

Table 5.7

**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 2006:
Calendar Years 1984, 1990, and 2006**

		Discharges					
Leading DRG Code Number in 2006	Description	Number			Percent Change 1984-1990	Percent Change 1990-2006	Percent Change 1984-2006
		1984	1990	2006			
Total All DRGs	-----	10,894,925	10,521,925	12,384,100	-3.4	17.7	13.7
Leading DRGs ¹	-----	5,427,810	5,663,070	8,679,810	4.3	53.3	59.9
012	Degenerative Nervous System Disorders	56,410	25,915	91,720	-54.1	253.9	62.6
014	Intracranial Hemorrhage or Cerebral Infarction	318,405	336,080	262,550	5.6	-21.9	-17.5
024	Seizure & Headache Age >17 with CC	55,510	53,255	48,010	-4.1	-9.8	-13.5
075 ²	Major Chest Procedures	28,675	31,690	46,820	10.5	47.7	63.3
076 ²	Other Respiratory System O.R. Procedures with CC	10,055	38,855	45,765	286.4	17.8	355.1
078	Pulmonary Embolism	29,405	26,050	53,850	-11.4	106.7	83.1
079	Respiratory Infections & Inflammations Age >17 with CC	51,635	129,780	152,155	151.3	17.2	194.7
082	Respiratory Neoplasms	120,990	72,840	61,000	-39.8	-16.3	-49.6
087	Pulmonary Edema & Respiratory Failure	94,770	67,520	108,880	-28.8	61.3	14.9
088	Chronic Obstructive Pulmonary Disease	212,480	144,825	381,545	-31.8	163.5	79.6
089	Simple Pneumonia & Pleurisy Age >17 with CC	314,980	391,725	469,020	24.4	19.7	48.9
096	Bronchitis & Asthma Age >17 with CC	178,075	189,710	52,295	6.5	-72.4	-70.6
110 ²	Major Cardiovascular Procedures with CC	56,230	75,660	56,120	34.6	-25.8	-0.2
121	Circulatory Disorders with AMI & Major Comp Discharged Alive	102,930	137,625	130,935	33.7	-4.9	27.2
122	Circulatory Disorders with AMI & Without Major Comp Discharged Alive	158,400	102,935	47,510	-35.0	-53.8	-70.0
124	Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis	31,120	113,890	109,595	266.0	-3.8	252.2
125	Circulatory Disorders Except AMI, with Card Cath Without Complex Diagnosis	64,085	93,045	84,990	45.2	-8.7	32.6
127	Heart Failure & Shock	515,865	586,335	621,820	13.7	6.1	20.5
130	Peripheral Vascular Disorders with CC	91,655	68,330	83,395	-25.4	22.0	-9.0
132	Atherosclerosis with CC	100,810	18,250	82,880	-81.9	354.1	-17.8
138	Cardiac Arrhythmia & Conduction Disorders with CC	212,265	180,470	207,925	-15.0	15.2	-2.0
139	Cardiac Arrhythmia & Conduction Disorders Without CC	28,345	73,020	67,155	157.6	-8.0	136.9
141	Syncope & Collapse with CC	86,675	77,205	127,995	-10.9	65.8	47.7
142	Syncope & Collapse Without CC	11,315	39,370	43,940	247.9	11.6	288.3

See footnotes at end of table.

Table 5.7—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 2006:
Calendar Years 1984, 1990, and 2006**

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	2006	1984-1990	1990-2006	1984-2006	1984	1990	2006	1984-1990	1990-2006	1984-2006
8.8	8.8	5.7	0.0	-35.2	-35.2	\$4,855	\$9,765	\$30,699	101.1	214.4	532.3
9.4	9.3	5.6	-2.1	-39.8	-40.4	4,839	9,033	27,704	86.7	206.7	472.5
13.0	13.0	8.1	0.0	-37.7	-37.7	5,239	9,022	19,430	72.2	115.4	270.9
12.4	10.5	5.4	-15.3	-48.6	-56.5	5,591	8,971	24,794	60.5	176.4	343.5
6.9	7.7	4.5	11.6	-41.6	-34.8	3,422	7,389	20,184	115.9	173.2	489.8
16.3	14.1	9.2	-13.5	-34.8	-43.6	13,500	22,075	62,788	63.5	184.4	365.1
15.4	15.0	10.2	-2.6	-32.0	-33.8	12,061	17,221	56,515	42.8	228.2	368.6
11.5	10.3	5.9	-10.4	-42.7	-48.7	6,154	9,876	24,100	60.5	144.0	291.6
12.8	12.2	7.9	-4.7	-35.2	-38.3	8,385	12,281	32,124	46.5	161.6	283.1
9.7	9.6	6.5	-1.0	-32.3	-33.0	4,860	8,785	28,762	80.8	227.4	491.8
10.0	8.3	6.3	-17.0	-24.1	-37.0	7,731	9,294	27,684	20.2	197.9	258.1
8.6	7.4	4.8	-14.0	-35.1	-44.2	4,709	6,932	18,050	47.2	160.4	283.3
9.4	8.9	5.4	-5.3	-39.3	-42.6	4,863	7,889	20,574	62.2	160.8	323.1
7.2	7.3	4.2	1.4	-42.5	-41.7	3,501	6,361	15,274	81.7	140.1	336.3
16.3	15.3	7.8	-6.1	-49.0	-52.1	15,072	27,264	82,586	80.9	202.9	447.9
12.2	10.0	6.0	-18.0	-40.0	-50.8	7,341	11,335	29,956	54.4	164.3	308.1
10.3	7.1	3.2	-31.1	-54.9	-68.9	5,422	7,970	19,335	47.0	142.6	256.6
7.0	5.9	4.4	-15.7	-25.4	-37.1	5,703	8,719	29,962	52.9	243.6	425.4
3.7	3.2	2.7	-13.5	-15.6	-27.0	3,220	5,370	22,918	66.8	326.8	611.7
8.7	7.9	5.1	-9.2	-35.4	-41.4	4,264	7,207	20,894	69.0	189.9	390.0
8.1	8.3	5.2	2.5	-37.3	-35.8	3,523	6,627	19,218	88.1	190.0	445.5
7.0	6.1	2.8	-12.9	-54.1	-60.0	3,323	6,229	13,100	87.5	110.3	294.2
6.3	6.0	3.8	-4.8	-36.7	-39.7	3,376	5,848	16,841	73.2	188.0	398.8
4.9	3.9	2.4	-20.4	-38.5	-51.0	2,685	3,624	10,682	35.0	194.8	297.8
5.8	5.7	3.4	-1.7	-40.4	-41.4	2,672	4,987	15,909	86.6	219.0	495.4
4.5	4.0	2.4	-11.1	-40.0	-46.7	2,207	3,554	12,763	61.0	259.1	478.3

Table 5.7—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 2006:
Calendar Years 1984, 1990, and 2006**

Leading DRG Code Number in 2006	Description	Discharges					
		Number			Percent Change 1984-1990	Percent Change 1990-2006	Percent Change 1984-2006
		1984	1990	2006			
143	Chest Pain	75,690	112,905	222,260	49.2	96.9	193.6
144	Other Circulatory System Diagnoses with CC	40,825	54,995	106,450	34.7	93.6	160.7
148 ²	Major Small & Large Bowel Procedures with CC	106,455	140,245	96,980	31.7	-30.8	-8.9
174	GI Hemorrhage with CC	144,620	157,895	244,760	9.2	55.0	69.2
180	GI Obstruction with CC	65,930	66,485	91,990	0.8	38.4	39.5
182	Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC	372,580	254,750	323,890	-31.6	27.1	-13.1
183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 Without CC	72,525	81,770	75,025	12.7	-8.2	3.4
188	Other Digestive System Diagnoses Age >17 with CC	54,075	50,110	91,210	-7.3	82.0	68.7
204	Disorders of Pancreas Except Malignancy	31,890	37,715	67,785	18.3	79.7	112.6
210 ²	Hip & Femur Procedures Except Major Joint Age >17 with CC	120,100	112,470	125,255	-6.4	11.4	4.3
236	Fractures of Hip & Pelvis	47,350	41,255	42,860	-12.9	3.9	-9.5
243	Medical Back Problems	200,190	112,455	99,085	-43.8	-11.9	-50.5
277	Cellulitis Age >17 with CC	58,155	66,830	122,695	14.9	83.6	111.0
294	Diabetes Age >35	141,500	92,520	97,435	-34.6	5.3	-31.1
296	Nutritional & Misc Metabolic Disorders Age >17 with CC	176,150	206,595	213,895	17.3	3.5	21.4
316	Renal Failure	46,410	48,670	242,050	4.9	397.3	421.5
320	Kidney & Urinary Tract Infections Age >17 with CC	137,845	157,780	230,670	14.5	46.2	67.3
331	Other Kidney & Urinary Tract Diagnoses Age >17 with CC	38,080	28,380	57,450	-25.5	102.4	50.9
395	Red Blood Cell Disorders Age >17	93,510	72,730	117,205	-22.2	61.2	25.3
415 ²	OR Procedure for Infectious & Parasitic Diseases	16,165	27,735	45,060	71.6	62.5	178.8
416	Septicemia Age >17	66,180	128,085	235,420	93.5	83.8	255.7
429	Organic Disturbances & Mental Retardation	52,710	49,305	46,625	-6.5	-5.4	-11.5
430	Psychoses	118,455	195,595	337,545	65.1	72.6	185.0
449	Poisoning and Toxic Effects of Drugs Age >17 with CC	43,030	30,045	43,200	-30.2	43.8	0.4
462	Rehabilitation	9,490	106,680	252,560	1,024.1	136.7	2,561.3

See footnotes at end of table.

Table 5.7—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 2006:
Calendar Years 1984, 1990, and 2006**

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	2006	1984-1990	1990-2006	1984-2006	1984	1990	2006	1984-1990	1990-2006	1984-2006
4.4	3.4	2.1	-22.7	-38.2	-52.3	\$2,427	\$3,577	\$12,229	47.4	241.9	403.9
8.3	7.3	5.9	-12.0	-19.2	-28.9	4,765	7,867	28,154	65.1	257.9	490.8
17.7	16.6	11.9	-6.2	-28.3	-32.8	12,686	23,471	68,951	85.0	193.8	443.5
7.4	7.0	4.6	-5.4	-34.3	-37.8	3,860	6,944	21,459	79.9	209.0	455.9
7.4	7.8	5.2	5.4	-33.3	-29.7	3,281	6,632	20,322	102.1	206.4	519.4
6.1	6.4	4.4	4.9	-31.3	-27.9	2,526	5,374	17,497	112.7	225.6	592.7
5.0	4.9	2.8	-2.0	-42.9	-44.0	2,103	3,630	12,239	72.6	237.2	482.0
6.4	7.5	5.5	17.2	-26.7	-14.1	3,100	7,392	23,539	138.5	218.4	659.3
8.1	8.1	5.3	0.0	-34.6	-34.6	4,050	8,099	22,906	100.0	182.8	465.6
16.8	13.9	6.5	-17.3	-53.2	-61.3	8,600	14,236	38,109	65.5	167.7	343.1
12.7	10.0	4.7	-21.3	-53.0	-63.0	4,573	6,530	15,346	42.8	135.0	235.6
8.0	6.9	4.5	-13.8	-34.8	-43.8	2,858	4,657	16,630	62.9	257.1	481.9
9.1	8.6	5.4	-5.5	-37.2	-40.7	3,740	6,570	18,263	75.7	178.0	388.3
8.4	7.5	4.2	-10.7	-44.0	-50.0	3,267	5,491	16,453	68.1	199.6	403.6
8.4	8.5	4.4	1.2	-48.2	-47.6	3,556	6,840	16,378	92.4	139.4	360.6
9.6	9.4	6.0	-2.1	-36.2	-37.5	5,572	9,555	24,941	71.5	161.0	347.6
8.2	8.6	4.9	4.9	-43.0	-40.2	3,581	7,174	17,610	100.3	145.5	391.8
7.3	7.6	5.5	4.1	-27.6	-24.7	3,456	7,338	23,473	112.3	219.9	579.2
6.6	6.5	4.1	-1.5	-36.9	-37.9	3,000	5,639	17,447	88.0	209.4	481.6
19.9	21.2	14.0	6.5	-34.0	-29.6	14,476	27,339	83,631	88.9	205.9	477.7
11.4	10.7	7.5	-6.1	-29.9	-34.2	6,811	10,981	37,649	61.2	242.9	452.8
11.3	14.5	9.1	28.3	-37.2	-19.5	3,717	8,417	18,390	126.4	118.5	394.8
16.1	16.9	10.5	5.0	-37.9	-34.8	5,069	9,359	19,117	84.6	104.3	277.1
6.4	6.3	3.7	-1.6	-41.3	-42.2	2,972	6,113	18,824	105.7	207.9	533.4
22.5	21.2	12.3	-5.8	-42.0	-45.3	9,151	15,745	29,078	72.1	84.7	217.8

Table 5.7—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 2006:
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Leading DRG Code Number in 2006	Description	Discharges			Percent Change 1984-1990	Percent Change 1990-2006	Percent Change 1984-2006
		Number					
		1984	1990	2006			
468 ²	Extensive OR Procedure Unrelated to Principal Diagnosis	166,815	75,885	52,650	-54.5	-30.6	-68.4
475	Respiratory System Diagnosis with Ventilator Support	----	78,805	95,130	----	20.7	----
493 ²	Laparoscopic Cholecystectomy Without CDE with CC	----	----	60,595	----	----	----
500 ²	Back and Neck Procedures Except Spinal Fusion Without CC	----	----	44,040	----	----	----
515 ²	Cardiac Defibrillator Implant without Cardiac Cath	----	----	55,465	----	----	----
524	Transient Ischemia	----	----	104,695	----	----	----
533 ²	Extracranial Procedures with CC	----	----	45,985	----	----	----
544 ²	Major Joint Replacement or Reattachment of Lower Extremity	----	----	439,380	----	----	----
545 ²	Revision of Hip or Knee Replacement	----	----	41,380	----	----	----
551 ²	Permanent Cardiac Pacemaker Implant with Major CV Diagnosis or AICD Lead or Generator	----	----	50,800	----	----	----
552 ²	Other Permanent Cardiac Pacemaker Implant Without Major CV Diagnosis	----	----	78,485	----	----	----
553 ²	Other Vascular Procedures with CC with Major CV Diagnosis	----	----	44,305	----	----	----
554 ²	Other Vascular Procedures with CC Without Major CV Diagnosis	----	----	78,390	----	----	----
555 ²	Percutaneous Cardiovascular Proc with Major CV Diagnosis	----	----	42,110	----	----	----
557 ²	Percutaneous Cardiovascular Proc with Drug-Eluting Stent with Major CV Diagnosis	----	----	125,095	----	----	----
558 ²	Percutaneous Cardiovascular Proc with Drug-Eluting Stent Without Major CV Diagnosis	----	----	178,990	----	----	----
576	Septicemia Without Mechanical Ventilation 96+ Hours Age > 17	----	----	75,085	----	----	----
All Other DRGs	----	5,467,115	4,858,855	3,704,290	-11.1	-23.8	-32.2

¹Based on frequency of occurrence in 2006.

²Represents surgical DRGs.

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 23.0* and *24.0* (2006), *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. AICD is automatic implantation cardioverter/defibrillator.

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

Table 5.7—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 2006:
Calendar Years 1984, 1990, and 2006**

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	2006	1984-1990	1990-2006	1984-2006	1984	1990	2006	1984-1990	1990-2006	1984-2006
16.6	19.3	12.2	16.3	-36.8	-26.5	\$10,595	\$24,871	\$79,638	134.7	220.2	651.7
----	14.3	10.2	----	-28.7	----	----	25,548	68,316	----	167.4	----
----	----	5.9	----	----	----	----	----	37,417	----	----	----
----	----	2.1	----	----	----	----	----	20,261	----	----	----
----	----	3.6	----	----	----	----	----	104,653	----	----	----
----	----	3.1	----	----	----	----	----	15,473	----	----	----
----	----	3.5	----	----	----	----	----	31,571	----	----	----
----	----	4.3	----	----	----	----	----	39,306	----	----	----
----	----	5.0	----	----	----	----	----	51,999	----	----	----
----	----	6.1	----	----	----	----	----	62,206	----	----	----
----	----	3.4	----	----	----	----	----	41,599	----	----	----
----	----	9.0	----	----	----	----	----	64,451	----	----	----
----	----	5.0	----	----	----	----	----	42,295	----	----	----
----	----	4.6	----	----	----	----	----	49,207	----	----	----
----	----	3.9	----	----	----	----	----	57,606	----	----	----
----	----	1.7	----	----	----	----	----	43,682	----	----	----
----	----	7.0	----	----	----	----	----	33,468	----	----	----
8.2	8.3	5.9	1.2	-28.9	-28.0	4,871	10,619	37,717	118.0	255.2	674.3