

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): January 1 - September 30, 2007¹

DRG Code	Discharges	Total Days of Care		Total Charges in Thousands	Program Payments			
		Number	Per Discharge		Amount in Thousands	Per Discharge ²	Per Day	
Total All DRGs	9,090,015	51,437,415	5.7	\$297,884,239	\$79,740,240	\$8,984	\$1,550	
Leading DRGs ³	6,333,525	35,206,510	5.6	184,774,552	49,604,141	8,003	1,409	
012	Depressive Nervous System Disorders	69,630	584,920	8.4	1,437,691	461,374	6,705	789
014	Intracranial Hemorrhage or Cerebral Infarction	189,475	991,880	5.2	4,971,733	1,261,985	6,756	1,272
075 ⁴	Major Chest Procedures	35,595	326,235	9.2	2,345,092	658,934	19,042	2,020
076 ⁴	Other Respiratory System O.R. Procedures with CC	33,355	329,845	9.9	1,945,289	561,680	17,261	1,703
078	Pulmonary Embolism	40,195	230,680	5.7	1,012,888	263,810	6,717	1,144
079	Respiratory Infections & Inflammations Age >17 with CC	118,095	921,825	7.8	4,039,159	1,048,549	8,996	1,137
082	Respiratory Neoplasms	44,300	290,695	6.6	1,393,461	357,735	8,225	1,231
087	Pulmonary Edema & Respiratory Failure	87,085	534,090	6.1	2,529,394	669,584	7,834	1,254
088	Chronic Obstructive Pulmonary Disease	273,165	1,289,585	4.7	5,210,031	1,274,306	4,757	988
089	Simple Pneumonia & Pleurisy Age >17 with CC	336,280	1,791,690	5.3	7,346,652	1,832,672	5,532	1,023
096	Bronchitis & Asthma Age >17 with CC	37,155	152,135	4.1	604,748	136,823	3,772	899
110 ⁴	Major Cardiovascular Procedures with CC	41,070	299,990	7.3	3,529,702	1,003,687	25,095	3,346
121	Circulatory Disorders with AMI & Major							
	Comp Discharged Alive	95,645	572,670	6.0	3,096,630	838,216	8,870	1,464
122	Circulatory Disorders with AMI & Without							
	Major Comp Discharged Alive	33,110	107,200	3.2	670,033	160,973	4,958	1,502
124	Circulatory Disorders Except AMI, with							
	Card Cath and Complex Diagnosis	76,635	336,520	4.4	2,441,471	605,267	8,129	1,799
125	Circulatory Disorders Except AMI, with							
	Card Cath Without Complex Diagnosis	60,255	161,670	2.7	1,467,365	327,339	5,620	2,025
127	Heart Failure & Shock	442,495	2,235,795	5.1	9,842,028	2,565,026	5,878	1,147
130	Peripheral Vascular Disorders with CC	60,755	311,540	5.1	1,251,934	323,221	5,427	1,037
132	Atherosclerosis with CC	54,730	153,575	2.8	764,377	179,010	3,348	1,166
138	Cardiac Arrhythmia & Conduction Disorders with CC	158,515	605,350	3.8	2,797,276	698,233	4,479	1,153
139	Cardiac Arrhythmia & Conduction Disorders Without CC	49,905	119,195	2.4	568,369	118,905	2,445	998
141	Syncope & Collapse with CC	94,035	312,810	3.3	1,579,886	378,842	4,097	1,211
143	Chest Pain	160,235	336,910	2.1	2,090,326	432,836	2,794	1,285
144	Other Circulatory System Diagnoses with CC	79,485	464,325	5.8	2,411,122	627,187	8,146	1,351
174	GI Hemorrhage with CC	172,830	797,500	4.6	3,903,079	978,492	5,745	1,227
180	GI Obstruction with CC	66,555	350,275	5.3	1,472,511	359,293	5,496	1,026
182	Esophagitis, Gastroent & Misc Digest							
	Disorders Age >17 with CC	194,735	773,880	4.0	3,378,531	793,614	4,178	1,026

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): January 1 - September 30, 2007¹

DRG Code	Description	Total Days of Care		Per Discharge	Total Charges in Thousands	Program Payments		
		Discharges	Number			Amount in Thousands	Per Discharge ²	Per Day
183	Esophagitis, Gastroent & Misc Digest							
	Disorders Age >17 Without CC	52,040	145,950	2.8	\$684,474	\$140,380	\$2,786	\$962
188	Other Digestive System Diagnoses Age >17 with CC	63,000	333,070	5.3	1,557,037	398,278	6,448	1,196
204	Disorders of Pancreas Except Malignancy	48,515	249,460	5.1	1,160,332	296,853	6,311	1,190
210 ⁴	Hip & Femur Procedures Except Major Joint Age >17							
	with CC	93,650	606,880	6.5	3,837,033	995,018	10,724	1,640
243	Medical Back Problems	71,840	322,610	4.5	1,286,622	295,662	4,222	916
277	Cellulitis Age >17 with CC	94,395	504,880	5.3	1,825,322	446,819	4,837	885
294	Diabetes Age >35	71,515	298,885	4.2	1,268,971	310,129	4,444	1,038
296	Nutritional & Misc Metabolic Disorders Age >17 with CC	174,710	767,980	4.4	3,056,350	784,287	4,572	1,021
316	Renal Failure	201,060	1,171,855	5.8	5,180,263	1,440,927	7,292	1,230
320	Kidney & Urinary Tract Infections Age >17 with CC	171,555	825,735	4.8	3,206,348	794,709	4,692	962
331	Other Kidney & Urinary Tract Diagnoses Age >17							
	with CC	42,760	228,675	5.3	1,046,928	276,229	6,637	1,208
395	Red Blood Cell Disorders Age >17	86,220	354,745	4.1	1,568,049	361,566	4,417	1,019
429	Organic Disturbances & Mental Retardation	31,895	296,065	9.3	638,399	212,949	6,752	719
430	Psychoses	250,350	2,612,175	10.4	4,983,990	1,598,823	6,576	612
449	Poisoning and Toxic Effects of Drugs Age>17 with CC	34,360	131,785	3.8	708,236	171,525	5,137	1,302
462	Rehabilitation	178,755	2,243,065	12.5	5,682,929	2,732,357	15,619	1,218
463	Signs and Symptoms with CC	38,845	154,160	4.0	622,000	149,980	3,939	973
468 ⁴	Extensive OR Procedure Unrelated to							
	Principal Diagnoses	38,000	464,240	12.2	3,233,812	926,148	24,960	1,995
493 ⁴	Laparoscopic Cholecystectomy Without CDE with CC	43,605	259,810	6.0	1,764,600	449,528	10,528	1,730
500 ⁴	Back and Neck Procedures Except Spinal							
	Fusion Without CC	32,170	63,690	2.0	709,788	151,396	4,879	2,377
515 ⁴	Cardiac Defibrillator Implant without Cardiac Cath	37,515	140,885	3.8	4,185,091	1,189,879	33,094	8,446
524	Transient Ischemia	77,645	231,115	3.0	1,262,122	284,630	3,731	1,232
544 ⁴	Major Joint Replacement or Reattachment of							
	Lower Extremity	333,590	1,398,585	4.2	13,963,841	3,579,973	11,079	2,560
545 ⁴	Revision of Hip or Knee Replacement	32,630	161,125	4.9	1,821,009	470,624	14,933	2,921
551 ⁴	Permanent Cardiac Pacemaker Implant with Major							
	CV Diagnosis or AICD Lead or Generator	35,715	217,875	6.1	2,347,968	656,737	18,647	3,014
552 ⁴	Other Permanent Cardiac Pacemaker Implant							
	Without Major CV Diagnosis	56,805	191,410	3.4	2,484,025	675,696	12,072	3,530

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): January 1 - September 30, 2007¹

DRG Code	Description	Total Days of Care		Per Discharge	Total Charges in Thousands	Program Payments		
		Discharges	Number			Amount in Thousands	Per Discharge ²	Per Day
553 ⁴	Other Vascular Procedures with CC with Major CV Diagnosis	32,000	278,375	8.7	\$2,157,617	\$599,956	\$19,089	\$2,155
554 ⁴	Other Vascular Procedures with CC Without Major CV Diagnosis	56,960	284,195	5.0	2,597,803	696,569	12,538	2,451
555 ⁴	Percutaneous Cardiovascular Proc with Major CV Diagnosis	52,260	233,450	4.5	2,785,941	712,215	14,038	3,051
5564	Percutaneous Cardiovascular Proc with Non-Drug-Eluting Stent Without Major CV Diagnosis	33,045	61,700	1.9	1,258,908	320,793	10,025	5,199
557 ⁴	Percutaneous Cardiovascular Proc with Drug-Eluting Stent with Major CV Diagnosis	62,490	236,720	3.8	3,751,599	1,002,774	16,659	4,236
558 ⁴	Percutaneous Cardiovascular Proc with Drug-Eluting Stent Without Major CV Diagnosis	91,235	157,320	1.7	4,145,823	1,056,188	12,044	6,714
562	Seizure Age > 17 with CC	41,045	191,990	4.7	948,666	248,511	6,174	1,294
566	Respiratory System Diagnosis with Ventilator Support < 96 Hours	57,320	419,275	7.3	2,887,957	791,921	14,084	1,889
569 ⁴	Major Small & Large Bowel Procedures with CC with Major G.I. Diagnosis	45,770	659,835	14.4	4,330,454	1,231,043	27,424	1,866
570 ⁴	Major Small & Large Bowel Procedures with CC without Major G.I. Diagnosis	46,420	434,175	9.4	2,551,975	728,972	16,074	1,679
572	Major Gastrointestinal Disorders & Peritoneal Infections	51,925	364,420	7.0	1,491,308	402,016	7,873	1,103
576	Septicemia Without Mechanical Ventilation 96+ Hours Age > 17	232,855	1,623,775	7.0	8,198,070	2,142,512	9,360	1,319
578 ⁴	Infectious & Parasitic Diseases with O.R. Procedure	31,740	501,785	15.8	3,482,080	961,942	31,050	1,917
All Other DRGs		2,756,490	16,230,905	5.9	113,109,686	30,136,098	11,254	1,857

¹Table reflects only January thru September for 2007 due to the major revision in the twenty-fifth version of the DRGs definitions manual, effective for all Medicare discharges on or after

October 1, 2007. For the purpose of this table version 24.0 was used.

²The average program payment per discharge does not reflect discharges with covered services, but for whom no program payments were reported.

³Based on frequency of occurrence in 2007.

⁴Represents surgical DRGs.

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 24.0 and 25.0 Definitions Manual*. TIA is transient ischemic attack. CC is complications and/or comorbidities. Cath is catheterization, AMI is acute myocardial infarction. CV is cardiovascular. Card is cardiac. G.I. is gastrointestinal. O.R. is operating room. CDE is common duct exploration. Conn is connective. Tiss is tissue. Resp is respiratory. Proc is procedure. PTCA is percutaneous transluminal coronary angioplasty. Perm is permanent. Comp is complications. Circ is circulatory. PDX is primary diagnosis. CVA is cerebrovascular accident. AICD is automatic implantation cardioverter/defibrillator.

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.