

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 2009**

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
Total All DRGs	-----	11,558,205	63,441,875	5.5	\$438,091,760	\$114,516,481	\$10,180	\$1,805
Leading DRGs ²	-----	6,933,280	35,874,395	5.2	209,584,651	54,593,871	8,072	1,522
039 ³	Extracranial Procedures without CC or MCC	43,490	73,130	1.7	1,132,259	231,311	5,506	3,163
057	Degenerative Nervous system Disorders without MCC	71,140	588,425	8.3	1,571,564	515,696	7,361	876
064	Intracranial Hemorrhage or Cerebral Infarction with MCC	70,935	475,500	6.7	3,074,513	829,191	11,863	1,744
065	Intracranial Hemorrhage or Cerebral Infarction with CC	103,800	497,750	4.8	2,901,969	700,166	6,852	1,407
066	Intracranial Hemorrhage or Cerebral Infarction without CC or MCC	64,750	210,945	3.3	1,355,335	292,344	4,643	1,386
069	Transient Ischemia	92,590	252,835	2.7	1,748,785	351,339	3,879	1,390
101	Seizures without MCC	55,065	185,540	3.4	1,069,282	248,158	4,613	1,337
177	Respiratory Infections & Inflammations with MCC	80,605	665,350	8.3	3,643,928	991,871	12,457	1,491
178	Respiratory Infections & Inflammations with CC	59,440	391,350	6.6	1,927,849	516,005	8,813	1,319
189	Pulmonary Edema & Respiratory Failure	94,090	520,575	5.5	2,865,168	757,637	8,221	1,455
190	Chronic Obstructive Pulmonary Disease with MCC	153,400	833,150	5.4	4,222,043	1,130,259	7,494	1,357
191	Chronic Obstructive Pulmonary Disease with CC	135,270	615,215	4.5	2,986,622	736,889	5,551	1,198
192	Chronic Obstructive Pulmonary Disease without CC or MCC	131,895	480,010	3.6	2,220,464	497,626	3,866	1,037
193	Simple Pneumonia & Pleurisy with MCC	140,375	878,300	6.3	4,614,036	1,186,119	8,595	1,350
194	Simple Pneumonia & Pleurisy with CC	180,315	869,795	4.8	4,108,035	1,009,212	5,695	1,160
195	Simple Pneumonia & Pleurisy without CC or MCC	86,925	316,695	3.6	1,422,660	320,665	3,773	1,013
208	Respiratory System Diagnosis with Ventilator Support < 96 Hours	74,795	523,010	7.0	4,222,815	1,059,875	14,499	2,026
244 ³	Permanent Cardiac Pacemaker Implant without CC or MCC	42,965	120,170	2.8	2,014,380	514,545	12,251	4,282
247 ³	Percutaneous Cardiovascular Proc with Drug-Eluting Stent without MCC	138,480	302,875	2.2	7,606,014	1,545,925	11,824	5,104
249 ³	Percutaneous Cardiovascular Proc with Non-Drug-Eluting Stent without MCC	41,555	109,365	2.6	2,070,122	403,767	10,060	3,692
252 ³	Other Vascular Procedures with MCC	45,435	362,470	8.0	3,434,151	936,860	21,060	2,585
280	Acute Myocardial Infarction, Discharged Alive with MCC	82,245	521,290	6.3	3,361,124	941,887	11,588	1,807
281	Acute Myocardial Infarction, Discharged Alive with CC	40,205	160,445	4.0	1,060,498	270,916	6,859	1,689
287	Circulatory Disorders Except AMI, with Cardiac Cath without MCC	127,165	374,590	2.9	3,766,384	721,060	5,903	1,925

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 2009

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	237,020	1,443,370	6.1	\$7,871,049	\$2,136,630	\$9,142	\$1,480
292	Heart Failure & Shock with CC	186,545	824,715	4.4	4,025,724	1,079,278	5,874	1,309
293	Heart Failure & Shock without CC or MCC	115,565	376,610	3.3	1,825,572	457,089	4,023	1,214
300	Peripheral Vascular Disorders with CC	42,465	198,675	4.7	887,520	232,771	5,590	1,172
303	Atherosclerosis without MCC	50,005	120,455	2.4	723,362	152,797	3,129	1,268
308	Cardiac Arrhythmia & Conduction Disorders with MCC	73,330	364,575	5.0	2,040,771	575,985	7,965	1,580
309	Cardiac Arrhythmia & Conduction Disorders with CC	94,365	335,115	3.6	1,806,597	441,472	4,763	1,317
310	Cardiac Arrhythmia & Conduction Disorders without CC or MCC	128,735	317,955	2.5	1,792,148	370,916	2,962	1,167
312	Syncope & Collapse	165,265	478,080	2.9	2,969,976	656,028	4,052	1,372
313	Chest Pain	169,000	347,740	2.1	2,528,997	462,465	2,851	1,330
314	Other Circulatory System Diagnoses with MCC	66,550	444,625	6.7	2,797,738	774,523	12,078	1,742
329 ³	Major Small & Large Bowel Procedures with MCC	49,985	756,025	15.1	5,996,044	1,711,377	34,919	2,264
330 ³	Major Small & Large Bowel Procedures with CC	55,345	488,855	8.8	3,195,492	868,810	16,155	1,777
377	G.I. Hemorrhage with MCC	69,340	411,170	5.9	2,572,331	707,225	10,348	1,720
378	G.I. Hemorrhage with CC	117,895	473,845	4.0	2,706,669	671,331	5,790	1,417
379	G.I. Hemorrhage without CC or MCC	48,810	146,040	3.0	826,745	195,082	4,107	1,336
389	G.I. Obstruction with CC	46,675	218,700	4.7	1,042,000	246,018	5,414	1,125
391	Esophagitis, Gastroent & Misc Digest Disorders with MCC	63,400	313,945	5.0	1,718,267	435,237	7,031	1,386
392	Esophagitis, Gastroent & Misc Digest Disorders without MCC	230,595	773,785	3.4	4,109,807	832,577	3,722	1,076
394	Other Digestive System Diagnoses with CC	43,615	193,910	4.4	1,009,133	249,038	5,878	1,284
460 ³	Spinal Fusion Except Cervical without MCC	62,925	238,585	3.8	5,352,418	1,380,341	23,010	5,786
470 ³	Major Joint Replacement or Reattachment of Lower Extremity without MCC	415,470	1,501,410	3.6	19,016,484	4,709,917	11,778	3,137
481 ³	Hip & Femur Procedures Except Major Joint with CC	75,940	413,325	5.4	3,228,863	810,385	10,786	1,961
491 ³	Back & Neck Proc Except Spinal Fusion without CC or MCC	44,710	91,380	2.0	1,127,929	223,886	5,210	2,450
552	Medical Back Problems without MCC	72,100	279,310	3.9	1,370,140	300,790	4,309	1,077
603	Cellulitis without MCC	127,300	555,065	4.4	2,273,787	561,644	4,524	1,012
638	Diabetes with CC	46,960	185,105	3.9	897,175	224,116	4,888	1,211

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 2009**

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	83,750	391,460	4.7	\$2,002,521	\$573,600	\$6,999	\$1,465
641	Nutritional & Misc Metabolic Disorders without MCC	158,465	553,510	3.5	2,515,728	595,898	3,839	1,077
682	Renal Failure with MCC	104,555	702,995	6.7	3,980,465	1,097,755	10,728	1,562
683	Renal Failure with CC	111,910	546,090	4.9	2,654,835	730,175	6,646	1,337
689	Kidney & Urinary Tract Infections with MCC	92,445	502,040	5.4	2,350,861	663,891	7,271	1,322
690	Kidney & Urinary Tract Infections without MCC	185,280	729,935	3.9	3,274,600	772,411	4,231	1,058
812	Red Blood Cell Disorders without MCC	93,690	331,755	3.5	1,731,381	401,740	4,508	1,211
853 ³	Infectious and Parasitic Diseases with O.R. Proc with MCC	43,150	657,180	15.2	5,403,308	1,573,467	37,357	2,394
871	Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours with MCC	292,020	2,038,140	7.0	12,907,620	3,393,553	11,842	1,665
872	Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours without MCC	73,680	378,705	5.1	1,855,712	470,582	6,525	1,243
885	Psychoses	316,070	3,242,445	10.3	7,087,374	2,240,215	7,401	691
897	Alcohol /Drug Abuse or Dependence without Rehabilitation Therapy without MCC	46,170	202,615	4.4	618,922	161,837	3,694	799
945	Rehabilitation with CC or MCC	175,740	2,312,020	13.2	6,946,628	2,934,425	16,939	1,269
946	Rehabilitation without CC or MCC	47,195	488,370	10.3	1,298,769	613,380	13,207	1,256
948	Signs and Symptoms without MCC	52,320	175,985	3.4	843,155	193,862	3,802	1,102
All Other DRGs	-----	4,624,925	27,567,480	6.0	228,507,108	59,922,609	13,358	2,174

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 2009.

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 26.0 and 27.0, 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. O.R. is operating room.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Research, Development, and Information.