

Table 29

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2003:
Calendar Years 1984, 1990, and 2003**

		Discharges					
Leading DRG Code Number in 2003	Description	Number			Percent Change 1984-1990	Percent Change 1990-2003	Percent Change 1984-2003
		1984	1990	2003			
Total All DRGs	-----	10,894,925	10,521,925	12,857,520	-3.4	22.2	18.0
Leading DRGs ¹	-----	5,868,295	6,288,535	9,256,500	7.2	47.2	57.7
005 ²	Extracranial Vascular Procedures	56,890	46,340	71,880	-18.5	55.1	26.3
012	Degenerative Nervous System Disorders	56,410	25,915	81,750	-54.1	215.5	44.9
014	Intracranial Hemorrhage and Stroke with Infarct	318,405	336,080	242,925	5.6	-27.7	-23.7
015	CVA and Precerebral Occlusion without Infarct	175,530	135,850	83,875	-22.6	-38.3	-52.2
024	Seizure & Headache Age >17 with CC	55,510	53,255	61,235	-4.1	15.0	10.3
075 ²	Major Chest Procedures	28,675	31,690	45,370	10.5	43.2	58.2
076 ²	Other Respiratory System O.R. Procedures with CC	10,055	38,855	47,370	286.4	21.9	371.1
079	Respiratory Infections & Inflammations Age >17 with CC	51,635	129,780	177,215	151.3	36.6	243.2
082	Respiratory Neoplasms	120,990	72,840	65,745	-39.8	-9.7	-45.7
087	Pulmonary Edema & Respiratory Failure	94,770	67,520	72,965	-28.8	8.1	-23.0
088	Chronic Obstructive Pulmonary Disease	212,480	144,825	420,600	-31.8	190.4	97.9
089	Simple Pneumonia & Pleurisy Age >17 with CC	314,980	391,725	560,150	24.4	43.0	77.8
090	Simple Pneumonia & Pleurisy Age >17 without CC	24,740	53,105	48,405	114.7	-8.9	95.7
096	Bronchitis & Asthma Age >17 with CC	178,075	189,710	56,350	6.5	-70.3	-68.4
107 ^{2,4}	Coronary Bypass Without Cardiac Cath	38,285	46,765	-----	22.1	-----	-----
107 ^{2,4}	Coronary Bypass With Cardiac Cath	-----	-----	77,240	-----	-----	-----
109 ^{2,4}	Coronary Bypass Without Cardiac Cath	-----	-----	54,060	-----	-----	-----
110 ²	Major Cardiovascular Procedures with CC	56,230	75,660	56,155	34.6	-25.8	-0.1
116 ²	Other Perm Cardiac Pacemaker Implant	53,905	62,050	118,475	15.1	90.9	119.8
121	Circulatory Disorders with AMI & Major Comp Disch Alive	102,930	137,625	166,220	33.7	20.8	61.5
122	Circulatory Disorders with AMI & Without Major Comp Disch Alive	158,400	102,935	69,430	-35.0	-32.5	-56.2
124	Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis	31,120	113,890	134,005	266.0	17.7	330.6
125	Circulatory Disorders Except AMI, with Card Cath Without Complex Diagnosis	64,085	93,045	94,545	45.2	1.6	47.5

See footnotes at end of table.

Table 29—Continued

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2003:
Calendar Years 1984, 1990, and 2003**

Average Total Days of Care per Discharge						Average Charge Per Discharge					
Number of Days			Percent Change	Percent Change	Percent Change	Amount			Percent Change	Percent Change	Percent Change
1984	1990	2003	1984-1990	1990-2003	1984-2003	1984	1990	2003	1984-1990	1990-2003	1984-2003
8.8	8.8	5.9	0.0	-33.0	-33.0	\$4,855	\$9,765	\$24,033	101.1	146.1	395.0
9.5	9.3	6.0	-2.1	-35.5	-36.8	5,118	9,668	23,314	88.9	141.1	355.5
9.5	7.1	2.9	-25.3	-59.2	-69.5	7,078	11,238	21,120	58.8	87.9	198.4
13.0	13.0	7.9	0.0	-39.2	-39.2	5,239	9,022	16,083	72.2	78.3	207.0
12.4	10.5	5.8	-15.3	-44.8	-53.2	5,591	8,971	20,834	60.5	132.2	272.6
6.1	5.5	4.7	-9.8	-14.5	-23.0	2,603	4,609	15,314	77.1	232.3	488.3
6.9	7.7	4.7	11.6	-39.0	-31.9	3,422	7,389	16,781	115.9	127.1	390.4
16.3	14.1	9.9	-13.5	-29.8	-39.3	13,500	22,075	50,579	63.5	129.1	274.7
15.4	15.0	11.0	-2.6	-26.7	-28.6	12,061	17,221	47,679	42.8	176.9	295.3
12.8	12.2	8.3	-4.7	-32.0	-35.2	8,385	12,281	26,036	46.5	112.0	210.5
9.7	9.6	6.8	-1.0	-29.2	-29.9	4,860	8,785	22,811	80.8	159.7	369.4
10.0	8.3	6.4	-17.0	-22.9	-36.0	7,731	9,294	21,385	20.2	130.1	176.6
8.6	7.4	4.9	-14.0	-33.8	-43.0	4,709	6,932	14,462	47.2	108.6	207.1
9.4	8.9	5.7	-5.3	-36.0	-39.4	4,863	7,889	16,636	62.2	110.9	242.1
8.3	6.4	3.8	-22.9	-40.6	-54.2	4,084	4,817	9,649	17.9	100.3	136.3
7.2	7.3	4.4	1.4	-39.7	-38.9	3,501	6,361	11,891	81.7	86.9	239.6
14.5	12.3	-----	-15.2	-----	-----	21,949	33,394	-----	52.1	-----	-----
-----	-----	10.6	-----	-----	-----	-----	-----	88,916	-----	-----	-----
-----	-----	7.7	-----	-----	-----	-----	-----	65,435	-----	-----	-----
16.3	15.3	8.6	-6.1	-43.8	-47.2	15,072	27,264	66,321	80.9	143.3	340.0
9.2	7.5	4.3	-18.5	-42.7	-53.3	12,002	17,112	38,202	42.6	123.2	218.3
12.2	10.0	6.2	-18.0	-38.0	-49.2	7,341	11,335	24,962	54.4	120.2	240.0
10.3	7.1	3.4	-31.1	-52.1	-67.0	5,422	7,970	15,454	47.0	93.9	185.0
7.0	5.9	4.4	-15.7	-25.4	-37.1	5,703	8,719	23,946	52.9	174.6	319.9
3.7	3.2	2.8	-13.5	-12.5	-24.3	3,220	5,370	18,218	66.8	239.3	465.8

Table 29—Continued

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2003:
Calendar Years 1984, 1990, and 2003**

Leading DRG Code Number in 2003	Description	Discharges					
		Number			Percent Change 1984-1990	Percent Change 1990-2003	Percent Change 1984-2003
		1984	1990	2003			
127	Heart Failure & Shock	515,865	586,335	700,670	13.7	19.5	35.8
130	Peripheral Vascular Disorders with CC	91,655	68,330	91,250	-25.4	33.5	-0.4
132	Atherosclerosis with CC	100,810	18,250	127,435	-81.9	598.3	26.4
138	Cardiac Arrhythmia & Conduction Disorders with CC	212,265	180,470	205,830	-15.0	14.1	-3.0
139	Cardiac Arrhythmia & Conduction Disorders Without CC	28,345	73,020	82,225	157.6	12.6	190.1
141	Syncope & Collapse with CC	86,675	77,205	120,250	-10.9	55.8	38.7
142	Syncope & Collapse Without CC	11,315	39,370	53,090	247.9	34.8	369.2
143	Chest Pain	75,690	112,905	248,325	49.2	119.9	228.1
144	Other Circulatory System Diagnoses with CC	40,825	54,995	97,445	34.7	77.2	138.7
148 ²	Major Small & Large Bowel Procedures with CC	106,455	140,245	137,915	31.7	-1.7	29.6
174	GI Hemorrhage with CC	144,620	157,895	262,975	9.2	66.6	81.8
180	GI Obstruction with CC	65,930	66,485	92,810	0.8	39.6	40.8
182	Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC	372,580	254,750	291,085	-31.6	14.3	-21.9
183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 Without CC	72,525	81,770	90,720	12.7	10.9	25.1
188	Other Digestive System Diagnoses Age >17 with CC	54,075	50,110	89,690	-7.3	79.0	65.9
204	Disorders of Pancreas Except Malignancy	31,890	37,715	70,430	18.3	86.7	120.9
209 ²	Major Joint & Limb Reattachment Procedures of Lower Extremity	149,660	257,780	440,170	72.2	70.8	194.1
210 ²	Hip & Femur Procedures Except Major Joint Age >17 with CC	120,100	112,470	127,975	-6.4	13.8	6.6
236	Fractures of Hip & Pelvis	47,350	41,255	45,715	-12.9	10.8	-3.5
243	Medical Back Problems	200,190	112,455	102,405	-43.8	-8.9	-48.8
277	Cellulitis Age >17 with CC	58,155	66,830	111,045	14.9	66.2	90.9

See footnotes at end of table.

Table 29—Continued

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries
Discharged from Short-Stay Hospitals, by Leading Diagnosis-Related Groups (DRGs) for 2003:
Calendar Years 1984, 1990, and 2003**

Average Total Days of Care per Discharge						Average Charge Per Discharge					
Number of Days			Percent Change	Percent Change	Percent Change	Amount			Percent Change	Percent Change	Percent Change
1984	1990	2003	1984-1990	1990-2003	1984-2003	1984	1990	2003	1984-1990	1990-2003	1984-2003
8.7	7.9	5.2	-9.2	-34.2	-40.2	\$4,264	\$7,207	\$16,906	69.0	134.6	296.5
8.1	8.3	5.5	2.5	-33.7	-32.1	3,523	6,627	15,542	88.1	134.5	341.2
7.0	6.1	2.8	-12.9	-54.1	-60.0	3323	6229	10,223	87.5	64.1	207.6
6.3	6.0	4.0	-4.8	-33.3	-36.5	3,376	5,848	13,910	73.2	137.9	312.0
4.9	3.9	2.5	-20.4	-35.9	-49.0	2,685	3,624	8,694	35.0	139.9	223.8
5.8	5.7	3.5	-1.7	-38.6	-39.7	2,672	4,987	12,831	86.6	157.3	380.2
4.5	4.0	2.5	-11.1	-37.5	-44.4	2,207	3,554	10,067	61.0	183.3	356.1
4.4	3.4	2.1	-22.7	-38.2	-52.3	2,427	3,577	9,364	47.4	161.8	285.8
8.3	7.3	5.7	-12.0	-21.9	-31.3	4,765	7,867	21,459	65.1	172.8	350.3
17.7	16.6	12.2	-6.2	-26.5	-31.1	12,686	23,471	55,486	85.0	136.4	337.4
7.4	7.0	4.7	-5.4	-32.9	-36.5	3,860	6,944	16,585	79.9	138.8	329.7
7.4	7.8	5.3	5.4	-32.1	-28.4	3,281	6,632	15,806	102.1	138.3	381.7
6.1	6.4	4.4	4.9	-31.3	-27.9	2,526	5,374	13,594	112.7	153.0	438.2
5.0	4.9	2.9	-2.0	-40.8	-42.0	2,103	3,630	9,512	72.6	162.0	352.3
6.4	7.5	5.5	17.2	-26.7	-14.1	3,100	7,392	18,543	138.5	150.9	498.2
8.1	8.1	5.7	0.0	-29.6	-29.6	4,050	8,099	18,888	100.0	133.2	366.4
15.6	11.1	4.7	-28.8	-57.7	-69.9	10,205	16,542	32,079	62.1	93.9	214.3
16.8	13.9	6.8	-17.3	-51.1	-59.5	8,600	14,236	30,014	65.5	110.8	249.0
12.7	10.0	5.0	-21.3	-50.0	-60.6	4,573	6,530	12,692	42.8	94.4	177.5
8.0	6.9	4.7	-13.8	-31.9	-41.3	2,858	4,657	12,631	62.9	171.2	342.0
9.1	8.6	5.6	-5.5	-34.9	-38.5	3,740	6,570	14,514	75.7	120.9	288.1

Table 29—Continued

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Leading DRG Code Number in 2003	Description	Discharges			Percent Change 1984-1990	Percent Change 1990-2003	Percent Change 1984-2003
		1984	1990	2003			
294	Diabetes Age >35	141,500	92,520	99,725	-34.6	7.8	-29.5
296	Nutritional & Misc Metabolic Disorders Age >17 with CC	176,150	206,595	261,450	17.3	26.6	48.4
297	Nutritional & Misc Metabolic Disorders Age >17 without CC	13,910	47,395	47,505	240.7	0.2	241.5
316	Renal Failure	46,410	48,670	162,155	4.9	233.2	249.4
320	Kidney & Urinary Tract Infections Age>17 with CC	137,845	157,780	215,295	14.5	36.5	56.2
331	Other Kidney & Urinary Tract Diagnoses Age>17 with CC	38,080	28,380	54,485	-25.5	92.0	43.1
395	Red Blood Cell Disorders Age >17	93,510	72,730	114,480	-22.2	57.4	22.4
415 ²	OR Procedure for Infectious & Parasitic Diseases	16,165	27,735	47,455	71.6	71.1	193.6
416	Septicemia Age >17	66,180	128,085	216,780	93.5	69.2	227.6
429	Organic Disturbances & Mental Retardation	52,710	49,305	63,080	-6.5	27.9	19.7
430	Psychoses	118,455	195,595	341,250	65.1	74.5	188.1
462	Rehabilitation	9,490	106,680	314,920	1,024.1	195.2	3,218.4
468	Extensive OR Procedure Unrelated to Principal Diagnosis	166,815	75,885	55,340	-54.5	-27.1	-66.8
475	Respiratory System Diagnosis with Ventilator Support	-----	78,805	115,630	-----	46.7	-----
478 ²	Other Vascular Procedures with CC	-----	24,230	112,665	-----	365.0	-----
483	Tracheostomy with Mechanical Vent or PDX Except for Face, Mouth and Neck Diagnosis	-----	8,045	46,865	-----	482.5	-----
493	Laparoscopic Cholecystectomy Without CDE with CC	-----	-----	60,955	-----	-----	-----
500	Back and Neck Procedures Except Spinal Fusion Without CC	-----	-----	51,060	-----	-----	-----
516	Percutaneous Cardiovascular Procedures with AMI	-----	-----	70,855	-----	-----	-----
517	Percutaneous Cardiovascular Procedures with Non-Drug Eluting Stent without AMI	-----	-----	153,565	-----	-----	-----
518	Percutaneous Cardiovascular Procedures without Coronary Artery Stent or AMI	-----	-----	47,890	-----	-----	-----
524	Transient Ischemia	-----	-----	122,245	-----	-----	-----
527	Percutaneous Cardiovascular Procedures with Drug-Eluting Stent without AMI	-----	-----	85,430	-----	-----	-----
All Other DRGs	-----	5,026,630	4,233,390	3,601,020	-15.8	-14.9	-28.4

¹Based on frequency of occurrence in 2003.

²Represents surgical DRGs.

³Prior to 1999, DRG code 107 was defined as coronary bypass without cardiac cath.

⁴In 1999 the DRG code 107 was revised and defined as coronary bypass with cardiac cath. In addition, DRG code 109 was introduced and defined as coronary bypass without cardiac cath.

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 3.0* (1984), *Version 7.0* and *8.0* (1990), *Versions 20.0* and *21.0* (2003), *Definitions Manual*. The most recent description is used in this table. TIA is transient ischemic attack. CC is complications and/or comorbidities. Cath is catheterization, AMI is acute myocardial infarction. CV is cardiovascular. Card is cardiac. G.I. is gastrointestinal. O.R. is operating room. CDE is common duct exploration. Conn is connective. Tiss is tissue. Resp is respiratory. Proc is procedure. PTCA is percutaneous transluminal coronary angioplasty. Perm is permanent. Comp is complications. Circ is circulatory. PDX is primary diagnosis. CVA is cerebrovascular accident.

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

Table 29—Continued

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Number of Days			Percent Change	Percent Change	Percent Change	Amount			Percent Change	Percent Change	Percent Change
1984	1990	2003	1984-1990	1990-2003	1984-2003	1984	1990	2003	1984-1990	1990-2003	1984-2003
8.4	7.5	4.4	-10.7	-41.3	-47.6	3,267	5,491	13,261	68.1	141.5	305.9
8.4	8.5	4.8	1.2	-43.5	-42.9	3,556	6,840	13,691	92.4	100.2	285.0
6.9	5.3	3.2	-23.2	-39.6	-53.6	3,032	3,724	8,294	22.8	122.7	173.5
9.6	9.4	6.4	-2.1	-31.9	-33.3	5,572	9,555	21,219	71.5	122.1	280.8
8.2	8.6	5.2	4.9	-39.5	-36.6	3,581	7,174	14,356	100.3	100.1	300.9
7.3	7.6	5.6	4.1	-26.3	-23.3	3,456	7,338	18,480	112.3	151.8	434.7
6.6	6.5	4.3	-1.5	-33.8	-34.8	3,000	5,639	14,196	88.0	151.7	373.2
19.9	21.2	14.1	6.5	-33.5	-29.1	14,476	27,339	61,818	88.9	126.1	327.0
11.4	10.7	7.3	-6.1	-31.8	-36.0	6,811	10,981	26,477	61.2	141.1	288.7
11.3	14.5	9.5	28.3	-34.5	-15.9	3,717	8,417	15,755	126.4	87.2	323.9
16.1	16.9	10.8	5.0	-36.1	-32.9	5,069	9,359	16,925	84.6	80.8	233.9
22.5	21.2	11.7	-5.8	-44.8	-48.0	9,151	15,745	22,634	72.1	43.8	147.3
16.6	19.3	12.8	16.3	-33.7	-22.9	10,595	24,871	62,447	134.7	151.1	489.4
-----	14.3	10.9	-----	-23.8	-----	-----	25,548	59,689	-----	133.6	-----
-----	10.4	7.3	-----	-29.8	-----	-----	16,682	41,051	-----	146.1	-----
-----	55.8	38.0	-----	-31.9	-----	-----	125,493	244,859	-----	95.1	-----
-----	-----	6.0	-----	-----	-----	-----	-----	29,491	-----	-----	-----
-----	-----	2.3	-----	-----	-----	-----	-----	15,500	-----	-----	-----
-----	-----	4.6	-----	-----	-----	-----	-----	43,141	-----	-----	-----
-----	-----	2.5	-----	-----	-----	-----	-----	34,362	-----	-----	-----
-----	-----	3.5	-----	-----	-----	-----	-----	29,734	-----	-----	-----
-----	-----	3.3	-----	-----	-----	-----	-----	12,002	-----	-----	-----
-----	-----	2.1	-----	-----	-----	-----	-----	39,088	-----	-----	-----
8.0	8.1	5.6	1.3	-30.9	-30.0	4,547	9,911	25,883	118.0	161.2	469.2