

Table 5.7

**Discharges, Total Days of Care, Total Charges and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,
by Leading Diagnosis-Related Groups (DRGs): Calendar Year 2012**

DRG Code	Description	Discharges	Total Days of Care		Total Charges in Thousands	Program Payments		
			Number	Per Discharge		Amount in Thousands	Per Discharge ¹	Per Day
Total All DRGs	----	11,179,587	59,557,003	5.3	\$497,279,572	\$115,431,743	\$10,904	\$1,938
Leading DRGs	----	6,886,385	35,150,655	5.1	242,571,555	56,459,265	8,643	1,606
057	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	60,898	524,746	8.6	1,671,263	500,885	8,483	955
064	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	71,290	451,022	6.3	3,574,384	880,929	12,579	1,953
065	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	110,241	478,065	4.3	3,525,251	753,430	6,999	1,576
066	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	61,817	179,849	2.9	1,516,966	275,634	4,602	1,533
069	TRANSIENT ISCHEMIA	89,624	222,670	2.5	2,003,793	317,299	4,097	1,425
101	SEIZURES W/O MCC	53,808	173,253	3.2	1,261,190	246,136	4,861	1,421
176	PULMONARY EMBOLISM W/O MCC	41,034	179,562	4.4	1,133,746	246,230	6,276	1,371
177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	71,356	562,992	7.9	3,732,007	924,233	13,174	1,642
178	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	56,051	344,295	6.1	2,065,436	503,843	9,163	1,463
189	PULMONARY EDEMA & RESPIRATORY FAILURE	106,841	536,558	5.0	3,547,449	830,072	7,989	1,547
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	147,073	744,376	5.1	4,612,150	1,024,506	7,132	1,376
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	141,164	589,228	4.2	3,561,812	784,261	5,720	1,331
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	101,514	335,323	3.3	1,937,442	380,657	3,912	1,135
193	SIMPLE PNEUMONIA & PLEURISY W MCC	136,177	823,644	6.0	5,249,715	1,233,345	9,248	1,497
194	SIMPLE PNEUMONIA & PLEURISY W CC	185,072	839,792	4.5	4,863,426	1,085,240	6,006	1,292
195	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	75,233	255,862	3.4	1,420,075	276,763	3,796	1,082
202	BRONCHITIS & ASTHMA W CC/MCC	39,329	151,853	3.9	939,627	193,823	5,111	1,276
208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	71,974	493,023	6.9	4,690,581	1,086,683	15,522	2,204
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	113,900	273,863	2.4	7,482,766	1,224,697	12,612	4,472

See footnotes at end of table.

Table 5.7--Continued

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DRG Code	Description	Discharges	Total Days of Care		Total Charges in Thousands	Program Payments		
			Number	Per Discharge		Amount in Thousands	Per Discharge ¹	Per Day
253	OTHER VASCULAR PROCEDURES W CC	40,429	232,006	5.7	\$2,976,197	\$654,663	\$17,077	\$2,822
280	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	68,900	415,144	6.0	3,247,809	776,005	11,459	1,869
281	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	48,181	182,619	3.8	1,489,752	322,670	6,845	1,767
287	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	112,648	343,730	3.1	4,096,953	657,003	6,524	1,911
291	HEART FAILURE & SHOCK W MCC	191,188	1,126,255	5.9	7,572,569	1,832,701	9,805	1,627
292	HEART FAILURE & SHOCK W CC	211,078	941,330	4.5	5,499,088	1,281,285	6,353	1,361
293	HEART FAILURE & SHOCK W/O CC/MCC	81,415	248,721	3.1	1,469,669	302,491	3,897	1,216
300	PERIPHERAL VASCULAR DISORDERS W CC	44,170	198,024	4.5	1,111,079	259,571	6,065	1,311
308	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	69,696	342,024	4.9	2,317,145	539,277	7,917	1,577
309	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	109,818	364,243	3.3	2,443,322	512,015	4,844	1,406
310	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	114,055	258,269	2.3	1,822,598	306,955	2,865	1,189
312	SYNCOPE & COLLAPSE	135,098	377,433	2.8	2,885,562	496,254	4,302	1,315
313	CHEST PAIN	124,707	248,126	2.0	2,256,862	299,779	3,067	1,208
314	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	54,709	367,346	6.7	2,804,520	676,929	13,052	1,843
329	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	42,543	619,402	14.6	5,871,316	1,523,296	36,828	2,459
330	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	55,771	475,554	8.5	3,889,794	919,612	17,139	1,934
372	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	37,346	212,902	5.7	1,152,676	294,897	8,134	1,385
377	G.I. HEMORRHAGE W MCC	56,714	345,380	6.1	2,706,176	661,375	11,976	1,915
378	G.I. HEMORRHAGE W CC	144,743	562,224	3.9	3,961,245	863,282	6,211	1,535
379	G.I. HEMORRHAGE W/O CC/MCC	37,983	103,490	2.7	725,023	137,483	3,965	1,328
389	G.I. OBSTRUCTION W CC	55,443	247,677	4.5	1,396,587	303,387	5,686	1,225
390	G.I. OBSTRUCTION W/O CC/MCC	39,608	126,149	3.2	715,618	130,732	3,481	1,036
391	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	50,722	253,684	5.0	1,707,963	381,450	7,972	1,504

See footnotes at end of table.

Table 5.7--Continued
Discharges, Total Days of Care, Total Charges and Program Payments for Medicare Beneficiaries Discharged from Short-Stay Hospitals,
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DRG Code	Description	Discharges	Total Days of Care		Total Charges in Thousands	Program Payments		
			Number	Per Discharge		Amount in Thousands	Per Discharge ¹	Per Day
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	239,049	792,945	3.3	\$5,145,270	\$889,853	\$4,284	\$1,122
394	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	49,060	210,671	4.3	1,350,041	293,483	6,353	1,393
460	SPINAL FUSION EXCEPT CERVICAL W/O MCC	73,272	259,272	3.5	7,158,998	1,735,767	25,323	6,695
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	440,755	1,471,465	3.3	23,278,001	5,240,601	12,657	3,561
481	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	81,931	424,207	5.2	4,228,213	961,775	11,908	2,267
552	MEDICAL BACK PROBLEMS W/O MCC	64,669	241,788	3.7	1,563,563	290,783	5,076	1,203
603	CELLULITIS W/O MCC	145,387	612,849	4.2	3,077,945	690,497	4,973	1,127
638	DIABETES W CC	54,370	202,986	3.7	1,225,439	265,619	5,092	1,309
640	MISC DISORDERS OF							
641	NUTRITION,METABOLISM,FLUIDS/ELEC MISC DISORDERS OF	64,944	294,093	4.5	1,935,216	465,077	7,474	1,581
682	NUTRITION,METABOLISM,FLUIDS/ELEC RENAL FAILURE W MCC	142,135	471,931	3.3	2,709,527	546,093	4,164	1,157
683	RENAL FAILURE W CC	111,617	693,409	6.2	4,546,325	1,168,845	10,770	1,686
689	KIDNEY & URINARY TRACT INFECTIONS W MCC	160,247	712,470	4.4	4,137,479	966,201	6,250	1,356
690	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	75,960	401,291	5.3	2,268,003	546,859	7,317	1,363
812	RED BLOOD CELL DISORDERS W/O MCC	200,416	760,622	3.8	4,202,127	884,996	4,613	1,164
853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	94,777	326,651	3.4	2,085,020	433,463	4,888	1,327
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	50,144	716,660	14.3	7,310,036	1,892,141	38,960	2,640
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	363,555	2,445,560	6.7	18,573,528	4,573,658	12,847	1,870
		126,002	608,810	4.8	3,683,573	859,593	6,986	1,412

See footnotes at end of table.

Table 5.7--Continued
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DRG Code	Description	Discharges	Total Days of Care		Total Charges in Thousands	Program Payments		
			Number	Per Discharge		Amount in Thousands	Per Discharge ¹	Per Day
884	ORGANIC DISTURBANCES & MENTAL RETARDATION	44,162	427,928	9.7	\$1,249,208	\$376,482	\$8,764	\$880
885	PSYCHOSES	322,553	3,264,236	10.1	8,464,366	2,408,579	7,828	738
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	50,502	217,995	4.3	807,547	203,043	4,282	931
945	REHABILITATION W CC/MCC	174,842	2,249,764	12.9	8,239,926	3,089,891	18,245	1,373
946	REHABILITATION W/O CC/MCC	40,037	412,602	10.3	1,339,710	553,548	14,534	1,342
948	SIGNS & SYMPTOMS W/O MCC	54,638	178,742	3.3	1,083,856	220,611	4,286	1,234
All Other DRGs	----	4,293,202	24,406,348	5.7	254,708,016	58,972,477	14,549	2,416

¹The average program payment per discharge does not reflect discharges with covered services, but for whom no claim payment amounts were reported.

²Based on frequency of occurrence in 2012.

³Represents surgical DRGs.

NOTES: Composition of some DRGs have changed over time. The twenty-fifth version of the DRG's underwent a major revision that effected all code definitions for all Medicare discharges occurring on or after October 1, 2007. For complete DRG description, refer to *Diagnosis Related Groups, Version 29.0, Definitions Manual*. CC is complications and comorbidities. MCC is major complications and comorbidities. Cath is catheterization. AMI is acute myocardial infarction. G.I. is gastrointestinal. Proc is procedure. O.R. is operating room

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the MEDPAR files: Medicare Provider Analysis and Review; data development by the Office of Information Products & Data Analytics.