

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 1999:  
Calendar Years 1984, 1990, and 1999**

Leading DRG Code Number in 1999	Description	Discharges					
		Number			Percent Change	Percent Change	Percent Change
		1984	1990	1999	1984-1990	1990-1999	1984-1999
Total All DRGs	----	10,894,925	10,521,925	11,604,590	-3.4	10.3	6.5
Leading DRGs <sup>1</sup>	----	6,468,765	7,063,290	8,595,680	9.2	21.7	32.9
005 <sup>2</sup>	Extracranial Vascular Procedures	56,890	46,340	94,605	-18.5	104.2	66.3
012	Degenerative Nervous System Disorders	56,410	25,915	64,185	-54.1	147.7	13.8
014	Specific Cerebrovascular Disorders Except TIA	318,405	336,080	329,430	5.6	-2.0	3.5
015	Transient Ischemic Attack & Precerebral Occlusions	175,530	135,850	141,050	-22.6	3.8	-19.6
024	Seizure & Headaches Age >17 with CC	55,510	53,255	52,430	-4.1	-1.5	-5.5
075 <sup>2</sup>	Major Chest Procedures	28,675	31,690	39,660	10.5	25.1	38.3
079	Respiratory Infections & Inflammations Age >17 with CC	51,635	129,780	183,060	151.3	41.1	254.5
082	Respiratory Neoplasm	120,990	72,840	63,745	-39.8	-12.5	-47.3
087	Pulmonary Edema & Respiratory Failure	94,770	67,520	62,770	-28.8	-7.0	-33.8
088	Chronic Obstructive Pulmonary Disease	212,480	144,825	411,275	-31.8	184.0	93.6
089	Simple Pneumonia & Pleurisy Age >17 with CC	314,980	391,725	544,490	24.4	39.0	72.9
090	Simple Pneumonia & Pleurisy Age >17 without CC	24,740	53,105	54,000	114.7	1.7	118.3
096	Bronchitis & Asthma Age >17 with CC	178,075	189,710	68,695	6.5	-63.8	-61.4
107 <sup>2,3</sup>	Coronary Bypass without Cardiac Cath	38,285	46,765	-----	22.1	-----	-----
107 <sup>2,4</sup>	Coronary Bypass with Cardiac Cath	-----	-----	89,735	-----	-----	-----
109 <sup>2,4</sup>	Coronary Bypass without Cardiac Cath	-----	-----	61,715	-----	-----	-----
110 <sup>2</sup>	Major Cardiovascular Procedures with CC	56,230	75,660	54,840	34.6	-27.5	-2.5
112 <sup>2</sup>	Percutaneous Cardiovascular Procedures	37,355	163,040	57,950	336.5	-64.5	55.1
113 <sup>2</sup>	Amputation for Circ System Disorders Except Upper Limb & Toe	22,500	34,710	44,330	54.3	27.7	97.0
116 <sup>2</sup>	Other Perm Cardiac Pacemaker Implant or PTCA with Coronary Artery Stent Implant	53,905	62,050	311,335	15.1	401.7	477.6
121	Circulatory Disorders with AMI & CV Comp Disch Alive	102,930	137,625	164,560	33.7	19.6	59.9
122	Circulatory Disorders with AMI & without CV Comp Disch Alive	158,400	102,935	80,790	-35.0	-21.5	-49.0
123	Circulatory Disorders with AMI, Expired	70,440	56,025	41,680	-20.5	-25.6	-40.8
124	Circulatory Disorders Except AMI, with Card Cath and Complex Diagnosis	31,120	113,890	134,545	266.0	18.1	332.3
125	Circulatory Disorders Except AMI, with Card Cath without Complex Diagnosis	64,085	93,045	75,010	45.2	-19.4	17.0

See footnotes at end of table.

Table 29—Continued

**Discharges, Total Days of Care, and Average Charge per Discharge for Medicare Beneficiaries  
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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	1999	1984-1990	1990-1999	1984-1999	1984	1990	1999	1984-1990	1990-1999	1984-1999
8.8	8.8	6.1	0.0	-30.7	-30.7	\$4,855	\$9,765	\$15,373	101.1	57.4	216.6
9.3	8.9	6.2	-4.3	-30.3	-33.3	4,989	9,388	15,200	88.2	61.9	204.7
9.5	7.1	3.3	-25.3	-53.5	-65.3	7,078	11,238	14,752	58.8	31.3	108.4
13.0	13.0	8.1	0.0	-37.7	-37.7	5,239	9,022	11,063	72.2	22.6	111.2
12.4	10.5	6.1	-15.3	-41.9	-50.8	5,591	8,971	12,678	60.5	41.3	126.8
6.1	5.5	3.6	-9.8	-34.5	-41.0	2,603	4,609	7,755	77.1	68.3	197.9
6.9	7.7	5.0	11.6	-35.1	-27.5	3,422	7,389	10,839	115.9	46.7	216.7
16.3	14.1	9.9	-13.5	-29.8	-39.3	13,500	22,075	33,470	63.5	51.6	147.9
12.8	12.2	8.5	-4.7	-30.3	-33.6	8,385	12,281	17,296	46.5	40.8	106.3
9.7	9.6	7.0	-1.0	-27.1	-27.8	4,860	8,785	14,835	80.8	68.9	205.2
10.0	8.3	6.3	-17.0	-24.1	-37.0	7,731	9,294	13,843	20.2	48.9	79.1
8.6	7.4	5.2	-14.0	-29.7	-39.5	4,709	6,932	9,362	47.2	35.1	98.8
9.4	8.9	6.0	-5.3	-32.6	-36.2	4,863	7,889	10,839	62.2	37.4	122.9
8.3	6.4	4.1	-22.9	-35.9	-50.6	4,084	4,817	6,551	17.9	36.0	60.4
7.2	7.3	4.7	1.4	-35.6	-34.7	3,501	6,361	7,880	81.7	23.9	125.1
14.5	12.3	-----	-15.2	-----	-----	21,949	33,394	-----	52.1	-----	-----
-----	-----	10.3	-----	-----	-----	-----	-----	57,169	-----	-----	-----
-----	-----	7.6	-----	-----	-----	-----	-----	43,093	-----	-----	-----
16.3	15.3	9.4	-6.1	-38.6	-42.3	15,072	27,264	44,490	80.9	63.2	195.2
12.2	6.9	3.7	-43.4	-46.4	-69.7	9,590	14,142	20,287	47.5	43.5	111.5
20.0	18.5	12.0	-7.5	-35.1	-40.0	10,025	18,614	28,333	85.7	52.2	182.6
9.2	7.5	3.7	-18.5	-50.7	-59.8	12,002	17,112	25,480	42.6	48.9	112.3
12.2	10.0	6.4	-18.0	-36.0	-47.5	7,341	11,335	16,265	54.4	43.5	121.6
10.3	7.1	3.8	-31.1	-46.5	-63.1	5,422	7,970	10,677	47.0	34.0	96.9
5.6	5.7	4.5	1.8	-21.1	-19.6	5,741	10,060	16,194	75.2	61.0	182.1
7.0	5.9	4.4	-15.7	-25.4	-37.1	5,703	8,719	14,951	52.9	71.5	162.2
3.7	3.2	2.8	-13.5	-12.5	-24.3	3,220	5,370	11,067	66.8	106.1	243.7

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 1999:  
Calendar Years 1984, 1990, and 1999**

Leading DRG Code Number in 1999	Description	Discharges					
		Number			Percent Change 1984-1990	Percent Change 1990-1999	Percent Change 1984-1999
		1984	1990	1999			
127	Heart Failure & Shock	515,865	586,335	676,145	13.7	15.3	31.1
130	Peripheral Vascular Disorders with CC	91,655	68,330	89,140	-25.4	30.5	-2.7
132	Atherosclerosis with CC	100,810	18,250	149,960	-81.9	721.7	48.8
138	Cardiac Arrhythmia & Conduction Disorders with CC	212,265	180,470	192,770	-15.0	6.8	-9.2
139	Cardiac Arrhythmia & Conduction Disorders without CC	28,345	73,020	77,735	157.6	6.5	174.2
140	Angina	330,000	352,355	74,035	6.8	-79.0	-77.6
141	Syncope & Collapse with CC	86,675	77,205	87,220	-10.9	13.0	0.6
142	Syncope & Collapse without CC	11,315	39,370	43,205	247.9	9.7	281.8
143	Chest Pain	75,690	112,905	186,435	49.2	65.1	146.3
144	Other Circulatory System Diagnoses with CC	40,825	54,995	80,220	34.7	45.9	96.5
148 <sup>2</sup>	Major Small & Large Bowel Procedures with CC	106,455	140,245	133,005	31.7	-5.2	24.9
174	G.I. Hemorrhage with CC	144,620	157,895	235,940	9.2	49.4	63.1
180	G.I. Obstruction with CC	65,930	66,485	85,170	0.8	28.1	29.2
182	Esophagitis, Gastroent & Misc Digest Disorders Age >17 with CC	372,580	254,750	237,215	-31.6	-6.9	-36.3
183	Esophagitis, Gastroent & Misc Digest Disorders Age >17 without CC	72,525	81,770	78,590	12.7	-3.9	8.4
188	Other Digestive System Diagnoses Age >17 with CC	54,075	50,110	73,640	-7.3	47.0	36.2
204	Disorders of Pancreas Except Malignancy	31,890	37,715	55,325	18.3	46.7	73.5
209 <sup>2</sup>	Major Joint & Limb Reattachment Procedures of the Lower Extremity	149,660	257,780	340,300	72.2	32.0	127.4
210 <sup>2</sup>	Hip & Femur Procedures Except Major Joint Age >17 with CC	120,100	112,470	125,595	-6.4	11.7	4.6

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 1999:  
Calendar Years 1984, 1990, and 1999**

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	1999	1984-1990	1990-1999	1984-1999	1984	1990	1999	1984-1990	1990-1999	1984-1999
8.7	7.9	5.3	-9.2	-32.9	-39.1	\$4,264	\$7,207	\$10,600	69.0	47.1	148.6
8.1	8.3	5.8	2.5	-30.1	-28.4	3,523	6,627	10,050	88.1	51.7	185.3
7.0	6.1	3.0	-12.9	-50.8	-57.1	3323	6229	6,892	87.5	10.6	107.4
6.3	6.0	4.0	-4.8	-33.3	-36.5	3,376	5,848	8,576	73.2	46.6	154.0
4.9	3.9	2.5	-20.4	-35.9	-49.0	2,685	3,624	5,377	35.0	48.4	100.3
5.6	4.6	2.7	-17.9	-41.3	-51.8	2,821	4,311	5,626	52.8	30.5	99.4
5.8	5.7	3.7	-1.7	-35.1	-36.2	2,672	4,987	7,730	86.6	55.0	189.3
4.5	4.0	2.7	-11.1	-32.5	-40.0	2,207	3,554	6,109	61.0	71.9	176.8
4.4	3.4	2.2	-22.7	-35.3	-50.0	2,427	3,577	5,671	47.4	58.5	133.7
8.3	7.3	5.3	-12.0	-27.4	-36.1	4,765	7,867	12,703	65.1	61.5	166.6
17.7	16.6	12.1	-6.2	-27.1	-31.6	12,686	23,471	36,109	85.0	53.8	184.6
7.4	7.0	4.8	-5.4	-31.4	-35.1	3,860	6,944	10,549	79.9	51.9	173.3
7.4	7.8	5.4	5.4	-30.8	-27.0	3,281	6,632	9,839	102.1	48.4	199.9
6.1	6.4	4.4	4.9	-31.3	-27.9	2,526	5,374	8,256	112.7	53.6	226.8
5.0	4.9	2.9	-2.0	-40.8	-42.0	2,103	3,630	5,732	72.6	57.9	172.6
6.4	7.5	5.6	17.2	-25.3	-12.5	3,100	7,392	11,779	138.5	59.3	280.0
8.1	8.1	5.8	0.0	-28.4	-28.4	4,050	8,099	12,638	100.0	56.0	212.0
15.6	11.1	5.1	-28.8	-54.1	-67.3	10,205	16,542	21,450	62.1	29.7	110.2
16.8	13.9	6.9	-17.3	-50.4	-58.9	8,600	14,236	18,848	65.5	32.4	119.2

Table 29—Continued

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Leading DRG Code Number in 1999	Description	Discharges					
		Number			Percent Change	Percent Change	Percent Change
		1984	1990	1999	1984-1990	1990-1999	1984-1999
236	Fractures of Hip & Pelvis	47,350	41,255	41,030	-12.9	-0.5	-13.3
239	Pathological Fractures & Musculoskeletal & Conn Tiss Malignancy	61,760	60,890	51,780	-1.4	-15.0	-16.2
243	Medical Back Problems	200,190	112,455	85,830	-43.8	-23.7	-57.1
277	Cellulitis Age >17 with CC	58,155	66,830	84,605	14.9	26.6	45.5
294	Diabetes Age >35	141,500	92,520	84,730	-34.6	-8.4	-40.1
296	Nutritional & Misc Metabolic Disorders Age >17 with CC	176,150	206,595	237,100	17.3	14.8	34.6
297	Nutritional & Misc Metabolic Disorders Age >17 without CC	13,910	47,395	42,610	240.7	-10.1	206.3
316	Renal Failure	46,410	48,670	99,415	4.9	104.3	114.2
320	Kidney & Urinary Tract Infections Age >17 w/CC	137,845	157,780	185,335	14.5	17.5	34.5
331	Other Kidney & Urinary Tract Diagnoses Age>17 with CC	38,080	28,380	42,365	-25.5	49.3	11.3
395	Red Blood Cell Disorders Age >17	93,510	72,730	80,355	-22.2	10.5	-14.1
410	Chemotherapy without Acute Leukemia as Secondary Diagnosis	84,215	137,205	40,750	62.9	-70.3	-51.6
415 <sup>2</sup>	O.R. Procedure for Infectious & Parasitic Diseases	16,165	27,735	39,995	71.6	44.2	147.4
416	Septicemia Age >17	66,180	128,085	194,485	93.5	51.8	193.9
429	Organic Disturbances & Mental Retardation	52,710	49,305	62,835	-6.5	27.4	19.2
430	Psychoses	118,455	195,595	302,195	65.1	54.5	155.1
462	Rehabilitation	9,490	106,680	251,750	1,024.1	136.0	2,552.8
468	Extensive O.R. Procedure Unrelated to Principal Diagnosis	166,815	75,885	60,200	-54.5	-20.7	-63.9
475	Respiratory System Diagnosis with Ventilator Support	---	78,805	111,755	---	41.8	---
478 <sup>2</sup>	Other Vascular Procedures with CC	---	24,230	110,725	---	357.0	---
483 <sup>2</sup>	Tracheostomy Except for Face, Mouth and Neck Diagnosis	---	8,045	42,475	---	428.0	---
493 <sup>2</sup>	Laparoscopic Cholecystectomy without CDE with CC	---	---	53,765	---	---	---
500 <sup>2</sup>	Back and Neck Procedures Except Spinal Fusion without CC	---	---	42,065	---	---	---
All Other DRGs	----	4,426,160	3,458,635	3,008,910	-21.9	-13.0	-32.0

<sup>1</sup>Based on frequency of occurrence in 1999.

<sup>2</sup>Represents surgical DRGs.

<sup>3</sup>Prior to 1999, DRG code 107 was defined as coronary bypass without cardiac catheterization.

<sup>4</sup>In 1999 the DRG code 107 was revised and defined as coronary bypass with cardiac catheterization. In addition, DRG code 109 was introduced and defined as coronary bypass without cardiac catheterization.

NOTES: Composition of some DRGs have changed over time. For complete DRG description, refer to *Diagnosis Related Groups, Version 3.0* (1984), *Versions 7.0 and 8.0* (1990), and *Versions 16.0 and 17.0* (1999), *Definitions Manual*. The most recent description is used in the 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.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 29—Continued

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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	1999	1984-1990	1990-1999	1984-1999	1984	1990	1999	1984-1990	1990-1999	1984-1999
12.7	10.0	5.2	-21.3	-48.0	-59.1	4,573	6,530	7,742	42.8	18.6	69.3
10.5	10.4	6.2	-1.0	-40.4	-41.0	3,989	7,605	10,469	90.6	37.7	162.4
8.0	6.9	4.8	-13.8	-30.4	-40.0	2,858	4,657	7,654	62.9	64.4	167.8
9.1	8.6	5.7	-5.5	-33.7	-37.4	3,740	6,570	9,079	75.7	38.2	142.8
8.4	7.5	4.8	-10.7	-36.0	-42.9	3,267	5,491	8,415	68.1	53.3	157.6
8.4	8.5	5.3	1.2	-37.6	-36.9	3,556	6,840	9,191	92.4	34.4	158.5
6.9	5.3	3.4	-23.2	-35.8	-50.7	3,032	3,724	5,452	22.8	46.4	79.8
9.6	9.4	6.7	-2.1	-28.7	-30.2	5,572	9,555	14,624	71.5	53.1	162.5
8.2	8.6	5.3	4.9	-38.4	-35.4	3,581	7,174	9,070	100.3	26.4	153.3
7.3	7.6	5.6	4.1	-26.3	-23.3	3,456	7,338	11,288	112.3	53.8	226.6
6.6	6.5	4.5	-1.5	-30.8	-31.8	3,000	5,639	8,866	88.0	57.2	195.5
3.3	3.6	3.7	9.1	2.8	12.1	2,053	4,317	10,834	110.3	151.0	427.7
19.9	21.2	14.1	6.5	-33.5	-29.1	14,476	27,339	38,703	88.9	41.6	167.4
11.4	10.7	7.4	-6.1	-30.8	-35.1	6,811	10,981	16,293	61.2	48.4	139.2
11.3	14.5	10.1	28.3	-30.3	-10.6	3,717	8,417	11,748	126.4	39.6	216.1
16.1	16.9	11.4	5.0	-32.5	-29.2	5,069	9,359	12,456	84.6	33.1	145.7
22.5	21.2	13.4	-5.8	-36.8	-40.4	9,151	15,745	18,032	72.1	14.5	97.0
16.6	19.3	13	16.3	-32.6	-21.7	10,595	24,871	38,966	134.7	56.7	267.8
---	14.3	11.1	---	-22.4	---	---	25,548	39,741	---	55.6	---
---	10.4	7.3	---	-29.8	---	---	16,682	25,625	---	53.6	---
---	55.8	36.8	---	-34.1	---	---	125,493	159,026	---	26.7	---
---	---	5.7	---	---	---	---	---	18,449	---	---	---
---	---	2.7	---	---	---	---	---	10,297	---	---	---
8.2	8.7	5.8	6.1	-33.3	-29.3	4,659	10,537	15,866	126.2	50.6	240.5