# DRG Post Acute Transfer Policy
## Example

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|---|---|---|
| DRG: | 467 - Revision of Hip or Knee Replacement W CC | |
| DRG weight: | 3.2321 | |
| DRG GMLOS: | 4.3 days | |
| Seattle Base Rate: | $6,452.58 | does not include IME, GME or DSH add-ons |
| | | |
| Full DRG Payment: | $20,855 | |
| Per diem amount | $4,850 | |
| | | |
| Medicare Payment: | | |
| 1st day | $9,700 | 2 times the per diem |
| 2 days | $14,550 | $9,700 plus $4,850 |
| 3 days | $19,400 | $14,550 plus $4,850 |
| 4 days | $20,855 | $19,400 plus $1,455 - payment cannot exceed the full DRG amount |
| | | |
| DRG payment if discharged on day 4 | $19,400 | $20,855 if discharge to a Swing Bed unit |
| | | |
| DRG payment if discharged on day 3 | $14,550 | $20,855 if discharge to a Swing Bed unit |