
642	PHILADELPHIA, PA	PA	191	4	VAMC	PBH
642GA	FORT DIX, NJ	NJ	086	4	CBOC	PBO
642GB	CAPE MAY, NJ	NJ	082	4	CBOC	NPB
642GC	WILLOW GROVE, PA	PA	190	4	CBOC	PBO
642GD	GLOUCESTER, NJ	NJ	080	4	CBOC	PBO
644	PHOENIX, AZ	AZ	850	18	VAMC	PBH
644BY	MESA/WILLIAMS AFB, AZ	AZ	852	18	CBOC	PBO
644GA	SUN CITY, AZ	AZ	853	18	CBOC	PBO
644GB	SHOW LOW, AZ	AZ	859	18	CBOC	NPB
644GC	BUCKEYE, AZ	AZ	853	18	CBOC	NPB
644GD	PAYSON, AZ	AZ	855	18	CBOC	NPB
646	PITTSBURGH UNIV DR, PA	PA	152	4	VAMC	PBH
646A4	PITTSBURGH ASPINWALL, PA	PA	152	4	VAMC	PBH
646A5	PITTSBURGH HIGHLAND DR, PA	PA	152	4	VAMC	PBH
646GA	SAINT CLAIRSVILLE, OH	OH	439	4	CBOC	NPB
646GB	GREENSBURG, PA	PA	156	4	CBOC	PBO
646GC	ALIQUIPPA, PA	PA	150	4	CBOC	PBO
646GD	WASHINGTON, PA	PA	153	4	CBOC	PBO
648	PORTLAND, OR	OR	972	20	VAMC	PBH
648A4	VANCOUVER, WA	WA	986	20	VAMC	PBH
648GA	BEND, OR	OR	977	20	CBOC	NPB
648GB	SALEM, OR	OR	973	20	CBOC	NPB
648GC	LONGVIEW, WA	WA	986	20	CBOC	NPB
648GD	NORTH COAST, OR	OR	971	20	CBOC	NPB
649	PRESCOTT, AZ	AZ	863	18	VAMC	PBH
649GA	KINGMAN, AZ	AZ	864	18	CBOC	NPB
649GB	BELLEMONT, AZ	AZ	860	18	CBOC	NPB
649GC	LAKE HAVASU CITY, AZ	AZ	864	18	CBOC	NPB
649GD	BLACK CANYON CITY, AZ	AZ	853	18	CBOC	NPB
649GE	COTTONWOOD, AZ	AZ	863	18	CBOC	PBO
650	PROVIDENCE, RI	RI	029	1	VAMC	PBH
650GA	NEW BEDFORD, MA	MA	027	1	CBOC	PBO
650GB	HYANNIS, MA	MA	026	1	CBOC	NPB
650GC	OAK BLUFFS, MA	MA	025	1	CBOC	NPB
650GD	MIDDLETOWN, RI	RI	028	1	CBOC	PBO
650GE	NANTUCKET, MA	MA	025	1	CBOC	NPB
652	RICHMOND, VA	VA	232	6	VAMC	PBH
652GA	FREDERICKSBURG, VA	VA	224	6	CBOC	NPB
653	ROSEBURG, OR	OR	974	20	VAMC	PBH
653BY	EUGENE, OR	OR	974	20	CBOC	NPB
653GA	BANDON, OR	OR	974	20	CBOC	NPB
653GB	BROOKINGS, OR	OR	974	20	CBOC	NPB
654	RENO, NV	NV	895	21	VAMC	PBH

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes,
and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
654GA	AUBURN, CA	CA	956	21	CBOC	NPB
654GB	MINDEN, NV	NV	894	21	CBOC	PBO
655	SAGINAW, MI	MI	486	11	VAMC	PBH
655GA	GAYLORD, MI	MI	497	11	CBOC	NPB
655GB	TRAVERSE CITY, MI	MI	496	11	CBOC	NPB
655GC	OSCODA, MI	MI	487	11	CBOC	NPB
656	SAINT CLOUD, MN	MN	563	23	VAMC	PBH
656GA	BRAINERD, MN	MN	564	23	CBOC	NPB
656GB	MONTEVIDEO, MN	MN	562	23	CBOC	NPB
657	SAINT LOUIS JOHN COCHRAN, MC	MO	631	15	VAMC	PBH
657A0	SAINT LOUIS JEFF BARRACKS, MC	MO	631	15	VAMC	PBH
657A4	POPLAR BLUFF, MO	MO	639	15	VAMC	PBH
657A5	MARION, IL	IL	629	15	VAMC	PBH
657DP	MARION NON-VA HOSPITALS, IL	IL	629	15	CMC	PBH
657DS	ST. LOUIS NON-VA HOSPITAL, IL	IL	631	15	CMC	PBH
657GA	BELLEVILLE, IL	IL	622	15	CBOC	PBO
657GB	SAINT LOUIS CBOC, MO	MO	631	15	CBOC	PBO
657GC	EFFINGHAM, IL	IL	624	15	CBOC	NPB
657GD	SAINT CHARLES, MO	MO	633	15	CBOC	PBO
657GE	SPRINGFIELD, IL	IL	627	15	CBOC	NPB
657GF	WEST PLAINS, MO	MO	657	15	CBOC	NPB
657GG	PARAGOULD, AR	AR	724	15	CBOC	NPB
657GH	CAPE GIRARDEAU, MO	MO	637	15	CBOC	NPB
657GI	FARMINGTON, MO	MO	636	15	CBOC	NPB
657GJ	EVANSVILLE, IN	IN	477	15	CBOC	NPB
657GK	MOUNT VERNON, IL	IL	628	15	CBOC	NPB
657GL	PADUCAH, KY	KY	420	15	CBOC	NPB
657GM	EFFINGHAM, IL	IL	624	15	CBOC	NPB
657GN	SALEM, MO	MO	655	15	CBOC	NPB
658	SALEM, VA	VA	241	6	VAMC	PBH
658GA	TAZEWELL, VA	VA	246	6	CBOC	NPB
658GB	DANVILLE, VA	VA	245	6	CBOC	NPB
658HA	STUARTS DRAFT, VA	VA	244	6	CBOC	NPB
658HB	PULASKI, VA	VA	243	6	CBOC	NPB
658HC	LYNCHBURG, VA	VA	245	6	CBOC	NPB
658HD	HILLSVILLE, VA	VA	243	6	CBOC	NPB
658HE	MARTINSVILLE, VA	VA	241	6	CBOC	NPB
658HG	COVINGTON, VA	VA	244	6	CBOC	NPB
658HH	MARION, VA	VA	243	6	CBOC	NPB
659	SALISBURY, NC	NC	281	6	VAMC	PBH
659BY	WINSTON-SALEM, NC	NC	271	6	CBOC	PBO
659GA	CHARLOTTE, NC	NC	282	6	CBOC	NPB
660	SALT LAKE CITY, UT	UT	841	19	VAMC	PBH
660GA	POCATELLO, ID	ID	832	19	CBOC	NPB
660GB	OGDEN, UT	UT	844	19	CBOC	PBO
660GC	ELY, NV	NV	893	19	CBOC	NPB
660GD	ROOSEVELT, UT	UT	840	19	CBOC	NPB
660GE	OREM, UT	UT	840	19	CBOC	PBO
660GF	GREEN RIVER, WY	WY	829	19	CBOC	NPB
660GG	SAINT GEORGE, UT	UT	847	19	CBOC	NPB
660GI	NEPHI, UT	UT	846	19	CBOC	NPB
662	SAN FRANCISCO, CA	CA	941	21	VAMC	PBH
662BU	SAN FRANCISCO HOMELESS CTR,	CA	941	21	CBOC	PBO

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes, and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
662GA	SANTA ROSA, CA	CA	954	21	CBOC	NPB
662GC	EUREKA, CA	CA	955	21	CBOC	NPB
662GD	UKIAH, CA	CA	954	21	CBOC	NPB
663	SEATTLE, WA	WA	981	20	VAMC	PBH
663A4	AMERICAN LAKE/TACOMA, WA	WA	984	20	VAMC	PBH
663GA	LYNNWOOD/NORTHGATE, WA	WA	980	20	CBOC	PBO
663GB	BREMERTON, WA	WA	983	20	CBOC	PBO
664	SAN DIEGO, CA	CA	921	22	VAMC	PBH
664BY	SAN DIEGO CBOC, CA	CA	921	22	CBOC	PBO
664GA	EL CENTRO, CA	CA	922	22	CBOC	NPB
664GB	VISTA, CA	CA	920	22	CBOC	PBO
664GC	CHULA VISTA, CA	CA	919	22	CBOC	PBO
664GD	ESCONDIDO, CA	CA	920	22	CBOC	PBO
666	SHERIDAN, WY	WY	828	19	VAMC	PBH
666GB	CASPER, WY	WY	826	19	CBOC	NPB
666GC	RIVERTON, WY	WY	825	19	CBOC	NPB
666GD	POWELL, WY	WY	824	19	CBOC	NPB
666GE	GILLETTE, WY	WY	827	19	CBOC	NPB
667	SHREVEPORT, LA	LA	711	16	VAMC	PBH
667GA	TEXARKANA, AR	AR	718	16	CBOC	NPB
667GB	MONROE, LA	LA	712	16	CBOC	NPB
667GC	LONGVIEW, TX	TX	756	16	CBOC	NPB
668	SPOKANE, WA	WA	992	20	VAMC	PBH
668HK	SPOKANE MOC, WA	WA	992	20	CBOC	PBO
671	SAN ANTONIO, TX	TX	782	17	VAMC	PBH
671A4	KERRVILLE, TX	TX	780	17	VAMC	PBH
671B0	MCALLEN, TX	TX	785	17	CBOC	NPB
671BY	SAN ANTONIO CBOC, TX	TX	782	17	CBOC	PBO
671BZ	CORPUS CHRISTI, TX	TX	784	17	CBOC	NPB
671GA	BROWNSVILLE, TX	TX	785	17	CBOC	NPB
671GB	VICTORIA, TX	TX	779	17	CBOC	NPB
671GC	DEL RIO, TX	TX	788	17	CBOC	NPB
671GD	EAGLE PASS, TX	TX	788	17	CBOC	NPB
671GE	LAREDO, TX	TX	780	17	CBOC	NPB
671GF	SOUTH BEXAR COUNTY, TX	TX	782	17	CBOC	PBO
671GG	ALICE, TX	TX	783	17	CBOC	NPB
671GH	BEEVILLE, TX	TX	781	17	CBOC	NPB
671GI	KINGSVILLE, TX	TX	783	17	CBOC	NPB
671GJ	UVALDE, TX	TX	788	17	CBOC	NPB
671GK	SAN ANTONIO CBOC, TX	TX	782	17	CBOC	NPB
671GL	NEW BRAUNFELS, TX	TX	781	17	CBOC	NPB
672	SAN JUAN, PR	PR	009	8	VAMC	PBH
672B0	PONCE, PR	PR	007	8	CBOC	NPB
672BZ	MAYAGUEZ, PR	PR	006	8	CBOC	NPB
672GA	SAINT CROIX, VI	VI	008	8	CBOC	NPB
672GB	SAINT THOMAS, VI	VI	008	8	CBOC	NPB
672GC	ARECIBO, PR	PR	006	8	CBOC	NPB
672GD	KINGSHILL, VI	VI	008	8	CBOC	NPB
672GE	GUAYAMA, PR	PR	007	8	CBOC	PBO
673	TAMPA, FL	FL	336	8	VAMC	PBH
673BY	ORLANDO, FL	FL	328	8	CBOC	NPB
673BZ	PORT RICHEY, FL	FL	346	8	CBOC	NPB
673GA	VIERA/MELBOURNE, FL	FL	329	8	CBOC	NPB

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes, and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
673GB	LAKELAND, FL	FL	338	8	CBOC	PBO
673GC	BROOKSVILLE, FL	FL	346	8	CBOC	NPB
673GD	SANFORD, FL	FL	327	8	CBOC	NPB
673GE	KISSIMMEE, FL	FL	347	8	CBOC	NPB
673GF	ZEPHYRHILLS, FL	FL	335	8	CBOC	NPB
674	TEMPLE, TX	TX	765	17	VAMC	PBH
674A4	WACO, TX	TX	767	17	VAMC	PBH
674A5	MARLIN, TX	TX	766	17	VAMC	PBH
674BY	AUSTIN, TX	TX	787	17	CBOC	NPB
674GA	PALESTINE, TX	TX	758	17	CBOC	NPB
674GB	BROWNWOOD, TX	TX	768	17	CBOC	NPB
674GC	BRYAN/COLLEGE STATION, TX	TX	778	17	CBOC	NPB
674GD	CEDAR PARK, TX	TX	786	17	CBOC	NPB
674GE	MARLIN, TX	TX	765	17	CBOC	PBO
676	TOMAH, WI	WI	546	12	VAMC	PBH
676GA	WAUSAU, WI	WI	544	12	CBOC	NPB
676GC	LA CROSSE, WI	WI	546	12	CBOC	NPB
676GD	WISCONSIN RAPIDS, WI	WI	544	12	CBOC	NPB
676GE	LOYAL, WI	WI	544	12	CBOC	NPB
676HB	WAUTOMA, WI	WI	549	12	CBOC	NPB
678	TUCSON, AZ	AZ	857	18	VAMC	PBH
678GA	SIERRA VISTA, AZ	AZ	856	18	CBOC	NPB
678GB	YUMA, AZ	AZ	853	18	CBOC	NPB
678GC	CASA GRANDE, AZ	AZ	852	18	CBOC	NPB
678GD	SAFFORD, AZ	AZ	855	18	CBOC	NPB
678GE	GREEN VALLEY, AZ	AZ	856	18	CBOC	PBO
679	TUSCALOOSA, AL	AL	354	7	VAMC	PBH
687	WALLA WALLA, WA	WA	993	20	VAMC	PBH
687GA	RICHLAND, WA	WA	993	20	CBOC	NPB
687GB	LEWISTON, ID	ID	835	20	CBOC	NPB
687HA	YAKIMA, WA	WA	989	20	CBOC	NPB
688	WASHINGTON, DC	DC	204	5	VAMC	PBH
688GA	ALEXANDRIA, VA	VA	223	5	CBOC	PBO
688GB	WASHINGTON SE, DC	DC	200	5	CBOC	PBO
688GC	LANDOVER, MD	MD	207	5	CBOC	PBO
688GD	CHARLOTTE HALL, MD	MD	206	5	CBOC	PBO
689	WEST HAVEN, CT	CT	065	1	VAMC	PBH
689A4	NEWINGTON, CT	CT	061	1	CBOC	PBO
689GA	WATERBURY, CT	CT	067	1	CBOC	PBO
689GB	STAMFORD, CT	CT	069	1	CBOC	PBO
689GC	WINDHAM, CT	CT	062	1	CBOC	NPB
689GD	WINSTED, CT	CT	060	1	CBOC	NPB
689GE	DANBURY, CT	CT	068	1	CBOC	PBO
689HA	WILLIMANTIC, CT	CT	062	1	CBOC	NPB
689HB	NORWICH, CT	CT	063	1	CBOC	NPB
689HC	NEW LONDON, CT	CT	063	1	CBOC	NPB
691	WEST LOS ANGELES, CA	CA	900	22	VAMC	PBH
691A4	SEPULVEDA, CA	CA	913	22	CBOC	PBO
691GA	WEST LOS ANGELES CBOC, CA	CA	900	22	CBOC	PBO
691GB	SANTA BARBARA, CA	CA	931	22	CBOC	NPB
691GC	GARDENA, CA	CA	902	22	CBOC	PBO
691GD	BAKERSFIELD, CA	CA	933	22	CBOC	NPB
691GE	LOS ANGELES CBOC, CA	CA	900	22	CBOC	PBO

Supplementary Table 3
VA Medical Facility Locations, Three-Digit ZIP Codes, and Provider-Based/Non-Provider-Based Designations

Sta #	VA Facility Location	ST	ZIP 3	VN	Type	PB
691GF	EAST LOS ANGELES, CA	CA	900	22	CBOC	PBO
691GG	LANCASTER/ANTELOPE VALLEY,	CA	935	22	CBOC	NPB
691GK	SAN LUIS OBISPO, CA	CA	934	22	CBOC	NPB
691GL	LOMPOC, CA	CA	934	22	CBOC	NPB
691GM	PORT HUENEME/OXNARD, CA	CA	930	22	CBOC	NPB
691GN	LYNWOOD, CA	CA	902	22	CBOC	NPB
691GO	PASADENA, CA	CA	911	22	CBOC	NPB
692	WHITE CITY, OR	OR	975	20	DOM	PBH
692GA	KLAMATH FALLS, OR	OR	976	20	CBOC	NPB
693	WILKES-BARRE, PA	PA	187	4	VAMC	PBH
693B4	ALLENTOWN, PA	PA	181	4	CBOC	NPB
693GA	SAYRE, PA	PA	188	4	CBOC	NPB
693GB	WILLIAMSPORT, PA	PA	177	4	CBOC	NPB
693GC	TOBYHANNA, PA	PA	184	4	CBOC	PBO
693GD	SCRANTON, PA	PA	185	4	CBOC	PBO
693GE	POTTSVILLE/SCHUYLKILL/SHENA	PA	179	4	CBOC	PBO
693GF	BERWICK, PA	PA	186	4	CBOC	PBO
693HK	WILKES-BARRE MOC, PA	PA	187	4	CBOC	PBO
695	MILWAUKEE, WI	WI	532	12	VAMC	PBH
695BY	APPLETON, WI	WI	549	12	CBOC	NPB
695GA	UNION GROVE, WI	WI	531	12	CBOC	PBO
695GC	CLEVELAND, WI	WI	530	12	CBOC	NPB
695GD	GREEN BAY, WI	WI	543	12	CBOC	NPB
695HK	MILWAUKEE MOC, WI	WI	532	12	CBOC	NPB
756	EL PASO, TX	TX	799	18	IOC	PBO
756GA	LAS CRUCES, NM	NM	880	18	CBOC	NPB
757	COLUMBUS, OH	OH	432	10	IOC	PBO
757GA	ZANESVILLE, OH	OH	437	10	CBOC	NPB
757GB	GROVE CITY, OH	OH	431	10	CBOC	PBO

Abbreviations

CBOC = Community-Based Outpatient Clinic
CMC = Civilian Medical Center
DOM = Independent Domiciliary
Fac # = VA Facility Number
IOC = Independent Outpatient Clinic
MOC = Mobile Outreach Clinic
NPB = Non-Provider-Based Outpatient Facility
PB = Provider-Based/Non-Provider-Based Designation
PBH = Provider-Based Hospital
PBO = Provider-Based Outpatient Facility
ST = State
VAMC = VA Medical Center
VN = Veterans Integrated Service Network
ZIP 3 = First three digits of ZIP Code

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