Table V.4
Medicare Short-Stay Hospital DRGs Ranked by Discharges
Fiscal Year 2009

		Discharges[1]								Average Payments and Liabilities[4]			
Rank	DRG No.	Number	Percent	Average Length of Stay	Average Charge Per Discharge	Total Payments[2] (in thousands)	Total Medicare Payments (in thousands)	Other Third Party Payer (OTPP) Payments (in thousands)	Beneficiary Liability[3] (in thousands)	Total	Medicare	OTPP	Beneficiary
Total		11,662,833	100.0	5.5	$37,441	$129,811,170	$114,478,971	$6,400,417	$8,931,782	$11,130	$9,816	$549	$766
1	470	409,396	3.5	3.6	45,226	5,427,257	4,588,001	433,517	405,738	13,257	11,207	1,059	991
2	885	318,136	2.7	10.3	22,453	2,541,637	2,228,364	48,072	265,201	7,989	7,004	151	834
3	871	283,463	2.4	7.0	43,848	3,571,104	3,275,413	97,185	198,506	12,598	11,555	343	700
4	392	235,940	2.0	3.3	17,615	1,080,753	838,235	58,684	183,835	4,581	3,553	249	779
5	291	234,251	2.0	6.1	32,971	2,302,015	2,109,336	48,503	144,177	9,827	9,005	207	615
6	292	194,499	1.7	4.5	21,555	1,277,805	1,126,881	28,886	122,038	6,570	5,794	149	627
7	690	188,319	1.6	3.9	17,517	941,637	779,245	20,903	141,489	5,000	4,138	111	751
8	194	181,389	1.6	4.8	22,706	1,195,900	1,011,239	43,881	140,779	6,593	5,575	242	776
9	945	176,303	1.5	13.2	39,108	3,017,596	2,911,432	64,600	41,564	17,116	16,514	366	236
10	313	171,855	1.5	2.0	14,818	632,574	464,806	31,261	136,508	3,681	2,705	182	794
11	641	167,308	1.4	3.5	15,682	769,826	621,110	27,828	120,888	4,601	3,712	166	723
12	312	166,831	1.4	2.9	17,945	815,847	655,486	25,475	134,886	4,890	3,929	153	809
13	190	151,981	1.3	5.4	27,428	1,289,943	1,135,505	43,490	110,948	8,488	7,471	286	730
14	247	141,149	1.2	2.1	54,090	1,876,312	1,576,582	179,395	120,334	13,293	11,170	1,271	853
15	191	137,865	1.2	4.5	22,026	874,353	746,562	29,334	98,458	6,342	5,415	213	714
16	192	136,179	1.2	3.6	16,603	647,497	511,441	29,096	106,960	4,755	3,756	214	785
17	193	133,856	1.1	6.3	32,675	1,266,495	1,128,909	40,141	97,445	9,462	8,434	300	728
18	603	129,562	1.1	4.4	17,651	705,321	566,751	33,028	105,542	5,444	4,374	255	815
19	310	129,431	1.1	2.5	13,754	509,251	373,762	26,280	109,209	3,935	2,888	203	844
20	287	128,776	1.1	3.0	29,522	905,818	731,487	68,774	105,557	7,034	5,680	534	820
21	378	119,819	1.0	4.0	22,727	797,384	681,326	26,778	89,280	6,655	5,686	223	745
22	293	119,793	1.0	3.3	15,800	570,725	475,516	14,037	81,172	4,764	3,969	117	678
23	683	115,944	1.0	4.9	23,441	870,269	764,477	27,872	77,921	7,506	6,594	240	672
24	065	104,487	0.9	4.8	27,460	815,376	702,911	27,138	85,326	7,804	6,727	260	817
25	682	103,330	0.9	6.7	37,445	1,180,363	1,076,815	35,362	68,186	11,423	10,421	342	660

[1] Based on the stay records for 100% of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file.

[2] Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments, other third party payer payments, and potential beneficiary liability. Excluded bills for no-pay, at-risk managed care utilization and no-pay Medicare secondary payer bills.

[3] Beneficiary liability is the responsibility of the beneficiary or some other third payer on behalf of the beneficiary. It represents potential revenue to the provider.

[4] Average payments are calculated using actual dollar amount, not rounded data as shown.

SOURCE: CMS/ORDI

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