

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 2011**

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	----	11,492,668	61,845,214	5.4	\$484,479,451	\$116,719,998	\$10,566	\$1,887
Leading DRGs	----	7,043,922	36,193,442	5.1	235,166,231	56,706,722	8,361	1,567
057	Degenerative Nervous System Disorders without MCC	67,707	581,836	8.6	1,751,915	540,424	8,173	929
064	Intracranial Hemorrhage Or Cerebral Infarction with MCC	69,741	463,828	6.7	3,463,114	863,482	12,575	1,862
065	Intracranial Hemorrhage Or Cerebral Infarction with CC	112,199	502,809	4.5	3,457,861	772,738	7,014	1,537
066	Intracranial Hemorrhage Or Cerebral Infarction without CC/MCC	63,021	192,048	3.0	1,482,472	282,654	4,611	1,472
069	Transient Ischemia	92,116	237,659	2.6	1,969,782	339,599	4,027	1,429
101	Seizures without MCC	55,806	181,972	3.3	1,225,509	256,367	4,762	1,409
176	Pulmonary Embolism without MCC	40,387	183,966	4.6	1,088,379	246,177	6,297	1,338
177	Respiratory Infections & Inflammations with MCC	73,185	596,942	8.2	3,741,298	941,611	13,048	1,577
178	Respiratory Infections & Inflammations with CC	62,305	394,536	6.3	2,227,767	557,944	9,104	1,414
189	Pulmonary Edema & Respiratory Failure	102,383	528,344	5.2	3,307,359	801,288	7,993	1,517
190	Chronic Obstructive Pulmonary Disease with MCC	153,425	803,491	5.2	4,653,479	1,078,017	7,169	1,342
191	Chronic Obstructive Pulmonary Disease with CC	151,545	654,927	4.3	3,693,502	847,345	5,728	1,294
192	Chronic Obstructive Pulmonary Disease without CC/MCC	116,303	395,613	3.4	2,111,622	445,179	3,945	1,125
193	Simple Pneumonia & Pleurisy with MCC	134,385	838,789	6.2	5,065,854	1,203,223	9,112	1,434
194	Simple Pneumonia & Pleurisy with CC	199,727	936,708	4.7	5,101,203	1,175,024	6,005	1,254
195	Simple Pneumonia & Pleurisy without CC/MCC	83,077	291,722	3.5	1,509,590	307,912	3,794	1,056
202	Bronchitis & Asthma with CC/MCC	41,085	163,098	4.0	938,383	198,609	4,984	1,218
208	Respiratory System Diagnosis with Ventilator Support <96 Hours	73,663	512,556	7.0	4,617,720	1,099,932	15,289	2,146

See footnotes at end of table.

Table 5.7--Continued

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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
247 ³	Perc Cardiovasc Proc with Drug-Eluting Stent without MCC	118,347	279,796	2.4	\$7,387,845	\$1,271,187	\$12,408	\$4,543
253 ³	Other Vascular Procedures with CC	42,085	246,741	5.9	2,902,006	666,305	16,494	2,700
280	Acute Myocardial Infarction, Discharged Alive with MCC	69,785	436,564	6.3	3,204,641	797,991	11,595	1,828
281	Acute Myocardial Infarction, Discharged Alive with CC	48,114	190,736	4.0	1,441,154	331,721	7,021	1,739
287	Circulatory Disorders Except AMI, with Card Cath without MCC	118,625	363,492	3.1	4,046,083	729,613	6,483	2,007
291	Heart Failure & Shock with MCC	190,872	1,144,405	6.0	7,288,270	1,802,419	9,632	1,575
292	Heart Failure & Shock with CC	222,813	1,017,077	4.6	5,619,223	1,376,179	6,328	1,353
293	Heart Failure & Shock without CC/MCC	92,346	288,764	3.1	1,597,599	349,515	3,910	1,210
300	Peripheral Vascular Disorders with CC	46,563	214,075	4.6	1,125,992	273,008	6,011	1,275
308	Cardiac Arrhythmia & Conduction Disorders with MCC	68,195	341,620	5.0	2,182,238	526,937	7,873	1,542
309	Cardiac Arrhythmia & Conduction Disorders with CC	108,480	372,206	3.4	2,319,339	519,699	4,907	1,396
310	Cardiac Arrhythmia & Conduction Disorders without CC/MCC	118,378	273,585	2.3	1,788,878	330,565	2,905	1,208
312	Syncope & Collapse	153,289	433,692	2.8	3,101,608	584,968	4,193	1,349
313	Chest Pain	143,715	288,009	2.0	2,425,567	380,851	3,037	1,322
314	Other Circulatory System Diagnoses with MCC	57,934	390,327	6.7	2,836,426	703,228	12,707	1,802
329 ³	Major Small & Large Bowel Procedures with MCC	44,113	654,926	14.8	5,898,999	1,569,793	36,381	2,397
330 ³	Major Small & Large Bowel Procedures with CC	57,305	494,036	8.6	3,788,710	934,315	16,838	1,891
377	G.I. Hemorrhage with MCC	56,219	349,988	6.2	2,576,965	649,140	11,780	1,855
378	G.I. Hemorrhage with CC	144,583	572,952	4.0	3,774,914	868,850	6,171	1,516
379	G.I. Hemorrhage without CC/MCC	41,760	118,200	2.8	765,398	157,722	3,986	1,334
389	G.I. Obstruction with CC	54,882	248,848	4.5	1,330,797	300,266	5,614	1,207
390	G.I. Obstruction without CC/MCC	40,268	131,016	3.3	693,950	133,185	3,436	1,017

See footnotes at end of table.

Table 5.7--Continued

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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
391	Esophagitis, Gastroent & Misc Digest Disorders with MCC	51,328	260,155	5.1	\$1,639,424	\$378,358	\$7,688	\$1,454
392	Esophagitis, Gastroent & Misc Digest Disorders without MCC	256,434	857,858	3.3	5,194,395	972,135	4,139	1,133
394	Other Digestive System Diagnoses with CC	49,084	215,242	4.4	1,300,368	295,595	6,306	1,373
460 ³	Spinal Fusion Except Cervical without MCC	69,530	252,160	3.6	6,532,401	1,633,720	24,897	6,479
470 ³	Major Joint Replacement Or Reattachment Of Lower Extremity without MCC	427,996	1,478,699	3.5	21,709,252	5,125,941	12,582	3,467
481 ³	Hip & Femur Procedures Except Major Joint with CC	82,152	435,091	5.3	4,024,509	942,656	11,611	2,167
491 ³	Back & Neck Proc Exc Spinal Fusion without CC/MCC	39,596	81,606	2.1	1,191,608	207,478	5,721	2,542
552	Medical Back Problems without MCC	72,043	272,163	3.8	1,618,313	318,258	4,831	1,169
603	Cellulitis without MCC	146,711	630,837	4.3	2,975,224	694,781	4,874	1,101
638	Diabetes with CC	55,869	212,062	3.8	1,199,330	274,400	5,085	1,294
640	Nutritional & Misc Metabolic Disorders with MCC	64,597	300,301	4.6	1,835,548	469,997	7,506	1,565
641	Nutritional & Misc Metabolic Disorders without MCC	155,795	527,056	3.4	2,801,228	611,513	4,049	1,160
682	Renal Failure with MCC	108,255	694,602	6.4	4,329,096	1,137,557	10,751	1,638
683	Renal Failure with CC	157,873	726,817	4.6	3,988,393	962,751	6,243	1,325
689	Kidney & Urinary Tract Infections with MCC	74,459	406,555	5.5	2,159,624	540,820	7,368	1,330
690	Kidney & Urinary Tract Infections without MCC	210,231	810,376	3.9	4,198,186	936,877	4,557	1,156
812	Red Blood Cell Disorders without MCC	101,902	353,316	3.5	2,123,060	471,399	4,861	1,334
853 ³	Infectious & Parasitic Diseases with O.R. Procedure with MCC	47,069	692,359	14.7	6,663,738	1,779,326	38,858	2,570

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,
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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
871	Septicemia Or Severe Sepsis without MV 96+ Hours with MCC	331,889	2,289,784	6.9	\$16,576,890	\$4,150,421	\$12,742	\$1,813
872	Septicemia Or Severe Sepsis without MV 96+ Hours without MCC	118,974	596,362	5.0	3,388,333	818,427	7,021	1,372
884	Organic Disturbances & Mental Retardation	40,411	379,580	9.4	1,051,754	328,086	8,299	864
885	Psychoses	326,352	3,290,603	10.1	8,144,397	2,401,663	7,676	730
897	Alcohol/Drug Abuse Or Dependence without Rehabilitation Therapy without MCC	49,892	219,115	4.4	769,465	195,511	4,169	892
945	Rehabilitation with CC/MCC	174,421	2,269,128	13.0	7,829,483	3,036,369	17,748	1,338
946	Rehabilitation without CC/MCC	42,062	436,043	10.4	1,329,559	573,882	14,023	1,316
948	Signs & Symptoms without MCC	58,266	193,673	3.3	1,089,211	233,785	4,157	1,207
All Other	----	4,448,746	25,651,772	5.8	249,313,219	60,013,275	14,072	2,340

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 2011.

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 28.0 and 29.0, definitions Manual*. CC is complications and comorbidities. MCC is major complications and comorbidities. Card is cardiac. Cath is catheterization. A.M.I. is acute myocardial infarction. G.I. is gastrointestinal. Proc is procedure. O.R. is operating room. MV is mechanical ventilation. Perc is percutaneous.

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 Information Products and Data Analytics.