

Health Care Financing Trends

Medicare short-stay hospital services by diagnosis-related groups

by Viola B. Latta and Charles Helbing

The 1983 amendments to the Social Security Act (Public Law 98-21) provided for a prospective payment system (PPS), effective October 1, 1983, for most short-stay hospitals certified to provide inpatient services to Medicare beneficiaries. A brief description of the assignment process for diagnosis-related groups (DRGs) is presented, because assigning a DRG code to a short-stay hospital discharge record is tantamount to the Medicare prospective payment to the hospital, subject to certain statutory adjustments. Shifts in the distribution of the discharges and average length of stay among the DRGs since 1983 reflect the adaptation of hospitals to the incentives embedded in PPS and the ongoing refinements in the methods of assigning DRGs to discharges from short-stay hospitals. Interpretation of the shifts is based on a consideration of the significant refinements in the medical coding system, the technological and scientific advances in the practice of medicine, the effect of shifting patient treatment to alternative sites, policy or legislative changes affecting Medicare coverage, and the annual recalibration of the DRG weights.

Introduction

In this article, we present Medicare data and selected highlights on diagnosis-related groups (DRGs) for Medicare beneficiaries discharged from short-stay hospitals during calendar years 1983, 1985, and 1988. The discussion of the data highlights changes in the number of discharges and average length of stay (ALOS) among the DRGs. The discussion underscores refinements in the methods of DRG assignment over the study period, as well as the incentives that are embedded in the prospective payment system (PPS) that was instituted based on DRGs.

The most dramatic shifts in the DRG data appear, as would be expected, in the period 1983-85—the first 2 years of the Medicare PPS—and generally are considered to reflect responses to the introduction of the PPS: Among the cause of such shifts are the financial incentives inherent in PPS, the advantages of improved medical reporting and coding practices, and the shift of inpatient services to alternative outpatient treatment sites. Many of these specific DRG shifts were designed to affect program payments in ways that could either widen or lessen the distance between revenue and costs. The shifts that have taken place since 1985 reflect further

refinements in medical coding, the coverage of formerly PPS-excluded hospitals and units, and advances in medical technology.

For calendar years 1983, 1985, and 1988, the number of discharges, DRG rank order, and average total days of care per discharge are shown in Table 1. The DRG relative weights (fiscal years 1983, 1985, and 1988) and average program payments per discharge (1988 only) are shown in Table 2. The 1988 payment data in Table 2 should not be construed as providing definitive estimates of total program payments being made under PPS. The payment data are presented solely for comparing differences in the average amounts that Medicare paid for inpatient services among the different DRGs. The average program payments shown in Table 2 were calculated following the deletion of all records that showed a total of zero reimbursements; that is, only the records that show Medicare as the primary payer were included.

Diagnosis-related group assignment

Medicare has the legal responsibility, while the hospitals have a financial incentive, to continually refine the methods by which the DRG assignment is made because the DRG assignment, to a large degree, determines the Medicare payment to hospitals under PPS. If the hospital spends more on the care of the patient than is reimbursed under PPS, it suffers a financial loss. Conversely, the hospital profits when the inpatient care is delivered at a cost that is less than the amount reimbursed by Medicare.

The assignment of a DRG code for a Medicare claim begins with the patient's discharge from the hospital. Following the discharge, the attending physician first prepares a narrative on the principal diagnosis, secondary diagnoses, and any surgical procedures; and second, signs an attestation certifying the correctness of these statements. The principal diagnosis is defined in the Uniform Hospital Discharge Data Set as the "condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care."

Using the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*, the hospital's medical coding staff then enters the ICD-9-CM codes for as many as five diagnoses and three procedures for each claim. The ICD-9-CM uses a three-to-five-digit code to classify diseases by diagnosis and a two-to-four-digit code to describe surgical procedures.

Next, the fiscal intermediary chosen by the hospital reviews and approves the claim and uses the ICD-9-CM codes to assign a DRG code. As described in the *Federal Register* (1987a), "The intermediary enters the information into its claims system and subjects it to a series of automated screens called the Medicare Code Editor (MCE). These screens are designed to identify cases that require further review before classification into

Reprint requests: Viola B. Latta, 2502 Oak Meadows Building, 6325 Security Boulevard, Baltimore, Maryland 21207.

a DRG can be accomplished. After screening through the MCE and any further development of the claims, cases are classified by a computer program called the Grouper into the appropriate DRG."

To determine DRG assignment under PPS, each principal diagnosis is first classified into one of the 23 mutually exclusive major diagnostic categories (MDCs) defined in the ICD-9-CM. (Because of the small number of discharges and the lack of general applicability to the Medicare population, MDC 15 (Newborns and other neonates with conditions originating in perinatal period) has been eliminated from the tables in this article). The MDCs are related to one or more of the human body systems, with the exception of MDC 23. MDC 23 includes principal diagnoses for factors influencing health status and other contacts with health services (such as ill-defined medical conditions like edema, pallor, and debility), annual physical examinations, and the administration of vaccines. MDCs related to more than one body system are MDC 18 (Infections and parasitic diseases, systemic or unspecified sites) and MDC 22 (Burns).

A physician panel developed MDCs to ensure that DRGs are clinically coherent. For example, principal diagnoses denoting heart diseases or conditions are generally assigned to MDC 5 (Diseases and disorders of the circulatory system), which encompasses DRGs 103-145. An exception to a normal MDC 5 coding classification, however, could be a record showing a principal diagnosis of heart failure and a surgical procedure of cholecystectomy. Because the cholecystectomy is unrelated to the principal diagnosis, the record will be assigned to DRG 468 (Operating room procedure unrelated to principal diagnosis).

Most of the MDCs are partitioned into surgical (operating room procedures) or medical categories because this partition captures clinical differences that translate into significant resource use differences (Table 1). In classifying Medicare patient cases, the Grouper uses clinical diagnoses, major medical or surgical procedures, demographic data, complications or comorbidity, and status at discharge.

Although there is some variation among patients within a DRG, there should be an overall similarity across patients in the same DRG. The DRG system, therefore, should provide equitable payments, in that comparable resource consumption should be comparably reimbursed.

In terms of characteristics and objectives, the DRG system was designed according to the following criteria:

- The DRG must be medically interpretable and clinically sensible.
- The DRG should be delineated by using variables that are easily obtained from hospital abstracts.
- DRGs should be a manageable number of groups (no more than 500) that are both exhaustive and mutually exclusive.
- DRGs should consist of patients who use a similar type and amount of hospital resources.

Once a particular DRG is assigned to the discharge record, that DRG is assigned a relative weight that reflects the intensity of hospital resources used for the

average patient in that DRG. The intensity factor is reduced to a cost factor. Thus, cases with a relative weight of 2.0 would, on average, cost twice as much to treat as the average case for the average hospital. For example, in fiscal year 1988, DRG 103 (Heart transplant) had a higher relative weight (11.9225) than did any other DRG.

DRG relative weights are calculated by analyzing the most current applicable Medicare charge data. The Secretary of Health and Human Services was mandated by Congress in the Omnibus Budget Reconciliation Act of 1986 (Public Law 99-509) to annually adjust the DRG weights to reflect changes in factors that affect the intensity of hospital resource utilization. The Prospective Payment Assessment Commission was established by Congress to consult with the Secretary, to make recommendations on the need for adjustments to the Medicare DRGs, and to report to Congress on its evaluation of adjustments made by the Secretary.

The DRG system is, therefore, a fluid system. As more data are collected and as medical technology advances, the DRGs will be reviewed and revised as mandated by Congress. There were 470 DRGs in fiscal year 1983 and 477 DRGs in fiscal year 1988. More detailed information on DRG development can be found in *Diagnosis Related Groups, Fourth Revision, Definitions Manual 1988*.

Not all DRGs are applicable to Medicare patients, and such DRGs are excluded from Tables 1 and 2. In addition, for purposes of this article, DRGs with fewer than 50 cases in each of the study years were excluded from the tables. Therefore, a total of 44 DRGs are excluded. As stated previously, MDC 15 has been eliminated in its entirety.

Prospective payment system payment mechanism

PPS is designed to cover all Medicare inpatient operating costs, which include the costs of routine, ancillary, and special care services. On the other hand, capital expenditures, direct medical education costs, and beneficiary bad debts are reimbursed separately from PPS payments.

PPS payments to hospitals are based on four major components: DRG relative weights, a national average payment amount, hospital adjustments, and outlier payments. Thus, payments per discharge differ among hospitals because of these adjustments. The PPS payment per discharge, thereby, may be expressed by the formula:

$$\text{PPS payment per discharge} = \left[\left(\text{DRG weight} \times \text{urban/rural standardized payment amount} \right) + \text{outlier payments} \right] \times (1 + \text{hospital adjustments})$$

where

- The DRG weight is an index number (based on total charges) that reflects the relative cost, across all hospitals, of treating cases classified in each DRG.

- The standardized payment amount is the national average hospital cost per Medicare discharge standardized for urban and rural differences.
- Outlier payment adjustments are made for cases that involve extraordinarily long hospital stays or very high costs relative to the average for a particular DRG.
- The hospital adjustments reflect factors such as indirect medical education and disproportionate share of low-income patients and are specific to each hospital.

Selected data highlights

Summary of short-stay hospital utilization

For short-stay hospital inpatient services rendered to Medicare beneficiaries, data presented in Table 1 provide a means of comparing changes during the study period in the number of discharges, rank order, and ALOS. Data are arranged by DRG within MDC, providing a base for measuring and analyzing the impact of PPS as related to shifts in DRG and MDC assignment and utilization. MDC 15 has been excluded from the study (see Table 1 footnotes).

Utilization trends and patterns in Medicare short-stay hospital inpatient services have shown substantial changes since the implementation of PPS. Coinciding with the introduction of PPS, the number of short-stay hospital discharges declined for the first time in the history of the Medicare program. There was a 10.5 percent decline in the number of annual discharges from 1983 (11.55 million) to 1985 (10.33 million). From 1985 to 1988, the number of discharges declined further (0.8 percent), dropping to 10.26 million discharges.

The reasons for the shifts in the DRG data in Tables 1 and 2 are often complex and difficult to interpret. For example, the shifts within a single DRG or MDC may be attributed solely to one factor or to a combination of several factors that are not always readily apparent. To illustrate, the ICD-9-CM procedure codes that are taken from one DRG and transferred into another DRG will cause a decrease in the number of discharges for the one DRG and a corresponding increase in discharges for the DRG(s) into which the procedure codes are finally established.

In addition, about 185 (39 percent) of the 477 DRGs for 1988 were redefined solely by the removal of age restrictions, such as "under age 70" or "over age 69". Certainly this refinement (by removal of age factors) will affect the number of cases shifting from one DRG to another.

Advancement in medical or scientific technology is another factor that can influence the shifts in the DRGs. As advances in medical technology are made and accepted as good medical practice, the technology is considered for coverage under Medicare. Some of these Medicare-approved technologies, the DRGs affected by the new coverage, and the corresponding effective dates of coverage are:

- Heart transplants (DRG 103); October 17, 1986.
- Extracorporeal shock wave lithotripsy (DRGs 323 and 324); March 15, 1985.

- Ambulatory or 24-hour electroencephalographic monitoring (DRGs 24, 25, 26, et al.); June 12, 1984.
- Serologic testing for acquired immunodeficiency syndrome (could be in any of several DRGs, depending on the principal diagnosis); August 12, 1987.
- Automatic cardiodefibrillators (DRGs 104 and 105); January 24, 1986.
- 24-hour ambulatory esophageal pH monitoring (probably will not affect any specific DRG); June 11, 1985.
- Intraoperative ventricular mapping (probably will not affect any specific DRG); October 29, 1984.

The differences in the assignment of DRGs from one year to the next may best be identified and interpreted through information presented in the *Federal Register*. In any given year of publication (approximately September 1), the section of the *Register* is titled "Medicare Program: Changes in the DRG Classification System."

Number of discharges

Specific to major diagnostic categories

Among the 22 MDCs included in this article, 12 MDCs experienced a decline in the number of discharges reported during the study period 1983-88. The most notable decline (83 percent) in the number of discharges was recorded for MDC 2 (Diseases and disorders of the eye), which dropped from 554,475 discharges in 1983 to 94,440 in 1988.

Within MDC 2, the greatest decline was shown for DRG 39 (Lens procedures with or without vitrectomy). The number of discharges for DRG 39 dropped 94 percent from 1983 through 1988, declining from 438,675 to 26,655. DRG 47 (Other disorders of the eye, over age 17, without CC—meaning complication or comorbidity) also experienced a very large relative decline (91 percent) from 1983 (33,680 discharges) to 1988 (2,975 discharges). Some of these declines may be the result of shifts in the site of treatment; for example, by treating more patients on an outpatient basis.

On the other hand, MDC 20 (Alcohol/drug use and alcohol/drug induced organic mental disorders) displayed a very large increase (342 percent) in the number of discharges reported in 1983 (12,220) and 1988 (54,065). Within MDC 20, significant increases in the number of discharges were reported for three DRGs:

- DRG 433—Alcohol/drug abuse or dependency, left against medical advice (1,567 percent).
- DRG 435—Alcohol/drug abuse or dependency detoxification or other symptomatic treatment without CC (1,493 percent).
- DRG 434—Alcohol/drug abuse or dependency, detoxification or other symptomatic treatment with CC (1,168 percent).

These shifts may be related, in part, to policy and legislative changes. It was not until October 1, 1987 that the units and hospitals treating drug and alcohol disorders

began to be covered under PPS. The huge increases shown in the 1988 data for MDC 20 reflect this new coverage and the reconfiguration of MDC 20 (Alcohol/drug use and alcohol/drug induced mental disorders). (*Federal Register*, 1987b.)

Discharges specific to diagnosis-related groups

During the selected calendar years (1983, 1985, and 1988), 5 DRGs consistently appeared in the 10 most frequently reported DRGs and accounted for about 14 to 18 percent of all Medicare discharges (Table 1). In both 1985 and 1988, two of the five (DRG 127 and DRG 140) ranked first and second, respectively. The five DRGs were:

- DRG 127—Heart failure and shock.
- DRG 140—Angina pectoris.
- DRG 14—Specific cerebrovascular disorders, except transient ischemic attack.
- DRG 89—Simple pneumonia and pleurisy, over age 17, with CC.
- DRG 182—Esophagitis, gastroenteritis, and miscellaneous digestive disorders, over age 17, with CC.

Approximately 57 percent of all DRGs shown in Table 1 experienced a decline in the number of discharges from 1983-85, reflecting the national trend in Medicare utilization. From 1985-88, about 54 percent of all DRGs showed a drop in discharges.

The most notable decline in the number of discharges during the study period 1983-88 was recorded for DRG 467 (Other factors influencing health status). DRG 467 dropped in rank order from 16th position in 1983 (150,035 discharges) to 252nd position in 1988 (5,365 discharges). These changes reflect improvement in the medical coding specificity and the annual recalibration of DRG weights. For example, only about 50 of the nearly 450 diagnoses listed for DRG 467 are considered by the Health Care Financing Administration (HCFA) to be appropriate choices as a principal diagnosis, yet the inappropriate codes continued to be used by hospitals.

To emphasize the importance of medical coding specificity, HCFA changed the Grouper edits to reject the inappropriate principal diagnoses, provided to the hospitals additional medical coding advice and instruction on specificity, initiated a 100-percent review by the peer review organizations, and lowered significantly the relative weight for DRG 467 (Table 2). Consequently, many cases that previously had been assigned to DRG 467 shifted to an unknown number of alternative DRGs, taking from DRG 467 those cases that are more resource-intensive and that translate into financial gain for the hospitals.

On the other hand, PPS has affected the inpatient hospital industry by making it apparent that a more prudent use of hospital resources could be accomplished by treating many patients on an outpatient basis. Some DRGs that were probably affected by moving the locus of treatment from the inpatient to the outpatient setting were:

- DRG 39—Lens procedures with or without vitrectomy—decreased 93.9 percent (dropping from 3rd position in DRG rank order in 1983, to 94th position in 1988) from 438,675 to 26,655 discharges, respectively.

- DRG 47—Other disorders of the eye, over age 17, without CC—decreased 91.2 percent, with discharges numbering 33,680 in 1983 and 2,975 in 1988.
- DRG 6—Carpal tunnel release—dropped from 13,700 discharges in 1983 to 1,555 in 1988, a decrease of 88.6 percent.
- DRG 187—Dental extractions and restorations—dropped 78.0 percent (from 7,765 discharges in 1983 to 1,690 in 1988).

In contrast, the largest increase (14,144 percent) in the number of discharges (rising from 180 in 1983 to 27,775 in 1988) was recorded for DRG 359 (Uterine and adnexal procedure for non-malignancy without CC). The rank order of frequency of discharges for DRG 359 changed significantly, rising from 404th position in 1983 to 88th in 1988.

The shifts in DRG 359 may be attributed to a combination of factors: DRG 359 had been redefined four times since 1983, and 57 additional ICD-9-CM procedures were shifted into DRG 359. Also, the four ICD-9-CM procedures that had been listed originally for DRG 359 were shifted into other DRGs (*Federal Register*, 1986).

Average length of stay

Major diagnostic categories

Among the 22 MDCs shown in Table 1, 20 showed a drop in ALOS during the study period. The largest decline in ALOS between 1983 and 1988 was registered for MDC 12 (Diseases and disorders of the male reproductive system) and MDC 17 (Myeloproliferative diseases and disorders, and poorly differentiated neoplasms). For MDC 12, the ALOS dropped from 8.3 days in 1983 to 6.0 days in 1988, a decline of 27.7 percent. Similarly, the ALOS for MDC 17 dropped from 9.7 days to 6.8 days, a decline of 29.9 percent.

Within MDC 12, the greatest drop in the ALOS was noted for DRG 347 (Malignancy, male reproductive system, without CC) and DRG 349 (Benign prostate hypertrophy without CC), which dropped by 62.7 percent (5.3 days) and 49.7 percent (2.9 days), respectively.

For MDC 17, the largest decline in the ALOS was shown for DRG 407 (Other myeloproliferative disorders or poorly differentiated neoplasms without CC) and DRG 411 (History of malignancy without endoscopy), which declined by 50.1 percent (8.0 days) and 47.5 percent (3.5 days), respectively.

Diagnosis-related group-specific shifts

Approximately one-tenth of all Medicare DRGs shown in Table 1 experienced an increase in the ALOS during the period 1983-85. From 1985 through 1988, however, approximately one-half of the DRGs showed an increase in the ALOS, reflecting the slight increase in the national ALOS for the same period. DRGs with large relative increases in the ALOS during the study period included:

- DRG 437—Alcohol and drug abuse or dependency, combined rehabilitation and detoxification therapy (10.6 days, or 156 percent).

- DRG 7—Peripheral and cranial nerve and other operating room nervous system procedures with CC (13.5 days, or 113 percent).

In contrast, notable decreases in the ALOS among the DRGs were reported during the period 1983-88 for the following:

- DRG 384—Other antepartum diagnoses without medical complications (9.5 days, or -76 percent).
- DRG 260—Subtotal mastectomy for malignancy without CC (4.8 days, or -60 percent).

Among the DRGs for 1983, 24 DRGs had an ALOS of 20 days or more. Of these, 21 out of 24 DRGs experienced a decline in the ALOS from 1983 through 1988; three displayed a drop in the ALOS of about 39 percent or more:

- DRG 457—Extensive burns without an operating room procedure (16.5 days, or -68.2 percent).
- DRG 235—Fracture of femur (8.4 days, or -38.8 percent).
- DRG 114—Upper limb and toe amputation for circulatory system disorders (8.6 days, or -38.6 percent).

On the other hand, as shown below, 3 of the 24 DRGs with an ALOS of 20 days or more in 1983 recorded an increase in the ALOS during the period 1983-88:

- DRG 424—Operating room procedure with principal diagnosis of mental illness, from 22.0 to 25.5 days (15.9 percent).
- DRG 192—Pancreas, liver, and shunt procedures without CC, from 22.4 to 23.4 days (4.5 percent).
- DRG 217—Wound debridement and skin graft except hand, from 21.7 to 22.3 days (2.8 percent).

Relative weights and average program payments

Congress has mandated that the DRG relative weights be recalculated annually to account for changes in resource consumption. Each DRG weight, thereby, represents the most current average resource consumption per case for a particular DRG, relative to the national average resource consumption per case.

The formula used to calculate the PPS payment for a specific case, as described previously in the article, takes the national standardized average cost per case and multiplies it by the weight of the DRG to which the case is assigned. Therefore, the higher or lower the relative weight of the DRG, the higher or lower the PPS payment.

As shown in Table 2, the relative weights among the DRGs varied substantially, ranging from a low of 0.18 for DRG 382 (False labor) to a high of 11.92 for DRG 103 (Heart transplant). For these DRGs, the average program payment per discharge in 1988 was \$361 and \$56,077, respectively, reflecting tremendous differences in resource consumption.

Other DRGs with large relative weights and corresponding high average program payments per discharge in 1988 were:

- DRG 474—Respiratory system diagnosis with tracheostomy (11.88 and \$48,567).

- DRG 472—Extensive burns with operating room procedure, including skin graft, wound debridement, or other operating room procedures for burns (10.73 and \$65,002).
- DRG 104—Cardiac valve procedure with pump and without cardiac catheterization (7.84 and \$31,576).

The most notable shifts during the period 1983-88 in the relative weights among the DRGs shown in Table 2 occurred for the following:

- DRG 185—Dental and oral disorders except extractions and restorations, over age 17 (+309 percent).
- DRG 7—Peripheral and cranial nerve and other operating room nervous system procedures (+146 percent).
- DRG 431—Childhood mental disorders (-68 percent).
- DRG 302—Kidney transplant (-63 percent).
- DRG 457—Extensive burns with operating room procedure, excluding skin graft, wound debridement, or other operating room procedures for burns (-63 percent).

Sources and limitations of data

The data were derived from the short-stay hospital Medicare Provider Analysis and Review (MEDPAR) inpatient stay record file maintained by HCFA. The MEDPAR file is generated by linking information from three HCFA master program files: the utilization bill file, the health insurance entitlement file, and the provider of services file. The statistical stay record, thereby, provides information on the patient, the hospital, and the hospitalization.

Certain types of limitations should be considered when analyzing the data shown in the tables: sampling variability, administrative time lag, and errors in the diagnostic and DRG coding. These are described below.

First, the data are based on a 20-percent sample of short-stay hospital records (which includes both PPS and non-PPS patient bills) contained in the inpatient stay record file. Therefore, the data are subject to sampling variability. Sample counts were multiplied by a factor of 5 to estimate population totals.

The second data limitation is the incompleteness of the stay record files used to produce the data in this report. This is a result of the administrative time lag between the time when a bill (HCFA-1450) is submitted for payment and when it is posted to central records. The processing cutoff date for the data was December of each of the study years. Therefore, discharge bills received and recorded after this date were not included. It is estimated that the file, therefore, is only about 98 percent complete. The shortfall described, however, should not affect the validity of the estimates for percentages and average program payments per discharge.

The third limitation is associated with coding the principal and secondary diagnoses, surgical procedures, and the eventual assignment of the DRG code. The diagnostic information used to generate the DRG codes was classified according to the ICD-9-CM. For each sample bill record, a unique three-, four-, or five-digit code was assigned for the principal and secondary diagnoses. Similarly, a unique two-, three-, or four-digit code was assigned for each surgical procedure.

DRG assignment errors, essentially, result from errors in selecting and coding the diagnoses and procedures, problems with precision and clarity of the DRG definitions, and difficulties in comprehending and adhering to HCFA coding guidelines and regulations. Based on a report (Hsia et al., 1988) concerning the accuracy of diagnostic coding, an error rate of 20.8 percent in DRG coding was reported for the period October 1984 through March 1985. Errors were distributed equally between physicians and hospitals. Small hospitals had significantly higher error rates. Previous studies had found that errors occurred randomly, so that one-half the errors benefited the hospital financially and one-half penalized the hospital. The present study found that a statistically significant 61.7 percent of coding errors favored the hospital. The study concluded that "creep" does occur in the coding of DRGs, resulting in overpayment to hospitals for patients covered by Medicare (Hsia et al., 1988).

The significant medical coding changes coinciding with the implementation of PPS make analysis of shifts in DRG utilization extremely difficult. Therefore, the data in this article should be used with caution.

Finally, the average program payments in Table 2 were calculated following the deletion of all records that showed a total of zero reimbursements; that is, only the records that show Medicare as the primary payer were included.

Acknowledgments

The authors express their gratitude and appreciation to the HCFA personnel who contributed both their expertise and valuable insight to the development of this article. The reviewers were Carl Josephson, Herbert Silverman, Leslie Greenwald, Brigid Goody, and Phil Cotterill of the Office of Research, and Nancy Drucker of the Bureau of Policy Development. Consultants were: Ann Fagan, Dorothy Honemann, Gwen Shipe, Laura Green, and Sharon Hippler of the Bureau of Policy Development. From the Office of Research and Demonstrations, fact-checking and computer services were provided by Brenda Bailey, Cheryl Black, Brenda Boos, Thaddeus Holmes, Catherine Jones, Roger Keene, and Diana Murphy. Computer programming services were provided by Wilson Kirby. Secretarial services were provided by Beverly A. Ramsey.

Table 1

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges						Average length of stay								
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
Total, all DRGs		11,547,185	10,334,630	10,256,945	-11.2	-10.5	-0.8	—	—	—	9.8	8.7	8.9	-9.2	-11.2	2.3
MDC 1—Diseases and disorders of the nervous system (DRGs 1-35)																
Total (DRGs 1-35)		864,225	888,360	818,250	-5.3	2.8	-7.9	—	—	—	11.7	9.5	9.5	-18.8	-18.8	0.0
001	Surg	17,140	23,455	27,010	57.6	36.8	15.2	137	98	93	22.8	19.8	19.0	-16.7	-13.2	-4.0
002	Surg	3,555	4,950	5,750	61.7	39.2	16.2	319	266	245	21.7	19.1	19.2	-11.5	-12.0	0.5
004	Surg	3,400	4,560	4,970	46.2	34.1	9.0	323	274	266	23.4	18.4	16.8	-28.2	-21.4	-8.7
005	Surg	43,880	57,830	47,530	8.3	31.8	-17.8	55	42	52	10.9	8.6	7.8	-28.4	-21.1	-9.3
006	Surg	13,700	5,185	1,555	-88.6	-62.2	-70.0	166	257	369	3.2	2.8	3.2	0.0	-12.5	14.3
007 ¹	Surg	5,445	6,970	5,945	9.2	28.0	-14.7	270	225	241	11.9	13.9	25.4	113.4	16.8	82.7
008 ¹	Surg	4,575	2,970	3,950	-13.7	-35.1	33.0	282	309	303	7.7	5.4	5.3	-31.2	-29.9	-1.9
009	Med	4,075	3,400	2,570	-36.9	-16.6	-24.4	303	292	339	17.1	15.9	14.4	-15.8	-7.0	-9.4
010 ¹	Med	13,360	20,905	18,375	37.5	56.5	-12.1	172	107	114	13.9	11.1	11.6	-16.5	-20.1	4.5
011 ¹	Med	6,255	2,540	4,785	-23.5	-59.4	88.4	254	323	276	13.8	8.5	7.2	-47.8	-38.4	-15.3
012	Med	63,945	45,440	28,840	-54.9	-28.9	-36.5	36	55	85	13.8	13.3	13.4	-2.9	-3.6	0.8
013	Med	8,735	6,350	5,845	-33.1	-27.3	-8.0	222	239	244	12.9	11.2	10.4	-19.4	-13.2	-7.1
014	Med	299,440	322,690	328,900	9.8	7.8	1.9	5	5	3	15.1	11.3	10.9	-27.8	-25.2	-3.5
015 ²	Med	158,820	172,925	150,385	-5.3	8.9	-13.0	15	11	11	7.2	5.7	5.7	-20.8	-20.8	0.0
016	Med	8,290	18,245	13,295	60.4	120.1	-27.1	229	115	144	10.5	9.5	9.6	-8.6	-9.5	1.1
017	Med	42,925	13,030	5,175	-87.9	-69.6	-60.3	57	142	262	9.7	7.0	7.0	-27.8	-27.8	0.0
018 ¹	Med	19,655	17,330	13,020	-33.8	-11.8	-24.9	119	119	145	9.7	8.1	9.2	-5.2	-16.5	13.6
019 ¹	Med	11,295	5,425	9,710	-14.0	-52.0	79.0	185	256	180	8.8	6.1	6.1	-30.7	-30.7	0.0
020	Med	6,095	6,430	5,970	-2.1	5.5	-7.2	256	237	240	13.6	12.6	12.6	-7.4	-7.4	0.0
021	Med	565	565	790	39.8	0.0	39.8	391	391	387	10.3	9.6	10.7	3.9	-6.8	11.5
022	Med	10,315	15,895	11,925	15.6	54.1	-25.0	191	127	155	8.1	5.9	5.7	-29.6	-27.2	-3.4
023	Med	4,160	5,715	4,190	0.7	37.4	-26.7	300	246	293	10.6	6.8	6.3	-40.6	-35.8	-7.4
024 ¹	Med	41,620	60,780	50,205	20.6	46.0	-17.4	61	41	50	8.0	6.7	7.8	-2.5	-16.2	16.4
025 ¹	Med	28,250	17,005	26,355	-6.7	-39.8	55.0	93	123	97	6.9	4.9	4.8	-30.4	-29.0	-2.0
027	Med	1,525	2,525	2,865	87.9	65.6	13.5	366	324	331	10.2	11.5	9.2	-9.8	12.7	-20.0
028 ¹	Med	8,795	11,285	7,505	-14.7	28.3	-33.5	220	165	208	11.5	8.7	9.9	-13.9	-24.3	13.8
029 ¹	Med	2,375	1,210	4,140	74.3	-49.1	242.1	348	370	296	11.6	5.4	5.4	-53.4	-53.4	0.0
031 ¹	Med	9,110	11,045	4,150	-54.4	21.2	-62.4	213	166	295	7.7	5.4	6.7	-13.0	-29.9	24.1
032 ¹	Med	3,225	1,835	4,300	33.3	-43.1	134.3	329	348	287	5.3	3.3	3.8	-28.3	-37.7	15.2
034 ¹	Med	13,035	16,685	12,780	-2.0	28.0	-23.4	174	124	149	10.9	9.2	9.7	-11.0	-15.6	5.4
036 ¹	Med	8,635	3,145	5,405	-18.5	-52.6	71.9	249	302	253	10.4	8.6	6.3	-39.4	-17.3	-26.7

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges									Average length of stay					
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
MDC 2—Diseases and disorders of the eye (DRGs 36-48)																
Total (DRGs 36-48)		554,475	195,495	94,440	-83.0	-64.7	-51.7	—	—	—	2.9	2.8	3.1	6.9	-3.4	10.7
036	Surg	17,130	20,910	21,830	27.4	22.1	4.4	139	106	108	5.1	4.0	3.0	-41.2	-21.6	-25.0
037	Surg	4,275	3,165	3,165	-26.0	-26.0	0.0	296	301	322	4.4	4.3	4.5	2.3	-2.3	4.7
038	Surg	4,400	2,320	1,290	-70.9	-47.3	-44.8	292	332	374	3.3	3.6	3.0	-9.1	9.1	-16.7
039 ²	Surg	438,675	111,175	26,655	-93.9	-74.7	-76.0	3	23	95	2.5	2.1	2.0	-20.0	-16.0	-4.8
040	Surg	18,260	9,300	4,920	-73.1	-49.1	-47.1	132	187	269	2.7	2.7	3.3	22.2	0.0	22.2
042	Surg	26,235	29,360	24,675	-5.9	11.9	-16.0	98	77	100	4.1	3.3	3.0	-26.8	-19.5	-9.1
043	Med	615	410	320	-48.0	-33.3	-22.0	389	396	406	6.1	6.5	4.1	-32.8	6.6	-36.9
044	Med	2,560	2,420	2,295	-10.4	-5.5	-5.2	345	327	345	7.7	7.3	6.8	-11.7	-5.2	-6.8
045	Med	5,755	4,795	3,120	-45.8	-16.7	-34.9	264	268	324	5.5	4.5	4.3	-21.8	-18.2	-4.4
046	Med	2,890	4,690	3,200	10.7	62.3	-31.8	340	272	320	6.4	5.4	6.1	-4.7	-15.6	13.0
047	Med	33,680	6,950	2,975	-91.2	-79.4	-57.2	81	227	329	4.1	3.7	4.3	4.9	-9.8	16.2
MDC 3—Diseases and disorders of the ear, nose, mouth, and throat (DRGs 49-74)																
Total (DRGs 49-74)		190,635	147,655	117,945	-38.1	-22.5	-20.1	—	—	—	6.3	5.4	5.6	-11.3	-14.7	3.9
049	Surg	4,505	5,355	6,295	39.7	18.9	17.6	287	256	233	17.3	17.3	16.3	-5.8	0.0	-5.8
050	Surg	4,345	5,525	5,710	31.4	27.2	3.3	293	251	246	4.9	3.8	3.0	-38.8	-22.4	-21.1
051	Surg	1,060	1,085	800	-24.5	2.4	-26.3	377	376	386	4.2	3.4	2.7	-35.7	-19.0	-20.6
052	Surg	(³)	135	120	NA	NA	-11.1	423	409	421	4.2	3.4	2.7	-35.7	-19.0	-20.6
053	Surg	6,965	9,955	8,910	27.9	42.9	-10.5	246	182	185	4.5	3.5	3.3	-26.7	-22.2	-5.7
055	Surg	13,615	13,605	7,335	-46.1	-0.1	-46.1	167	137	212	3.1	2.6	2.7	-12.9	-16.1	3.8
056	Surg	3,860	2,560	1,425	-63.1	-33.7	-44.3	309	321	373	3.4	2.5	2.3	-32.4	-26.5	-8.0
057 ²	Surg	920	815	860	-6.5	-11.4	5.5	381	381	382	5.5	5.3	5.6	1.8	-3.6	5.7
059	Surg	215	395	330	53.5	83.7	-16.5	401	397	405	4.2	2.3	3.7	-11.9	-45.2	60.9
061 ²	Surg	795	510	355	-55.3	-35.8	-30.4	384	393	403	2.9	4.2	4.4	51.7	44.8	4.8
063	Surg	4,170	4,665	4,825	15.7	11.9	3.4	299	273	274	8.8	9.3	8.5	-3.4	5.7	-8.6
064	Med	16,745	9,150	5,525	-67.0	-45.4	-39.6	142	188	248	10.1	8.6	10.2	1.0	-14.9	18.6
065	Med	46,050	36,630	30,830	-33.1	-20.5	-15.8	54	67	77	5.4	4.3	4.2	-22.2	-20.4	-2.3
066	Med	14,230	13,010	10,060	-29.3	-8.6	-22.7	161	143	173	4.8	4.4	4.3	-10.4	-8.3	-2.3
067	Med	265	340	480	81.1	28.3	41.2	396	399	398	7.5	6.9	6.2	-17.3	-8.0	-10.1

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges						Average length of stay								
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
068 ²	Med	36,970	27,170	17,310	-53.2	-26.5	-36.3	71	86	120	7.2	6.0	6.2	-13.9	-16.7	3.3
069 ¹	Med	14,150	4,030	7,100	-49.8	-71.5	76.2	162	281	219	6.0	4.5	4.8	-20.0	-25.0	6.7
071	Med	235	130	140	-40.4	-44.7	7.7	399	412	417	7.7	5.7	7.6	-1.3	-26.0	33.3
072	Med	2,550	1,265	920	-63.9	-50.4	-27.3	346	366	381	6.2	5.5	5.5	-11.3	-11.3	0.0
073	Med	18,920	11,305	8,570	-54.7	-40.2	-24.2	127	162	191	5.6	5.2	6.3	12.5	-7.1	21.2
MDC 4—Diseases and disorders of the respiratory system (DRGs 75-102, 474-475)																
Total (DRGs 75-102,474-475)		1,239,175	1,270,920	1,306,615	5.4	2.6	2.8	—	—	—	10.1	8.9	9.4	-6.9	-11.9	5.6
075	Surg	21,745	29,370	30,430	39.9	35.1	3.6	111	76	80	17.2	15.7	14.9	-13.4	-8.7	-5.1
076 ²	Surg	3,885	11,980	30,320	680.4	208.4	153.1	307	153	81	15.0	16.9	13.9	-7.3	12.7	-17.8
077 ²	Surg	7,445	3,565	4,910	-34.0	-52.1	37.7	241	289	270	13.1	8.1	7.3	-44.3	-38.2	-9.9
078	Med	26,705	29,220	27,250	2.0	9.4	-6.7	97	79	92	12.7	11.2	10.6	-16.5	-11.8	-5.4
079 ¹	Med	25,765	72,370	101,885	295.4	180.9	40.8	100	36	25	14.5	12.6	12.6	-18.0	-16.0	0.0
080 ¹	Med	4,830	2,725	16,205	235.5	-43.6	494.7	276	315	131	14.1	10.8	9.2	-34.8	-23.4	-14.8
082	Med	138,370	105,765	77,030	-44.3	-23.6	-27.2	18	25	34	10.9	9.6	9.7	-11.0	-11.9	1.0
083 ¹	Med	9,170	10,235	7,975	-13.0	11.6	-22.1	212	178	204	9.9	8.3	8.0	-19.2	-16.2	-3.6
084 ¹	Med	1,765	760	2,355	33.4	-56.9	209.9	362	382	343	8.5	4.9	4.9	-42.4	-17.6	-0.3
085 ¹	Med	15,525	20,285	15,740	1.4	30.7	-22.4	153	109	134	11.4	9.1	9.3	-18.4	-20.2	2.2
086 ¹	Med	3,695	1,260	2,565	-30.6	-65.9	103.6	315	367	340	10.1	6.6	6.0	-40.6	-34.7	-9.1
087	Med	63,535	100,960	68,265	7.4	58.9	-32.4	37	26	39	11.2	9.7	8.7	-22.3	-13.4	-10.3
088	Med	273,100	177,105	92,275	-66.2	-35.2	-47.9	7	9	30	9.7	8.3	7.8	-19.6	-14.4	-6.0
089 ¹	Med	262,790	357,540	322,675	22.8	36.1	-9.8	8	3	4	10.9	9.1	9.3	-14.7	-16.5	2.2
090 ¹	Med	57,430	20,340	83,085	44.7	-64.6	308.5	42	108	32	9.6	7.0	6.9	-28.1	-27.1	-1.4
091	Med	(³)	135	130	NA	NA	-3.7	421	410	418	5.0	8.3	6.3	26.0	66.0	-24.1
092 ¹	Med	14,305	13,230	8,400	-41.3	-7.5	-36.5	160	139	196	9.8	8.7	9.4	-4.1	-11.2	8.0
093 ¹	Med	4,925	1,460	2,200	-55.3	-70.4	50.7	275	360	349	9.1	6.4	7.1	-22.0	-29.7	10.9
094 ¹	Med	5,800	9,025	9,270	59.8	55.6	2.7	263	192	183	12.0	9.9	9.7	-19.2	-17.5	-2.0
095 ¹	Med	2,210	825	1,770	-19.9	-62.7	114.5	351	380	364	11.1	5.8	5.9	-46.8	-47.7	1.7
096 ¹	Med	143,405	192,575	215,125	50.0	34.3	11.7	17	8	6	8.1	7.0	7.4	-8.6	-13.6	5.7
097 ¹	Med	59,635	26,465	51,325	-13.9	-55.6	93.9	40	88	49	7.5	5.8	5.5	-26.7	-22.7	-5.2
099 ¹	Med	36,070	44,475	36,975	2.5	23.3	-16.9	72	58	65	7.7	5.9	6.1	-20.8	-23.4	3.4
100 ¹	Med	17,140	7,055	11,870	-30.7	-58.8	68.2	138	223	156	6.6	4.2	3.5	-47.0	-36.4	-16.7

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges						Average length of stay								
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
101 ¹	Med	29,650	29,335	20,995	-29.2	-1.1	-28.4	90	78	109	9.0	7.1	7.4	-17.8	-21.1	4.2
102 ¹	Med	10,215	2,825	6,395	-37.4	-72.3	126.4	194	312	230	7.8	4.8	5.1	-34.6	-38.5	6.2
474		(⁹)	(⁹)	12,990	NA	NA	NA	430	430	146	NA	NA	50.3	NA	NA	NA
475	Med	(⁹)	(⁹)	46,180	NA	NA	NA	431	431	53	NA	NA	14.5	NA	NA	NA
MDC 5—Diseases and disorders of the circulatory system (DRGs 103-145)																
Total (DRGs 103-145)		2,420,065	2,450,170	2,644,910	9.3	1.2	7.9	—	—	—	9.3	7.8	7.7	-17.2	-16.1	-1.3
103	Surg	(⁹)	(⁹)	160	NA	NA	NA	426	424	415	52.0	43.3	31.4	-39.6	-16.8	-27.4
104	Surg	610	7,170	12,015	1,869.7	1,075.4	67.6	390	219	153	21.2	20.6	23.6	11.3	-2.8	14.6
105	Surg	10,180	10,165	12,010	18.0	-0.1	18.2	195	180	154	19.1	17.4	16.4	-14.1	-8.9	-5.7
106	Surg	4,548	36,415	61,815	1,260.1	679.2	74.5	284	68	42	16.4	16.7	16.8	2.4	1.8	0.6
107	Surg	50,349	34,290	44,790	-11.0	-31.9	30.6	50	70	57	15.5	13.6	13.0	-16.1	-12.3	-4.4
108 ²	Surg	3,515	23,445	5,415	54.1	567.0	-76.9	320	99	252	11.7	7.1	16.9	44.4	-39.3	138.0
109 ²	Surg	3,575	5,140	11,415	219.3	43.8	122.1	318	261	162	16.2	12.6	12.4	-23.5	-22.2	-1.6
110 ¹	Surg	36,010	62,175	69,685	99.0	77.8	12.1	76	39	38	17.4	15.6	16.4	-5.7	-10.3	5.1
111 ¹	Surg	15,970	8,350	17,925	12.2	-47.7	114.7	151	200	117	14.8	10.8	9.4	-36.5	-27.0	-13.0
112 ²	Surg	35,280	38,135	109,830	211.5	8.2	188.0	74	64	20	14.0	11.5	7.5	-46.4	-17.9	-34.8
113	Surg	20,280	21,945	32,725	61.4	8.2	49.1	116	102	74	23.9	18.2	19.2	-19.7	-23.8	5.5
114	Surg	5,370	7,145	8,755	63.0	33.1	22.5	272	220	189	22.4	17.3	13.8	-38.4	-22.8	-20.2
115 ²	Surg	6,620	7,890	6,235	-5.8	19.2	-21.0	250	205	234	17.2	15.1	14.8	-14.0	-12.2	-2.0
116 ²	Surg	48,125	53,985	52,065	8.2	12.2	-3.6	52	44	48	10.5	8.5	7.9	-24.8	-19.0	-7.1
117 ²	Surg	4,135	7,375	4,075	-1.5	78.4	-44.7	301	214	299	7.7	7.1	6.5	-15.6	-7.8	-8.5
118 ¹	Surg	6,150	8,410	9,215	49.8	36.7	9.6	255	198	184	5.2	4.2	5.5	5.8	-19.2	31.0
119	Surg	5,945	5,445	4,275	-28.1	-8.4	-21.5	260	254	290	8.7	7.0	6.3	-27.6	-19.5	-10.0
120	Surg	14,625	17,010	21,855	49.4	18.3	28.5	158	122	107	19.9	17.0	17.2	-13.6	-14.6	1.2
121	Med	35,095	121,030	142,240	305.3	244.9	17.5	75	21	13	12.9	11.5	10.5	-18.6	-10.9	-8.7
122	Med	195,375	147,230	125,535	-35.7	-24.6	-14.7	12	16	17	11.9	9.3	7.5	-37.0	-21.8	-19.4
123	Med	56,260	72,820	65,765	16.9	29.4	-9.7	44	35	40	6.1	5.5	5.4	-11.5	-9.8	-1.8
124	Med	7,165	48,840	89,615	1,150.7	581.6	83.5	244	50	31	9.1	6.6	6.3	-30.8	-27.5	-4.5
125	Med	31,160	82,600	107,560	245.2	165.1	30.2	87	31	22	5.4	3.3	3.1	-42.6	-38.9	-6.1
126	Med	2,345	3,255	3,785	61.4	38.8	16.3	349	297	307	25.2	21.3	22.7	-9.9	-15.5	6.6
127	Med	457,470	512,055	537,875	17.6	11.9	5.0	2	1	1	10.1	8.2	8.1	-19.8	-18.8	-1.2
128	Med	37,910	41,150	30,725	-19.0	8.5	-25.3	68	61	78	10.7	9.2	8.9	-16.8	-14.0	-3.3
129 ²	Med	24,510	11,945	8,325	-66.0	-51.3	-30.3	105	154	199	8.9	6.6	5.4	-39.3	-25.8	-18.2
130 ¹	Med	97,655	83,215	60,855	-37.7	-14.8	-26.9	27	29	43	10.3	7.6	8.2	-20.4	-26.2	7.9
131 ¹	Med	33,005	13,780	30,280	-8.3	-58.2	119.7	83	135	82	8.7	6.0	6.0	-31.0	-31.0	0.0
132 ¹	Med	212,490	49,040	16,705	-92.1	-76.9	-65.9	10	48	124	8.5	6.5	5.9	-30.6	-23.5	-9.2

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges						Average length of stay								
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
133 ¹	Med	77,120	6,440	6,715	-91.3	-91.6	4.3	31	236	225	6.6	4.6	4.2	-36.4	-30.3	-8.7
134	Med	118,700	50,155	36,265	-69.4	-57.7	-27.7	22	46	67	7.6	6.1	5.7	-25.0	-19.7	-6.6
135 ¹	Med	19,710	11,155	7,305	-62.9	-43.4	-34.5	118	167	215	8.3	7.3	7.2	-13.3	-12.0	-1.4
136 ¹	Med	8,105	1,420	1,835	-77.4	-82.5	29.2	231	361	362	6.7	4.4	4.3	-35.8	-34.3	-2.3
138 ¹	Med	179,275	215,345	174,970	-2.4	20.1	-18.7	13	6	9	7.5	6.0	6.4	-14.7	-20.0	6.7
139 ¹	Med	49,830	23,425	79,735	60.0	-53.0	240.4	51	100	33	6.3	4.3	4.3	-31.7	-31.7	0.0
140	Med	273,360	359,680	367,585	34.5	31.6	2.2	6	2	2	6.5	5.2	4.8	-26.2	-20.0	-7.7
141 ¹	Med	70,415	95,130	74,750	6.2	35.1	-21.4	33	28	35	6.5	5.3	5.9	-9.2	-18.5	11.3
142 ¹	Med	16,250	10,175	40,495	149.2	-37.4	298.0	148	179	60	5.6	4.0	4.2	-25.0	-28.6	5.0
143	Med	88,370	80,320	98,670	11.7	-9.1	22.8	30	32	27	5.5	3.9	3.6	-34.5	-29.1	-7.7
144	Med	15,695	43,640	45,000	186.7	178.1	3.1	152	59	56	9.3	8.1	7.7	-17.2	-12.9	-4.9
145	Med	42,530	12,815	8,060	-81.0	-69.9	-37.1	59	145	201	8.9	5.6	4.4	-50.6	-37.1	-21.4
MDC 6—Diseases and disorders of the digestive system (DRGs 146-190)																
Total (DRGs 146-190)		1,364,400	1,252,980	1,165,830	-14.6	-8.2	-7.0	—	—	—	9.0	8.2	8.5	-5.6	-8.9	3.7
146 ¹	Surg	10,225	19,960	16,975	66.0	95.2	-15.0	193	110	122	20.0	17.5	17.7	-11.5	-12.5	1.1
147 ¹	Surg	3,065	2,020	4,575	49.3	-34.1	126.5	335	338	280	17.0	13.3	10.7	-37.1	-21.8	-19.5
148 ¹	Surg	74,520	120,725	117,300	57.4	62.0	-2.8	32	22	18	18.8	16.6	17.4	-7.4	-11.7	4.8
149 ¹	Surg	18,695	10,305	25,450	36.1	-44.9	147.0	129	177	99	16.7	11.7	10.5	-37.1	-29.9	-10.3
150 ¹	Surg	9,275	12,200	18,280	97.1	31.5	49.8	208	149	115	17.5	15.0	14.9	-14.9	-14.3	-0.7
151 ¹	Surg	2,965	1,555	6,455	117.7	-47.6	315.1	338	356	229	15.1	10.7	9.2	-39.1	-29.1	-14.0
152 ¹	Surg	9,270	11,290	7,440	-19.7	21.8	-34.1	209	164	209	12.9	11.2	9.8	-24.0	-13.2	-12.5
153 ¹	Surg	3,290	2,070	4,070	23.7	-37.1	96.6	325	335	301	10.7	8.6	7.3	-31.8	-19.6	-15.1
154 ¹	Surg	37,055	48,005	48,705	31.4	29.6	1.5	70	51	51	16.6	16.7	17.7	6.6	0.6	6.0
155 ¹	Surg	11,770	4,740	8,395	-28.7	-59.7	77.1	181	269	197	14.3	11.0	9.5	-33.6	-23.1	-13.6
157 ¹	Surg	27,290	41,715	23,875	-12.5	52.9	-42.8	95	60	106	7.4	6.2	7.3	-1.4	-16.2	17.7
158 ¹	Surg	17,680	13,715	19,490	10.2	-22.4	42.1	135	136	111	6.2	4.2	3.6	-41.9	-32.3	-14.3
159 ¹	Surg	20,200	25,075	14,170	-29.9	24.1	-43.5	117	91	142	8.9	7.7	7.0	-21.3	-13.5	-9.1
160 ¹	Surg	12,930	8,355	15,690	21.3	-35.4	87.8	176	199	136	7.2	5.3	4.0	-44.4	-26.4	-24.5
161 ¹	Surg	69,545	77,540	32,840	-52.8	11.5	-57.6	34	33	72	6.2	4.7	4.8	-22.6	-24.2	2.1
162 ¹	Surg	32,955	24,055	45,310	37.5	-27.0	88.4	85	96	55	4.8	3.4	2.6	-45.8	-29.2	-23.5
164 ¹	Surg	3,380	5,115	4,450	31.7	51.3	-13.0	324	262	283	13.4	12.4	12.6	-6.0	-7.5	1.6
165 ¹	Surg	1,515	1,150	2,930	93.4	-24.1	154.8	367	373	330	11.6	8.7	7.8	-32.8	-25.0	-10.3
166 ¹	Surg	3,235	3,510	2,330	-28.0	8.5	-33.6	328	291	344	10.4	8.8	8.4	-19.2	-15.4	-4.5
167 ¹	Surg	2,265	1,690	2,785	23.0	-25.4	64.8	350	353	334	7.8	5.2	4.8	-38.5	-33.3	-7.7

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges									Average length of stay					
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
168 ¹	Surg	7,105	8,745	4,045	-43.1	23.1	-53.7	245	195	302	7.2	6.4	9.0	25.0	-11.1	40.6
169 ¹	Surg	3,950	3,175	3,920	-0.8	-19.6	23.5	304	300	305	6.3	3.9	3.8	-39.7	-38.1	-2.6
170 ¹	Surg	16,280	14,395	12,645	-22.3	-11.6	-12.2	147	131	150	19.8	16.3	16.9	-14.6	-17.7	3.7
171 ¹	Surg	6,030	1,465	2,145	-64.4	-75.7	46.4	257	359	354	16.5	10.5	8.5	-48.5	-36.4	-19.0
172 ¹	Med	65,260	44,660	30,700	-53.0	-31.5	-31.3	35	56	79	12.2	10.0	10.7	-12.3	-18.0	7.0
173 ¹	Med	18,265	3,320	4,870	-73.4	-81.8	46.7	131	295	272	11.1	7.4	6.4	-42.3	-33.3	-13.5
174 ¹	Med	110,005	155,820	135,980	23.6	41.6	-12.7	25	15	15	8.7	6.9	7.2	-17.2	-20.7	4.3
175 ¹	Med	28,255	12,785	32,830	16.2	-54.8	156.8	92	146	73	7.4	4.9	4.9	-33.8	-33.8	0.0
176	Med	9,795	12,145	11,865	21.1	24.0	-2.3	198	150	157	10.4	7.9	8.0	-23.1	-24.0	1.3
177 ¹	Med	34,170	27,855	17,980	-47.4	-18.5	-35.5	78	84	116	7.7	6.4	6.3	-18.2	-16.9	-1.6
178 ¹	Med	14,675	5,800	8,765	-40.3	-60.5	51.1	157	244	188	6.7	4.6	4.7	-29.9	-31.3	2.2
179	Med	8,620	7,700	7,325	-15.0	-10.7	-4.9	226	210	214	10.9	9.8	9.8	-10.1	-10.1	0.0
180 ¹	Med	52,175	70,895	56,285	7.9	35.9	-20.6	47	37	46	8.8	7.1	8.0	-9.1	-19.3	12.7
181 ¹	Med	13,525	9,330	25,640	89.6	-31.0	174.8	169	186	98	7.9	5.1	5.3	-32.9	-35.4	3.9
182 ¹	Med	371,790	322,875	241,720	-35.0	-13.2	-25.1	4	4	5	7.0	5.9	6.4	-8.6	-15.7	8.5
183 ¹	Med	130,925	49,865	92,745	-29.2	-61.9	86.0	19	47	29	6.1	4.6	4.6	-24.6	-24.6	0.0
184	Med	(^a)	75	70	NA	NA	-6.7	422	421	428	NA	4.1	4.0	NA	NA	-2.4
185	Med	10,730	6,665	4,775	-55.5	-37.9	-28.4	190	230	277	7.9	6.9	6.6	-16.5	-12.7	-4.3
187	Med	7,675	4,040	1,690	-78.0	-47.4	-58.2	238	280	367	3.2	2.8	3.4	6.2	-12.5	21.4
188 ¹	Med	58,995	48,960	36,590	-38.0	-17.0	-25.3	41	49	66	7.9	6.2	7.5	-5.1	-21.5	21.0
189 ¹	Med	24,800	7,345	11,530	-53.5	-70.4	57.0	104	216	160	6.4	5.1	4.0	-37.5	-20.3	-21.6
190	Med	145	120	180	24.1	-17.2	50.0	406	413	413	7.4	4.8	6.1	-17.6	-35.1	27.1
MDC 7—Diseases and disorders of the hepatobiliary system and pancreas (DRGs 191-208)																
Total (DRGs 191-208)		305,055	320,040	317,415	4.1	4.9	-0.8	—	—	—	11.4	10.0	9.8	-14.0	-12.3	-2.0
191 ²	Surg	2,155	4,470	7,170	232.7	107.4	60.4	352	275	217	23.7	22.5	22.3	-5.9	-89.5	792.0
192 ²	Surg	885	2,965	2,280	157.6	235.0	-23.1	382	310	346	22.4	21.5	23.4	4.5	-4.0	8.8
193 ¹	Surg	7,890	12,940	9,785	24.0	64.0	-24.4	233	144	179	19.4	16.2	17.9	-7.7	-16.5	10.5
194 ¹	Surg	1,920	980	2,185	13.8	-49.0	123.0	361	377	350	16.5	12.0	11.7	-29.1	-27.3	-2.5
195 ¹	Surg	6,735	25,725	24,185	259.1	282.0	-6.0	247	90	104	15.7	13.7	13.7	-12.7	-12.7	0.0
196 ¹	Surg	625	1,540	4,100	556.0	146.4	166.2	388	357	298	12.4	10.4	9.7	-21.8	-16.1	-6.7
197 ¹	Surg	62,655	75,050	62,930	0.4	19.8	-16.1	39	34	41	13.4	10.8	10.5	-21.6	-19.4	-2.8
198 ¹	Surg	31,125	18,235	39,930	28.3	-41.4	119.0	88	116	63	10.5	7.4	6.5	-38.1	-29.5	-12.2
199	Surg	3,870	4,125	3,200	-17.3	6.6	-22.4	308	278	321	19.4	15.6	14.5	-25.3	-19.6	-7.1
200	Surg	4,550	2,500	2,115	-53.5	-45.1	-15.4	283	325	355	17.2	13.9	14.6	-15.1	-19.2	5.0

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges									Average length of stay					
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
201	Surg	2,145	4,365	4,790	123.3	103.5	9.7	353	276	275	17.9	12.8	12.8	-28.5	-28.5	0.0
202	Med	20,480	17,245	14,530	-29.1	-15.8	-15.7	115	121	138	11.8	10.6	9.9	-16.1	-10.2	-6.6
203	Med	35,670	34,060	30,110	-15.6	-4.5	-11.6	73	71	84	11.3	9.6	9.9	-12.4	-15.0	3.1
204	Med	27,930	31,805	34,465	23.4	13.9	8.4	94	73	69	9.7	7.9	8.1	-16.5	-18.6	2.5
205 ¹	Med	19,090	22,890	19,790	3.7	19.9	-13.5	125	101	110	10.7	9.1	9.2	-14.0	-15.0	1.1
206 ¹	Med	9,245	2,865	3,375	-63.5	-69.0	17.8	211	311	317	9.3	6.0	5.1	-45.2	-35.5	-15.0
207 ¹	Med	51,835	50,925	35,965	-30.6	-1.8	-29.4	48	45	68	8.3	6.6	7.3	-12.0	-20.5	10.6
208 ¹	Med	16,250	7,355	16,510	1.6	-54.7	124.5	149	215	125	7.3	4.5	4.4	-39.7	-38.4	-2.2
MDC 8—Diseases and disorders of the musculoskeletal system and connective tissue (DRGs 209-256, 471)																
Total (DRGs 209-256, 471)		1,008,190	975,025	923,690	-8.4	-3.3	-5.3	—	—	—	12.0	10.4	10.4	-13.3	-13.3	0.0
209 ²	Surg	117,460	169,970	209,080	78.0	44.7	23.0	23	12	7	17.5	14.3	12.5	-28.6	-18.3	-12.6
210 ¹	Surg	96,570	125,360	95,695	-9.9	29.8	-23.7	28	19	28	18.6	15.3	15.2	-18.3	-17.7	-0.7
211 ¹	Surg	11,145	7,755	43,615	291.3	-30.4	462.4	186	208	59	16.9	12.6	11.4	-32.5	-25.4	-9.5
213	Surg	4,120	5,625	5,335	29.5	36.5	-5.2	302	249	257	20.7	16.0	14.2	-31.4	-22.7	-11.3
214 ¹	Surg	16,860	30,780	28,550	69.3	82.6	-7.2	141	74	87	17.1	14.4	14.1	-17.5	-15.8	-2.1
215 ¹	Surg	16,580	15,650	34,000	105.1	-5.6	117.3	145	129	71	13.9	10.5	8.5	117.9	169.2	-19.0
216	Surg	2,970	5,015	4,905	65.2	68.9	-2.2	337	264	271	14.6	14.1	14.4	-1.4	-3.4	2.1
217	Surg	3,470	8,060	14,495	317.7	132.3	79.8	322	203	139	21.7	17.8	22.3	2.8	-18.0	25.3
218 ¹	Surg	11,640	18,530	12,965	11.4	59.2	-30.0	184	114	147	12.8	10.3	10.8	-15.6	-19.5	4.9
219 ¹	Surg	7,390	7,790	17,065	130.9	5.4	119.1	242	207	121	10.3	7.5	6.4	-37.9	-27.2	-14.7
221 ¹	Surg	9,270	11,295	4,075	-56.0	21.8	-63.9	210	163	300	8.5	6.9	10.6	24.7	-18.8	53.6
222 ¹	Surg	8,330	7,030	7,285	-12.5	-15.6	3.6	228	224	216	6.5	4.4	5.3	-18.5	-32.3	20.5
223 ²	Surg	8,045	13,165	16,060	99.6	63.6	22.0	232	140	132	8.2	6.4	5.8	-29.3	-22.0	-9.4
224 ²	Surg	5,575	6,495	8,735	58.7	16.5	34.5	269	234	190	6.6	4.5	4.0	-39.4	-31.8	-11.1
225	Surg	30,915	27,775	14,440	-53.3	-10.2	-48.0	89	85	140	5.6	4.7	4.9	-12.5	-16.1	4.3
226 ¹	Surg	5,095	6,215	4,635	-9.0	22.0	-25.4	274	240	279	8.8	8.4	10.0	13.6	-4.5	19.0
227 ¹	Surg	4,655	3,060	8,010	72.1	-34.3	161.8	279	305	203	6.3	4.9	4.3	-31.7	-22.2	-12.2
228 ²	Surg	1,040	315	5,025	383.2	-69.7	1,495.2	378	401	266	2.5	2.4	4.0	60.0	-4.0	66.7
229 ²	Surg	16,435	12,520	4,175	-74.6	-23.8	-66.7	146	148	294	4.5	3.7	2.6	-42.2	-17.8	-29.7
230	Surg	5,630	4,720	3,075	-45.4	-16.2	-34.9	267	270	325	11.8	8.3	7.0	-40.7	-29.7	-15.7
231	Surg	12,720	11,580	7,335	-42.3	-9.0	-36.7	178	159	213	7.5	6.0	6.9	-8.0	-20.0	15.0
232	Surg	5,840	1,230	715	-87.8	-78.9	-41.9	261	369	390	4.6	5.3	7.1	54.3	15.2	34.0
233 ¹	Surg	19,125	9,560	6,005	-68.6	-50.0	-37.2	124	185	239	14.4	10.6	12.2	-15.3	-26.4	15.1
234 ¹	Surg	8,245	3,250	5,520	-33.1	-60.6	69.8	230	298	249	9.4	6.3	6.2	-34.0	-33.0	-1.6
235	Med	8,625	7,410	6,955	-19.4	-14.1	-6.1	225	213	220	21.7	16.0	13.3	-38.7	-26.3	-16.9

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges									Average length of stay					
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
236	Med	52,580	45,605	40,155	-23.6	-13.3	-12.0	46	54	61	16.6	11.8	10.2	-38.6	-28.9	-13.6
237	Med	3,175	2,690	1,700	-46.5	-15.3	-36.8	332	317	366	9.3	6.1	6.0	-35.5	-34.4	-1.6
238	Med	4,305	5,175	5,425	26.0	20.2	4.8	295	258	251	18.5	14.9	15.2	-17.8	-19.5	2.0
239	Med	43,880	63,010	58,540	33.4	43.6	-7.1	56	38	44	12.2	10.1	10.4	-14.8	-17.2	3.0
240 ¹	Med	23,595	19,065	11,040	-53.2	-19.2	-42.1	108	112	164	11.0	9.3	10.1	-8.2	-15.5	8.6
241 ¹	Med	14,470	5,705	5,930	-59.0	-60.6	3.9	159	247	242	10.1	7.3	6.7	-33.7	-27.7	-8.2
242	Med	2,000	2,775	2,240	12.0	38.8	-19.3	358	314	348	15.6	12.7	11.4	-26.9	-18.6	-10.2
243	Med	208,935	174,170	129,050	-38.2	-16.6	-25.9	11	10	16	9.2	7.3	7.0	-23.9	-20.7	-4.1
244 ¹	Med	51,460	27,940	11,560	-77.5	-45.7	-58.6	49	83	159	9.6	7.6	8.2	-14.6	-20.8	7.9
245 ¹	Med	12,490	3,920	8,055	-35.5	-68.6	105.5	179	284	202	8.3	6.0	5.9	-28.9	-27.7	-1.7
246	Med	9,700	3,910	2,175	-77.8	-59.7	-44.4	200	285	351	10.0	6.5	6.3	-37.0	-35.0	-3.1
247	Med	24,365	15,765	11,045	-54.7	-35.3	-29.9	106	128	163	7.6	5.8	6.5	-14.5	-23.7	12.1
248	Med	13,990	8,835	6,775	-51.6	-36.8	-23.3	164	194	223	7.4	6.1	6.1	-17.6	-17.6	0.0
249	Med	6,530	5,780	5,855	-10.3	-11.5	1.3	251	245	243	12.1	8.7	6.9	-43.0	-28.1	-20.7
250 ¹	Med	18,075	11,410	3,780	-79.1	-36.9	-66.9	133	160	308	7.4	5.4	7.2	-2.7	-27.0	33.3
251 ¹	Med	5,835	2,400	4,965	-14.9	-58.9	106.9	262	329	268	6.0	3.2	3.5	-41.7	-46.7	9.4
253 ¹	Med	42,785	37,160	16,420	-61.6	-13.1	-55.8	58	65	127	9.5	7.4	8.8	-7.4	-22.1	18.9
254 ¹	Med	12,985	6,960	16,360	26.0	-46.4	135.1	175	226	128	7.9	5.1	5.1	-35.4	-35.4	0.0
256	Med	19,265	12,565	9,400	-51.2	-34.8	-25.2	121	147	182	9.6	7.8	6.7	-30.2	-18.8	-14.1
471		(⁹)	(⁹)	5,430	NA	NA	NA	427	427	250	NA	NA	17.8	NA	NA	NA
MDC 9—Diseases and disorders of the skin, subcutaneous tissue, and breast (DRGs 257-284)																
Total (DRGs 257-284)		348,335	299,210	289,375	-16.9	-14.1	-3.3	—	—	—	10.1	9.0	9.1	-9.9	-10.9	1.1
257 ¹	Surg	24,230	36,905	27,610	13.9	52.3	-25.2	107	66	90	9.7	7.6	6.4	-34.0	-21.6	-15.8
258 ¹	Surg	8,865	8,085	31,545	255.8	-8.8	290.2	218	202	76	8.9	6.3	4.8	-46.1	-29.2	-23.8
259 ¹	Surg	7,780	8,255	3,435	-55.8	6.1	-58.4	235	201	315	8.6	6.0	7.2	-16.3	-30.2	20.0
260 ¹	Surg	2,935	1,795	4,265	45.3	-38.8	137.6	339	350	291	8.1	3.6	3.3	-59.3	-55.6	-8.3
261	Surg	6,660	5,150	4,415	-33.7	-22.7	-14.3	248	260	285	5.3	3.7	3.1	-41.5	-30.2	-16.2
262	Surg	17,045	10,360	3,140	-81.6	-39.2	-69.7	140	176	323	3.5	2.7	2.5	-28.6	-22.9	-7.4
263 ¹	Surg	9,285	24,630	28,755	209.7	165.3	16.7	207	95	86	24.8	20.3	22.5	-9.3	-18.1	10.8
264 ¹	Surg	3,820	3,055	6,600	72.8	-20.0	116.0	311	307	226	24.6	16.4	14.0	-43.1	-33.3	-14.6
265 ²	Surg	1,505	5,170	5,155	242.5	243.5	-0.3	368	259	263	13.2	10.7	10.1	-23.5	-18.9	-5.6
266 ²	Surg	9,560	9,125	6,370	-33.4	-4.6	-30.2	202	189	232	8.2	5.3	4.6	-43.9	-35.4	-13.2
267	Surg	835	735	530	-36.5	-12.0	-27.9	383	385	395	7.1	5.4	4.9	-31.0	-23.9	-9.3
268	Surg	2,770	3,275	1,900	-31.4	18.2	-42.0	343	296	359	4.6	4.1	4.3	-6.5	-10.9	4.9
269 ¹		21,675	15,995	9,985	-53.9	-26.2	-37.6	112	126	176	10.4	9.5	12.4	19.2	-8.7	30.5
270 ¹		11,105	4,700	6,470	-41.7	-57.7	37.7	187	271	227	8.3	5.5	4.9	-41.0	-33.7	-10.9

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges									Average length of stay					
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
271	Med	25,935	21,665	17,915	-30.9	-16.5	-17.3	99	104	118	17.5	13.7	12.2	-30.3	-21.7	-10.9
272	Med	13,980	10,715	6,875	-50.8	-23.4	-35.8	165	171	221	11.6	9.4	9.7	-16.4	-19.0	3.2
273 ¹	Med	4,685	1,720	3,055	-34.8	-63.3	77.6	278	352	327	10.5	8.2	7.3	-30.5	-21.9	-11.0
274 ¹	Med	19,035	7,135	4,225	-77.8	-62.5	-40.8	126	221	292	12.0	10.6	10.0	-16.7	-11.7	-5.7
275 ¹	Med	8,980	755	615	-93.2	-91.6	-18.5	215	384	394	10.3	8.5	8.5	-17.5	-17.5	0.0
276	Med	3,650	1,885	1,085	-70.3	-48.4	-42.4	317	347	377	6.7	4.4	4.3	-35.8	-34.3	-2.3
277 ¹	Med	47,735	61,365	58,385	18.1	28.6	-8.1	53	40	45	10.8	8.7	9.0	-16.7	-19.4	3.4
278 ¹	Med	18,895	10,760	26,745	41.5	-43.1	148.6	128	170	94	9.5	7.6	6.7	-29.5	-20.0	-11.8
280 ¹	Med	40,570	29,005	12,910	-68.2	-28.5	-55.5	63	81	148	7.3	6.0	6.9	-5.5	-17.8	15.0
281 ¹	Med	9,845	3,560	9,915	0.7	-63.8	178.5	197	290	177	6.1	4.4	4.7	-23.0	-27.9	6.8
283 ¹	Med	19,205	10,975	6,095	-68.3	-42.9	-44.5	123	169	237	8.1	6.9	7.6	-6.2	-14.8	10.1
284 ¹	Med	7,735	2,410	3,350	-56.7	-68.8	39.0	236	328	319	6.7	5.1	4.9	-26.9	-23.9	-3.9
MDC 10—Endocrine, nutritional and metabolic diseases and disorders (DRGs 285-301)																
Total (DRGs 285-301)		384,005	409,800	394,370	2.7	6.7	-3.8	—	—	—	10.3	8.5	8.5	-17.5	-17.5	0.0
285	Surg	8,785	13,300	3,795	-56.8	51.4	-71.5	221	138	306	26.0	21.1	23.1	-11.2	-18.8	9.5
286	Surg	930	1,200	1,485	59.7	29.0	23.8	380	371	371	16.2	14.9	13.7	-15.4	-8.0	-8.1
287	Surg	2,855	6,720	7,560	164.8	135.4	12.5	341	229	207	25.1	18.6	19.7	-21.5	-25.9	5.9
288	Surg	500	625	520	4.0	25.0	-16.8	393	389	396	12.5	11.2	9.9	-20.8	-10.4	-11.6
289	Surg	2,105	3,080	3,640	72.9	46.3	18.2	354	303	309	9.7	7.8	6.4	-34.0	-19.6	-17.9
290	Surg	7,700	8,520	8,905	15.6	10.8	4.5	237	197	186	6.9	5.6	4.5	-34.8	-18.8	-19.6
291	Surg	280	165	195	-30.4	-41.1	18.2	396	407	412	3.8	2.7	2.6	-31.6	-28.9	-3.7
292 ¹	Surg	4,630	5,845	5,075	9.8	26.2	-13.2	280	243	265	17.0	16.3	18.9	11.2	-5.9	18.1
293 ¹	Surg	2,090	640	840	-59.8	-69.4	31.3	355	387	383	15.2	11.7	8.3	-45.4	-23.0	-29.1
294	Med	177,210	123,335	99,250	-44.0	-30.4	-19.5	14	20	28	9.7	8.0	7.7	-20.6	-17.5	-3.7
295	Med	3,185	3,080	3,080	-4.2	-3.6	-0.6	330	304	326	7.8	7.1	6.8	-15.4	-9.0	-7.0
296 ¹	Med	125,515	213,985	190,695	51.9	70.5	-10.9	20	7	8	10.0	7.8	8.8	-12.0	-22.0	12.8
297 ¹	Med	24,850	11,990	54,720	120.2	-51.8	356.4	102	152	47	8.4	5.9	5.8	-31.0	-29.8	-1.7
298	Med	75	115	125	66.7	53.3	8.7	417	414	420	6.1	7.0	5.2	-14.8	14.8	-25.7
299	Med	2,070	1,175	925	-55.3	-43.2	-21.3	356	372	380	8.6	6.5	8.1	-5.5	-24.2	24.6
300 ¹	Med	14,850	14,135	10,945	-26.3	-4.8	-22.6	156	134	166	10.6	8.9	9.8	-7.5	-16.0	10.1
301 ¹	Med	6,365	1,890	2,635	-58.6	-70.3	39.4	253	346	337	8.5	6.1	6.1	-28.2	-28.2	0.0
MDC 11—Diseases and disorders of the kidney and urinary tract (DRGs 302-333)																
Total (DRGs 302-333)		540,885	501,770	502,455	-7.1	-7.2	0.1	—	—	—	9.0	7.8	8.1	-10.0	-13.3	0.0
302	Surg	3,660	5,515	6,105	66.8	50.7	10.7	316	252	236	27.1	20.4	18.0	-33.8	-24.7	-11.8
303	Surg	8,720	14,370	16,325	87.2	64.8	13.6	223	132	129	17.9	15.5	14.8	-17.3	-13.4	-4.5
304 ¹	Surg	11,785	20,935	14,290	21.3	77.6	-31.7	180	105	141	14.3	12.6	14.4	0.7	-11.9	14.3
305 ¹	Surg	7,385	4,860	6,155	-16.7	-34.2	26.6	243	267	235	12.5	8.5	7.8	-37.6	-32.0	-8.2

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges									Average length of stay					
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
306 ¹	Surg	16,190	23,630	12,435	-23.2	46.0	-47.4	150	97	152	11.1	8.8	10.1	-9.0	-20.7	14.8
307 ¹	Surg	4,425	2,635	6,040	36.5	-40.5	129.2	291	319	238	9.0	6.3	5.3	-41.1	-30.0	-15.9
308 ¹	Surg	11,670	11,715	8,270	-29.1	0.4	-29.4	183	157	200	10.0	8.8	11.1	11.0	-12.0	26.1
309 ¹	Surg	4,260	1,900	4,300	0.9	-55.4	126.3	297	343	288	8.2	6.0	4.9	-40.2	-26.8	-18.3
310 ¹	Surg	41,395	56,595	34,265	-17.2	36.7	-39.5	62	43	70	6.4	5.4	6.2	-3.1	-15.6	14.8
311 ¹	Surg	12,885	11,195	27,445	113.0	-13.1	145.2	177	166	91	5.0	3.7	3.2	-36.0	-26.0	-13.5
312 ¹	Surg	6,030	7,720	4,425	-26.6	28.0	-42.7	258	209	284	6.6	5.6	6.0	-9.1	-15.2	7.1
313 ¹	Surg	2,705	1,745	3,425	26.6	-35.5	96.3	344	351	316	5.7	3.9	3.1	-45.6	-31.6	-20.5
315	Surg	10,860	13,035	28,180	159.5	20.0	116.2	189	141	88	16.2	14.6	13.5	-16.7	-9.9	-7.5
316 ²	Med	55,235	44,640	39,935	-27.7	-19.2	-10.5	45	57	62	11.1	9.4	9.4	-15.3	-15.3	0.0
317 ²	Med	780	2,335	1,805	131.4	199.4	-22.7	331	102	363	3.9	2.3	2.9	-25.6	-41.0	26.1
318 ¹	Med	24,810	12,065	7,755	-68.7	-51.4	-35.7	103	151	206	9.2	8.6	9.2	0.0	-6.5	7.0
319 ¹	Med	7,855	1,095	1,620	-79.4	-86.1	47.9	234	375	368	7.6	4.6	4.0	-47.4	-39.5	-13.0
320 ¹	Med	124,590	145,000	145,195	16.5	16.4	0.1	21	17	12	9.2	8.1	8.8	-4.3	-12.0	8.6
321 ¹	Med	29,300	11,890	38,460	31.3	-59.4	223.5	91	156	64	7.7	5.9	6.3	-18.2	-23.4	6.8
322	Med	80	80	70	-12.5	0.0	-12.5	414	420	429	5.9	5.8	5.2	-11.9	-1.7	-10.3
323 ²	Med	26,805	29,155	24,600	-8.2	8.8	-15.6	96	80	101	6.3	4.5	4.2	-33.3	-28.6	-6.7
324 ¹	Med	17,865	10,635	16,930	-5.2	-40.5	59.2	134	173	123	5.0	3.0	2.8	-44.0	-40.0	-6.7
325 ¹	Med	33,785	24,665	10,945	-67.6	-27.0	-55.6	80	93	167	7.9	5.7	6.6	-16.5	-27.8	15.8
326 ¹	Med	10,110	2,995	5,265	-47.9	-70.4	75.8	196	308	259	6.1	4.1	3.9	-36.1	-32.8	-4.9
328 ¹	Med	9,560	4,240	1,895	-80.2	-55.6	-55.3	201	277	360	6.1	4.5	5.0	-18.0	-26.2	11.1
329 ¹	Med	3,285	560	620	-81.1	-83.0	10.7	326	392	393	5.5	3.4	2.6	-52.7	-38.2	-23.5
331 ¹	Med	39,185	32,505	26,440	-32.5	-17.0	-18.7	66	72	96	9.0	6.8	7.7	-14.4	-24.4	13.2
332 ¹	Med	15,440	3,955	8,870	-42.6	-74.4	124.3	154	283	187	7.8	4.6	4.9	-37.2	-41.0	6.5
333	Med	225	90	385	71.1	-60.0	327.8	400	418	400	10.4	8.1	6.6	-36.5	-22.1	-18.5
Total (DRGs 334-352)		319,100	293,890	295,910	-7.3	-7.9	0.7	—	—	—	8.3	6.8	6.0	-27.7	-18.1	-11.8
		MDC 12—Diseases and disorders of the male reproductive system (DRGs 334-352)														
334	Surg	2,770	8,975	11,495	315.0	224.0	28.1	342	193	161	14.6	12.7	11.5	-21.2	-13.0	-9.4
335	Surg	11,035	6,450	8,570	-22.3	-41.5	32.9	188	235	192	12.9	10.4	8.7	-32.6	-19.4	-16.3
336 ¹	Surg	115,725	164,965	103,020	-11.0	42.5	-37.6	24	13	24	8.9	7.1	6.9	-22.5	-20.2	-2.8
337 ¹	Surg	37,505	24,650	104,550	178.8	-34.3	324.1	69	94	23	7.2	5.4	4.6	-36.1	-25.0	-14.8
338	Surg	8,470	10,555	10,195	20.4	24.6	-3.4	227	174	170	8.2	6.1	5.5	-32.9	-25.6	-9.8

See footnotes of end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges									Average length of stay					
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
339	Surg	9,530	8,570	5,340	-44.0	-10.1	-37.7	203	196	256	5.1	4.2	4.1	-19.6	-17.6	-2.4
341	Surg	4,465	7,455	16,430	268.0	67.0	120.4	288	211	126	6.5	4.5	4.9	-24.6	-30.8	8.9
342	Surg	4,210	1,980	770	-81.7	-53.0	-81.1	298	340	389	3.8	3.0	3.7	-2.6	-21.1	23.3
344	Surg	5,425	3,800	3,360	-38.1	-30.0	-11.6	271	288	318	9.5	8.1	7.3	-23.2	-14.7	-9.9
345	Surg	5,720	2,700	2,160	-62.2	-52.8	-20.0	266	316	352	7.1	6.5	5.6	-21.1	-8.5	-13.8
346 ¹	Med	39,300	19,065	9,525	-75.8	-51.5	-50.0	65	113	181	9.7	7.8	8.3	-14.4	-19.6	6.4
347 ¹	Med	8,885	1,830	2,255	-74.6	-79.4	23.2	217	349	347	8.5	3.9	3.2	-62.4	-54.1	-17.9
348 ¹	Med	34,845	17,320	5,085	-85.4	-50.3	-70.6	77	120	264	7.6	5.2	5.6	-26.3	-31.6	7.7
349 ¹	Med	14,105	3,245	3,600	-74.5	-77.0	10.9	163	299	311	5.9	3.1	3.0	-49.2	-47.5	-3.2
350	Med	13,155	10,415	8,465	-35.7	-20.8	-18.7	173	175	195	6.5	6.0	6.0	-7.7	-7.7	0.0
352	Med	3,940	1,905	1,080	-72.6	-51.6	-43.3	305	342	378	5.9	4.3	4.4	-25.4	-27.1	2.3
MDC 13—Diseases and disorders of the female reproductive system (DRGs 353-369)																
Total (DRGs 353-369)		155,090	132,285	125,365	-19.2	-14.7	-5.2	—	—	—	7.9	7.5	7.1	-10.1	-5.1	-5.3
353	Surg	1,985	2,425	2,160	8.8	22.2	-10.9	360	326	353	15.1	13.9	14.1	-6.6	-7.9	1.4
354 ²	Surg	22,325	34,650	7,130	-68.1	55.2	-79.4	109	89	218	10.2	8.9	9.8	-3.9	-12.7	10.1
355 ²	Surg	16,700	15,370	6,820	-59.2	-8.0	-55.6	143	130	222	8.7	7.1	6.1	-29.9	-18.4	-14.1
356	Surg	20,865	26,095	30,140	45.9	26.3	15.5	114	89	83	8.2	6.7	5.4	-34.1	-18.3	-19.4
357 ²	Surg	2,395	2,815	6,375	166.2	17.5	126.5	347	313	231	15.1	13.5	13.7	-9.3	-10.6	1.5
358 ¹	Surg	3,805	5,055	16,280	327.9	32.9	222.1	312	263	130	9.4	8.2	8.1	-13.8	-12.8	-1.2
359 ²	Surg	180	195	27,775	15,330.6	8.3	14,143.6	404	404	89	3.0	2.8	5.6	86.7	-6.7	100.0
360	Surg	7,590	6,570	4,715	-37.8	-13.3	-28.2	239	231	278	5.4	5.5	6.4	18.5	1.9	18.4
361 ²	Surg	555	635	400	-27.9	14.4	-37.0	392	388	399	4.0	6.0	5.6	40.0	50.0	-6.7
362 ¹	Surg	150	100	35	-76.7	-33.3	-65.0	405	417	432	2.6	2.1	1.9	-26.9	-19.2	-9.5
363	Surg	8,635	6,525	4,465	-48.3	-24.4	-31.6	224	232	282	5.8	4.8	5.2	-10.3	-17.2	8.3
364	Surg	21,875	10,680	4,140	-81.1	-51.2	-61.2	110	172	297	3.4	2.9	3.4	0.0	-14.7	17.2
365	Surg	4,455	3,385	3,615	-18.9	-24.0	6.8	289	293	310	14.6	13.9	12.2	-16.4	-4.8	-12.2
366 ¹	Med	18,595	9,040	5,595	-69.9	-51.4	-38.1	130	191	247	9.0	8.8	10.9	21.1	-2.2	23.9
367 ¹	Med	9,525	1,390	1,430	-85.0	-85.4	2.9	204	362	372	6.6	6.1	4.5	-31.8	-7.6	-26.2
368	Med	2,070	1,660	1,550	-25.1	-19.8	-6.6	357	355	370	8.7	8.0	8.4	-3.4	-8.0	5.0
369	Med	13,595	5,695	2,740	-79.8	-58.1	-51.9	168	248	335	6.9	5.4	4.9	-29.0	-21.7	-9.3

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges									Average length of stay					
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
MDC 14—Pregnancy, childbirth, and puerperium (DRGs 370-384)																
Total (DRGs 370-384)		3,130	4,450	5,300	69.3	42.2	19.1	—	—	—	4.7	4.2	3.9	-17.0	-10.6	-7.1
370	Surg	70	345	365	421.4	392.9	5.8	419	398	401	8.2	9.5	7.4	-9.8	15.9	-22.1
371	Surg	415	620	775	86.7	49.4	25.0	394	390	388	7.4	6.0	4.6	-37.8	-18.9	-23.3
372	Med	140	195	320	128.6	39.3	64.1	408	405	407	5.0	4.3	5.1	2.0	-14.0	18.6
373	Med	1,255	1,385	1,985	58.2	10.4	43.3	373	363	357	3.7	3.2	2.5	-32.4	-13.5	-21.9
374	Surg	145	265	220	51.7	82.8	-17.0	407	402	411	3.7	3.6	2.6	-29.7	-2.7	-27.8
376 ²	Med	80	90	115	43.8	12.5	27.8	415	419	422	6.6	5.6	6.3	-4.5	-15.2	12.5
378	Med	85	110	85	0.0	29.4	-22.7	413	416	425	5.3	4.8	5.3	0.0	-9.4	10.4
379	Med	125	200	225	80.0	60.0	12.5	410	403	410	2.4	2.9	3.0	25.0	20.8	3.4
380	Med	130	145	45	-65.4	11.5	-69.0	409	408	430	4.9	1.7	2.0	-59.2	-65.3	17.6
381 ²	Surg	215	320	265	23.3	48.8	-17.2	402	400	409	2.0	2.0	2.4	20.0	0.0	20.0
382	Med	115	135	80	-30.4	17.4	-40.7	411	411	426	1.8	1.2	2.0	11.1	-33.3	66.7
383	Med	270	480	690	155.6	77.8	43.8	397	394	391	5.8	4.9	6.2	6.9	-15.5	26.5
384	Med	80	115	80	0.0	43.8	-30.4	416	415	427	12.5	2.3	3.0	-76.0	-91.6	30.4
MDC 16—Diseases and disorders of the blood and blood forming organs and immunological disorders (DRGs 392-399)																
Total (DRGs 392-399)		127,510	114,960	103,355	-18.9	-9.8	-10.1	—	—	—	8.4	6.8	7.3	-13.1	-19.0	7.4
392	Surg	1,600	2,035	2,595	62.2	27.2	27.5	364	337	338	17.9	16.6	18.2	1.7	-7.3	9.6
394	Surg	3,055	2,545	2,020	-33.9	-16.7	-20.6	336	322	356	8.6	8.2	8.3	-3.5	-4.7	1.2
395	Med	99,690	87,475	73,010	-26.8	-12.3	-16.5	26	28	37	8.2	6.3	6.5	-20.7	-23.2	3.2
396	Med	50	(?)	130	160.0	NA	NA	420	422	419	2.3	1.7	3.0	30.4	NA	NA
397	Med	8,930	10,005	10,445	17.0	12.0	4.4	216	181	168	9.3	7.6	7.9	-15.1	-18.3	3.9
398 ¹	Med	10,265	11,605	12,645	23.2	13.1	9.0	192	158	151	8.7	7.8	9.2	5.7	-10.3	17.9
399 ¹	Med	3,915	1,250	2,510	-35.9	-68.1	100.8	306	368	341	7.8	5.7	5.5	-29.5	-26.9	-3.5
MDC 17—Myeloproliferative diseases and disorders, and poorly differentiated neoplasms (DRGs 400-414, 473)																
Total (DRGs 400-414,473)		203,545	225,360	235,125	15.5	10.7	4.3	—	—	—	9.7	7.1	6.8	-29.9	-26.8	-4.2
400	Surg	4,710	7,280	7,895	67.6	54.6	8.4	277	217	205	18.0	15.6	15.5	-13.9	-13.3	-0.6
401 ¹	Surg	4,535	6,520	6,460	42.4	43.8	-0.9	285	233	228	11.8	10.7	15.8	33.9	-9.3	47.7
402 ¹	Surg	1,995	1,520	3,510	75.9	-23.8	130.9	359	358	312	10.4	7.1	6.0	-42.3	-31.7	-15.5
403 ¹	Med	57,240	47,290	24,455	-57.3	-17.4	-48.3	43	52	102	11.4	11.5	12.3	7.9	0.9	7.0
404 ¹	Med	19,540	6,195	7,430	-62.0	-68.3	19.9	120	241	210	10.6	8.0	6.3	-40.6	-24.5	-21.3

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges						Average length of stay								
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
406	Surg	1,470	3,865	4,360	196.6	162.9	12.8	369	287	286	17.7	17.6	16.4	-7.3	-0.6	-6.8
407	Surg	4,520	2,045	1,745	-61.4	-54.8	-14.7	286	336	365	15.9	10.1	7.9	-50.3	-36.5	-21.8
408 ²	Surg	3,740	6,795	10,075	169.4	81.7	48.3	314	228	172	9.4	6.0	6.9	-26.6	-36.2	15.0
409	Med	4,590	7,920	8,530	85.8	72.5	7.7	281	204	193	11.4	10.4	11.5	0.9	-8.8	10.6
410	Med	39,590	108,035	137,890	248.3	172.9	27.6	64	24	14	3.7	3.3	3.5	-5.4	-10.8	6.1
411	Med	9,775	2,160	490	-95.0	-77.9	-77.3	199	334	397	7.4	4.1	3.9	-47.3	-44.6	-4.9
412	Med	4,345	1,670	365	-91.6	-61.6	-78.1	294	354	402	3.3	2.7	3.1	-6.1	-18.2	14.8
413 ¹	Med	34,025	21,670	10,055	-70.4	-36.3	-53.6	79	103	174	11.7	10.1	11.2	-4.3	-13.7	10.9
414 ¹	Med	13,470	2,395	3,475	-74.2	-82.2	45.1	171	330	314	10.8	6.9	6.8	-37.0	-36.1	-1.4
473		(⁵)	(⁵)	8,390	NA	NA	NA	429	429	198	NA	NA	16.9	NA	NA	NA
MDC 18—Infectious and parasitic diseases, systemic and unspecified sites (DRGs 415-423)																
Total (DRGs 415-423)		106,945	153,910	187,125	75.2	43.9	21.8	—	—	—	12.0	10.9	11.2	-6.7	-9.2	2.8
415	Surg	9,475	19,325	24,010	153.4	104.0	24.2	205	111	105	22.1	19.8	21.9	-0.9	-10.4	10.6
416	Med	42,025	82,835	109,410	160.3	97.1	32.1	60	30	21	13.4	10.7	10.7	-20.1	-20.1	0.0
417	Med	(³)	(³)	95	NA	NA	NA	424	425	424	20.7	8.5	7.5	-63.8	-58.9	-11.8
418	Med	7,505	9,660	11,735	56.4	28.7	21.5	240	184	158	11.6	9.1	8.4	-27.6	-21.6	-7.7
419	Med	16,645	18,170	16,040	-3.6	9.2	-11.7	144	117	133	10.0	7.6	7.5	-25.0	-24.0	-1.3
420 ¹	Med	5,120	1,895	4,285	-16.3	-63.0	126.1	273	344	289	8.6	6.6	5.7	-33.7	-23.3	-13.6
421	Med	17,265	14,170	14,950	-13.4	-17.9	5.5	136	133	137	6.3	5.8	5.9	-6.3	-7.9	1.7
422	Med	75	(³)	100	33.3	NA	NA	418	423	423	4.9	5.4	5.8	18.4	NA	NA
423	Med	8,820	7,795	6,770	-23.2	-11.6	-13.1	219	206	224	11.9	10.4	11.3	-5.0	-12.6	8.7
MDC 19—Mental diseases and disorders (DRGs 424-432)																
Total (DRGs 424-432)		230,910	239,480	270,560	17.2	3.7	13.0	—	—	—	14.9	14.5	15.3	2.8	-2.7	5.5
424	Surg	5,720	5,495	5,255	-8.1	-3.9	-4.4	265	253	260	22.0	22.9	25.5	15.9	4.1	11.4
425	Med	19,265	17,635	19,040	-1.2	-8.5	8.0	122	118	112	8.9	7.2	7.6	-14.6	-19.1	5.6
426	Med	38,055	24,875	17,700	-53.5	-34.6	-28.8	67	92	119	13.9	10.9	10.6	-23.7	-21.6	-2.8
427	Med	3,745	3,990	4,830	29.0	6.5	21.1	313	282	273	11.7	11.2	10.7	-8.5	-4.3	-4.5
428	Med	3,240	3,060	2,990	-7.7	-5.6	-2.3	327	306	328	13.4	13.0	12.9	-3.7	-3.0	-0.8
429	Med	63,180	45,800	45,515	-28.0	-27.5	-0.6	38	53	54	13.6	12.4	14.2	4.4	-8.8	14.5
430	Med	95,750	136,750	173,770	81.5	42.8	27.1	29	18	10	17.2	16.7	16.8	-2.3	-2.9	0.6
431	Med	755	760	630	-16.6	0.7	-17.1	386	383	392	11.7	9.1	9.7	-17.1	-22.2	6.6
432	Med	1,200	1,115	830	-30.8	-7.1	-25.6	374	374	384	9.4	7.2	10.3	9.6	-23.4	43.1

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges						Average length of stay								
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
MDC 20—Alcohol/drug use and alcohol/drug induced organic mental disorders (DRGs 433-438)																
Total (DRGs 433-438)		45,190	50,915	54,065	19.6	12.7	6.2	—	—	—	10.7	10.2	10.5	-1.9	-4.7	2.9
433 ¹		315	3,860	5,250	1,566.7	1,125.4	36.0	395	287	261	3.6	4.7	4.9	36.1	30.6	4.3
434 ¹		1,480	2,600	18,510	1,167.8	78.1	611.9	370	320	113	13.5	13.2	8.9	-34.1	-2.2	-32.6
435 ¹		985	950	15,695	1,493.4	-3.6	1,552.1	379	378	135	8.9	9.5	8.1	-9.0	6.7	-14.7
436 ¹		6,380	11,320	4,520	-29.2	77.4	-60.1	252	161	281	13.3	13.3	16.2	21.8	0.0	21.8
437 ¹		3,080	1,945	10,090	227.6	-36.9	418.8	334	341	171	6.8	5.7	17.4	155.9	-16.2	205.3
438 ¹		32,965	30,240	(4)	NA	-8.3	NA	84	75	NA	10.5	9.5	NA	NA	-9.5	NA
MDC 21—Injuries, poisonings and toxic effect of drugs (DRGs 439-455)																
Total (DRGs 439-455)		130,680	154,295	162,365	24.2	18.1	5.2	—	—	—	9.1	7.5	7.8	-14.3	-17.6	4.0
439	Surg	1,080	1,995	1,260	16.7	84.7	-36.8	376	339	375	19.6	17.2	13.8	-29.6	-12.2	-19.8
440	Surg	1,575	4,095	7,410	370.5	160.0	81.0	365	279	211	19.3	15.0	17.1	-11.4	-22.3	14.0
441	Surg	1,165	1,310	1,185	1.7	12.4	-9.5	375	365	376	4.3	3.6	4.4	2.3	-16.3	22.2
442 ¹	Surg	21,375	4,115	43,770	104.8	-80.7	963.7	113	62	58	13.0	9.9	10.3	-20.8	-23.8	4.0
443 ¹	Surg	11,715	7,440	14,125	20.6	-36.5	89.9	182	212	143	11.0	7.6	6.5	-40.9	-30.9	-14.5
444 ¹	Med	9,465	7,230	3,935	-58.4	-23.6	-45.6	206	218	304	10.5	7.0	6.8	-35.2	-33.3	-2.9
445 ¹	Med	3,160	1,355	2,850	-9.8	-57.1	110.3	333	364	332	9.0	7.5	5.3	-41.1	-16.7	-29.3
447	Med	3,180	2,660	2,695	-15.3	-16.4	1.3	331	318	336	5.1	3.7	3.9	-23.5	-27.5	5.4
449 ²	Med	32,840	40,660	32,635	-0.6	23.8	-19.7	86	63	75	7.4	6.1	6.8	-8.1	-17.6	11.5
450 ²	Med	13,515	7,080	10,965	-18.9	-47.6	54.9	170	222	165	6.1	4.1	4.1	-32.8	-32.8	0.0
452 ¹	Med	14,915	26,935	24,310	63.0	80.6	-9.7	155	87	103	8.2	6.3	7.1	-13.4	-23.2	12.7
453 ¹	Med	9,105	5,535	10,035	10.2	-39.2	81.3	214	250	175	8.1	5.5	4.3	-46.9	-32.1	-21.8
454 ¹	Med	5,955	6,185	5,280	-11.3	3.9	-14.6	259	242	258	8.4	6.3	7.3	-13.1	-25.0	15.9
455 ¹	Med	1,630	695	1,880	15.3	-57.4	170.5	363	386	361	7.6	4.2	4.6	-39.5	-44.7	9.5
MDC 22—Burns (DRGs 456-460)																
Total (DRGs 456-460)		6,640	6,755	5,870	-11.6	1.7	-13.1	—	—	—	18.3	15.4	16.6	-9.3	-15.8	7.8
456	(³)	190	190	340	NA	NA	78.9	425	406	404	NA	9.5	16.9	NA	NA	77.9
457 ²	Med	195	420	170	-12.8	115.4	-59.5	403	395	414	24.2	20.8	7.7	-68.2	-14.0	-63.0
458	Surg	1,260	1,895	1,945	54.4	50.4	2.6	345	345	358	26.5	23.5	25.5	-3.8	-11.3	8.5
459	Surg	725	925	985	35.9	27.6	6.5	387	379	379	26.5	15.2	17.3	-34.7	-42.6	13.8
460	Med	4,445	3,325	2,430	-45.3	-25.2	-26.9	290	294	342	14.4	10.4	9.7	-32.6	-27.8	-6.7
MDC 23—Factors influencing health status and other contacts with health service (DRGs 461-467)																
Total (DRGs 461-467)		222,880	73,050	109,785	-50.7	-67.2	50.3	—	—	—	11.2	13.1	17.6	57.3	17.0	34.4
461	Surg	33,160	9,795	9,900	-70.1	-70.5	1.1	82	183	178	11.9	8.1	10.3	-13.4	-31.9	27.2
462	Med	3,510	28,650	74,450	2,021.1	716.2	159.9	321	82	36	24.9	22.2	22.6	-9.2	-10.8	1.8
463	Med	5,600	11,945	10,395	85.6	113.3	-13.0	268	155	169	9.3	7.4	7.2	-22.6	-20.4	-2.7
464	Med	25,455	6,380	3,485	-86.3	-74.9	-45.4	101	238	313	8.8	6.2	4.5	-48.9	-29.5	-27.4

See footnotes at end of table.

Table 1—Continued

Medicare short-stay hospital discharges and average length of stay, by diagnosis-related groups (DRGs) within major diagnostic categories (MDCs): Calendar years 1983, 1985, and 1988

DRG code within MDCs	Status	Discharges									Average length of stay					
		Number			Percent change			Rank order			Number of days			Percent change		
		1983	1985	1988	1983-88	1983-85	1985-88	1983	1985	1988	1983	1985	1988	1983-88	1983-85	1985-88
465	Med	1,275	2,180	805	-36.9	71.0	-63.1	371	333	385	2.3	2.5	3.1	34.8	8.7	24.0
466	Med	3,845	4,975	5,385	40.1	29.4	8.2	310	265	254	6.8	6.1	5.3	-22.1	-10.3	-13.1
467	Med	150,035	9,125	5,365	-96.4	-93.9	-41.2	16	190	255	11.3	8.4	4.4	-61.1	-25.7	-47.6
DRGs not assigned to an MDC																
Total		774,635	173,605	126,745	-83.6	-77.6	-27.0	—	—	—	12.2	15.4	17.5	43.4	26.2	13.6
468 ¹		223,520	157,255	114,965	-48.6	-29.6	-26.9	9	14	19	16.7	15.6	17.5	4.8	-6.6	12.2
469		115	(²)	(²)	NA	NA	NA	412	NA	NA	10.3	NA	NA	NA	NA	NA
470		551,000	16,350	155	-99.9	-97.0	-99.1	1	125	416	10.4	13.6	4.8	-53.8	30.8	-64.7
472		(³)	(³)	305	NA	NA	NA	428	428	408	NA	NA	37.3	NA	NA	NA
476		(³)	(³)	2,830	NA	NA	NA	432	432	333	NA	NA	17.9	NA	NA	NA
477		(³)	(³)	8,490	NA	NA	NA	433	433	194	NA	NA	11.5	NA	NA	NA

¹Age factor eliminated or changed effective October 1, 1987.

²DRG definitions altered.

³Fewer than 50 discharges.

⁴Heart transplants not covered until October 17, 1986.

⁵Indicates DRG not applicable in 1983 or 1985. New DRG effective dates: DRG 471 (October 1, 1985), DRGs 472, 473 (October 1, 1986), DRGs 474, 475 (October 1, 1987), DRGs 476, 477 (October 1, 1988), DRGs 478-490 (October 1, 1990), DRG 109 (October 1, 1990). DRG 438 no longer valid (October 1, 1985).

⁶DRG no longer valid.

NOTES: NA denotes not applicable. DRGs not applicable to Medicare beneficiaries and DRGs with fewer than 50 discharges for each of the calendar years 1983, 1985, and 1988 are not presented in this table. Individual DRGs may not add to MDC totals in those instances where DRGs with fewer than 50 discharges during the year were either excluded from the table or not shown for an individual study year. Surg denotes surgical. Med denotes medical (nonsurgical). To compare changes in the 1983 and 1988 definitions, please refer to the *Federal Register*, Vol. 48, No. 171, 39875-39886, Thursday, September 1, 1983, Rules and Regulations.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data are from the Medicare Decision Support System; data development by the Office of Research and Demonstrations.

Table 2

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 1—Diseases and disorders of the nervous system (DRGs 1-35)							
1	Surg	Craniotomy age > 17 except for trauma	3.3548	3.3199	3.4434	\$14,918	0.83
2	Surg	Craniotomy for trauma age > 17	3.2829	3.2488	3.8160	16,990	0.20
4	Surg	Spinal procedures	2.2452	2.2219	2.5904	11,178	0.11
5	Surg	Extracranial vascular procedures	1.6780	1.6606	1.5685	5,596	0.55
6	Surg	Carpal tunnel release	0.3993	0.3952	0.4393	1,443	(1)
7	Surg	Periph & cranial nerve & other nerv syst proc with CC ²	1.0279	1.0172	2.5269	12,851	0.16
8	Surg	Periph & cranial nerve & other nerv syst proc w/o CC ²	0.7239	0.7164	0.7367	2,775	0.02
9	Med	Spinal disorders & injuries	1.3958	1.3813	1.2369	6,451	0.03
10	Med	Nervous system neoplasms with CC ²	1.3087	1.2951	1.2123	4,857	0.18
11	Med	Nervous system neoplasms w/o CC ²	1.2545	1.2415	0.7729	2,835	0.03
12	Med	Degenerative nervous system disorders	1.1136	1.1020	0.9459	4,637	0.27
13	Med	Multiple sclerosis & cerebellar ataxia	1.0150	1.0045	0.9324	3,781	0.04
14	Med	Specific cerebrovascular disorders except TIA	1.3527	1.3386	1.2429	4,568	3.12
15	Med	Transient ischemic attack & precerebral occlusions ³	0.6673	0.6604	0.6293	2,017	0.63
16	Med	Nonspecific cerebrovascular disorders with CC	0.8592	0.8503	1.0384	3,901	0.11
17	Med	Nonspecific cerebrovascular disorders w/o CC	0.8392	0.8305	0.6358	2,173	0.02
18	Med	Cranial & peripheral nerve disorders with CC ²	0.7915	0.7833	0.9557	3,698	0.10
19	Med	Cranial & peripheral nerve disorders w/o CC ²	0.6975	0.6903	0.6158	2,194	0.04
20	Med	Nervous system infection except viral meningitis	1.3141	1.3004	1.6220	6,526	0.08
21	Med	Viral meningitis	0.6301	0.6236	1.3613	5,647	0.01
22	Med	Hypertensive encephalopathy	0.7869	0.7787	0.7055	2,059	0.05
23	Med	Nontraumatic stupor & coma	1.1568	1.1448	0.9505	3,059	0.03
24	Med	Seizure & headache age > 17 with CC ²	0.7279	0.7203	0.9228	3,398	0.35
25	Med	Seizure & headache age > 17 w/o CC ²	0.6392	0.6326	0.5386	1,731	0.09
27	Med	Traumatic stupor & coma, coma > 1 hr	1.1368	1.1250	1.4753	6,338	0.04
28	Med	Traumatic stupor & coma, coma < 1 hr age > 17 with CC ²	1.0701	1.0590	1.1694	4,626	0.07
29	Med	Traumatic stupor & coma, coma < 1 hr age > 17 w/o CC ²	0.7175	0.7100	0.5856	1,976	0.02
31	Med	Concussion age > 17 with CC ²	0.6051	0.5988	0.6550	2,110	0.02
32	Med	Concussion age > 17 w/o CC ²	0.4519	0.4472	0.4005	1,071	0.01
34	Med	Other disorders of nervous system with CC ²	0.9927	0.9824	1.2038	4,748	0.12
35	Med	Other disorders of nervous system w/o CC ²	0.8460	0.8372	0.6035	2,311	0.03

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 2—Diseases and disorders of the eye (DRGs 36-48)							
36	Surg	Retinal procedures	0.7093	0.7019	0.6820	\$2,278	0.10
37	Surg	Orbital procedures	0.5630	0.5571	0.7104	2,652	0.02
38	Surg	Primary iris procedures	0.4325	0.4280	0.3779	1,272	(¹)
39	Surg	Lens procedures with or without vitrectomy ³	0.5010	0.4958	0.5167	1,641	0.09
40	Surg	Extraocular procedures except orbit age > 17	0.3977	0.3936	0.4675	1,794	0.02
42	Surg	Intraocular procedures except retina, iris & lens	0.5906	0.5845	0.6600	2,331	0.12
43	Med	HypHEMA	0.3828	0.3788	0.3727	1,120	(¹)
44	Med	Acute major eye infections	0.6298	0.6233	0.6352	2,400	0.01
45	Med	Neurological eye disorders	0.5641	0.5582	0.5595	1,764	0.01
46	Med	Other disorders of the eye age > 17 with CC	0.5964	0.5902	0.6195	2,319	0.02
47	Med	Other disorders of the eye age > 17 w/o CC	0.5064	0.5011	0.3611	1,179	0.01
MDC 3—Diseases and disorders of the ear, nose, mouth and throat (DRGs 49-74)							
49	Surg	Major head & neck procedures	2.5270	2.5007	2.8923	12,702	0.17
50	Surg	Sialoadenectomy	0.7160	0.7086	0.6681	2,075	0.02
51	Surg	Salivary gland procedures except sialoadenectomy	0.6702	0.6632	0.5424	1,567	(¹)
52	Surg	Cleft lip & palate repair	0.6488	0.6421	0.7033	2,654	(¹)
53	Surg	Sinus & mastoid procedures age > 17	0.5895	0.5834	0.6159	2,080	0.04
55	Surg	Miscellaneous ear, nose, mouth & throat procedures	0.4153	0.4110	0.4598	1,616	0.02
56	Surg	Rhinoplasty	0.4144	0.4101	0.4471	1,250	(¹)
57	Surg	T&A proc, except tonsillectomy &/or adenoidectomy only, age > 17 ³	0.5251	0.5196	0.7907	2,763	(¹)
59	Surg	Tonsillectomy &/or adenoidectomy only, age > 17	0.3147	0.3114	0.3845	1,616	(¹)
61	Surg	Myringotomy with tube insertion age > 17 ³	0.4273	0.4229	0.5401	2,453	(¹)
63	Surg	Other ear, nose, mouth & throat O.R. procedures	1.1090	1.0975	1.1538	5,022	0.05
64	Med	Ear, nose, mouth & throat malignancy	1.0812	1.0700	1.0548	4,794	0.05
65	Med	Dysequilibrium	0.4857	0.4807	0.4600	1,275	0.08
66	Med	Epistaxis	0.4116	0.4073	0.4272	1,271	0.03
67	Med	Epiglottitis	0.6762	0.6692	0.9964	3,312	(¹)
68	Med	Otitis media & uri age > 17 with CC ³	0.6289	0.6224	0.7217	2,204	0.08
69	Med	Otitis media & uri age > 17 w/o CC ²	0.5417	0.5361	0.5366	1,363	0.02
71	Med	Laryngotracheitis	0.3589	0.3552	0.6026	2,891	(¹)
72	Med	Nasal trauma & deformity	0.4857	0.4807	0.4895	1,965	(¹)
73	Med	Other ear, nose, mouth & throat diagnoses age > 17	0.5217	0.5163	0.7404	2,616	0.05

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 4—Diseases and disorders of the respiratory system (DRGs 75-102, 474, 475)							
75	Surg	Major chest procedures	2.6044	2.5773	3.0258	\$11,802	0.73
76	Surg	Other resp system O.R. procedures with CC ³	1.8734	1.8539	2.0885	8,644	0.54
77	Surg	Other resp system O.R. procedures w/o CC ³	1.8178	1.7989	1.0970	4,070	0.04
78	Med	Pulmonary embolism	1.4095	1.3949	1.4817	5,148	0.29
79	Med	Respiratory infections & inflammations age > 17 with CC ²	1.7982	1.7795	2.0777	7,435	1.58
80	Med	Respiratory infections & inflammations age > 17 w/o CC ²	1.7445	1.7264	1.3341	4,293	0.14
82	Med	Respiratory neoplasms	1.1400	1.1282	1.1899	4,482	0.71
83	Med	Major chest trauma with CC ²	0.9809	0.9707	0.9698	3,135	0.05
84	Med	Major chest trauma w/o CC ²	0.7738	0.7658	0.5372	1,630	0.01
85	Med	Pleural effusion with CC ²	1.1461	1.1342	1.1451	4,088	0.13
86	Med	Pleural effusion w/o CC ²	1.1217	1.1100	0.7720	2,574	0.01
87	Med	Pulmonary edema & respiratory failure	1.5529	1.5368	1.5691	5,219	0.74
88	Med	Chronic obstructive pulmonary disease	1.0412	1.0304	1.1263	3,838	0.72
89	Med	Simple pneumonia & pleurisy age > 17 with CC ²	1.1029	1.0914	1.2862	4,270	2.87
90	Med	Simple pneumonia & pleurisy age > 17 w/o CC ²	0.9849	0.9747	0.8961	2,683	0.46
91	Med	Simple pneumonia & pleurisy age 0-17	0.5131	0.5078	0.9448	3,274	(1)
92	Med	Interstitial lung disease with CC ²	1.0370	1.0262	1.2821	4,635	0.08
93	Med	Interstitial lung disease w/o CC ²	0.9724	0.9623	0.8264	2,717	0.01
94	Med	Pneumothorax with CC ²	1.4374	1.4225	1.3954	4,713	0.09
95	Med	Pneumothorax w/o CC ²	1.1252	1.1135	0.7571	2,412	0.01
96	Med	Bronchitis & asthma age > 17 with CC ²	0.7996	0.7913	0.9804	3,151	1.40
97	Med	Bronchitis & asthma age > 17 w/o CC ²	0.7256	0.7181	0.7151	2,169	0.23
99	Med	Respiratory signs & symptoms with CC ²	0.8035	0.7952	0.7803	2,600	0.20
100	Med	Respiratory signs & symptoms w/o CC ²	0.7730	0.7650	0.5238	1,478	0.03
101	Med	Other respiratory system diagnoses with CC ²	0.9035	0.8941	0.9598	3,277	0.14
102	Med	Other respiratory system diagnoses w/o CC ²	0.9024	0.8930	0.6625	1,953	0.03
474		Respiratory system diagnosis with tracheostomy ⁴	—	—	11.8772	48,567	1.31
475	Med	Respiratory system diagnosis with ventilator support ⁴	—	—	3.1757	12,633	1.21

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 5—Diseases and disorders of the circulatory system (DRGs 103-145)							
103	Surg	Heart transplant ⁴	—	—	11.9225	\$56,077	0.01
104	Surg	Cardiac valve procedure with pump & with cardiac cath	6.8527	6.7815	7.3424	31,576	0.79
105	Surg	Cardiac valve procedure with pump & w/o cardiac cath	5.2308	5.1764	5.7811	25,242	0.62
106	Surg	Coronary bypass with cardiac cath	5.2624	5.2077	5.5415	21,734	2.77
107	Surg	Coronary bypass w/o cardiac cath	3.9891	3.9478	4.2858	17,624	1.61
108	Surg	Other cardiothoracic or vascular procedures, with pump ³	4.3756	4.3301	5.3703	24,912	0.28
109	Surg	Other cardiothoracic procedures w/o pump ³	3.6963	3.6579	3.9142	16,445	0.39
110	Surg	Major reconstructive vascular proc w/o pump with CC ²	2.9328	2.9023	3.6718	14,517	2.10
111	Surg	Major reconstructive vascular proc w/o pump w/o CC ²	2.5851	2.5582	2.2639	8,074	0.30
112	Surg	Vascular procedures except major reconstruction w/o pump ³	2.3500	2.3256	1.8911	7,308	1.65
113	Surg	Amputation for circ system disorders except upper limb & toe	2.6800	2.6522	2.4590	9,613	0.65
114	Surg	Upper limb & toe amputation for circ system disorders	2.1067	2.0848	1.7040	6,596	0.12
115	Surg	Perm cardiac pacemaker implant with AMI, heart failure or shock ³	3.9150	3.8743	4.0516	14,756	0.19
116	Surg	Perm cardiac pacemaker implant w/o AMI, heart failure or shock ³	2.8665	2.8367	2.7694	9,710	1.05
117	Surg	Cardiac pacemaker revision except device replacement ³	1.8210	1.8021	1.2261	5,075	0.04
118	Surg	Cardiac pacemaker device replacement ³	1.7809	1.7624	1.7563	6,960	0.13
119	Surg	Vein ligation & stripping	1.0610	1.0500	0.8692	2,926	0.03
120	Surg	Other circulatory system O.R. procedures	2.5204	2.4942	2.4776	11,046	0.50
121	Med	Circulatory disorders with AMI & C.V. comp disch alive	1.8648	1.8454	1.7162	5,703	1.68
122	Med	Circulatory disorders with AMI w/o C.V. comp disch alive	1.3651	1.3509	1.2002	3,630	0.93
123	Med	Circulatory disorders with AMI, expired	1.1360	1.1242	1.3979	4,875	0.67
124	Med	Circulatory disorders except AMI, with card cath & complex diag	2.2200	2.1969	1.1806	4,317	0.79
125	Med	Circulatory disorders except AMI, with card cath w/o complex diag	1.6455	1.6284	0.6884	2,269	0.50
126	Med	Acute & subacute endocarditis	2.6645	2.6368	3.0575	11,881	0.09
127	Med	Heart failure & shock	1.0408	1.0300	1.0222	3,559	3.98
128	Med	Deep vein thrombophlebitis	0.8639	0.8549	0.8513	2,804	0.18
129	Med	Cardiac arrest, unexplained ³	1.5506	1.5345	1.5715	5,496	0.09
130	Med	Peripheral vascular disorders with CC ²	0.9645	0.9545	0.8776	3,203	0.40
131	Med	Peripheral vascular disorders w/o CC ²	0.9491	0.9392	0.5862	1,973	0.12
132	Med	Atherosclerosis with CC ²	0.9182	0.9087	0.7976	2,621	0.09
133	Med	Atherosclerosis w/o CC ²	0.8599	0.8510	0.5997	1,758	0.02
134	Med	Hypertension	0.7049	0.6976	0.6088	1,949	0.15
135	Med	Cardiac congenital & valvular disorders age > 17 with CC ²	0.9922	0.9819	0.9221	3,325	0.05
136	Med	Cardiac congenital & valvular disorders age > 17 w/o CC ²	0.9674	0.9573	0.6103	1,930	0.01
138	Med	Cardiac arrhythmia & conduction disorders with CC ²	0.9297	0.9200	0.8535	2,862	1.04
139	Med	Cardiac arrhythmia & conduction disorders w/o CC ²	0.8303	0.8217	0.5912	1,808	0.30
140	Med	Angina pectoris	0.7548	0.7470	0.6689	1,983	1.50
141	Med	Syncope & collapse with CC ²	0.6475	0.6408	0.6801	2,293	0.36
142	Med	Syncope & collapse w/o CC ²	0.5680	0.5621	0.5244	1,580	0.13
143	Med	Chest pain	0.6814	0.6743	0.5500	1,611	0.32
144	Med	Other circulatory system diagnoses with CC	1.1267	1.1150	1.1449	4,038	0.37
145	Med	Other circulatory system diagnoses w/o CC	1.0020	0.9916	0.6689	2,122	0.03

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 6—Diseases and disorders of the digestive system(DRGs 146-190)							
146	Surg	Rectal resection with CC ²	2.7082	2.6801	3.4379	\$12,561	0.44
147	Surg	Rectal resection w/o CC ²	2.5087	2.4826	2.1344	7,362	0.07
148	Surg	Major small & large bowel procedures with CC ²	2.5493	2.5228	3.2376	12,359	3.01
149	Surg	Major small & large bowel procedures w/o CC ²	2.2154	2.1924	1.8341	6,420	0.33
150	Surg	Peritoneal adhesiolysis with CC ²	2.3746	2.3499	2.6797	9,876	0.38
151	Surg	Peritoneal adhesiolysis w/o CC ²	2.0274	2.0063	1.4885	5,067	0.07
152	Surg	Minor small & large bowel procedures with CC ²	1.4851	1.4697	1.5988	5,718	0.09
153	Surg	Minor small & large bowel procedures w/o CC ²	1.2599	1.2468	1.0566	3,631	0.03
154	Surg	Stomach, esophageal & duodenal procedures age > 17 with CC ²	2.6901	2.6621	3.7961	15,038	1.51
155	Surg	Stomach, esophageal & duodenal procedures age > 17 w/o CC ²	2.3336	2.3094	1.8195	6,385	0.11
157	Surg	Anal & stomal procedures with CC ²	0.7985	0.7902	0.9324	3,330	0.17
158	Surg	Anal & stomal procedures w/o CC ²	0.6408	0.6341	0.5449	1,526	0.06
159	Surg	Hernia procedures except inguinal & femoral age > 17 with CC ²	0.9297	0.9200	1.1454	3,828	0.11
160	Surg	Hernia procedures except inguinal & femoral age > 17 w/o CC ²	0.7676	0.7596	0.6810	1,952	0.06
161	Surg	Inguinal & femoral hernia procedures age > 17 with CC ²	0.7068	0.6995	0.7541	2,295	0.16
162	Surg	Inguinal & femoral hernia procedures age > 17 w/o CC ²	0.5854	0.5793	0.5004	1,238	0.11
164	Surg	Appendectomy with complicated principal diag with CC ²	1.8320	1.8130	2.4014	8,482	0.08
165	Surg	Appendectomy with complicated principal diag w/o CC ²	1.6154	1.5986	1.4675	4,631	0.03
166	Surg	Appendectomy w/o complicated principal diag with CC ²	1.4328	1.4179	1.4954	5,013	0.02
167	Surg	Appendectomy w/o complicated principal diag w/o CC ²	1.0818	1.0706	0.8651	2,451	0.01
168	Surg	Mouth procedures with CC ²	0.8631	0.8541	1.4067	5,772	0.05
169	Surg	Mouth procedures w/o CC ²	0.8992	0.8899	0.6689	2,318	0.02
170	Surg	Other digestive system O.R. procedures with CC ²	2.6602	2.6326	2.7316	11,347	0.30
171	Surg	Other digestive system O.R. procedures w/o CC ²	2.3976	2.3727	1.4018	5,001	0.02
172	Med	Digestive malignancy with CC ²	1.2268	1.2141	1.1861	4,658	0.29
173	Med	Digestive malignancy w/o CC ²	1.0517	1.0408	0.7049	2,655	0.03
174	Med	G.I. hemorrhage with CC ²	0.9281	0.9185	0.9678	3,357	0.95
175	Med	G.I. hemorrhage w/o CC ²	0.8236	0.8150	0.6600	1,992	0.13

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 6—Diseases and disorders of the digestive system (DRGs 146-190)							
176	Med	Complicated peptic ulcer	1.2438	1.2309	0.9964	\$3,431	0.08
177	Med	Uncomplicated peptic ulcer with CC ²	0.7422	0.7345	0.7834	2,434	0.09
178	Med	Uncomplicated peptic ulcer w/o CC ²	0.6141	0.6077	0.5838	1,604	0.03
179	Med	Inflammatory bowel disease	1.0153	1.0048	1.0416	3,846	0.06
180	Med	G.I. obstruction with CC ²	0.8197	0.8112	0.9150	3,184	0.37
181	Med	G.I. obstruction w/o CC ²	0.7845	0.7763	0.5415	1,712	0.09
182	Med	Esophagitis, gastroent & misc digest disorders age > 17 with CC ²	0.6185	0.6121	0.7224	2,374	1.19
183	Med	Esophagitis, gastroent & misc digest disorders age > 17 w/o CC ²	0.5652	0.5593	0.5252	1,503	0.28
184	Med	Esophagitis, gastroent & misc digest disorders age 0-17	0.3822	0.3782	0.4223	1,810	(¹)
185	Med	Dental & oral dis except extractions & restorations, age > 17	0.6681	0.6612	0.7530	2,967	0.03
187	Med	Dental extractions & restorations	0.3990	0.3949	0.4540	1,670	0.01
188	Med	Other digestive system diagnoses age > 17 with CC ²	0.7444	0.7367	0.9144	3,424	0.26
189	Med	Other digestive system diagnoses age > 17 w/o CC ²	0.6576	0.6508	0.4966	1,546	0.04
190	Med	Other digestive system diagnoses age 0-17	0.3379	0.3344	0.8147	3,824	(¹)
MDC 7—Diseases and disorders of the hepatobiliary system and pancreas (DRGs 191-208)							
191	Surg	Pancreas, liver & shunt procedures with CC ³	4.1791	4.1357	4.6881	20,227	0.30
192	Surg	Pancreas, liver & shunt procedures w/o CC ³	3.9197	3.8790	3.8625	15,650	0.07
193	Surg	Biliary tract proc with CC except only tot cholecyst with or w/o C.D.E. ²	2.4513	2.4258	3.0252	11,737	0.24
194	Surg	Biliary tract proc w/o CC except only tot cholecyst with or w/o C.D.E. ²	1.9881	1.9674	1.8505	6,587	0.03
195	Surg	Total cholecystectomy with C.D.E. with CC ²	2.1690	2.1465	2.3854	8,448	0.43
196	Surg	Total cholecystectomy with C.D.E. w/o CC ²	2.0594	2.0380	1.6898	5,488	0.05
197	Surg	Total cholecystectomy w/o C.D.E. with CC ²	1.4868	1.4714	1.8768	6,306	0.82
198	Surg	Total cholecystectomy w/o C.D.E. w/o CC ²	1.2752	1.2619	1.1152	3,425	0.28
199	Surg	Hepatobiliary diagnostic procedure for malignancy	2.4574	2.4319	2.2693	8,476	0.06
200	Surg	Hepatobiliary diagnostic procedure for non-malignancy	2.5818	2.5550	2.4731	9,928	0.04
201	Surg	Other hepatobiliary or pancreas O.R. procedures	2.7291	2.7007	2.3933	9,982	0.10
202	Med	Cirrhosis & alcoholic hepatitis	1.1965	1.1841	1.2075	4,477	0.13
203	Med	Malignancy of hepatobiliary system or pancreas	1.0937	1.0823	1.0422	4,139	0.26
204	Med	Disorders of pancreas except malignancy	0.9682	0.9581	1.0269	3,622	0.26
205	Med	Disorders of liver except malig, cirr, alc hepa with CC ²	1.0822	1.0710	1.2132	4,504	0.18
206	Med	Disorders of liver except malig, cirr, alc hepa w/o CC ²	0.9247	0.9151	0.6806	2,173	0.01
207	Med	Disorders of the biliary tract with CC ²	0.8492	0.8404	0.9243	3,063	0.23
208	Med	Disorders of the biliary tract w/o CC ²	0.7315	0.7239	0.5816	1,679	0.06

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 8—Disease and disorders of the musculoskeletal system and connective tissue (DRGs 209-256, 471)							
209	Surg	Major joint & limb reattachment procedures ³	2.2912	2.2674	2.4145	\$8,560	3.69
210	Surg	Hip & femur procedures except major joint age > 17 with CC ²	2.0833	2.0617	2.1776	7,968	1.59
211	Surg	Hip & femur procedures except major joint age > 17 w/o CC ²	1.9530	1.9327	1.8104	5,594	0.51
213	Surg	Amputation for musculoskeletal system & conn tissue disorders	2.1315	2.1094	1.8460	7,308	0.08
214	Surg	Back & neck procedures with CC ²	1.8427	1.8236	2.1385	8,320	0.49
215	Surg	Back & neck procedures w/o CC ²	1.4920	1.4765	1.3768	4,844	0.33
216	Surg	Biopsies of musculoskeletal system & connective tissue	1.5596	1.5434	1.5973	6,849	0.07
217	Surg	Wrd debrid & skin grft except hand, for muscskel & conn tiss dis	2.2824	2.2587	2.8155	12,592	0.37
218	Surg	Lower extrem & humer proc except hip, foot, femur age > 17 with CC ²	1.4250	1.4102	1.6224	5,897	0.16
219	Surg	Lower extrem & humer proc except hip, foot, femur age > 17 w/o CC ²	1.0790	1.0678	1.0186	3,380	0.12
221	Surg	Knee procedures with CC ²	1.2727	1.2595	1.4523	5,616	0.05
222	Surg	Knee procedures w/o CC ²	0.9897	0.9794	0.7995	2,631	0.04
223	Surg	Major shoulder/elbow proc, or other upper extremity proc with CC ³	1.0723	1.0612	1.1202	3,768	0.12
224	Surg	Shoulder, elbow or forearm proc, exc major joint proc, w/o CC ³	0.8952	0.8859	0.6588	1,916	0.03
225	Surg	Foot procedures	0.6476	0.6409	0.6775	2,405	0.07
226	Surg	Soft tissue procedures with CC ²	0.7984	0.7901	1.3570	5,328	0.05
227	Surg	Soft tissue procedures w/o CC ²	0.6337	0.6271	0.6878	2,198	0.04
228	Surg	Major thumb or joint proc, or oth hand or wrist proc with CC ³	0.3626	0.5588	0.8201	2,758	0.03
229	Surg	Hand or wrist proc, except major joint proc, w/o CC ³	0.5998	0.5936	0.5202	1,559	0.01
230	Surg	Local excision & removal of int fix devices of hip & femur	1.3594	1.3453	0.8868	2,977	0.02
231	Surg	Local excision & removal of int fix devices except hip & femur	0.9519	0.9420	0.8346	3,366	0.05
232	Surg	Arthroscopy	0.6063	0.6000	0.8603	3,441	(1)
233	Surg	Other musculoskelet sys & conn tiss O.R. proc with CC ²	1.7737	1.7555	1.7267	6,544	0.08
234	Surg	Other musculoskelet sys & conn tiss O.R. proc w/o CC ²	1.2454	1.2325	0.9057	3,000	0.03
235	Med	Fractures of femur	1.7586	1.7405	1.2060	4,817	0.07
236	Med	Fractures of hip & pelvis	1.3855	1.3711	0.9036	3,235	0.27
237	Med	Sprains, strains, & dislocations of hip, pelvis & thigh	0.7929	0.7847	0.5959	1,912	0.01
238	Med	Osteomyelitis	1.5511	1.5350	1.6579	6,289	0.07
239	Med	Pathological fractures & musculoskeletal & conn tiss malignancy	1.0979	1.0665	0.9550	3,623	0.44
240	Med	Connective tissue disorders with CC ²	0.9709	0.9608	1.0932	4,306	0.10
241	Med	Connective tissue disorders w/o CC ²	0.9048	0.8954	0.6644	2,384	0.03
242	Med	Septic arthritis	1.5880	1.5715	1.4100	5,072	0.02
243	Med	Medical back problems	0.7551	0.7473	0.6694	2,156	0.56
244	Med	Bone diseases & specific arthropathies with CC ²	0.7792	0.7711	0.7305	2,705	0.06
245	Med	Bone diseases & specific arthropathies w/o CC ²	0.7177	0.7102	0.5345	1,751	0.03
246	Med	Non-specific arthropathies	0.7147	0.7073	0.5769	2,020	0.01
247	Med	Signs & symptoms of musculoskeletal system & conn tissue	0.6559	0.6491	0.5407	2,242	0.05
248	Med	Tendonitis, myositis & bursitis	0.6136	0.6072	0.6097	2,103	0.03
249	Med	Aftercare, musculoskeletal system & connective tissue	1.0203	1.0097	0.6830	2,790	0.03
250	Med	Fx, sprn, strn & disl of forearm, hand, foot age > 17 with CC ²	0.7428	0.7351	0.6721	2,300	0.02
251	Med	Fx, sprn, strn & disl of forearm, hand, foot age > 17 w/o CC ²	0.5864	0.5902	0.4148	1,133	0.01
253	Med	Fx, sprn, strn & disl of uparm, lowleg ex foot age > 17 with CC ²	0.7466	0.7388	0.7909	2,819	0.09
254	Med	Fx, sprn, strn & disl of uparm, lowleg ex foot age > 17 w/o CC ²	0.6258	0.6193	0.4557	1,362	0.04
256	Med	Other musculoskeletal system & connective tissue diagnoses	0.8706	0.8616	0.6585	2,523	0.05

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 9—Diseases and disorders of the skin, subcutaneous tissue and breast (DRGs 257-284)							
257	Surg	Total mastectomy for malignancy with CC ²	1.1085	1.0970	1.0448	\$3,428	0.20
258	Surg	Total mastectomy for malignancy w/o CC ²	1.0729	1.0618	0.8462	2,609	0.17
259	Surg	Subtotal mastectomy for malignancy with CC ²	1.0141	1.0036	1.0046	3,878	0.03
260	Surg	Subtotal mastectomy for malignancy w/o CC ²	0.9325	0.9228	0.6010	1,949	0.02
261	Surg	Breast proc for non-malignancy except biopsy & local excision	0.7329	0.7253	0.6204	1,874	0.02
262	Surg	Breast biopsy & local excision for non-malignancy	0.4617	0.4569	0.4312	1,176	0.01
263	Surg	Skin graft &/or debrid for skn ulcer or cellulitis with CC ²	2.4737	2.4480	2.5967	10,928	0.66
264	Surg	Skin graft &/or debrid for skn ulcer or cellulitis w/o CC ²	2.2031	2.1802	1.6179	6,328	0.09
265	Surg	Skin graft &/or debrid except for skin ulcer or cellulitis with CC ³	1.4959	1.4804	1.3909	5,639	0.06
266	Surg	Skin graft &/or debrid except for skin ulcer or cellulitis w/o CC ³	0.9485	0.9386	0.6865	2,338	0.03
267	Surg	Perianal & pilonidal procedures	0.6113	0.6049	0.6248	2,099	(¹)
268	Surg	Skin, subcutaneous tissue & breast plastic procedures	0.5388	0.5332	0.5934	2,192	0.01
269		Other skin, subcut tiss & breast procedure with CC ²	0.9947	0.9844	1.5177	6,250	0.13
270		Other skin, subcut tiss & breast procedure w/o CC ²	0.8123	0.8039	0.6834	2,390	0.03
271	Med	Skin ulcers	1.3802	1.3659	1.2017	4,471	0.17
272	Med	Major skin disorders with CC ²	0.8620	0.8530	1.0375	3,921	0.06
273	Med	Major skin disorders w/o CC ²	0.8286	0.8200	0.7247	2,521	0.02
274	Med	Malignant breast disorders with CC ²	1.0108	1.0003	1.0494	4,063	0.04
275	Med	Malignant breast disorders w/o CC ²	0.9014	0.8920	0.6395	2,497	(¹)
276	Med	Non-malignant breast disorders	0.6066	0.6003	0.5245	1,804	(¹)
277	Med	Cellulitis age > 17 with CC ²	0.8863	0.8771	0.9695	3,417	0.40
278	Med	Cellulitis age > 17 w/o CC ²	0.8096	0.8012	0.7063	2,273	0.13
280	Med	Trauma to the skin, subcut tiss & breast age > 17 with CC ²	0.6201	0.6137	0.6197	1,993	0.05
281	Med	Trauma to the skin, subcut tiss & breast age > 17 w/o CC ²	0.5377	0.5321	0.4306	1,217	0.02
283	Med	Minor skin disorders with CC ²	0.6394	0.6328	0.7682	2,796	0.04
284	Med	Minor skin disorders w/o CC ²	0.5971	0.5909	0.4795	1,616	0.01
MDC 10—Endocrine, nutritional and metabolic diseases and disorders (DRGs 285-301)							
285	Surg	Amputat of lower limb for endocrine, nutrit, & metabol disorders	2.8658	2.8360	2.9919	12,652	0.10
286	Surg	Adrenal & pituitary procedures	2.8952	2.8651	2.7063	11,205	0.03
287	Surg	Skin grafts & wound debrid for endoc, nutrit, & metabol disorders	2.8143	2.7851	2.2274	9,216	0.14
288	Surg	O.R. procedures for obesity	1.5695	1.5532	2.0018	7,473	0.01
289	Surg	Parathyroid procedures	1.3736	1.3593	1.1470	4,365	0.03
290	Surg	Thyroid procedures	0.8549	0.8460	0.8428	2,740	0.05
291	Surg	Thyroglossal procedures	0.4909	0.4858	0.4991	1,185	(¹)
292	Surg	Other endocrine, nutrit & metabol O.R. proc with CC ²	2.0307	2.0096	2.6027	11,056	0.12
293	Surg	Other endocrine, nutrit & metabol O.R. proc w/o CC ²	1.4951	1.4796	1.1698	4,492	0.01
294	Med	Diabetes age > 35	0.8087	0.8003	0.7493	2,572	0.53
295	Med	Diabetes age 0-35	0.7457	0.7380	0.7228	2,655	0.02
296	Med	Nutritional & misc metabolic disorders age > 17 with CC ²	0.8979	0.8886	0.9259	3,403	1.35
297	Med	Nutritional & misc metabolic disorders age > 17 w/o CC ²	0.7923	0.7841	0.5791	1,867	0.21
298	Med	Nutritional & misc metabolic disorders age 0-17	0.7538	0.7460	0.7065	2,853	(¹)
299	Med	Inborn errors of metabolism	0.9407	0.9309	0.8271	3,082	0.01
300	Med	Endocrine disorders with CC ²	0.9731	0.9630	1.0862	4,160	0.09
301	Med	Endocrine disorders w/o CC ²	0.8143	0.8058	0.6758	2,218	0.01

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 11—Diseases and disorders of the kidney and urinary tract (DRGs 302-333)							
302	Surg	Kidney transplant	6.6322	4.1840	3.8463	\$28,837	0.36
303	Surg	Kidney, ureter & major bladder procedures for neoplasm	2.5397	2.5133	2.7747	10,757	0.36
304	Surg	Kidney, ureter & major bladder proc for non-neopl with CC ²	1.7952	1.7765	2.3651	9,943	0.29
305	Surg	Kidney, ureter & major bladder proc for non-neopl w/o CC ²	1.7043	1.6866	1.3665	4,916	0.06
306	Surg	Prostatectomy with CC ²	1.1399	1.1281	1.4376	5,121	0.13
307	Surg	Prostatectomy w/o CC ²	0.9513	0.9414	0.9121	2,791	0.03
308	Surg	Minor bladder procedures with CC ²	1.0441	1.0333	1.5354	5,918	0.10
309	Surg	Minor bladder procedures w/o CC ²	0.9290	0.9193	0.8620	2,714	0.02
310	Surg	Transurethral procedures with CC ²	0.7071	0.6998	0.9026	3,147	0.22
311	Surg	Transurethral procedures w/o CC ²	0.5871	0.5810	0.5681	1,654	0.09
312	Surg	Urethral procedures, age > 17 with CC ²	0.7424	0.7347	0.8246	2,871	0.03
313	Surg	Urethral procedures, age > 17 w/o CC ²	0.6897	0.6825	0.5286	1,534	0.01
315	Surg	Other kidney & urinary tract O.R. procedures	2.4884	2.4625	2.3635	10,348	0.60
316	Med	Renal failure ³	1.3314	1.3176	1.2840	4,692	0.39
317	Med	Admit for renal dialysis ³	0.2385	0.2360	0.3542	1,558	0.01
318	Med	Kidney & urinary tract neoplasms with CC ²	0.9142	0.9047	1.0441	3,891	0.06
319	Med	Kidney & urinary tract neoplasms w/o CC ²	0.7942	0.7859	0.5777	1,952	0.01
320	Med	Kidney & urinary tract infections age > 17 with CC ²	0.8123	0.8039	1.0230	3,602	1.09
321	Med	Kidney & urinary tract infections age > 17 w/o CC ²	0.6803	0.6732	0.7316	2,290	0.18
322	Med	Kidney & urinary tract infections age 0-17	0.4553	0.4506	0.6829	3,205	(¹)
323	Med	Urinary stones with CC, &/or ESW lithotripsy ³	0.7131	0.7057	0.7020	2,303	0.12
324	Med	Urinary stones w/o CC ²	0.5472	0.5415	0.5139	1,299	0.04
325	Med	Kidney & urinary tract signs & symptoms age > 17 with CC ²	0.7247	0.7172	0.6789	2,416	0.05
326	Med	Kidney & urinary tract signs & symptoms age > 17 w/o CC ²	0.5875	0.5814	0.4553	1,383	0.01
328	Med	Urethral stricture age > 17 with CC ²	0.6508	0.6440	0.6266	1,964	0.01
329	Med	Urethral stricture age > 17 w/o CC ²	0.5326	0.5271	0.4431	1,172	(¹)
331	Med	Other kidney & urinary tract diagnoses age > 17 with CC ²	0.8919	0.8826	0.9050	3,497	0.19
332	Med	Other kidney & urinary tract diagnoses age > 17 w/o CC ²	0.7763	0.7682	0.5913	2,082	0.04
333	Med	Other kidney & urinary tract diagnoses age 0-17	0.5146	0.5093	0.6887	3,730	(¹)

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 12—Diseases and disorders of the male reproductive system (DRGs 334-352)							
334	Surg	Major male pelvic procedures with CC	1.5812	1.5450	1.9237	\$6,932	0.16
335	Surg	Major male pelvic procedures w/o CC	1.3590	1.3449	1.4080	4,928	0.09
336	Surg	Transurethral prostatectomy with CC ²	1.0079	0.9974	1.0774	3,533	0.75
337	Surg	Transurethral prostatectomy w/o CC ²	0.8491	0.8403	0.7505	2,248	0.48
338	Surg	Testes procedures, for malignancy	0.9069	0.8975	0.7865	2,786	0.06
339	Surg	Testes procedures, non-malignancy age > 17	0.6093	0.6030	0.5930	1,898	0.02
341	Surg	Penis procedures	0.9983	0.9879	1.0294	3,397	0.11
342	Surg	Circumcision age > 17	0.4228	0.4184	0.494	1,672	(¹)
344	Surg	Other male reproductive system O.R. procedures for malignancy	1.1204	1.1088	1.1302	3,965	0.03
345	Surg	Other male reproductive system O.R. proc except for malignancy	0.8334	0.8247	0.8284	2,771	0.01
346	Med	Malignancy, male reproductive system, with CC ²	0.9395	0.9297	0.9360	3,304	0.06
347	Med	Malignancy, male reproductive system, w/o CC ²	0.8304	0.8218	0.5091	1,582	0.01
348	Med	Benign prostatic hypertrophy with CC ²	0.8864	0.8772	0.6588	2,252	0.02
349	Med	Benign prostatic hypertrophy w/o CC ²	0.6998	0.6925	0.4059	1,147	0.01
350	Med	Inflammation of the male reproductive system	0.6096	0.6033	0.6734	2,126	0.04
352	Med	Other male reproductive system diagnoses	0.6385	0.6319	0.4886	1,754	(¹)
MDC 13—Diseases and disorders of the female reproductive system (DRGs 353-369)							
353	Surg	Pelvic evisceration, radical hysterectomy & radical vulvectomy	1.9376	1.9175	2.2997	10,216	0.05
354	Surg	Uterine, adnexa proc for non-ovarian/adnexal malig with CC ³	1.1108	1.0993	1.5482	5,882	0.09
355	Surg	Uterine, adnexa proc for non-ovarian/adnexal malig w/o CC ³	1.0156	1.0050	0.9929	3,308	0.05
356	Surg	Female reproductive system reconstructive procedures	0.8460	0.8372	0.7983	2,440	0.15
357	Surg	Uterine & adnexa proc for ovarian or adnexal malig ³	1.9188	1.8989	2.1591	8,531	0.11
358	Surg	Uterine & adnexa proc for non-malignancy with CC ³	1.0890	1.0777	1.2941	4,374	0.15
359	Surg	Uterine & adnexa proc for non-malignancy w/o CC ³	0.4279	0.4235	0.9025	2,733	0.16
360	Surg	Vagina, cervix & vulva procedures	0.5985	0.5823	0.6957	2,882	0.03
361	Surg	Laparoscopy & incisional tubal interruption ³	0.4864	0.4813	0.6442	3,340	(¹)
362	Surg	Endoscopic tubal interruption ³	0.3126	0.3094	0.4095	1,004	(¹)
363	Surg	D&C, corization & radio-implant, for malignancy	0.6516	0.6448	0.6597	2,536	0.02
364	Surg	D&C, corization except for malignancy	0.4028	0.3986	0.4262	1,326	0.01
365	Surg	Other female reproductive system O.R. procedures	1.7965	1.7778	1.9060	7,300	0.05
366	Med	Malignancy, female reproductive system with CC ²	0.8444	0.8356	1.0916	4,344	0.05
367	Med	Malignancy, female reproductive system w/o CC ²	0.5786	0.5726	0.5481	2,099	0.01
368	Med	Infections, female reproductive system	0.7944	0.7861	0.6306	3,051	0.01
369	Med	Menstrual & other female reproductive system disorders	0.6959	0.6887	0.4920	1,582	0.01

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 14—Pregnancy, childbirth and the puerperium (DRGs 370-384)							
370	Surg	Caesarean section with CC	0.9912	0.9809	1.0303	\$4,198	(¹)
371	Surg	Caesarean section w/o CC	0.7535	0.7457	0.7164	2,311	(¹)
372	Med	Vaginal delivery with complicating diagnoses	0.5534	0.5476	0.4927	1,959	(¹)
373	Med	Vaginal delivery w/o complicating diagnoses	0.4063	0.4021	0.3212	907	(¹)
374	Surg	Vaginal delivery with sterilization &/or D&C	0.5492	0.5435	0.5641	1,548	(¹)
376	Med	Postpartum & post abortion diagnoses w/o O.R. procedure ³	0.4158	0.4115	0.3520	1,762	(¹)
378	Med	Ectopic pregnancy	0.8094	0.8010	0.7787	2,666	(¹)
379	Med	Threatened abortion	0.3169	0.3136	0.2843	1,064	(¹)
380	Med	Abortion w/o D&C	0.2705	0.2677	0.3124	529	(¹)
381	Surg	Abortion with D&C, aspiration curettage or hysterotomy ³	0.3602	0.3565	0.3694	1,302	(¹)
382	Med	False labor	0.1842	0.1823	0.1309	381	(¹)
383	Med	Other antepartum diagnoses with medical complications	0.4317	0.4272	0.3964	1,981	(¹)
384	Med	Other antepartum diagnoses w/o medical complications	0.3245	0.3211	0.3512	1,181	(¹)
MDC 16—Diseases and disorders of the blood and blood forming organs and immunological disorders (DRGs 392-399)							
392	Surg	Splenectomy age > 17	2.7746	2.7458	3.5252	14,446	0.08
394	Surg	Other O.R. Procedures of the blood and blood forming organs	1.1146	1.1030	1.2250	5,053	0.02
395	Med	Red blood cell disorders age > 17	0.7839	0.7758	0.7264	2,566	0.38
396	Med	Red blood cell disorders age 0-17	0.6295	0.6230	0.3441	2,062	(¹)
397	Med	Coagulation disorders	0.9863	0.9761	1.0145	3,844	0.08
398	Med	Reticuloendothelial & immunity disorders with CC ²	0.8900	0.8908	1.2115	4,822	0.12
399	Med	Reticuloendothelial & immunity disorders w/o CC ²	0.8459	0.8371	0.6830	2,422	0.01

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 17—Myeloproliferative diseases and disorders, and poorly differentiated neoplasms (DRGs 400-414, 473)							
400	Surg	Lymphoma & leukemia with major O.R. procedure	2.8272	2.7978	2.6900	\$11,099	0.18
401	Surg	Lymphoma & non-acute leukemia with other O.R. proc with CC ²	1.2409	1.2280	2.0871	8,887	0.12
402	Surg	Lymphoma & non-acute leukemia with other O.R. proc w/o CC ²	1.1316	1.1198	0.9252	3,331	0.02
403	Med	Lymphoma & non-acute leukemia with CC ²	1.1715	1.1593	1.5222	6,259	0.31
404	Med	Lymphoma & non-acute leukemia w/o CC ²	1.1787	1.1665	0.8085	2,996	0.05
406	Surg	Myeloprolif disord or poorly diff neopl with maj O.R. proc with CC	2.2671	2.2435	2.7146	11,284	0.10
407	Surg	Myeloprolif disord or poorly diff neopl with maj O.R. proc w/o CC	2.1366	2.1144	1.4499	5,028	0.02
408	Surg	Myeloprolif disord or poorly diff neopl with other O.R. proc ³	1.1389	1.1271	0.8955	3,777	0.08
409	Med	Radiotherapy	0.8134	0.8049	1.0802	4,512	0.08
410	Med	Chemotherapy	0.3527	0.3490	0.4742	1,876	0.53
411	Med	History of malignancy w/o endoscopy	0.7221	0.7146	0.4919	1,682	(¹)
412	Med	History of malignancy with endoscopy	0.3400	0.3365	0.3954	1,123	(¹)
413	Med	Other myeloprolif dis or poorly diff neopl diag with CC ²	1.0975	1.0861	1.2385	4,867	0.10
414	Med	Other myeloprolif dis or poorly diff neopl diag w/o CC ²	1.0359	1.0251	0.8128	2,907	0.02
473		Acute leukemia w/o major O.R. procedure age > 17 ⁴	—	—	2.7107	12,635	0.22
MDC 18—Infectious and parasitic diseases (systemic or unspecified sites) (DRGs 415-423)							
415	Surg	O.R. procedure for infectious & parasitic diseases	3.0027	2.9715	3.5067	14,947	0.75
416	Med	Septecemia age > 17	1.5504	1.5343	1.5894	5,726	1.30
417	Med	Septecemia age 0-17	0.7152	0.7078	0.9346	4,576	(¹)
418	Med	Postoperative & post-traumatic infections	0.9968	0.9864	0.9743	3,736	0.09
419	Med	Fever of unknown origin age > 17 with CC ²	0.8628	0.8538	0.9778	3,406	0.11
420	Med	Fever of unknown origin age > 17 w/o CC ²	0.8022	0.7939	0.6949	2,242	0.02
421	Med	Viral illness age > 17	0.6045	0.5982	0.6255	2,016	0.06
422	Med	Viral illness & fever of unknown origin age 0-17	0.4360	0.4315	0.6274	3,102	(¹)
423	Med	Other infectious & parasitic diseases diagnoses	1.2107	1.1981	1.5333	5,695	0.08

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 19—Mental diseases and disorders (DRGs 424-432)							
424	Surg	O.R. procedure with principal diagnoses of mental illness	2.1938	2.1710	2.2176	\$8,939	0.10
425	Med	Acute adjust react & disturbances of psychosocial dysfunction	0.6812	0.6741	0.6004	2,292	0.09
426	Med	Depressive neuroses	0.9495	0.9396	0.6580	2,806	0.10
427	Med	Neuroses except depressive	0.7678	0.7599	0.6315	2,933	0.03
428	Med	Disorders of personality & impulse control	0.9741	0.9640	0.7305	3,452	0.02
429	Med	Organic disturbances & mental retardation	0.9523	0.9424	0.8868	3,791	0.35
430	Med	Psychoses	1.0934	1.0820	0.9329	4,486	1.59
431	Med	Childhood mental disorders	2.2519	2.2285	0.7134	2,693	(¹)
432	Med	Other mental disorder diagnoses	1.0525	1.0416	0.7097	3,711	0.01
MDC 20—Alcohol/drug use and alcohol/drug induced organic mental disorders (DRGs 433-437)							
433		Alcohol/drug abuse or dependence, left AMA ³	0.4457	0.4411	0.4232	1,401	0.01
434		Alc/drug abuse or dependence, detox or other sympt trt with CC ³	1.0404	1.0296	0.8149	2,969	0.11
435		Alc/drug abuse or dependence, detox or other sympt trt w/o CC ³	1.0738	1.0626	0.5903	2,187	0.07
436		Alc/drug dependence with rehabilitation therapy ³	0.8853	0.8761	0.9786	3,777	0.03
437		Alc/drug dependence, combined rehab & detox therapy ³	0.6183	0.6119	1.3306	4,897	0.10
438		No longer valid ³	0.8420	0.8333	0.0000	0	0.00
MDC 21—Injuries, poisonings and toxic effect of drugs (DRGs 439-455)							
439	Surg	Skin grafts for injuries	1.8219	1.8030	1.7523	7,358	0.02
440	Surg	Wound debridements for injuries	1.4807	1.4653	2.2498	10,187	0.16
441	Surg	Hand procedures for injuries	0.7180	0.7105	0.7185	2,522	0.01
442	Surg	Other O.R. procedures for injuries with CC ²	1.9026	1.8828	1.9218	8,264	0.75
443	Surg	Other O.R. procedures for injuries w/o CC ²	1.5211	1.5053	1.2169	4,530	0.13
444	Med	Multiple trauma age > 17 with CC ²	0.8830	0.8738	0.8207	2,690	0.02
445	Med	Multiple trauma age > 17 w/o CC ²	0.7530	0.7452	0.5183	1,640	0.01
447	Med	Allergic reactions age > 17	0.4785	0.4735	0.4703	1,484	0.01
449	Med	Poisoning & toxic effects of drugs age > 17 with CC ³	0.7331	0.7255	0.7922	2,834	0.19
450	Med	Poisoning & toxic effects of drugs age > 17 w/o CC ³	0.5957	0.5895	0.4917	1,538	0.03
452	Med	Complications of treatment with CC ²	0.8492	0.8404	0.8976	3,554	0.18
453	Med	Complications of treatment w/o CC ²	0.9020	0.8926	0.5137	1,878	0.04
454	Med	Other injury, poisoning & toxic eff diag with CC ²	0.8224	0.8139	0.9067	3,199	0.04
455	Med	Other injury, poisoning & toxic eff diag w/o CC ²	0.6185	0.6121	0.4692	1,263	(¹)

See footnotes at end of table.

Table 2—Continued

Diagnosis-related groups (DRGs) within the major diagnostic categories (MDCs) and relative weights used in the Medicare prospective payment system for fiscal years 1983, 1985, and 1988, and average program payments for calendar year 1988

DRG code within MDCs	Status	Description	Relative weights			Average program payments	
			1983	1985	1988	Per discharge	Percent of total
MDC 22—Burns (DRGs 456-460, 472)							
456		Burns, transferred to another acute care facility	2.0902	2.0685	1.9811	\$14,107	0.01
457	Med	Extensive burns w/o O.R. procedure ³	6.8631	6.7918	2.5317	14,815	0.01
458	Surg	Non-extensive burns with skin graft	2.8572	2.8275	3.7113	18,450	0.08
459	Surg	Non-extensive burns with wound debridement or other O.R. proc	2.7568	2.7282	1.7964	8,399	0.02
460	Med	Non-extensive burns w/o O.R. procedure	1.4225	1.4077	1.0495	3,911	0.02
472	Surg	Extensive burns with O.R. procedure ⁴	—	—	10.7296	65,002	0.04
MDC 23—Factors influencing health status and other contacts with health services (DRGs 461-467)							
461	Surg	O.R. proc with diagnoses of other contact with health services	1.6507	1.6335	0.7198	4,705	0.09
462	Med	Rehabilitation	1.8268	1.8078	1.7517	8,283	1.27
463	Med	Signs & symptoms with CC	0.7702	0.7622	0.7633	2,716	0.06
464	Med	Signs & symptoms w/o CC	0.7322	0.7246	0.4740	1,461	0.01
465	Med	Aftercare with history of malignancy as secondary diagnosis	0.2071	0.2049	0.3172	1,193	(¹)
466	Med	Aftercare w/o history of malignancy as secondary diagnosis	0.6377	0.6311	0.5383	2,046	0.02
467	Med	Other factors influencing health status	0.9799	0.9697	0.4723	1,635	0.02
DRGs not assigned to an MDC							
468		Extensive O.R. procedure unrelated to principal diagnosis ³	2.1037	2.0818	2.4679	10,663	2.53
469 ⁵		Principal diagnosis invalid as discharge diagnosis	0.0000	0.0000	0.0000	0	0.00
470 ⁵		Ungroupable	0.0000	0.0000	0.0000	1,124	(¹)
476		Prostatic O.R. procedure unrelated to principal diagnosis ⁴	—	—	2.2225	8,796	0.05
477		Non-extensive O.R. procedure unrelated to principal diagnosis ⁴	—	—	1.3763	5,724	0.10

¹Percent of total program payments less than 0.005.

²Age factor eliminated or changed effective in fiscal year 1988.

³DRG definitions altered.

⁴Indicates DRG not applicable in 1983 or 1985. New DRG effective dates: DRG 471 (October 1, 1985), DRGs 472, 473 (October 1, 1986), DRGs 474, 475 (October 1, 1987), DRGs 476, 477 (October 1, 1988), DRGs 478-490 (October 1, 1990), DRG 109 (October 1, 1990). DRG 438 no longer valid (October 1, 1985).

⁵DRGs contain cases which could not be assigned to valid DRGs.

NOTES: Relative weights are based on Medicare patient data and may not be appropriate for other patients. DRGs not applicable to Medicare beneficiaries and DRGs with fewer than 50 discharges for each of the years 1983, 1985, and 1988 are not presented in this table. To calculate the average program payments, the discharges with zero program payments were excluded. MDC 15—newborns and other neonates with conditions originating in the perinatal period (DRGs 385-391)—is not generally applicable and has been excluded. To compare changes in the 1983 and 1988 definitions, please refer to the *Federal Register*, Vol. 48, No. 171, 39876-39886. Thursday, September 1, 1983, Rules and Regulations.

SOURCES: Department of Health and Human Services, Health Care Financing Administration; *Federal Register*, Vol. 48, No. 171, 39876-39886. Thursday, September 1, 1983; *Federal Register*, Vol. 49, No. 171, 34780-34790. Friday, August 31, 1984; (*Federal Register*, 1987).

References

Federal Register: Medicare program: Changes to the DRG classification system. Vol. 52, No. 169, 33143-33165. Office of the Federal Register, National Archives and Records Administration. Washington. U.S. Government Printing Office, September 1, 1987.

Federal Register: Inpatient hospital prospective payment system and fiscal year 1988 rates. Vol. 52, No. 169, 33101-33114. Office of the Federal Register, National Archives and Records Administration. Washington. U.S. Government Printing Office, Sept. 1, 1987.

Hsia, D., Krushat, W., Fagan, A., et al.: Accuracy of diagnostic coding for Medicare patients under the prospective payment system. *New England Journal of Medicine* 318(6):352-355, Feb. 1988.