

Table 5.7

**Discharges, Total Days of Care, Total Charges and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,
by Leading Diagnosis-Related Groups (DRGs): Calendar Year 2008**

DRG Code	Description	Discharges	Total Days of Care		Charges in Thousands	Program Payments		
			Number	Per Discharge		Amount in Thousands	Per Discharge ¹	Per Day
Total All DRGs	-----	11,820,795	66,590,540	5.6	\$420,205,543	\$110,231,606	\$9,573	\$1,655
Leading DRGs ²	-----	7,103,730	37,112,750	5.2	198,755,889	51,997,805	7,497	1,401
039 ³	Extracranial Procedures without CC or MCC	45,325	77,415	1.7	1,094,018	250,132	5,709	3,231
057	Degenerative Nervous system Disorders without MCC	74,375	618,490	8.3	1,555,180	508,147	6,940	822
064	Intracranial Hemorrhage or Cerebral Infarction with MCC	68,780	488,500	7.1	2,856,068	690,943	10,195	1,414
065	Intracranial Hemorrhage or Cerebral Infarction with CC	108,280	543,115	5.0	2,868,039	713,246	6,687	1,313
066	Intracranial Hemorrhage or Cerebral Infarction without CC or MCC	71,405	244,205	3.4	1,400,846	371,048	5,330	1,519
069	Transient Ischemia	96,940	281,825	2.9	1,727,976	360,999	3,804	1,281
101	Seizures without MCC	55,305	193,145	3.5	1,014,309	250,654	4,659	1,298
177	Respiratory Infections & Inflammations with MCC	81,295	710,460	8.7	3,613,063	904,764	11,286	1,273
178	Respiratory Infections & Inflammations with CC	64,860	448,020	6.9	2,021,872	557,054	8,714	1,243
189	Pulmonary Edema & Respiratory Failure	123,980	734,850	5.9	3,728,819	968,513	7,960	1,318
190	Chronic Obstructive Pulmonary Disease with MCC	139,290	797,005	5.7	3,725,903	901,678	6,585	1,131
191	Chronic Obstructive Pulmonary Disease with CC	140,865	668,905	4.7	2,968,341	714,697	5,169	1,068
192	Chronic Obstructive Pulmonary Disease without CC or MCC	153,225	576,765	3.8	2,412,957	618,455	4,127	1,072
193	Simple Pneumonia & Pleurisy with MCC	120,375	792,170	6.6	3,800,559	892,928	7,543	1,127
194	Simple Pneumonia & Pleurisy with CC	206,580	1,036,520	5.0	4,474,919	1,121,859	5,525	1,082
195	Simple Pneumonia & Pleurisy without CC or MCC	102,245	388,160	3.8	1,566,095	416,032	4,142	1,072
208	Respiratory System Diagnosis with Ventilator Support < 96 Hours	77,265	551,690	7.1	4,124,353	1,067,067	14,105	1,934
244 ³	Permanent Cardiac Pacemaker Implant without CC or MCC	49,085	135,570	2.8	2,179,553	600,590	12,501	4,430
247 ³	Percutaneous Cardiovascular Proc with Drug-Eluting Stent without MCC	148,435	311,300	2.1	7,554,377	1,772,945	12,484	5,695
249 ³	Percutaneous Cardiovascular Proc with Non-Drug-Eluting Stent without MCC	61,265	155,940	2.5	2,817,088	616,453	10,740	3,953
252 ³	Other Vascular Procedures with MCC	45,875	375,325	8.2	3,242,756	876,137	19,489	2,334
254 ³	Other Vascular Procedures without CC or MCC	43,025	112,160	2.6	1,644,416	411,878	9,835	3,672
280	Acute Myocardial Infarction, Discharged Alive with MCC	81,520	549,835	6.7	3,197,986	839,994	10,439	1,528
281	Acute Myocardial Infarction, Discharged Alive with CC	48,080	209,460	4.4	1,270,105	338,312	7,140	1,615
287	Circulatory Disorders Except AMI, with Cardiac Cath							

without MCC	136,920	417,190	3.0	3,810,686	827,659	6,257	1,984
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See footnotes at end of table.

Table 5.7--Continued
Discharges, Total Days of Care, Total Charges and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,
by Leading Diagnosis-Related Groups (DRGs): Calendar Year 2008

DRG Code	Description	Discharges	Total Days of Care		Total Charges in Thousands	Program Payments		
			Number	Per Discharge		Amount in Thousands	Per Discharge ¹	Per Day
291	Heart Failure & Shock with MCC	214,425	1,350,185	6.3	\$6,780,589	\$1,678,115	\$7,951	\$1,243
292	Heart Failure & Shock with CC	197,950	921,815	4.7	4,157,961	1,115,688	5,716	1,210
293	Heart Failure & Shock without CC or MCC	132,030	447,140	3.4	2,034,149	598,926	4,603	1,339
300	Peripheral Vascular Disorders with CC	43,815	211,110	4.8	870,258	227,996	5,319	1,080
303	Atherosclerosis without MCC	56,605	139,890	2.5	787,989	172,935	3,133	1,236
308	Cardiac Arrhythmia & Conduction Disorders with MCC	61,515	322,410	5.2	1,689,979	415,788	6,869	1,290
309	Cardiac Arrhythmia & Conduction Disorders with CC	91,225	337,975	3.7	1,663,955	406,371	4,519	1,202
310	Cardiac Arrhythmia & Conduction Disorders without CC or MCC	133,795	344,490	2.6	1,768,771	407,298	3,122	1,182
312	Syncope & Collapse	165,185	503,700	3.0	2,849,406	633,845	3,916	1,258
313	Chest Pain	183,070	384,585	2.1	2,564,235	490,778	2,786	1,276
314	Other Circulatory System Diagnoses with MCC	67,145	472,145	7.0	2,749,440	682,415	10,551	1,445
329 ³	Major Small & Large Bowel Procedures with MCC	51,335	803,575	15.7	5,945,273	1,583,091	31,417	1,970
330 ³	Major Small & Large Bowel Procedures with CC	59,000	539,360	9.1	3,262,891	972,473	16,946	1,803
377	G.I. Hemorrhage with MCC	65,330	405,645	6.2	2,339,158	555,989	8,657	1,371
378	G.I. Hemorrhage with CC	120,055	502,510	4.2	2,616,735	668,552	5,659	1,330
379	G.I. Hemorrhage without CC or MCC	58,585	182,080	3.1	945,238	251,692	4,403	1,382
389	G.I. Obstruction with CC	45,900	220,105	4.8	967,019	235,476	5,251	1,070
391	Esophagitis, Gastroent & Misc Digest Disorders with MCC	52,780	266,505	5.0	1,343,778	308,303	6,010	1,157
392	Esophagitis, Gastroent & Misc Digest Disorders without MCC	240,055	822,420	3.4	3,972,468	863,131	3,707	1,050
394	Other Digestive System Diagnoses with CC	46,070	214,115	4.6	1,015,775	267,410	5,925	1,249
460 ³	Spinal Fusion Except Cervical without MCC	56,650	227,120	4.0	4,499,738	1,166,250	21,615	5,135
470 ³	Major Joint Replacement or Reattachment of Lower Extremity without MCC	403,595	1,514,895	3.8	17,467,246	4,397,625	11,304	2,903
481 ³	Hip & Femur Procedures Except Major Joint with CC	75,320	425,925	5.7	3,013,818	783,806	10,536	1,840
491 ³	Back & Neck Proc Except Spinal Fusion without CC or MCC	48,370	101,390	2.1	1,124,750	246,710	5,298	2,433
552	Medical Back Problems without MCC	77,165	310,680	4.0	1,367,556	309,880	4,148	997
603	Cellulitis without MCC	125,740	570,615	4.5	2,132,785	535,007	4,359	938
638	Diabetes with CC	46,290	191,305	4.1	845,030	209,431	4,638	1,095

See footnotes at end of table.

Table 5.7--Continued

**Discharges, Total Days of Care, Total Charges and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,
by Leading Diagnosis-Related Groups (DRGs): Calendar Year 2008**

DRG Code	Description	Discharges	Total Days of Care		Total Charges in Thousands	Program Payments		
			Number	Per Discharge		Amount in Thousands	Per Discharge ¹	Per Day
640	Nutritional & Misc Metabolic Disorders with MCC	71,775	360,925	5.0	\$1,707,345	\$436,827	\$6,217	\$1,210
641	Nutritional & Misc Metabolic Disorders without MCC	178,825	643,430	3.6	2,667,661	671,006	3,826	1,043
682	Renal Failure with MCC	107,325	745,790	6.9	3,881,042	996,689	9,474	1,336
683	Renal Failure with CC	125,910	640,505	5.1	2,864,036	832,739	6,738	1,300
689	Kidney & Urinary Tract Infections with MCC	76,220	447,010	5.9	1,938,986	477,185	6,339	1,068
690	Kidney & Urinary Tract Infections without MCC	189,975	769,790	4.1	3,145,426	792,603	4,230	1,030
812	Red Blood Cell Disorders without MCC	90,440	331,680	3.7	1,561,778	376,492	4,360	1,135
871	Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours with MCC	273,550	1,993,460	7.3	11,539,834	2,979,617	11,080	1,495
872	Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours without MCC	79,720	425,630	5.3	1,910,536	576,621	7,358	1,355
885	Psychoses	318,725	3,329,545	10.4	6,864,633	2,155,123	7,027	647
897	Alcohol /Drug Abuse or Dependence without Rehabilitation Therapy without MCC	45,305	201,705	4.5	586,591	154,621	3,628	767
945	Rehabilitation with CC or MCC	178,220	2,367,460	13.3	6,561,491	2,936,383	16,853	1,240
946	Rehabilitation without CC or MCC	51,765	524,020	10.1	1,289,011	651,627	12,929	1,244
948	Signs and Symptoms without MCC	52,380	180,090	3.4	791,214	183,073	3,587	1,017
All Other DRGs		4,717,065	29,477,790	6.2	221,449,654	58,233,799	12,719	1,976

¹The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

²Based on frequency of occurrence in 2008.

³Represents surgical DRGs.

NOTES: Composition of some DRGs have changed over time. The twenty-fifth version of the DRG's underwent a major revision that effected all code definitions for all Medicare discharges occurring on or after October 1, 2007. For complete DRG description, refer to *Diagnosis Related Groups, Version 25.0 and 26.0, Definitions Manual*. CC is complications and comorbidities. MCC is major complications and comorbidities. Cath is catheterization. AMI is acute myocardial infarction. G.I. is gastrointestinal. Proc is procedure.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.